

**Addiction and Prevention Services  
State Quality Committee**

**AGGREGATE ANALYSIS REPORT**

**Reporting Period**                                    **FROM:** July 1, 2014    **TO:** June 30, 2015

**Unit/Team/Department:**  
**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 Systems

**Goal:**

**The Quality Committee will track and report quarterly to KDADS/BHS lower levels of care by claims data for a given quarter.**

Block Grant Application Goal: 1

**Objectives:**

Quality Committee

**Topic/Project:**

Over and Under Utilization

**7 Lower Levels of Care Utilization by**

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

**Timeline:**

- July 2012: SRS DBHS moved to the Kansas Department of Aging and Disability Services. Mental Health Services and Addiction and Prevention Services merged to become Behavioral Health Services (BHS)
- January 2013: Kansas KanCare was implemented. The State of Kansas contracted with three separate managed care organizations for the management of all Medicaid dollars to include Behavioral Health Services. ValueOptions of Kansas will be the Administrative Services Organization (ASO) of the Substance Abuse and Prevention Treatment Block Grant funds.

**Data Collection Activities:**

Utilization report including Intensive Outpatient, Outpatient and Other services. The report details include admissions and days for KDADS/BHS funded. The report will be based on the

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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 is now a semi-annual report. This report will be provided as an aggregate, as well as by BHS/SUD region. The summary table now contained in this report show admissions and average unit per admission by 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. If both Adolescent and Adult Totals are not showing, it means all claims were for adults with the exception of Overnight Boarding which will always show as an adult claim. This data contains ninety (90) days of claims run-out.

**Results:**

**All Regions KDADS/BHS Funded:**

**Lower Levels of Care Utilization**

	Q1	Q2	Q3	Q4	YTD
<b><u>Level I Outpatient Counseling (15 minute unit)</u></b>					
Admissions	1,115	1,003	1,086	1,112	4,316
Units Claimed	113,711	103,710	119,319	122,058	458,798
Average Units per Admit	101.98	103.40	109.87	109.76	106.30
Admits w/Telemedicine Units	102	88	87	102	379
<b><u>Level II Intensive Outpatient Program (1 day unit)</u></b>					
Admissions	300	270	274	291	1,135
Units Claimed	4,614	4,561	4,501	5,135	18,811
Average Units per Admit	15.38	16.89	16.43	17.65	16.57
<b><u>Assessment (1 session unit)</u></b>					
Admissions	2,810	2,602	2,818	2,649	10,879
Units Claimed	3,139	2,871	3,088	2,940	12,038
Average Units per Admit	1.12	1.10	1.10	1.11	4
Admits w/Telemedicine Units	103	88	88	100	379
<b><u>Crisis Intervention (15 minute unit)</u></b>					
Admissions	0	0	0	0	0
Units Claimed	0	0	0	0	0
Average Units per Admit	0.00	0.00	0.00	0.00	0.00
Admits w/Telemedicine Units	0	0	0	0	0
<b><u>Overnight Boarding (1 day unit)</u></b>					
Admissions	25	25	22	16	88
Units Claimed	1,165	1,186	604	645	3,600
Average Units per Admit	46.60	47.44	27.45	40.31	40.91
Admits w/Telemedicine Units	0	0	0	0	0
<b><u>Peer Support (15 minute unit)</u></b>					

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Admissions	184	172	205	203	764
Units Claimed	10,398	14,252	13,932	10,194	48,776
Average Units per Admit	56.51	82.86	67.96	50.22	63.84
Admits w/Telemedicine Units	0	0	0	0	0

**Person Centered Case Management (15 minute unit)**

Admissions	61	72	81	71	285
Units Claimed	2,282	3,590	3,278	3,254	12,404
Average Units per Admit	37.41	49.86	40.47	45.83	43.52
Admits w/Telemedicine Units	0	0	0	0	0

**Support Services (transportation/tech) (15 minute unit)**

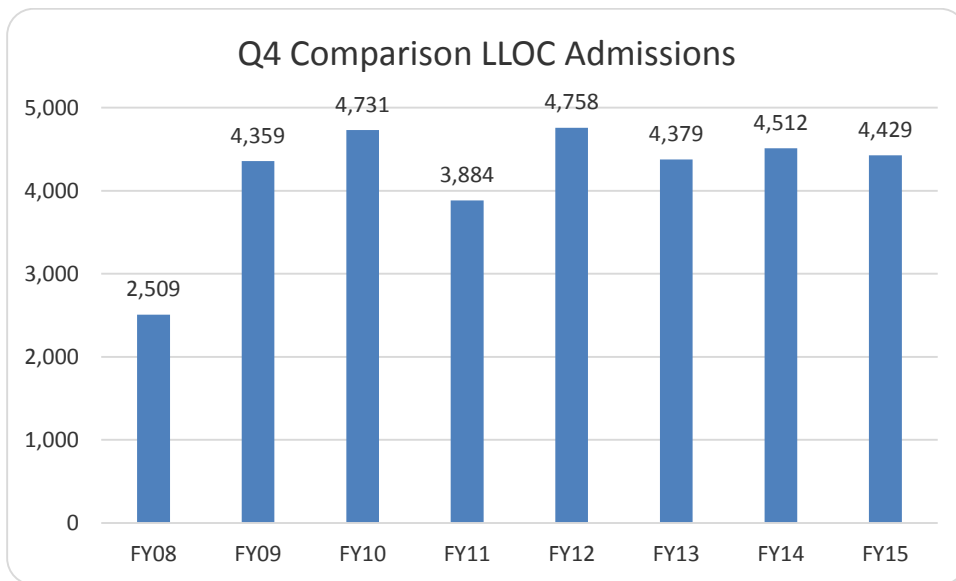
Admissions	103	101	134	87	425
Units Claimed	3,081	3,252	4,034	2,440	12,807
Average Units per Admit	29.91	32.20	30.10	28.05	30.13
Admits w/Telemedicine Units	0	0	0	0	0

**Overall**

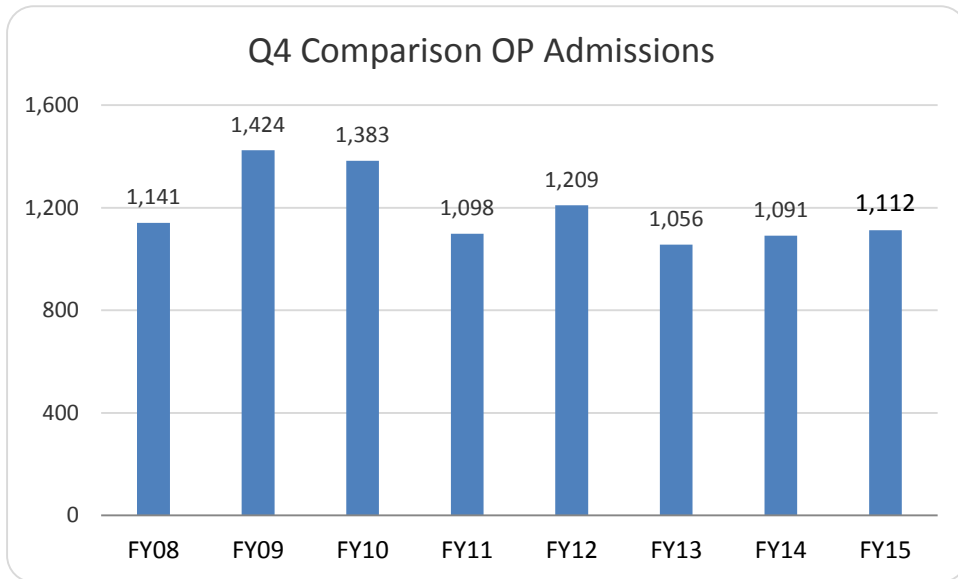
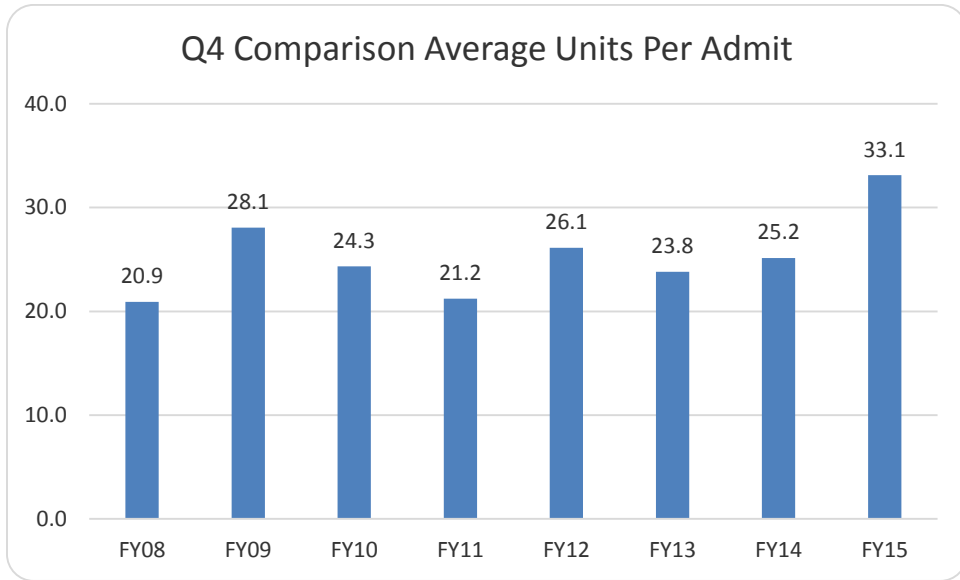
Admissions	4,598	4,245	4,620	4,429	17,892
Units Claimed	138,390	133,422	148,756	146,666	567,234
Average Units per Admit	30.10	31.43	32.20	33.11	31.70
Admits w/Telemedicine Units	205	176	175	202	758

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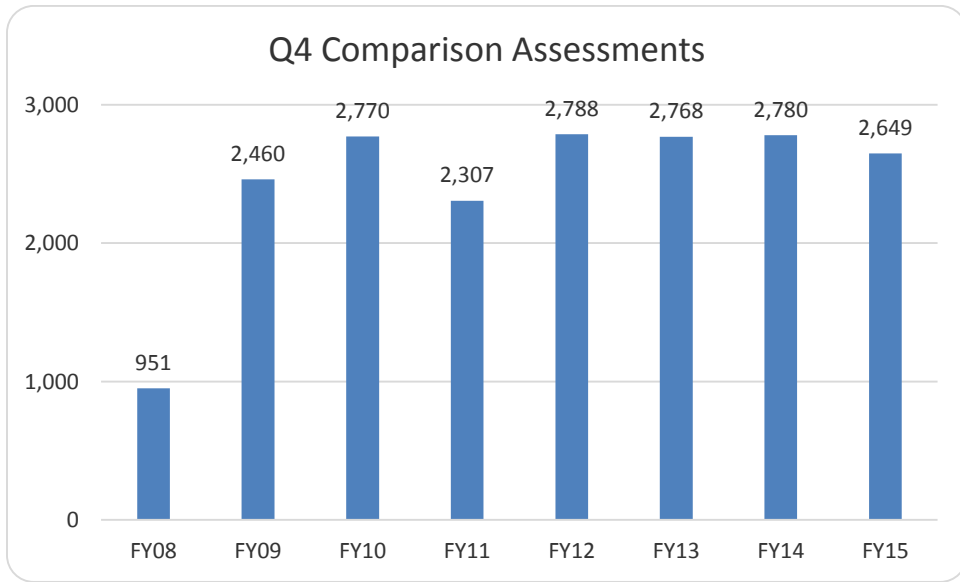
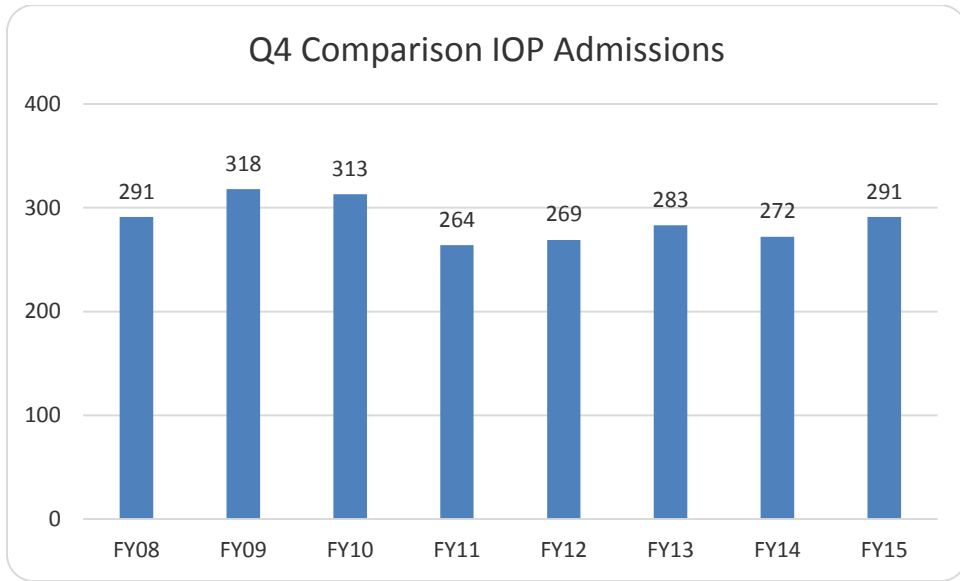
**Assessments:** Admissions and Units claimed on reports above do not match as Assessments do not require an authorization which can result in billing issues. Payment was correct regardless of units showing. Assessment percentages (%) are all quarters combined on this report



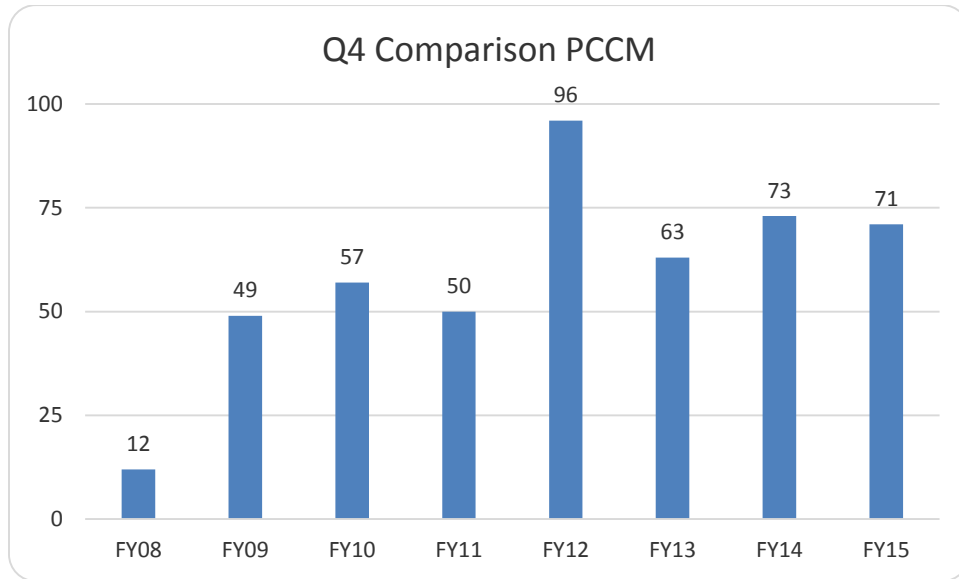
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**Conclusions Comparing Q4 from FY 2008 to FY 2015**

- Aside from FY 11, LLOC admissions during Q4 have been very stable since FY 09. Throwing out FY 11, the average since FY 09 was 4,528 . There were 2,509, 4,359, 4,731, 3,884, 4,758, 4,379, 4,512, and 4,429 admissions respectively since FY 08.
- Average units per admit for Q4 have increased in the last three years to an all-time high for the quarter of 33.1 in FY 15. The average units per admits during Q4 since FY 08 was 20.9, 28.1, 24.3, 21.2, 26.1, 23.8, 25.2 and 33.1.
- Outpatient admissions during Q4 continue to be relatively stable the last five years with an average of 1113 during that span. There were 1,141, 1,424, 1,383, 1,098, 1,209, 1,056, 1,091, and 1112 admissions respectively since FY 08.
- Aside from the high numbers in FY 09 and FY 10 which mirror the Outpatient admissions during those periods, Intensive Outpatient admissions during Q4 have also remained relatively stable since FY 11 with an average of 276 admissions per year. There were 291, 318, 313, 264, 269, 283, 272, and 291 admissions respectively since FY 08.
- Aside from FY 11, assessments during Q4 have remained very stable since FY 10. Throwing out FY 11, the average since FY 10 was 2,751. There were 951, 2,460, 2,770, 2,307, 2,788, 2,768, 2,780, and 2,649 assessments respectively since FY 08.
- Person Centered Case Management (PCCM) has also remained stable in the last three years with an average of 69 since FY 13. There were 12, 49, 57, 50, 96, 63, 73, and 71 admissions to PCCM respectively.

**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.

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- 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 instructions and clarification by ValueOptions on how viewers interpret the report detail.

**Date Presented to QC:** 04/29/16

**BY:** Wayne Pickerell/Chris Forshee