

**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

**Lower Levels of Care Utilization (VO #10a, Grid Row #7) 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 lower 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:**

Utilization report including Intensive Outpatient, Outpatient and Other 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 and 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.

Admissions are more of a "number of visits" count. Units are time based. Note that the units vary from fifteen minutes to one day based on the modality. Assessments are broken out by those performed by RADAC and those performed by Providers. This data contains seventy-five (75) days of claims run-out which allowed for the majority of claims to be counted.

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**All Regions AAPS Funded FY 2010:**

**Outpatient and Lower Levels of Care Utilization**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
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**TOTAL FOR: LEVEL I - OUTPATIENT COUNSELING (15 MINUTE UNIT)**

Admissions	1,485	1,362	1,566	1,383	5,796
Units Claimed	141,440	136,283	145,099	103,303	526,125
Average Units per Admit	95.25	100.06	92.66	74.69	90.77

Adult: 5,547 Adolescent: 249

**TOTAL FOR: LEVEL II.1 - INTENSIVE OUTPATIENT PROGRAM (1 DAY UNIT)**

Admissions	333	350	284	313	1,280
Units Claimed	5,750	6,221	4,890	4,811	21,672
Average Units per Admit	17.27	17.77	17.22	15.37	16.93

Adult: 1,242 Adolescent: 38

**TOTAL FOR: OTHER SERVICE - ASSESSMENT (1 SESSION UNIT)**

Admissions	2,688	2,538	3,135	2,770	11,131
Units Claimed	2,862	2,702	3,305	2,854	11,723
Average Units per Admit	1.06	1.06	1.05	1.03	1.05

Adult: 10,718 Adolescent: 413

**TOTAL FOR: OTHER SERVICE - OVERNIGHT BOARDING (1 DAY UNIT)**

Admissions	34	28	22	40	124
Units Claimed	1,680	1,391	1,162	1,664	5,897
Average Units per Admit	49.41	49.68	52.82	41.60	47.56

Adult: 124

**TOTAL FOR: OTHER SERVICE - PEER SUPPORT (15 MINUTE UNIT)**

Admissions	26	43	88	44	201
Units Claimed	208	370	1,345	746	2,669
Average Units per Admit	8.00	8.60	15.28	16.95	13.28

Adult: 200 Adolescent: 1

**TOTAL FOR: OTHER SERVICE - PERSON CENTERED CASE MANAGEMENT (15 MINUTE UNIT)**

Admissions	56	36	45	57	194
Units Claimed	2,436	993	1,395	906	5,730
Average Units per Admit	43.50	27.58	31.00	15.89	29.54

Adult: 193 Adolescent: 1

**TOTAL FOR: OTHER SERVICE - SUPPORT SERVICES (TRANSPORT/TECH) (1 HOUR UNIT)**

Admissions	76	79	72	66	293
Units Claimed	573	419	542	564	2,098
Average Units per Admit	7.54	5.30	7.53	8.55	7.16

Adult: 253 Adolescent: 40

**TOTAL FOR: OTHER SERVICE - TELEMEDICINE (1 DAY UNIT)**

Admissions	4	20	32	58	114
Units Claimed	37	120	145	287	589
Average Units per Admit	9.25	6.00	4.53	4.95	5.17

Adult: 114

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**Region Total - AAPS - All Regions**

Admissions	4,702	4,456	5,244	4,731	19,133
Units Claimed	154,986	148,499	157,883	115,135	576,503
Average Units per Admit	32.96	33.33	30.11	24.34	30.13

58.65% of H0001 Assessments conducted by RADACs  
41.35% of H0001 Assessments conducted by Other Providers

NOTE: Assessment percentages are based on VO paid claims data; this will differ from KCPC data.

**Total: Adult: 18,391 Adolescent: 742**

### All Regions Medicaid FY 2010:

**Outpatient and Lower 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

**TOTAL FOR: LEVEL I - OUTPATIENT COUNSELING (15 MINUTE UNIT)**

Admissions	768	762	734	737	3,001
Units Claimed	86,180	89,098	79,178	55,172	309,628
Admissions/1000 Lives	3.88	3.34	2.94	2.75	10.77
Units/1000 Lives	435.19	390.95	316.85	205.74	1,111.17
Average Units per Admit	112.21	116.93	107.87	74.86	103.17

Adult: 1,942 Adolescent: 1,059

**TOTAL FOR: LEVEL II.1 - INTENSIVE OUTPATIENT PROGRAM (1 DAY UNIT)**

Admissions	199	188	185	183	755
Units Claimed	4,115	4,006	3,810	2,863	14,794
Admissions/1000 Lives	1.00	0.82	0.74	0.68	2.71
Units/1000 Lives	20.78	17.58	15.25	10.68	53.09
Average Units per Admit	20.68	21.31	20.59	15.64	19.59

Adult: 518 Adolescent: 237

**TOTAL FOR: OTHER SERVICE - ASSESSMENT (1 SESSION UNIT)**

Admissions	1,242	1,131	1,195	1,197	4,765
Units Claimed	1,322	1,206	1,283	1,254	5,065
Admissions/1000 Lives	6.27	4.96	4.78	4.46	17.10
Units/1000 Lives	6.68	5.29	5.13	4.68	18.18
Average Units per Admit	1.06	1.07	1.07	1.05	1.06

Adult: 3,425 Adolescent: 1,340

**TOTAL FOR: OTHER SERVICE - CRISIS INTERVENTION (15 MINUTE UNIT)**

Admissions	1	0	0	0	1
Units Claimed	1				1
Admissions/1000 Lives	0.01				0.00
Units/1000 Lives	0.01				0.00
Average Units per Admit	1.00				1.00

Adult: 1

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**TOTAL FOR: OTHER SERVICE - MEDICAID CASE MANAGEMENT (15 MINUTE UNIT)**

Admissions	42	35	24	19	120
Units Claimed	1,255	1,203	587	338	3,383
Admissions/1000 Lives	0.21	0.15	0.10	0.07	0.43
Units/1000 Lives	6.34	5.28	2.35	1.26	12.14
Average Units per Admit	29.88	34.37	24.46	17.79	28.19

Adult: 118 Adolescent: 2

**TOTAL FOR: OTHER SERVICE - PEER SUPPORT (15 MINUTE UNIT)**

Admissions	2	9	17	14	42
Units Claimed	38	222	392	175	827
Admissions/1000 Lives	0.01	0.04	0.07	0.05	0.15
Units/1000 Lives	0.19	0.97	1.57	0.65	2.97
Average Units per Admit	19.00	24.67	23.06	12.50	19.69

Adult: 41 Adolescent: 1

**TOTAL FOR: OTHER SERVICE - TELEMEDICINE (1 DAY UNIT)**

Admissions	0	0	8	19	27
Units Claimed			33	96	129
Admissions/1000 Lives			0.03	0.07	0.10
Units/1000 Lives			0.13	0.36	0.46
Average Units per Admit			4.13	5.05	4.78

Adult: 23 Adolescent: 4

**Region Total - Medicaid - All Regions**

Admissions	2,254	2,125	2,163	2,169	8,711
Units Claimed	92,911	95,735	85,283	59,898	333,827
Admissions/1000 Lives	11.38	9.32	8.66	8.09	31.26
Units/1000 Lives	469.18	420.08	341.28	223.36	1,198.01
Average Units per Admit	41.22	45.05	39.43	27.62	38.32

55.70% of H0001 Assessments conducted by RADACs  
44.30% of H0001 Assessments conducted by Other Providers

NOTE: Assessment percentages are based on VO paid claims data; this will differ from KCPC data.

**Total: Adult: 6,068 Adolescent: 2,643**

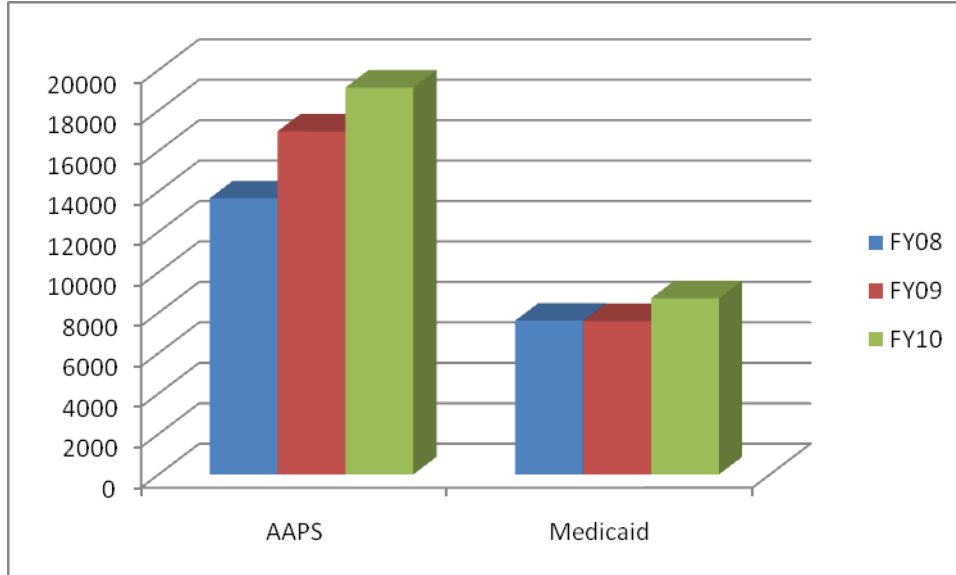
### Total Admissions Lower Levels of Care by Region and Funding Source FY 2010

	Kansas City				Northeast				South Central				Southeast				West				Wichita				Total				2010	2009	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	1037	1006	1186	1091	1100	957	1144	980	659	635	720	627	458	421	512	412	527	499	582	547	914	936	1096	1071	4,695	4,454	5,240	4,728	19,117	16,790	13,510
Block Grant "Other"																									7	2	4	3	16	175	141
Block Grant Total																									4,702	4,456	5,244	4,731	19,133	16,965	13,651
Medicaid Number of Admissions	364	377	348	362	400	395	411	411	375	324	324	292	243	221	252	242	200	164	199	206	672	644	629	656	2,254	2,125	2,163	2,169	8,711	7,583	7,805
Medicaid Total																									2,254	2,125	2,163	2,169	8,711	7,583	7,805

Block Grant "Other": Members who were not mapped to a valid region at time of service are reported in the "Other" region.

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**Graph Comparison of Lower Levels of Care Total Admissions FY08 to FY10**



**Comparison of Year to Year (YTY) Modality 2008 to 2010 Admissions by Funding Source:**

**AAPS FUNDED**

<b>Modality</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Difference FY09 to FY10</b>
Outpatient	6431	5817	5796	-21
Intensive Outpatient	1258	1445	1280	-165
Assessment	5290	9085	11131	+2046
Overnight Boarding	103	97	124	+27
Peer Support	NA	1	201	+200
Person-Centered CM	147	144	194	+50
Support Services	422	376	293	-83
Telemedicine	NA	NA	114	NA (+ 114 for FY10)
<b>TOTAL</b>	<b>13,651</b>	<b>16,965</b>	<b>19,133</b>	<b>+2168</b>

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**MEDICAID**

<b>Modality</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Difference FY09 to FY10</b>
<b>Outpatient</b>	<b>3016</b>	<b>2829</b>	<b>3001</b>	<b>+172</b>
<b>Intensive Outpatient</b>	<b>823</b>	<b>694</b>	<b>755</b>	<b>+61</b>
<b>Assessment</b>	<b>3378</b>	<b>3895</b>	<b>4765</b>	<b>+870</b>
<b>Crisis Intervention</b>	<b>NA</b>	<b>1</b>	<b>1</b>	<b>same</b>
<b>Medicaid CM</b>	<b>388</b>	<b>164</b>	<b>120</b>	<b>-44</b>
<b>Peer Support</b>	<b>NA</b>	<b>NA</b>	<b>42</b>	<b>NA(+42 FY10)</b>
<b>Telemedicine</b>	<b>NA</b>	<b>NA</b>	<b>27</b>	<b>NA(+27 FY10)</b>
<b>TOTAL</b>	<b>7605</b>	<b>7583</b>	<b>8711</b>	<b>+1128</b>

**Conclusions for 2009 compared to 2010:**

- The percentage of AAPS admissions to Medicaid admissions:  
     2008 AAPS 64.2 % Medicaid 35.8 %  
     2009 AAPS 69.1 % Medicaid 30.9 %  
     2010 AAPS 68.7 % Medicaid 31.3 %
- There was a 12.8 % increase in AAPS funded Lower Levels of Care admissions comparing FY09 to FY10.
- There was a 14.9 % increase in Medicaid funded Lower Levels of Care admissions comparing FY09 to FY10.
- In both funding sources the modality with both the greatest incidence and increase was Assessments.
- Thus, both funding sources had an increase in admissions in the Lower Levels of Care from 2009 to 2010 with the increase in the number of **Assessments being responsible for 88.4% of the total increase. The majority of assessments were performed by RADAC's.**
- Level I Outpatient continues to be the second highest service by volume in both funding sources.
- For AAPS there was an *increase* in four (4) modalities and a decrease in three (3) modalities. (Outpatient Level I which only had a decrease of 21 admissions, in Support Services which has a decrease of 84 admissions and Intensive Outpatient which had a decrease of 165 admissions).
- For **Medicaid** funded there was an *increase* in all modalities except Medicaid Case Management which had a *decrease* of 44 admission and Crisis Intervention which stayed the same at one admission.
- There is a 9.8% decrease in total admissions in *AAPS funded from Q3 to Q4 FY10* and for Medicaid only an increase of six admissions from Q3 to Q4 FY10. The decrease in AAPS funded admissions may be related to providers reaching their allowable funding.
- Telemedicine is now being captured as of Q3 FY 2010.
- Overnight Boarding will show as adult claims. This is because ValueOptions attaches the payment and the authorization for overnight boarding to the ID of the person who is in

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treatment. Thus, the report shows adults instead of children. It was decided that Overnight Boarding will continue to remain on this report.

**In reviewing the utilization data as found on the utilization reports by region, the following was observed for YTY in comparisons by quarter: (Q1 through Q4 where each compared to the corresponding quarter FY09 to the same quarter FY10.)**

- For AAPS funded the number of Lower Level of Care admissions *increased in all six regions for all four quarters* when each quarter is compared to the previous year's quarter with **one exception**. Q4 South Central only had a decrease of 27 admissions when comparing Q4 FY09 to Q4 FY10.
- For Medicaid funded the number of Lower Level of Care *admissions increased in all six regions for all four quarters* when each quarter is compared to the previous year's quarter with **two exceptions**. Q2 West only had a decrease of 22 admissions when comparing Q2 FY09 to Q2 FY10. Q4 South Central only had a decrease of 25 admissions when comparing Q4 FY09 to Q4 FY10.

**Authorizations to Billed Services:**

In comparing the services authorized (VO # 10b) to those billed for 2010, the following discrepancies were noted:

- Peer Support
  - AAPS funded had 21 units authorized and 201 units billed
  - Medicaid 10 units authorized and 42 units billed
- Support Services in AAPS funded had 206 units authorized and 293 units billed.
- All other modalities had no issues.

**Preliminary Recommendations to Committee:**

- It is recommended to the Committee that data trending continue and reporting on all objectives going forward and to continue to include YTY comparisons.
- It is recommended that the authorization report 10b be discontinued as the variance in authorized to paid is very minor. **The Peer Support authorized to billed services discrepancy was expected this year due to the recent implementation of this modality.**
- It is recommended by the Committee that this aggregate analysis and the ValueOptions report where the data was pulled be posted on the ValueOptions website with more instruction and clarification by ValueOptions on how viewers interpret the report detail.

**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