

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***TEXAS* 1999 TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Texas Data Comments
Diagnosis Codes (1): Approximately 2 percent of OT claims included included “local” codes that were not defined in the data. The use of non-standard codes might lead to over- or under-identification of mental health beneficiaries.
Diagnosis Codes (2): Diagnosis codes were missing on most LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.
Dual Eligibility: Some dual eligibles whose exact dual status was not determined are reported in these tables as having full Medicaid coverage.
Behavioral Managed Care: Texas began reporting a behavioral managed care plan in July 1999, and 16% of enrollees were in a behavioral health plan for at least part of the year.
Inpatient Days: Texas’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” days in length, and explains the other low numbers that appear for some groups on Table 4.

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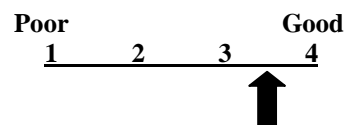
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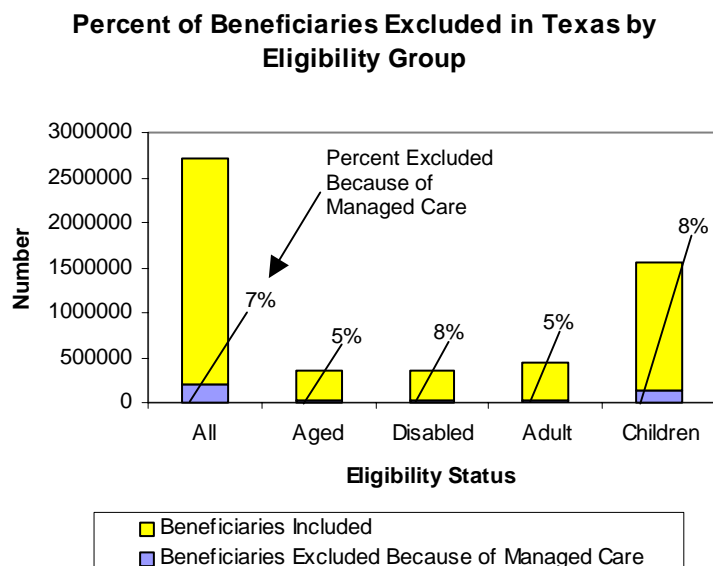
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TEXAS DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Texas's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
TEXAS, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	2,710,200	100%	2,518,695	93%	\$8,902,631,014	100%	\$7,912,798,792	89%
Age								
0-3	583,645	22%	523,275	90%	\$1,179,988,413	13%	\$886,104,161	75%
4-5	198,735	7%	185,695	93%	\$198,041,459	2%	\$158,690,499	80%
6-12	538,662	20%	502,994	93%	\$563,623,653	6%	\$472,937,444	84%
13-18	315,633	12%	296,248	94%	\$509,372,852	6%	\$444,651,637	87%
19-21	105,286	4%	100,384	95%	\$310,301,127	3%	\$271,624,101	88%
22-44	430,669	16%	403,674	94%	\$1,854,959,733	21%	\$1,644,349,988	89%
45-64	180,739	7%	167,902	93%	\$1,453,308,042	16%	\$1,316,268,699	91%
65 and older	356,823	13%	338,515	95%	\$2,833,021,799	32%	\$2,718,159,015	96%
Gender								
Female	1,608,563	59%	1,498,253	93%	\$5,532,917,236	62%	\$4,929,628,523	89%
Male	1,101,602	41%	1,020,408	93%	\$3,369,596,464	38%	\$2,983,061,145	89%
Race								
White	739,065	27%	691,860	94%	\$3,973,535,049	45%	\$3,700,031,031	93%
Black	532,147	20%	476,139	89%	\$1,638,742,291	18%	\$1,317,423,644	80%
Hispanic	1,341,907	50%	1,266,643	94%	\$2,891,485,146	32%	\$2,574,975,477	89%
American Indian/Alaskan Native	8,160	0%	7,256	89%	\$23,714,171	0%	\$18,487,394	78%
Asian/Pacific Islander	26,802	1%	20,828	78%	\$68,594,590	1%	\$38,801,101	57%
Other/Unknown	62,119	2%	55,969	90%	\$306,559,767	3%	\$263,080,145	86%
Dual Status								
Aged Duals with Full Medicaid	286,168	11%	268,430	94%	\$2,683,643,651	30%	\$2,575,702,971	96%
Disabled Duals with Full Medicaid	89,576	3%	83,959	94%	\$1,109,497,066	12%	\$1,058,475,114	95%
Duals with Limited Medicaid	87,663	3%	87,663	100%	\$135,825,370	2%	\$134,398,322	99%
Other Duals	1,194	0%	1,145	96%	\$5,823,128	0%	\$5,408,046	93%
Disabled Non-Duals	233,498	9%	212,126	91%	\$2,054,892,454	23%	\$1,817,018,202	88%
All Other Non-Duals	2,012,101	74%	1,865,372	93%	\$2,912,949,345	33%	\$2,321,796,137	80%
Eligibility Group								
Aged	353,966	13%	335,831	95%	\$2,810,377,781	32%	\$2,696,598,805	96%
Disabled	350,274	13%	323,123	92%	\$3,233,750,740	36%	\$2,943,457,590	91%
Adults	454,610	17%	432,520	95%	\$997,108,401	11%	\$847,523,124	85%
Children	1,551,350	57%	1,427,221	92%	\$1,861,394,092	21%	\$1,425,219,273	77%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
TEXAS, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	2,518,695	195,654	8%	\$7,912,798,792	\$1,710,728,038	22%
Age						
0-3	523,275	4,278	1%	\$886,104,161	\$26,052,640	3%
4-5	185,695	7,321	4%	\$158,690,499	\$18,942,085	12%
6-12	502,994	43,332	9%	\$472,937,444	\$125,590,966	27%
13-18	296,248	26,725	9%	\$444,651,637	\$130,065,722	29%
19-21	100,384	4,312	4%	\$271,624,101	\$40,360,662	15%
22-44	403,674	45,709	11%	\$1,644,349,988	\$428,496,020	26%
45-64	167,902	30,955	18%	\$1,316,268,699	\$382,793,784	29%
65 and Older	338,515	33,022	10%	\$2,718,159,015	\$558,426,159	21%
Gender						
Female	1,498,253	110,065	7%	\$4,929,628,523	\$1,026,444,896	21%
Male	1,020,408	85,588	8%	\$2,983,061,145	\$684,275,206	23%
Race						
White	691,860	88,642	13%	\$3,700,031,031	\$949,321,967	26%
Black	476,139	39,425	8%	\$1,317,423,644	\$304,420,730	23%
Hispanic	1,266,643	60,084	5%	\$2,574,975,477	\$385,409,442	15%
American Indian/Alaskan Native	7,256	558	8%	\$18,487,394	\$4,374,127	24%
Asian/Pacific Islander	20,828	745	4%	\$38,801,101	\$4,790,030	12%
Other/Unknown	55,969	6,200	11%	\$263,080,145	\$62,411,742	24%
Dual Status						
Aged Duals with Full Medicaid	268,430	30,025	11%	\$2,575,702,971	\$534,095,656	21%
Disabled Duals with Full Medicaid	83,959	20,770	25%	\$1,058,475,114	\$306,287,253	29%
Duals with Limited Medicaid	87,663	6,361	7%	\$134,398,322	\$29,511,574	22%
Other Duals	1,145	242	21%	\$5,408,046	\$1,535,343	28%
Disabled Non-Duals	212,126	46,523	22%	\$1,817,018,202	\$549,200,879	30%
All Other Non-Duals	1,865,372	91,733	5%	\$2,321,796,137	\$290,097,333	12%
Eligibility Group						
Aged	335,831	32,761	10%	\$2,696,598,805	\$553,590,164	21%
Disabled	323,123	71,473	22%	\$2,943,457,590	\$875,416,145	30%
Adults	432,520	21,949	5%	\$847,523,124	\$84,042,166	10%
Children	1,427,221	69,471	5%	\$1,425,219,273	\$197,679,563	14%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
TEXAS, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	20,636	11%	658	1%	17,078	22%	2,900	9%
Major depression and affective psychoses	45,819	23%	10,324	12%	25,786	34%	9,709	29%
Other psychoses	7,689	4%	822	1%	3,048	4%	3,819	12%
Childhood psychoses	1,785	1%	1,378	2%	370	0%	37	0%
Neurotic & other depressive disorders	39,157	20%	10,447	12%	18,565	24%	10,145	31%
Personality disorders	1,074	1%	208	0%	487	1%	379	1%
Other mental disorders	4,005	2%	987	1%	1,192	2%	1,826	6%
Special symptoms or syndromes	9,204	5%	4,354	5%	3,558	5%	1,292	4%
Stress & adjustment reactions	22,805	12%	15,419	18%	4,875	6%	2,511	8%
Conduct disorders	6,220	3%	4,686	5%	1,250	2%	284	1%
Emotional disturbances	4,853	2%	4,788	6%	56	0%	9	0%
Hyperkinetic syndrome	32,154	16%	31,745	37%	389	1%	20	0%
No Diagnosis	253	0%	152	0%	10	0%	91	0%
Total	195,654	100%	85,968	100%	76,664	100%	33,022	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
TEXAS, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	1	6	7	8	8	0%	7	396	21%	10
	4-5	18	113	9	9	27	1%	78	102	4%	6
	6-12	401	171	178	10	561	4%	125	374	3%	7
	13-18	1,273	116	398	10	1,593	13%	95	1,033	9%	5
	19-21	109	189	159	9	244	8%	90	907	31%	4
	22-44	240	0	2,260	9	2,479	8%	8	5,863	19%	5
	45-64	232	4	1,181	10	1,398	7%	9	4,923	23%	6
	65+	578	34	272	1	829	3%	24	8,603	35%	0
	All Ages	2,852	91	4,464	9	7,139	6%	42	22,201	20%	3
Male	0-3	7	2	6	7	13	1%	4	503	21%	9
	4-5	57	230	26	9	80	2%	167	155	3%	5
	6-12	1,005	196	373	12	1,314	5%	153	648	2%	6
	13-18	1,432	136	362	10	1,730	12%	115	424	3%	8
	19-21	158	126	101	10	243	17%	86	89	6%	13
	22-44	301	0	1,282	9	1,558	10%	8	1,780	12%	6
	45-64	126	8	537	9	656	7%	9	2,232	23%	7
	65+	312	34	86	0	395	5%	27	3,147	37%	0
	All Ages	3,398	129	2,773	9	5,989	7%	77	8,978	10%	4
Total	0-3	8	2	13	7	21	0%	5	899	21%	9
	4-5	75	202	35	9	107	1%	145	257	4%	6
	6-12	1,406	189	551	11	1,875	4%	145	1,022	2%	6
	13-18	2,705	126	760	10	3,323	12%	105	1,457	5%	6
	19-21	267	152	260	9	487	11%	88	996	23%	5
	22-44	541	0	3,542	9	4,037	9%	8	7,643	17%	5
	45-64	358	6	1,718	10	2,054	7%	9	7,155	23%	6
	65+	890	34	358	1	1,224	4%	25	11,750	36%	0
	All Ages	6,250	111	7,237	9	13,128	7%	58	31,179	16%	4

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
TEXAS, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	1,025	55%	0.14	2.92	3.05	84,973	34%	2.08
	4-5	970	35%	0.14	2.15	2.29	19,053	22%	1.74
	6-12	4,640	32%	0.20	1.90	2.10	38,789	17%	1.67
	13-18	5,257	44%	0.27	2.28	2.55	34,511	23%	2.03
	19-21	1,797	62%	0.33	3.26	3.59	30,278	37%	2.35
	22-44	17,695	58%	0.42	3.68	4.09	90,482	31%	2.32
	45-64	12,337	59%	0.43	4.11	4.54	30,820	38%	3.46
	65+	13,858	56%	0.25	3.36	3.61	72,228	34%	3.07
	All Ages	57,579	52%	0.34	3.37	3.71	401,135	29%	2.38
Male	0-3	1,404	58%	0.14	3.01	3.15	97,010	36%	2.18
	4-5	1,874	41%	0.17	2.06	2.23	21,732	24%	1.80
	6-12	9,152	32%	0.23	1.74	1.97	41,384	18%	1.68
	13-18	5,120	34%	0.23	1.81	2.04	21,309	17%	1.70
	19-21	575	40%	0.44	2.40	2.84	2,660	20%	2.14
	22-44	7,308	48%	0.63	3.35	3.98	18,099	27%	2.80
	45-64	5,043	51%	0.41	3.76	4.17	18,242	32%	3.38
	65+	4,740	56%	0.19	3.31	3.50	27,462	30%	2.97
	All Ages	35,216	41%	0.33	2.66	2.99	247,900	27%	2.24
Total	0-3	2,429	57%	0.14	2.97	3.11	181,986	35%	2.13
	4-5	2,844	39%	0.16	2.09	2.25	40,785	23%	1.77
	6-12	13,792	32%	0.22	1.80	2.02	80,173	17%	1.68
	13-18	10,377	39%	0.25	2.05	2.30	55,820	21%	1.90
	19-21	2,372	55%	0.36	3.05	3.41	32,938	34%	2.33
	22-44	25,003	55%	0.48	3.58	4.06	108,582	30%	2.40
	45-64	17,380	56%	0.42	4.01	4.43	49,062	36%	3.43
	65+	18,598	56%	0.24	3.35	3.58	99,690	33%	3.04
	All Ages	92,795	47%	0.33	3.10	3.44	649,039	28%	2.33

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
TEXAS, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	35,003	7%	898	21%	34,105	7%
4-5	15,733	8%	2,976	41%	12,757	7%
6-12	58,389	12%	28,417	66%	29,972	7%
13-18	29,902	10%	16,077	60%	13,825	5%
19-21	8,506	8%	2,631	61%	5,875	6%
22-44	75,540	19%	34,396	75%	41,144	11%
45-64	59,135	35%	24,249	78%	34,886	25%
65+	107,269	32%	25,334	77%	81,935	27%
All Ages	389,477	15%	134,978	69%	254,499	11%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TEXAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	658	49%	77%	28%	9%	9%	59%	7%
Major depression and affective psychoses	10,324	60%	32%	18%	7%	25%	45%	18%
Other psychoses	822	39%	63%	22%	5%	21%	52%	13%
Childhood psychoses	1,378	27%	39%	22%	2%	25%	34%	27%
Neurotic & other depressive disorders	10,447	37%	8%	16%	1%	13%	19%	39%
Personality disorders	208	23%	17%	17%	5%	13%	19%	44%
Other mental disorders	987	6%	5%	17%	1%	4%	5%	68%
Special symptoms or syndromes	4,354	10%	3%	12%	0%	2%	4%	70%
Stress & adjustment reactions	15,419	17%	5%	10%	1%	14%	12%	53%
Conduct disorders	4,686	25%	17%	13%	2%	21%	22%	40%
Emotional disturbances	4,788	18%	9%	10%	1%	18%	14%	49%
Hyperkinetic syndrome	31,745	22%	10%	11%	1%	75%	27%	14%
No Diagnosis	152	8%	5%	2%	0%	0%	5%	16%
Total	85,968	27%	13%	13%	2%	38%	24%	41%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TEXAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	17,078	38%	77%	36%	7%	0%	55%	5%
Major depression and affective psychoses	25,786	65%	29%	49%	7%	1%	54%	10%
Other psychoses	3,048	37%	62%	36%	4%	0%	46%	11%
Childhood psychoses	370	34%	56%	37%	5%	2%	44%	15%
Neurotic & other depressive disorders	18,565	54%	10%	52%	1%	1%	36%	16%
Personality disorders	487	43%	33%	38%	5%	1%	40%	25%
Other mental disorders	1,192	29%	22%	35%	1%	1%	24%	34%
Special symptoms or syndromes	3,558	31%	6%	35%	0%	0%	17%	40%
Stress & adjustment reactions	4,875	40%	10%	37%	1%	1%	27%	32%
Conduct disorders	1,250	39%	55%	37%	4%	2%	45%	15%
Emotional disturbances	56	34%	20%	32%	2%	0%	27%	36%
Hyperkinetic syndrome	389	43%	19%	34%	2%	47%	45%	13%
No Diagnosis	10	30%	0%	30%	0%	0%	20%	30%
Total	76,664	51%	35%	44%	5%	1%	45%	24%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
TEXAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	2,900	37%	80%	43%	3%	0%	56%	6%
Major depression and affective psychoses	9,709	66%	40%	51%	3%	1%	57%	9%
Other psychoses	3,819	39%	50%	41%	0%	0%	43%	20%
Childhood psychoses	37	38%	54%	49%	0%	0%	49%	22%
Neurotic & other depressive disorders	10,145	56%	24%	52%	0%	0%	43%	13%
Personality disorders	379	42%	46%	48%	0%	1%	48%	19%
Other mental disorders	1,826	31%	32%	37%	0%	1%	31%	32%
Special symptoms or syndromes	1,292	31%	20%	40%	0%	0%	26%	32%
Stress & adjustment reactions	2,511	47%	22%	45%	0%	0%	36%	22%
Conduct disorders	284	48%	62%	56%	1%	0%	61%	12%
Emotional disturbances	9	44%	44%	56%	0%	0%	44%	22%
Hyperkinetic syndrome	20	25%	10%	15%	0%	5%	15%	60%
No Diagnosis	91	27%	41%	38%	0%	1%	38%	8%
Total	33,022	52%	37%	48%	1%	1%	47%	23%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).