

**Addiction and Prevention Services
State Quality Committee**

This report is based upon paid claims data. Reviewers are cautioned not to draw conclusions about trends until all of the most recent quarter's data has been received and posted and substantial claims run out for the additional quarters has occurred (IBNR). Adolescents may be counted in adult or adolescent categories depending upon their date of birth.

This report can not be used to determine quality of care or outcomes of care.

**Final
AGGREGATE ANALYSIS REPORT**

Reporting Period

FROM: April 1, 2009

TO: June 30, 2009

Unit/Team/Department:

PIHP Quality Improvement

Topic/Project:

Over and Under Utilization

Higher Levels of Care Utilization (VO #9a, Grid Row #6) by claims

Monitoring Standard:

42 CFR 438.240 (a and b) Quality Assessment and Performance Improvement Program

Utilization Management policies and procedures:

42 CFR 438.210 (b-e) Coverage and authorization of services

42 CFR 438.242 Health Information System

Goal:

The PIHP will track and report quarterly to SRS/AAPS higher levels of care by claims data for a given quarter.

Block Grant Application Goal: 1

Objectives:

To assure the documentation is capturing this utilization data

To evaluate for trends that may require system intervention and education

To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:

Data was collected from the ValueOptions CareConnect claims. Utilization report including Hospital Detox, Reintegration, Intermediate split by adult/adolescent, and Social Detox services. The report details include average covered lives/Per 1000 calculations for Medicaid only, and admissions and days for both Medicaid and AAPS funded. The report will be based on the service date begin and service date end & will provide the count of actual units. The report will be claim based as a rolling quarter to show a full year by 4th quarter. This report will be provided as an aggregate, as well as by SRS region.

Previous quarters data will be updated over time as claims run out occurs. Data from the 2008 claims run-out updated data reports have been used for YTY comparison tables.

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All Regions AAPS Funded:

Hospital Detoxification and Higher Levels of Care Utilization

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
<u>TOTAL FOR: LEVEL III.1 - RESIDENTIAL REINTEGRATION</u>					
Admissions	371	341	246	202	1,160
Days Claimed	12,191	10,904	8,153	4,436	35,684
Average Length of Stay	32.86	31.98	33.14	21.96	30.76
<u>LEVEL III.2D - RESIDENTIAL SOCIAL DETOX - ADULT</u>					
Admissions	618	588	617	515	2,338
Days Claimed	2,054	1,968	2,008	1,595	7,625
Average Length of Stay	3.32	3.35	3.25	3.10	3.26
<u>LEVEL III.2D - RESIDENTIAL SOCIAL DETOX - ADOLESCENT</u>					
Admissions	0	0	1	0	1
Days Claimed			1		1
Average Length of Stay			1.00		1.00
<u>TOTAL FOR: LEVEL III.2D - RESIDENTIAL SOCIAL DETOX</u>					
Admissions	618	588	618	515	2,339
Days Claimed	2,054	1,968	2,009	1,595	7,626
Average Length of Stay	3.32	3.35	3.25	3.10	3.26
<u>TOTAL FOR: LEVEL III.3 - RESIDENTIAL ADULT INTERMEDIATE</u>					
Admissions	718	591	549	483	2,341
Days Claimed	16,466	13,425	12,300	8,187	50,378
Average Length of Stay	22.93	22.72	22.40	16.95	21.52
<u>TOTAL FOR: LEVEL III.5 - RESIDENTIAL ADOLESCENT INTERMEDIATE</u>					
Admissions	16	25	13	13	67
Days Claimed	455	709	345	378	1,887
Average Length of Stay	28.44	28.36	26.54	29.08	28.16
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<u>Region Total - AAPS - All Regions</u>					
Admissions	1,723	1,545	1,426	1,213	5,907
Days Claimed	31,166	27,006	22,807	14,596	95,575
Average Length of Stay	18.09	17.48	15.99	12.03	16.18

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All Regions Medicaid:

Hospital Detoxification and Higher Levels of Care Utilization

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Unduplicated Covered Lives:	167,567	195,584	222,668	239,620	249,092
<u>LEVEL III.1 - RESIDENTIAL REINTEGRATION - ADULT</u>					
Admissions	49	74	68	64	255
Days Claimed	1,311	2,577	2,027	1,373	7,288
Admissions/1000 Lives	0.29	0.38	0.31	0.27	1.02
Days/1000 Lives	7.82	13.18	9.10	5.73	29.26
Average Length of Stay	26.76	34.82	29.81	21.45	28.58
<u>LEVEL III.1 - RESIDENTIAL REINTEGRATION - ADOLESCENT</u>					
Admissions	1	0	0	0	1
Days Claimed	18				18
Admissions/1000 Lives	0.01				0.00
Days/1000 Lives	0.11				0.07
Average Length of Stay	18.00				18.00
<u>TOTAL FOR: LEVEL III.1 - RESIDENTIAL REINTEGRATION</u>					
Admissions	50	74	68	64	256
Days Claimed	1,329	2,577	2,027	1,373	7,306
Admissions/1000 Lives	0.30	0.38	0.31	0.27	1.03
Days/1000 Lives	7.93	13.18	9.10	5.73	29.33
Average Length of Stay	26.58	34.82	29.81	21.45	28.54
<u>TOTAL FOR: LEVEL III.3 - RESIDENTIAL ADULT INTERMEDIATE</u>					
Admissions	176	181	166	160	683
Days Claimed	3,488	4,246	3,761	2,560	14,055
Admissions/1000 Lives	1.05	0.93	0.75	0.67	2.74
Days/1000 Lives	20.82	21.71	16.89	10.68	56.42
Average Length of Stay	19.82	23.46	22.66	16.00	20.58
<u>TOTAL FOR: LEVEL III.5 - RESIDENTIAL ADOLESCENT INTERMEDIATE</u>					
Admissions	34	33	34	18	119
Days Claimed	1,070	948	970	500	3,488
Admissions/1000 Lives	0.20	0.17	0.15	0.08	0.48
Days/1000 Lives	6.39	4.85	4.36	2.09	14.00
Average Length of Stay	31.47	28.73	28.53	27.78	29.31

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LEVEL IV - DETOXIFICATION SERVICES IN HOSPITAL SETTING - ADULT

Admissions	18	16	7	2	43
Days Claimed	58	66	27	4	155
Admissions/1000 Lives	0.11	0.08	0.03	0.01	0.17
Days/1000 Lives	0.35	0.34	0.12	0.02	0.62
Average Length of Stay	3.22	4.13	3.86	2.00	3.60

LEVEL IV - DETOXIFICATION SERVICES IN HOSPITAL SETTING - ADOLESCENT

Admissions	0	0	0	1	1
Days Claimed				3	3
Admissions/1000 Lives				0.00	0.00
Days/1000 Lives				0.01	0.01
Average Length of Stay				3.00	3.00

TOTAL FOR: LEVEL IV - DETOXIFICATION SERVICES IN HOSPITAL SETTING

Admissions	18	16	7	3	44
Days Claimed	58	66	27	7	158
Admissions/1000 Lives	0.11	0.08	0.03	0.01	0.18
Days/1000 Lives	0.35	0.34	0.12	0.03	0.63
Average Length of Stay	3.22	4.13	3.86	2.33	3.59

LEVEL IV - HOSPITAL BASED ADDICTION OTHER SERVICES - ADULT

Admissions	36	45	33	17	131
Days Claimed	99	149	101	65	414
Admissions/1000 Lives	0.21	0.23	0.15	0.07	0.53
Days/1000 Lives	0.59	0.76	0.45	0.27	1.66
Average Length of Stay	2.75	3.31	3.06	3.82	3.16

LEVEL IV - HOSPITAL BASED ADDICTION OTHER SERVICES - ADOLESCENT

Admissions	0	1	0	2	3
Days Claimed		3		2	5
Admissions/1000 Lives		0.01		0.01	0.01
Days/1000 Lives		0.02		0.01	0.02
Average Length of Stay		3.00		1.00	1.67

TOTAL FOR: LEVEL IV - HOSPITAL BASED ADDICTION OTHER SERVICES

Admissions	36	46	33	19	134
Days Claimed	99	152	101	67	419
Admissions/1000 Lives	0.21	0.24	0.15	0.08	0.54
Days/1000 Lives	0.59	0.78	0.45	0.28	1.68
Average Length of Stay	2.75	3.30	3.06	3.53	3.13

Region Total - Medicaid - All Regions

Admissions	314	350	308	264	1,236
Days Claimed	6,044	7,989	6,886	4,507	25,426
Admissions/1000 Lives	1.87	1.79	1.38	1.10	4.96
Days/1000 Lives	36.07	40.85	30.92	18.81	102.07
Average Length of Stay	19.25	22.83	22.36	17.07	20.57

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Detail by Region and Funding Source:

	Kansas City				Northeast				South Central				Southeast				West				Wichita				Total				YTD2009*	2008
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Block Grant Number of Admissions(minus Detox adm.)	251	220	199	140	186	207	149	167	160	138	103	79	99	78	74	82	144	140	128	99	257	167	149	119	1097	950	802	686	3,535	4,242
Block Grant ALOS*	29.67	29.03	27.24	20.56	24.15	26.17	21.56	15.55	26.04	24.87	23.06	21.48	27.42	26.83	28.39	19.78	30.85	25.17	28.41	21.96	22.19	23.91	25.94	15.60					24.65	25.42
Social Detox Admissions	341	343	359	285	162	140	139	131	15	15	12	7	21	18	30	27	36	38	33	29	40	27	33	32	615	581	606	511	2,313	2,330
Social Detox ALOS*	2.94	3.05	2.90	2.54	3.72	3.74	3.86	3.80	3.93	3.80	4.08	3.14	3.71	3.22	3.73	3.93	4.03	3.87	3.48	3.41	3.98	4.15	3.70	4.31					3.26	3.42
Other Social Detox admissions																									3	7	12	4	26	27
Block Grant *Other* admissions																									8	7	6	12	33	46
Block Grant Total Admissions																													5,907	6,645
Block Grant Total Days																													95,575	117,053
Medicaid Number of Admissions (minus Detox/Hosp Adm.)	42	73	62	50	39	42	43	57	41	42	32	27	33	21	24	18	31	26	35	21	74	84	72	69	260	288	268	242	1058	1259
Medicaid ALOS	21.60	31.18	28.11	18.68	21.59	23.24	20.95	16.12	25.76	23.83	22.63	26.00	21.64	26.29	26.29	24.39	21.81	33.27	28.29	14.19	22.73	25.01	24.57	16.54					23.49	24.49
Hospital Detox/Other Admissions	19	26	10	6	8	10	11	2	2	2	4	2	5	6	3	2	1	3	2	3	19	15	10	7	54	62	40	22	178	197
Hospital ALOS	3.16	3.62	4.20	3.67	4.63	2.80	3.27	1.50	2.00	4.00	3.75	11.50	2.40	2.83	3.00	2.50	2.00	3.00	1.50	4.67	2.21	4.13	2.30	1					3.24	3.81
Medicaid *Other* Adm.																														
Medicaid Total Admissions																													1,236	1,456
Medicaid Total Days																													25,426	31,579
* ALOS YTD totals includes *Other* days and adm.																														

Region and Funding Source Conclusions for Q4:

- Since it is drawn from claims, the first three quarters of data is most accurate since it contains claims run out.
- If an adolescent is showing in a modality that is not licensed for adolescents (i.e. Level III.2D Residential Social Detox) it is due to the fact that adolescents may be seen in an adult setting if clinically justified and the data is pulled by client age.
- 83.25 % of all admissions were AAPS funded for YTD for Q4. Last quarter (Q3) 82.24 % of admissions were AAPS funded.
- For the year 82.70 % of all admissions were AAPS funded at the time of this data pull.
- After pulling out Social Detox at the recommendation of the Committee last year, the overall Lengths of Stay (LOS) demonstrated a 1.16 day longer length of stay in AAPS funded vs. Medicaid for YTD. This is a drop from the 1.98 of YTD LOS difference from Q3.
- There is a downward trend in both AAPS admissions and Medicaid admissions (excluding Social Detox/Hospital based) from Q2, to Q3 to Q4. The Committee requested that this be watched closely. The full claims run out information will be available for the November SQC.
- The modality with the highest utilization in both funding sources is Level III.3 Intermediate Adult Residential. (AAPS funded Social Detox excluded as it is the highest of all)

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- In examining the detail by region and funding source table, it is noted that the region with the greatest number of admissions for Q4 is Northeast when Social Detox is excluded.
- The regions with the longest LOS for AAPS funded for Q4 is the West at 21.96; the region with the longest LOS for Medicaid for Q4 is South Central at 26.00.
- The regions with the shortest LOS for AAPS funded for Q4 is Northeast at 15.55 (Social Detox Excluded); the region with the shortest LOS for Medicaid is West at 14.19.

Note: All YTY charts have been updated with claims run outs since the May SQC

Detail comparison Year to Year (YTY) of Quarter 1 (Q1) 2008 to Quarter 1 (Q1) 2009:

This is a comparison of Q1 2008 to Q1 2009. The Q1 2009 data is updated on this chart from the chart shown in the May 2009 9a AA as claim corrections took place. Block Grant “Other” not shown due to low incidence.

	Kansas City		Northeast		South Central		Southeast		West		Wichita	
	Q1/08	Q1/09	Q1/08	Q1/09	Q1/08	Q1/09	Q1/08	Q1/09	Q1/08	Q1/09	Q1/08	Q1/09
Block Grant Number of Admissions (Social Detox not included)	226	251	224	186	174	160	115	99	209	144	257	257
Block Grant ALOS	29.73	29.67	23.38	24.15	21.43	26.04	24.26	27.42	23.57	30.85	21.20	22.19
Social Detox Admissions	314	341	128	162	27	15	25	21	31	36	63	40
Social Detox ALOS	3.17	2.94	3.83	3.72	4.26	3.93	3.60	3.71	4.26	4.03	4.00	3.98
Medicaid Number of Admissions	82	42	68	39	43	41	37	33	46	31	104	74
Medicaid ALOS	24.82	21.60	24.21	21.59	24.60	25.76	29.46	21.64	21.07	21.81	20.39	22.73
Hospital Detox/Other	19	19	6	8	10	2	8	5	6	1	18	19
Hospital LOS	5.00	3.16	5.67	4.63	2.70	2.00	4.00	2.40	3.00	2.00	4.22	2.21
Updated 8-09												

YTY Conclusions Q1 2008 to Q1 2009:

- The Q1 2008 data is transitional.
- The number of admissions for Medicaid decreased in all six regions.
- The number of admissions for AAPS funded decreased in four regions, increased in one region and stayed the same for one region.
- The LOS for AAPS (excluding Social Detox) funded increased in five regions and decreased in one. The West and South Central having the greatest increases.

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- The LOS for Medicaid (excluding hospital based services) decreased in three regions and increased in three regions. Southeast and Kansas City had the greatest decrease; Wichita had the greatest increase.

Detail comparison Year to Year (YTY) of Quarter 2 (Q2) 2008 to Quarter 2 (Q2) 2009:

This is a comparison of Q2 2008 to Q2 2009. The Q2 2009 data is updated on this chart from the chart shown in the May 2009 9a AA as claim corrections took place. Block Grant “Other” not shown due to low incidence.

	Kansas City		Northeast		South Central		Southeast		West		Wichita	
	Q2/08	Q2/09	Q2/08	Q2/09	Q2/08	Q2/09	Q2/08	Q2/09	Q2/08	Q2/09	Q2/08	Q2/09
Block Grant Number of Admissions (Social Detox not included)	221	220	138	207	97	138	87	78	159	140	241	167
Block Grant ALOS	35.22	29.03	22.46	26.17	23.36	24.87	25.74	26.83	22.48	25.17	22.17	23.91
Social Detox Admissions	296	343	130	140	18	15	25	18	26	38	69	27
Social Detox ALOS	3.07	3.05	3.99	3.74	3.33	3.80	4.24	3.22	4.38	3.87	4.07	4.15
Medicaid Number of Admissions	56	73	37	42	42	42	32	21	28	26	96	84
Medicaid ALOS	23.84	31.18	27.65	23.24	33.33	23.83	30.31	26.29	27.25	33.27	20.95	25.01
Hospital Detox/Other	17	26	5	10	9	2	2	6	5	3	9	15
Hospital LOS	4.41	3.62	3.00	2.80	3.11	4.00	1.00	2.83	3.6	3.00	6.00	4.13
Updated 8-09												

YTY Conclusions Q2 2008 to Q2 2009:

- Q2 YTY comparisons may be more valid than the transitional Q1 YTY data.
- The number of admissions for AAPS (excluding Social Detox) funded increased in two regions and decreased in four regions.
- Northeast had a 50 % increase in the number of admissions and Wichita had a 30.7% decrease in the number of admissions.
- The LOS for AAPS (excluding Social Detox) funded increased in five regions and decreased in one region. The region with the greatest decrease was Kansas City with 6.17 day reduction in LOS. The region with the greatest increase was Northeast with a 3.71 day increase LOS.
- The AAPS *Social Detox* trends in LOS demonstrated a decrease in four regions from 2008 to 2009. Wichita had the greatest decrease in the number of admissions and Kansas City had the greatest increase in the number of admissions.
- Thus, for AAPS funded the number of admissions decreased but the LOS increased in five regions. This may reflect that clients have been more appropriately placed in lower levels of care and those that are admitted require longer stays due to clinical severity. It is

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noted that the number of admissions in the lower levels of care have increased in comparing both Q2 2008 to Q2 2009 and Q3 2008 to Q3 2009.

- The number of admissions for Medicaid (excluding hospital based services) increased in two regions and decreased in three regions and stayed the same in one. Kansas City had the greatest increase in the number of admissions with a 30.4% increase in the number of admissions.
- The LOS for Medicaid (excluding hospital based services) decreased in three regions and increased in three regions. The region with the greatest decrease was South Central with a 9.5 day reduction in LOS. The region with the greatest Medicaid LOS increase was Kansas City with a 7.34 day increase in LOS. Note this in contrast to the *decrease* in AAPS funded LOS for Kansas City of 6.19.
- The low numbers in the Medicaid Detox/Hospital based services makes trending less valid thus none was done. In addition just a few longer LOS due to client medical severity can impact data trending.

Detail comparison Year to Year (YTY) of Quarter 3 (Q3) 2008 to Quarter 3 (Q3) 2009:

This is a comparison of Q3 2008 to Q3 2009. Block Grant “Other” not shown due to low incidence.

	Kansas City		Northeast		South Central		Southeast		West		Wichita	
	Q3/08	Q3/09	Q3/08	Q3/09	Q3/08	Q3/09	Q3/08	Q3/09	Q3/08	Q3/09	Q3/08	Q3/09
Block Grant Number of Admissions (Social Detox not included)	198	199	186	149	117	103	85	74	137	128	265	149
Block Grant ALOS	29.13	27.24	23.47	21.56	25.47	23.06	26.19	28.39	26.28	28.41	23.45	25.94
Social Detox Admissions	292	359	129	139	21	12	24	30	26	33	46	33
Social Detox ALOS	2.86	2.90	3.88	3.86	3.86	4.08	3.13	3.73	4.62	3.48	4.17	3.70
Medicaid Number of Admissions	51	62	37	43	40	32	20	24	37	35	88	72
Medicaid ALOS	25.88	28.11	26.78	20.95	26.90	22.63	28.50	26.29	27.32	28.29	21.67	24.57
Hospital Detox/Other	15	10	8	11	4	4	3	3	2	2	12	10
Hospital LOS	3	4.20	3.25	3.27	4.5	3.75	1.67	3.00	3.5	1.50	3.33	2.30

YTY Conclusions Q3 2008 to Q3 2009:

- Q3 YTY comparisons may be more valid then the transitional Q1 YTY data.
- The number of admissions for AAPS (excluding Social Detox) funded increased in one region and decreased in five regions.
- Wichita had a 43.8 % decrease in the number of AAPS funded admissions.
- The LOS for AAPS (excluding Social Detox) funded increased in three regions and decreased in three regions. The region with the greatest decrease was South Central with

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2.41 day reduction in LOS. The region with the greatest increase was Wichita with a 2.49 day increase LOS.

- The AAPS *Social Detox* trends in LOS demonstrated a decrease in three regions and an increase in three regions. Both increases and decreases in LOS were small. Kansas City had a 22.9 % increase in the number of admissions.
- Thus, for AAPS funded the number of admissions decreased but LOS increased in three regions and decreased in three. There is less fluctuation in the LOS in comparing Q3 than noted in previous quarters. It is noted that the number of admissions in the lower levels of care have increased in comparing both Q2 2008 to Q2 2009 and Q3 2008 to Q3 2009.
- The number of admissions for Medicaid (excluding hospital based services) increased in three regions and decreased in three regions. Kansas City had the greatest increase in the number of admissions with a 21.2 % increase in the number of admissions. Wichita had the greatest decrease in admissions at 18.2 %.
- The LOS for Medicaid (excluding hospital based services) decreased in three regions and increased in three regions. The region with the greatest decrease was Northeast with a 5.83 day reduction in LOS. The region with the greatest Medicaid LOS increase was Wichita with a 2.9 day increase in LOS.
- The low numbers in the Medicaid Detox/Hospital based services makes trending less valid thus none was done. In addition just a few longer LOS due to client medical severity can impact data trending.

Preliminary Recommendations to Committee:

- It is recommended to the Committee that data trending continue and reporting on all objectives be included in this report. Trending should continue to contain year to year (YTY) comparisons. It is expected that clearer trends will continue to emerge over time.
- As stated before, some providers have recently reported expending all or most of their allocated AAPS funds, analysis will continue to be carefully done on both the third and the fourth quarter data after claims run out to assess the potential impact of that issue.
- It is further recommended that this aggregate analysis and the ValueOptions report is shared at the Regional QI meetings and posted on the ValueOptions website.
- **This data may have been impacted by program closures and openings.**

Date Presented to SQC: 8/4/2009

BY: Kim Brown

Recommendations from the Committee for action: Recommendation and changes made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 11/5/2009