

**Addiction and Prevention Services
State Quality Committee**

This report is based upon paid claims data. As a result, numbers will change throughout the year as claims are processed.

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: July 1, 2009

TO: June 30, 2010

Annual Analysis FY10

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. The summary table included in this report contains admissions and average length of stay by Region. Social Detox for AAPS and Hospital

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based services for Medicaid have been separated from all other modalities. (See page four). This data contains seventy-five (75) days of claims run-out which allowed for the majority of claims to be counted.

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	269	334	291	308	1,202
Days Claimed	7,676	9,566	8,956	9,383	35,581
Average Length of Stay	28.54	28.64	30.78	30.46	29.60
<u>TOTAL FOR: LEVEL III.2D - RESIDENTIAL SOCIAL DETOX</u>					
Admissions	639	524	636	648	2,447
Days Claimed	2,065	1,811	2,184	2,122	8,182
Average Length of Stay	3.23	3.46	3.43	3.27	3.34
<u>TOTAL FOR: LEVEL III.3 - RESIDENTIAL ADULT INTERMEDIATE</u>					
Admissions	591	543	574	576	2,284
Days Claimed	11,943	12,097	12,523	11,323	47,886
Average Length of Stay	20.21	22.28	21.82	19.66	20.97
<u>TOTAL FOR: LEVEL III.5 - RESIDENTIAL ADOLESCENT INTERMEDIATE</u>					
Admissions	6	16	16	17	55
Days Claimed	157	476	504	483	1,620
Average Length of Stay	26.17	29.75	31.50	28.41	29.45
<hr/>					
<u>Region Total - AAPS - All Regions</u>					
Admissions	1,505	1,417	1,517	1,549	5,988
Days Claimed	21,841	23,950	24,167	23,311	93,269
Average Length of Stay	14.51	16.90	15.93	15.05	15.58

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:	198,027	227,899	249,893	268,167	278,651
<u>TOTAL FOR: LEVEL III.1 - RESIDENTIAL REINTEGRATION</u>					
Admissions	77	76	69	74	296
Days Claimed	2,258	2,370	1,828	1,943	8,399
Admissions/1000 Lives	0.39	0.33	0.28	0.28	1.06
Days/1000 Lives	11.40	10.40	7.32	7.25	30.14
Average Length of Stay	29.32	31.18	26.49	26.26	28.38

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TOTAL FOR: LEVEL III.3 - RESIDENTIAL ADULT INTERMEDIATE

Admissions	210	194	199	210	813
Days Claimed	4,347	3,750	3,697	3,719	15,513
Admissions/1000 Lives	1.06	0.85	0.80	0.78	2.92
Days/1000 Lives	21.95	16.45	14.79	13.87	55.67
Average Length of Stay	20.70	19.33	18.58	17.71	19.08

TOTAL FOR: LEVEL III.5 - RESIDENTIAL ADOLESCENT INTERMEDIATE

Admissions	37	36	37	38	148
Days Claimed	1,024	1,049	1,077	1,085	4,235
Admissions/1000 Lives	0.19	0.16	0.15	0.14	0.53
Days/1000 Lives	5.17	4.60	4.31	4.05	15.20
Average Length of Stay	27.68	29.14	29.11	28.55	28.61

TOTAL FOR: LEVEL IV - DETOXIFICATION SERVICES IN HOSPITAL SETTING

Admissions	25	21	13	11	70
Days Claimed	106	59	64	52	281
Admissions/1000 Lives	0.13	0.09	0.05	0.04	0.25
Days/1000 Lives	0.54	0.26	0.26	0.19	1.01
Average Length of Stay	4.24	2.81	4.92	4.73	4.01

TOTAL FOR: LEVEL IV - HOSPITAL BASED ADDICTION OTHER SERVICES

Admissions	51	59	49	45	204
Days Claimed	164	205	192	183	744
Admissions/1000 Lives	0.26	0.26	0.20	0.17	0.73
Days/1000 Lives	0.83	0.90	0.77	0.68	2.67
Average Length of Stay	3.22	3.47	3.92	4.07	3.65

Region Total - Medicaid - All Regions

Admissions	400	386	367	378	1,531
Days Claimed	7,899	7,433	6,858	6,982	29,172
Admissions/1000 Lives	2.02	1.69	1.47	1.41	5.49
Days/1000 Lives	39.89	32.62	27.44	26.04	104.69
Average Length of Stay	19.75	19.26	18.69	18.47	19.05

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Summary Table: Detail by Region and Funding Source:



Kansas Department of Social and Rehabilitation Services

Over/Under Utilization - Admissions & Average Length of Stay Summary by Region (High Levels of Care Only)

7/1/2009 - 6/30/2010

ATTESTATION:

I attest, based on my best knowledge, information and belief that the data and/or documents pertaining to Medicaid and the SAPT block grant comprising this report are accurate, complete, and truthful, as of the date of submission.

Megan D. Elms
CEO, ValueOptions of Kansas

9/10/2010

Date

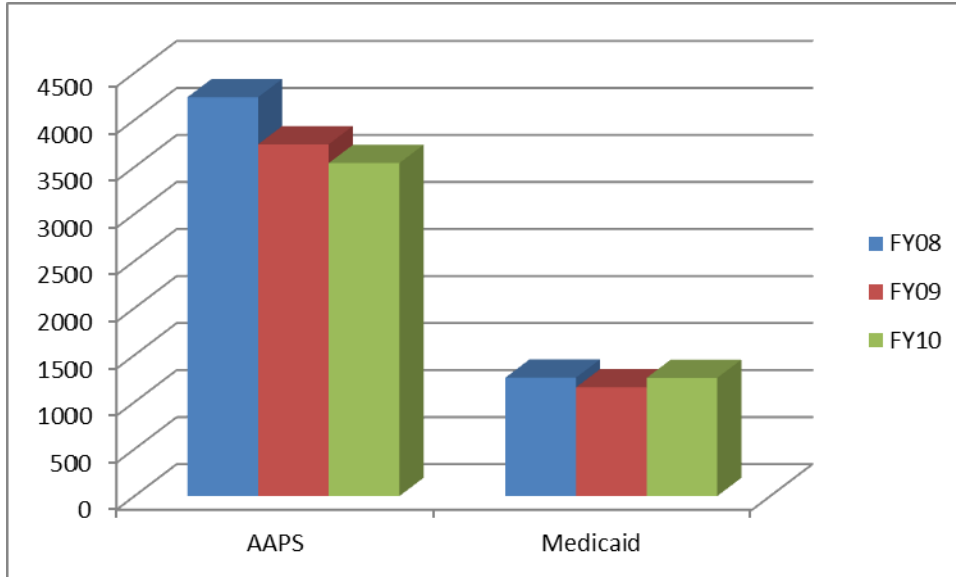
	Kansas City				Northeast				South Central				Southeast				West				Wichita				Total			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AAPS Counts																												
Admissions (minus Social Detox)	181	201	215	234	183	164	172	162	138	121	109	101	78	76	81	83	96	120	108	128	188	211	196	193	864	893	881	901
ALOS (minus Social Detox)	25.65	26.36	26.77	24.40	22.72	25.17	24.44	20.82	23.57	24.48	25.01	24.88	22.51	23.75	21.81	21.22	24.18	28.78	28.46	27.73	19.29	21.29	22.74	22.19	22.87	24.79	24.95	23.52
Social Detox Admissions	347	315	345	344	160	111	143	152	21	21	22	30	32	35	26	39	41	17	35	47	38	24	64	35	639	523	635	647
Social Detox ALOS	2.68	3.23	3.02	2.81	3.78	3.80	3.99	3.89	4.14	4.38	4.18	4.40	3.97	3.23	3.81	3.31	4.10	3.53	4.14	3.40	3.87	4.29	3.66	4.03	3.23	3.46	3.44	3.28
Other Admissions (minus Social Detox)																									2	0	0	0
Other Social Detox Admissions																									0	1	1	1
Medicaid Counts																												
Admissions (minus Social Detox/Hospital)	79	83	64	74	70	65	49	74	51	34	51	50	29	26	35	20	24	31	27	21	71	67	79	83	324	306	305	322
ALOS (minus Social Detox/Hospital)	23.11	27.57	23.61	22.85	24.69	25.06	20.90	19.28	25.24	16.94	22.04	20.62	26.72	18.27	18.80	17.85	27.00	26.35	26.33	29.86	19.23	20.66	19.92	19.45	23.55	23.43	21.65	20.95
Hospital/Social Detox Admissions	23	31	25	26	10	16	9	7	7	9	9	3	10	4	4	3	4	5	0	1	22	15	15	16	76	80	62	56
Hospital/Social Detox ALOS	3.57	3.65	4.20	4.27	2.20	2.69	2.89	10.14	4.14	3.00	4.89	4.33	5.70	1.75	7.50	2.33	3.00	2.60		1.00	3.09	4.07	3.40	2.00	3.55	3.30	4.13	4.20
AAPS Totals (all counts include "Other" admits and days)														Medicaid Totals														
Admits (no SD)		ALOS (no SD)		SD Admits		SD ALOS		*Other* (no SD)		*Other* SD		Total Admits / Days		Admits (no SD)		ALOS (no SD)		SD Admits		SD ALOS		Total Admits / Days						
FY 2010 Totals		24.03		2,447		3.34		2		3		5,988 / 93,269		1,257		22.39		274		3.74		1,531 / 29,172						
FY 2009 Totals *		25.52		2,387		3.28		3		4		6,128 / 103,288		1,156		24.49		253		3.15		1,409 / 29,106						

* Previous fiscal year totals pull from similar date ranges as the current fiscal year. For example, if the current fiscal year only includes quarters 1 and 2, the previous fiscal year totals will only pull quarters 1 and 2.

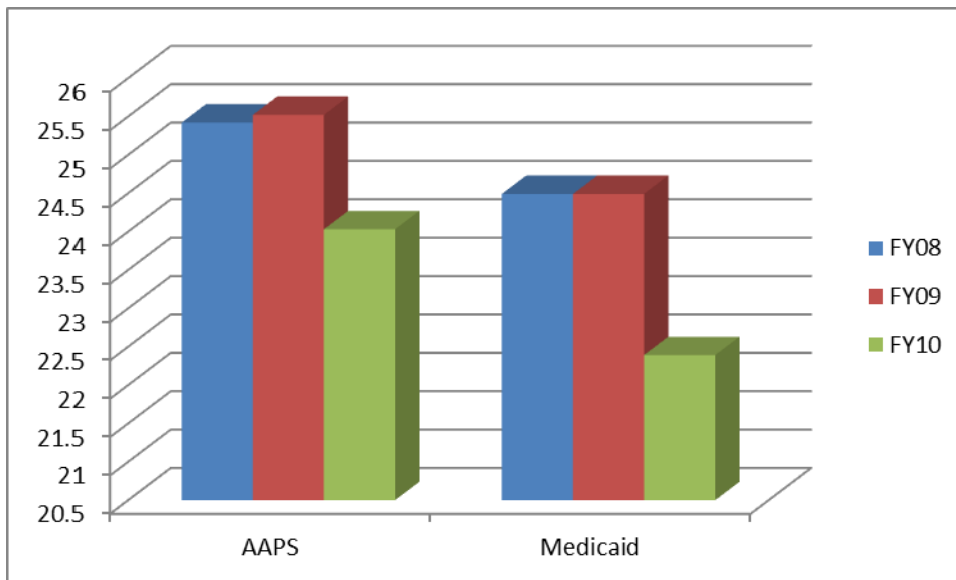
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Comparison of Years (Minus Social detox and Hospital Based Services)

Total Number of Admissions



Average Length of Stay (ALOS)



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Conclusions for FY 10

- All admissions were greater in AAPS Funded for each modality except Adolescent Level III.5 which is higher for Medicaid. This trend held throughout FY 2008 and FY 2009.
- After pulling out Social Detox (AAPS) and Hospital based services (Medicaid), the FY10 ALOS of AAPS was 24.03 and for Medicaid was 22.39. **That is a difference of 1.64 days.**
- FY10 LOS of Social Detox (AAPS) was 3.34 and for Hospital based services (Medicaid) was 3.74.
- The modality with the highest utilization in both funding sources is Level III.3 Intermediate Adult Residential when Social Detox is excluded. This is a consistent trend.
- In examining the detail by region and funding source table, it is noted that the region with the greatest number of admissions FY10 for both AAPS (2182) and Medicaid (405) is the Kansas City region.
- The quarter with the *shortest* LOS (minus social detox and hospital based services) FY10 was the Q1 (22.87) and FY10 Medicaid was Q4 (20.95).
- The quarter with the *longest* LOS (minus detox and hospital based services) FY10 AAPS was Q3 (24.95) and for FY10 Medicaid was Q1 (23.55).
- The region with the longest ALOS FY10 (minus detox and hospital based services) for AAPS funded is Kansas City with a 25.80 average; the region with the longest ALOS FY10 for Medicaid is West at 27.39.
- The region with the shortest ALOS FY10 (minus detox and hospital based services) for AAPS funded is Wichita with a 21.38 ALOS; the region with the shortest LOS for Medicaid is also Wichita with a 19.82 ALOS.

Referring to lower section of Summary chart and Histograms:

- In comparing 2009 to 2010 there is a *decrease* in both total days and total admits (admits/days) in all levels of care combined **for AAPS** from 2009 to 2010 in the higher levels of care. (6,128/103,288 to 5,988/93,269) This is a decrease of 140 admissions and 10,019 days.
- In comparing 2009 to 2010 there is an *increase* in both total days and total admits (admits/days) in all levels of care combined **for Medicaid** from 2009 to 2010 in the higher levels of care. (1,409/29,106 to 1,531/29,172) This is only an increase of 122 admissions and 66 days.
- In comparing 2009 to 2010 there is a *decrease* in ALOS (minus detox and hospital based services) **in both funding sources** from 2009 to 2010 in the higher levels of care (AAPS 25.52 to 24.03; Medicaid 24.49 to 22.39). **This is decrease of 1.49 days for AAPS and 2.1 for Medicaid.**
- In comparing 2009 to 2010 there is *an increase* ALOS for Detox and hospital based services in both funding sources from 2009 to 2010. (AAPS 3.28 to 3.34; Medicaid 3.15 to 3.74). It must be kept in mind that Medicaid includes acute hospital admissions related to substance abuse disorders not just detoxification.

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- General trending since FY08 in AAPS indicate a decrease in the number of admissions with a varying ALOS with a current downward trend noted.
- General trending since FY08 in Medicaid indicates number of admissions varying with a current upward trend noted; the ALOS was stable FY08 and 09 with a definite downward trend FY10.
- **Thus, in comparing the 2009 to the 2010 data in the higher levels of care there are increases in admissions for Medicaid, decreases in admissions for AAPS and decreasing ALOS in both funding sources from 2009 to 2010. The decreasing ALOS may be attributed to intensification of the proper application of ASAM criteria by ValueOptions during 2010.**

Authorizations to Billed Services:

In comparing the services authorized (VO # 9b) to those billed for 2010, the following discrepancies were noted (Social detox and emergency hospital admissions are not compared as no authorizations are required):

AAPS Funded

150 more Reintegration admits paid than authorized

Medicaid

18 more Reintegration admits paid than authorized

10 more Adult Residential Intermediate admits paid than authorized

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 recommended that the authorization report 9b be discontinued as the variance in authorized to paid are very minor with general decreasing trend of difference noted.
- It is further recommended that this aggregate analysis and the ValueOptions report be posted on the ValueOptions website.
- **It is noted by the Committee that better screening by providers may be a contributing factor for the decrease in admissions and ALOS.**
- **It is noted by the Committee that the decrease in AAPS funding for FY2010 may also be a reason for the decrease in admissions and ALOS in the AAPS funding category.**
- **It is noted by the Committee that VO will negotiate with providers on higher levels of care for a lower level of care, if appropriate, as a contributing factor for decreases in admissions and ALOS.**
- **It is recommended that the annual summary page under Medicaid totals be changed from being labeled social detox to hospital based services (HBS).**

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Date Presented to SQC: 11/4/2010

BY: Kim Brown

Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above. Enhancements made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 2/10/2011