

**Addiction and Prevention Services  
State Quality Committee**

**Final**

**AGGREGATE ANALYSIS REPORT**

**Reporting Period**

**FROM:** July 1, 2010 **TO:** June 30, 2011  
**Includes Annual Summary FY 2011 and YTY  
comparisons of 2008 to 2011 using corrected data sets.**

**Unit/Team/Department:**

PIHP Quality Improvement

**Topic/Project:**

Availability of Services

**Over and Under Utilization Semi-Annual Report (VO # 15, Grid Row # 11)**

LOS, including admissions and readmissions of all providers

**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 annually to SRS/AAPS the length of stay (LOS), including both admissions and readmissions of all providers for all levels of care and report it by displaying standard deviations from the mean of LOS data.

**Objectives:**

To assure the documentation is capturing the LOS by modality and provider to ascertain and manage potential over and under utilization trends

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. Report is broken out by provider and reported separately by modality and funding source. The report is delivered annually of all programs split by adult/adolescent including higher levels of care (hospital based services and detox, social detox, reintegration, intermediate) and lower levels of care including (intensive outpatient, outpatient and other). This data is pulled by provider location. **In addition all data has been updated using weighted average lengths of stay (ALOS). It was discovered that all previous year's reports have not been accurate due to a table error. The data sets were corrected and these corrected reports were used for this Aggregate Analysis.** Graphs show Mean of the average length of stay (ALOS) and one (1) Standard Deviation (SD) above and below the Mean for each provider over the entire rolling reporting period.

Regarding Attachment A at the end of the report, each Red line is a separate provider. The three bolded black lines on the chart indicate the Mean and on each side, one (1) Standard Deviation (SD) from the Mean. If a provider's ALOS is **more** or **less** than one Standard Deviation from the

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Mean this may indicate an area of concern or needing further exploration. “Other Services” chart is not displayed as the data contains multiple service types.

**Results:**

**Difference in ALOS Comparing 2008/2009 /2010/2011**

<b>Modality Note: Data includes all ages together</b>	<b>ALOS 2008</b>	<b>ALOS 2009</b>	<b>ALOS 2010</b>	<b>ALOS 2011</b>	<b>Difference ALOS 2008 to 2009</b>	<b>Difference ALOS 2009 to 2010</b>	<b>Difference ALOS 2010 to 2011</b>	<b>Difference ALOS 2008 to 2011</b>
AAPS Social Detox	2.79	2.82	2.83	2.74	+.03	+.01	-.09	-.05
AAPS Intermediate Residential	18.34	19.72	18.67	18.52	+1.38	-1.05	-.15	+.18
AAPS Reintegration	29.74	28.53	26.38	27.68	-1.21	-2.15	+1.3	-2.06
Medicaid Hospital Based Services	3.74	2.99	3.58	3.17	-.75	+.59	-.41	-.57
Medicaid Hospital Detox	4.11	3.66	3.63	3.92	-.45	-.03	+.29	-.19
Medicaid Intermediate Residential	17.97	19.23	17.60	17.79	+1.26	-1.63	+.19	-.18
Medicaid Reintegration	31.20	25.95	23.75	24.51	-5.25	-2.2	+.76	-6.69
AAPS Intensive Outpatient	16.82	16.91	17.30	16.53	+.09	-.39	-.77	-.29
AAPS Outpatient	90.39	102.06	99.25	96.57	+11.67	-2.81	-2.68	+6.18
Medicaid Intensive Outpatient	22.74	22.66	20.82	21.10	-.08	-1.84	+.28	-1.64
Medicaid Outpatient	86.58	115.51	118.68	108.42	+28.93	+3.17	-10.26	+21.84

From 2010 to 2011 the ALOS *decreased* in six (6) modalities and *increased* in five (5) modalities. However, the increases only ranged from +1.3 to +.19 days.

From 2008 to 2011 the ALOS *decreased* in all modalities except for ALOS increases in AAPS Intermediate, AAPS Outpatient and Medicaid Outpatient.

The greatest decrease from 2008 to 2011 was on Medicaid reintegration with a 6.69 decrease in ALOS.

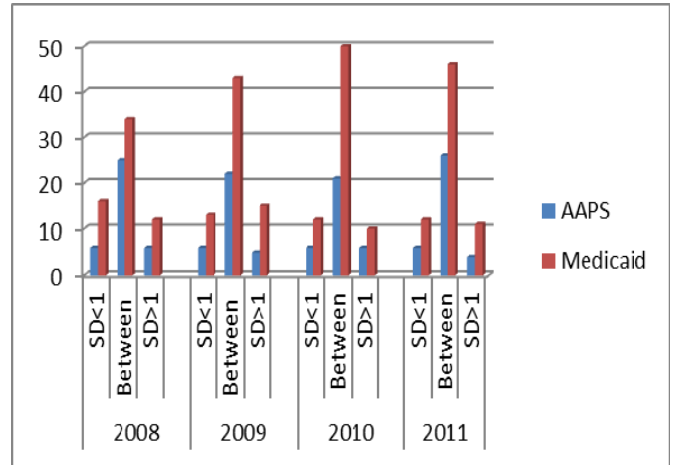
The greatest increase from 2008 to 2011 was in Medicaid Outpatient with a 21.84 increase in ALOS.

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**Higher Levels of Care Standard Deviation (SD) Data**

**Numbers of Providers**

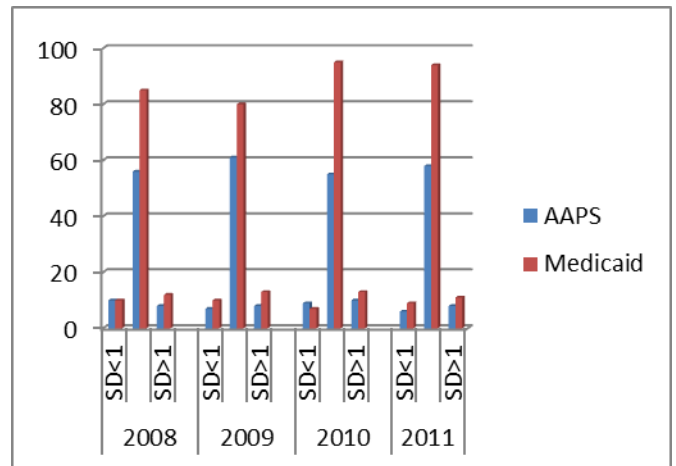
		AAPS	Medicaid
<b>2008</b>	<b>SD&lt;1</b>	6	16
	<b>Between</b>	25	34
	<b>SD&gt;1</b>	6	12
<b>2009</b>	<b>SD&lt;1</b>	6	13
	<b>Between</b>	22	43
	<b>SD&gt;1</b>	5	15
<b>2010</b>	<b>SD&lt;1</b>	6	12
	<b>Between</b>	21	50
	<b>SD&gt;1</b>	6	10
<b>2011</b>	<b>SD&lt;1</b>	6	12
	<b>Between</b>	26	46
	<b>SD&gt;1</b>	4	11



**Lower Levels of Care Standard Deviation (SD) Data**

**Numbers of Providers**

		AAPS	Medicaid
<b>2008</b>	<b>SD&lt;1</b>	10	10
	<b>Between</b>	56	85
	<b>SD&gt;1</b>	8	12
<b>2009</b>	<b>SD&lt;1</b>	7	10
	<b>Between</b>	61	80
	<b>SD&gt;1</b>	8	13
<b>2010</b>	<b>SD&lt;1</b>	9	7
	<b>Between</b>	55	95
	<b>SD&gt;1</b>	10	13
<b>2011</b>	<b>SD&lt;1</b>	6	9
	<b>Between</b>	58	94
	<b>SD&gt;1</b>	8	11



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**Conclusions:**

**Higher Levels of Care:**

The majority of provider's ALOS fall within **middle of 1 Standard Deviation (SD)** range for all four years:

AAPS Funded	FY08-67.6%	FY09 66.7%	FY10 63.6%	FY11 72.2%
Medicaid	FY08 54.8%	FY09 60.6%	FY10 69.4%	FY11 66.7%

**Data in this section is both funding sources combined.**

**2008**

18.2 % of the providers had an ALOS greater than 1 SD from the Mean.

22.2 % of the providers had an ALOS less than 1 SD from the Mean.

**2009**

19.2 % of the providers had an ALOS greater than 1 SD from the Mean.

18.3 % of the providers had an ALOS less than 1 SD from the Mean.

**2010**

17.1 % of the providers had an ALOS greater than 1 SD from the Mean.

15.2 % of the providers had an ALOS less than 1 SD from the Mean.

**2011**

14.3 % of the providers had an ALOS greater than 1 SD from the Mean.

17.1 % of the providers had an ALOS less than 1 SD from the Mean

**Thus, there was a trend for the ALOS to move closer to the Mean from 2008 to 2011 with variations between years and with very slight shift away from the mean for Medicaid in 2011.**

**Providers Trends Higher Levels of Care 2011**

For 2011 providers whose ALOS is > than 1 SD from the Mean in the higher levels of care for both funding sources, there were two (2) providers that had *longer lengths of stay*, one in the Kansas City Region and one in the Western Region.

For 2011 providers whose ALOS is < than 1 SD from the Mean there was one (1) provider in the Western Region who is no longer in business.

**Lower Levels of Care:**

The majority of provider's ALOS fall within **middle of 1 Standard Deviation (SD)** range for all four years:

AAPS Funded	FY08-67.5 %	FY09 80.1 %	FY10 74.3%	FY11 80.6%
Medicaid	FY08 79.3 %	FY09 77.7 %	FY10 82.6%	FY11 82.5%

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**Data in this section is both funding sources combined.**

**2008**

10.5 % of the providers had an ALOS greater than 1 SD from the Mean.

10.5 % of the provider had an ALOS less than 1 SD from the Mean.

**2009**

9.5 % of the providers had an ALOS greater than 1 SD from the Mean.

11.7 % of the provider had an ALOS less than 1 SD from the Mean.

**2010**

9.0 % of the providers had an ALOS greater than 1 SD from the Mean.

13.0 % of the provider had an ALOS less than 1 SD from the Mean.

**2011**

8.1 % of the providers had an ALOS greater than 1 SD from the Mean.

10.2 % of the provider had an ALOS less than 1 SD from the Mean.

**Thus, there was a trend for the LOS to move closer to the Mean from 2008 to 2011 with very slight shift away from the mean for Medicaid in 2011.**

**Provider Trends Lower Levels of Care 2011**

Of the providers whose ALOS falls above 1 SD from the Mean in the lower levels of care for both funding sources there was no particular provider trend noted.

Of the providers whose ALOS falls below 1 SD from the Mean in the lower levels of care for both funding sources, there was no particular provider trend noted.

**Preliminary Recommendations to Committee for this data set:**

**Note: There were some data differences in the corrected data set from the previous reports. There were higher percentages of the higher level of care providers falling above or below one SD. For the lower level of care providers, there were lower percentages that fell above or below one SD. This did not affect the overall trend of providers moving toward the mean over time. However, the LOS was underreported in the previous data sets and is now corrected in these reports.**

- It is recommended that data continue to be trended year to year.
- It is further recommended that this Aggregate Analysis be posted on the ValueOption's website for public access.
- It is NOT recommended that the ValueOptions reports from which this data was pulled be shared at the VO Regional QI meeting or posted on the website due to the fact that this report contains provider specific data.
- Again this year it is recommended that for the providers that had  $LOS > 1 SD$  or  $LOS < 1 SD$  from the Mean be given feedback of how they rank against other providers by ValueOptions' provider services and QI representatives. This should be done in a confidential format in person with the possibility of focused chart reviews to ascertain clinical differences (clientele demographics, drug of choice, severity, and geographic location) that may explain the data.

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- Again, this year is recommended that facilities that are designated women's programs be shown in a separated chart statewide view only. As clarification they should also remain in all other charts as is.
- **ValueOptions will report back to the Committee what is discovered in regards to outlier providers.**

**Date Presented to SQC:** 2/10/2012

**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:** Terra Prescott Due: February 2013

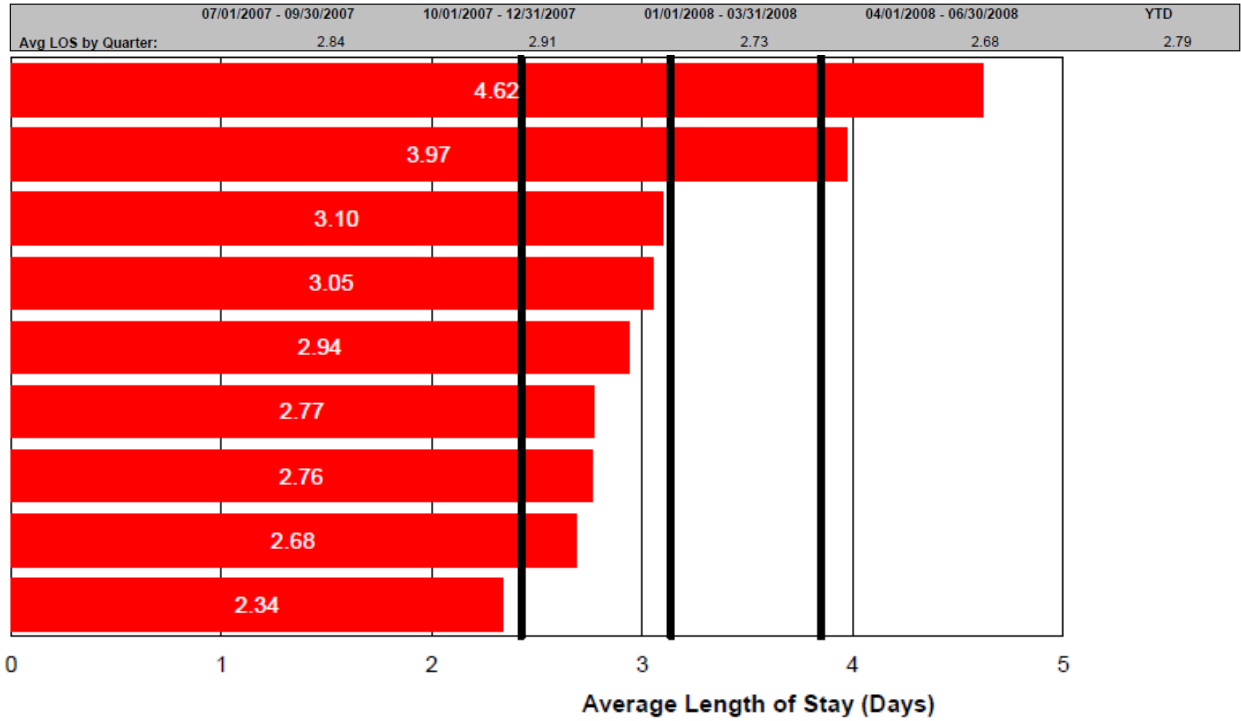
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**ATTACHMENT A: DATA**

**Higher Levels of Care**

**AAPS FUNDED**

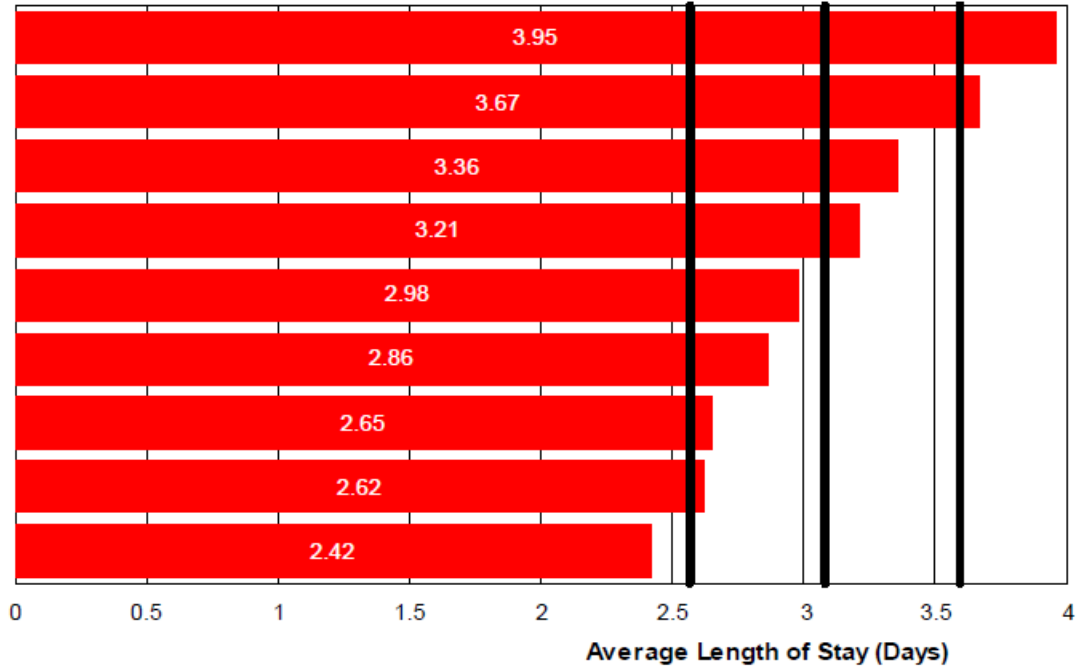
**2008 Social Detox AAPS:**



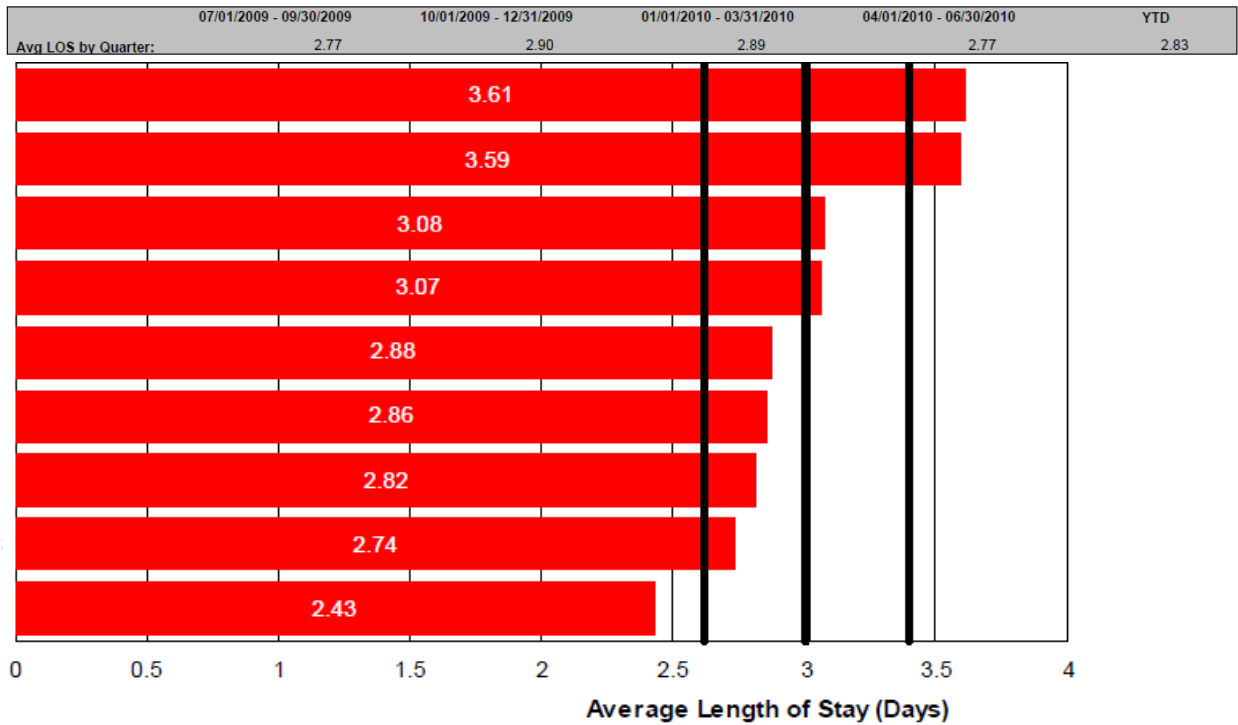
**2009 Social Detox AAPS:**

	07/01/2008 - 09/30/2008	10/01/2008 - 12/31/2008	01/01/2009 - 03/31/2009	04/01/2009 - 06/30/2009	YTD
Avg LOS by Quarter:	2.80	2.87	2.84	2.77	2.82

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**2010 Social Detox AAPS:**

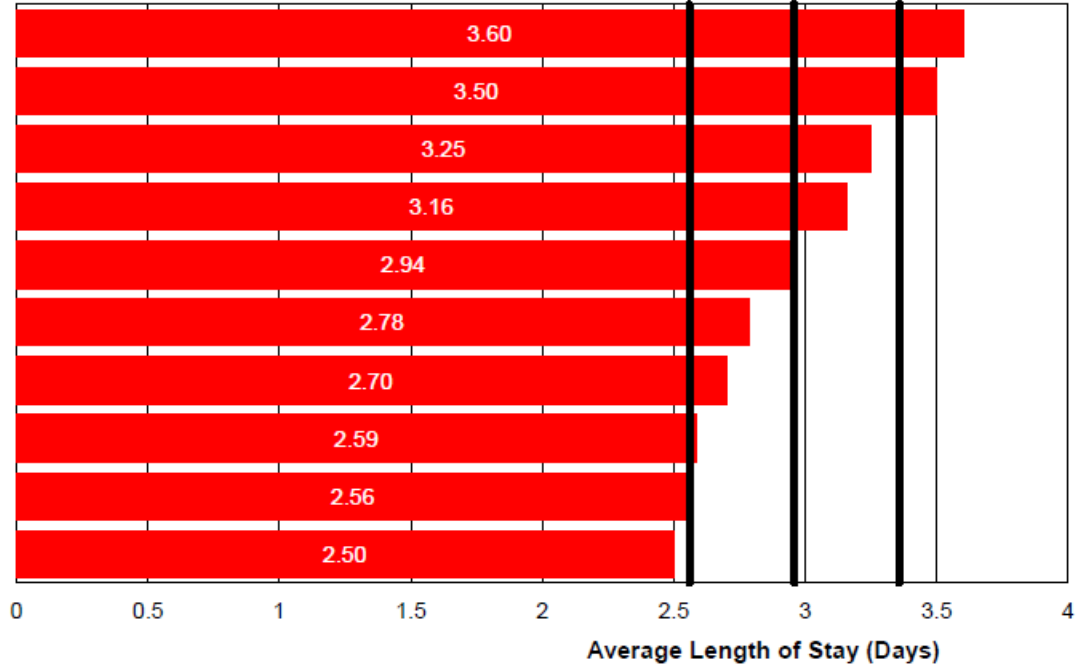


**2011 Social Detox AAPS:**

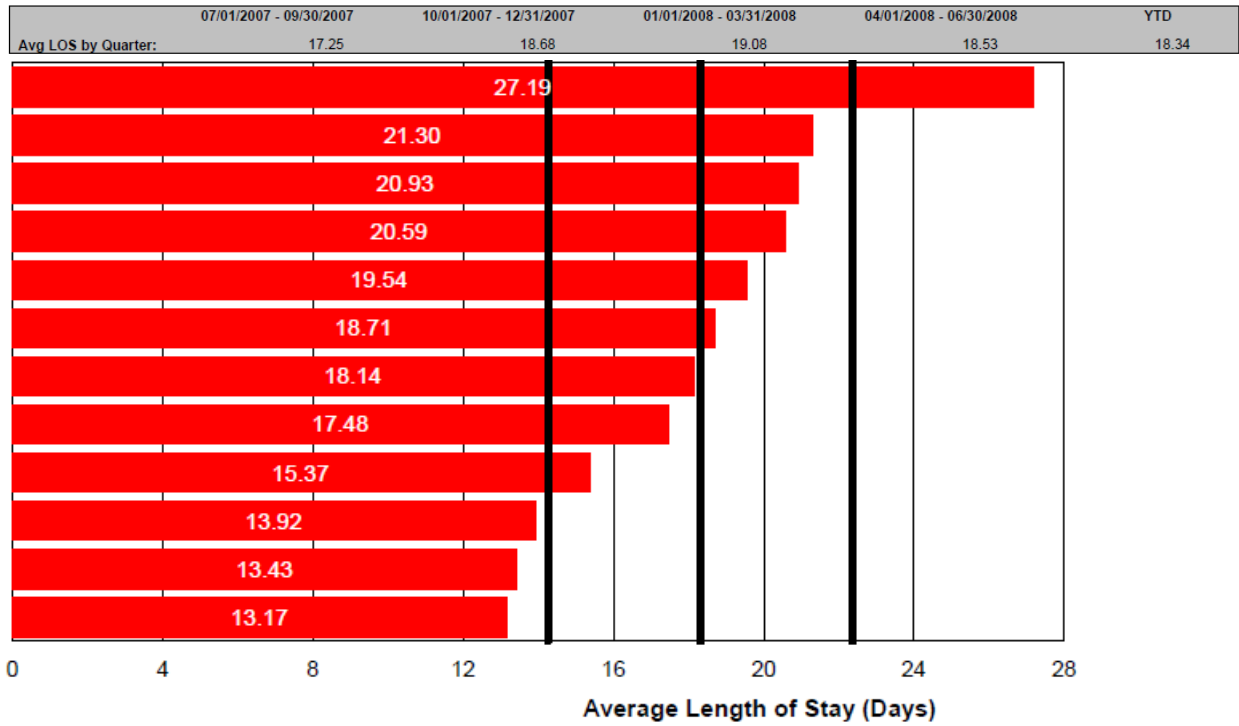
	07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD
Avg LOS by Quarter:	2.74	2.79	2.75	2.69	2.74



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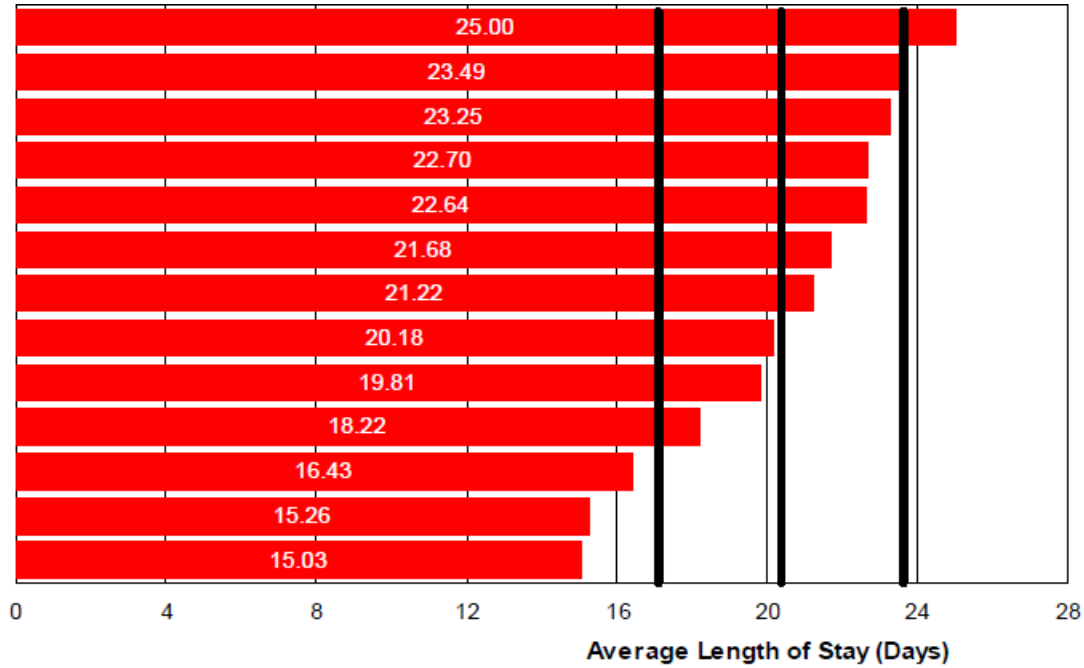
**2008 LOS Intermediate Residential AAPS:**



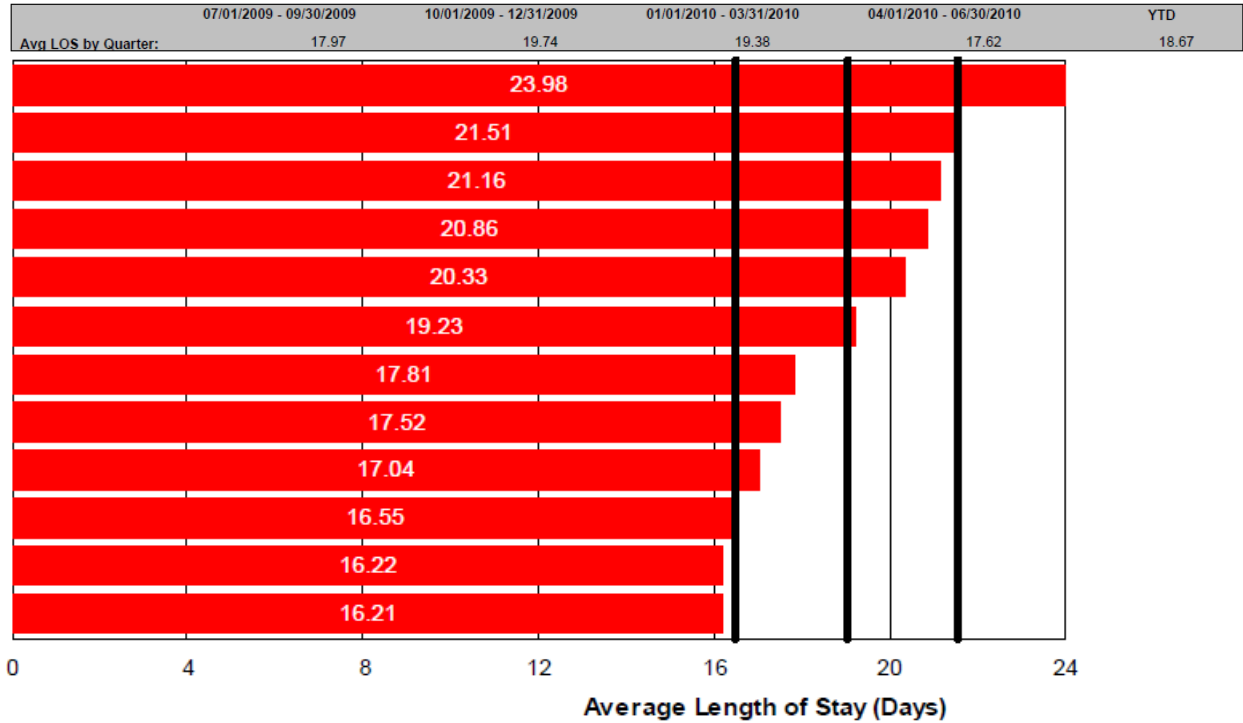
**2009 LOS Intermediate Residential AAPS:**

	07/01/2008 - 09/30/2008	10/01/2008 - 12/31/2008	01/01/2009 - 03/31/2009	04/01/2009 - 06/30/2009	YTD
Avg LOS by Quarter:	20.59	20.44	19.61	18.07	19.72

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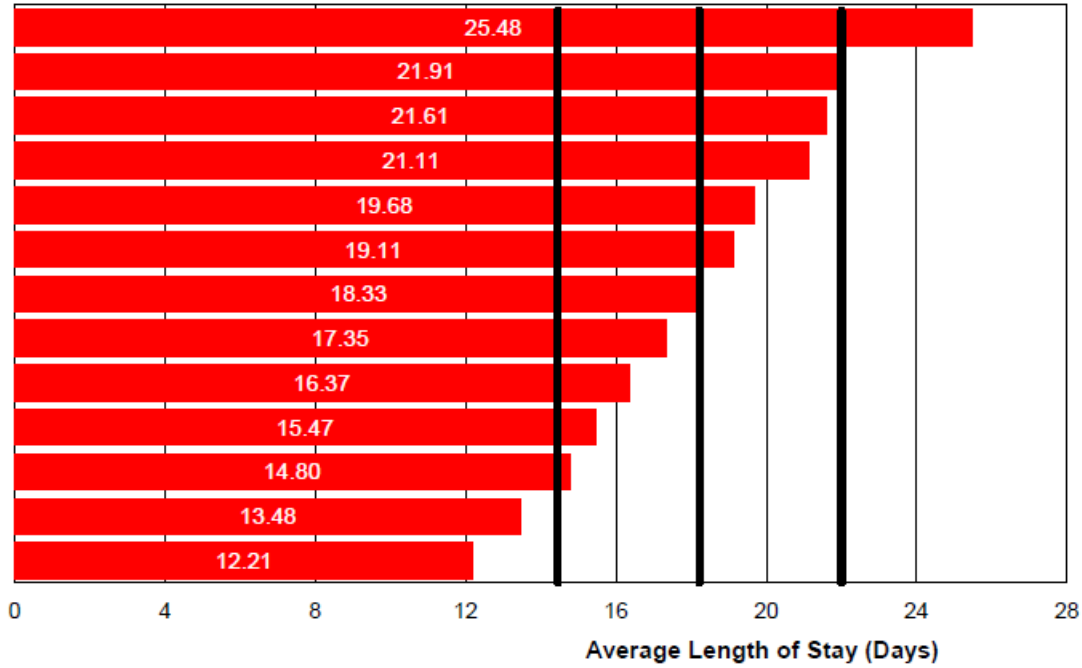
### 2010 LOS Intermediate Residential AAPS:



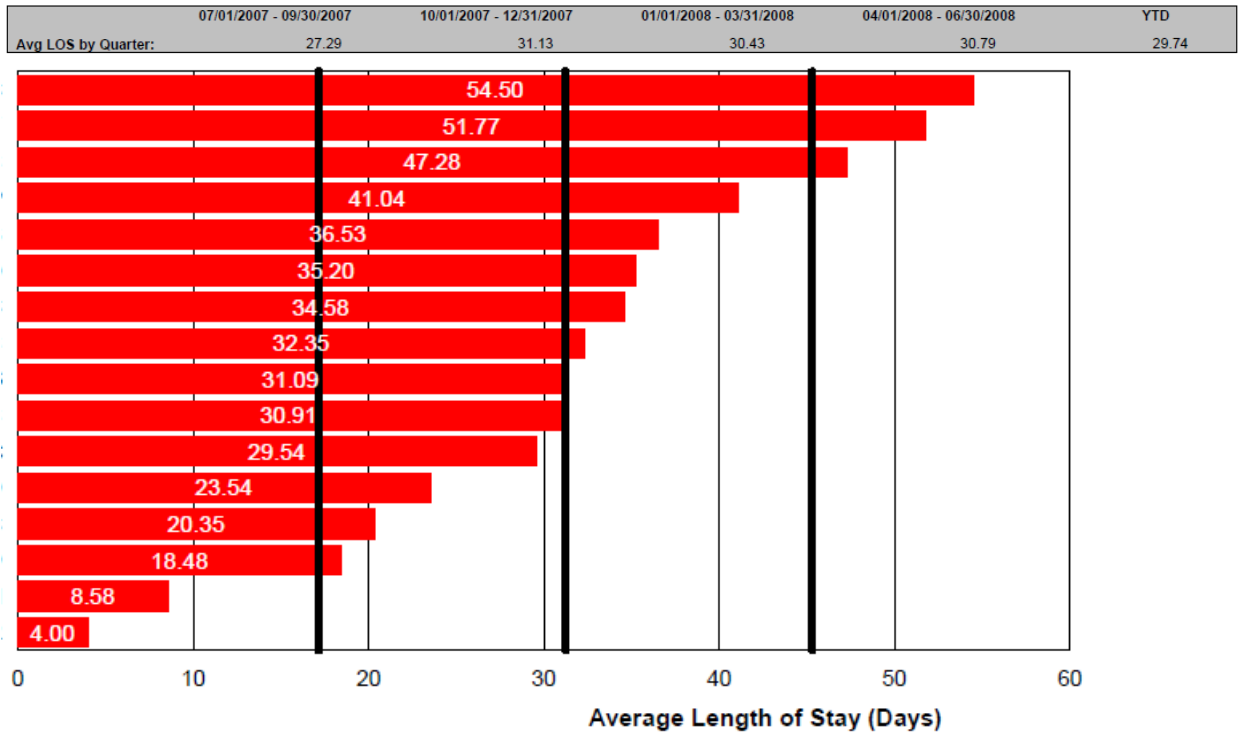
### 2011 LOS Intermediate Residential AAPS:

07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD	
Avg LOS by Quarter:	17.98	17.75	19.01	19.20	18.52

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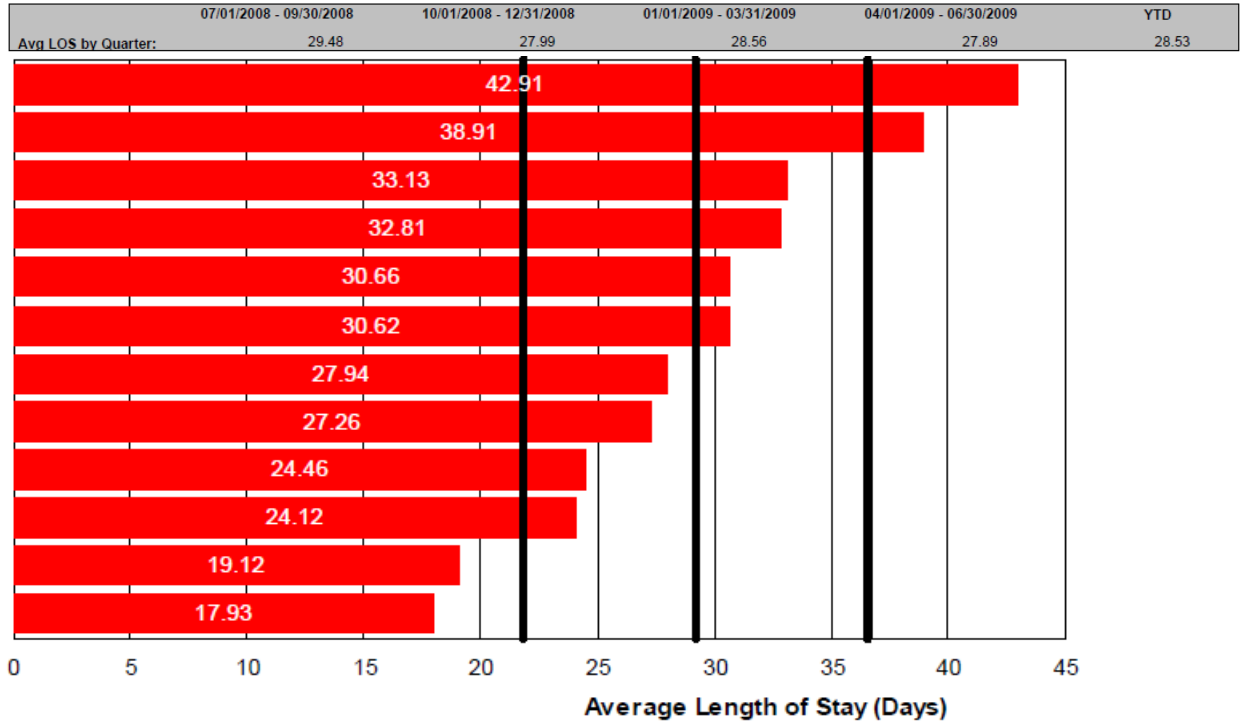


**2008 LOS Reintegration AAPS:**

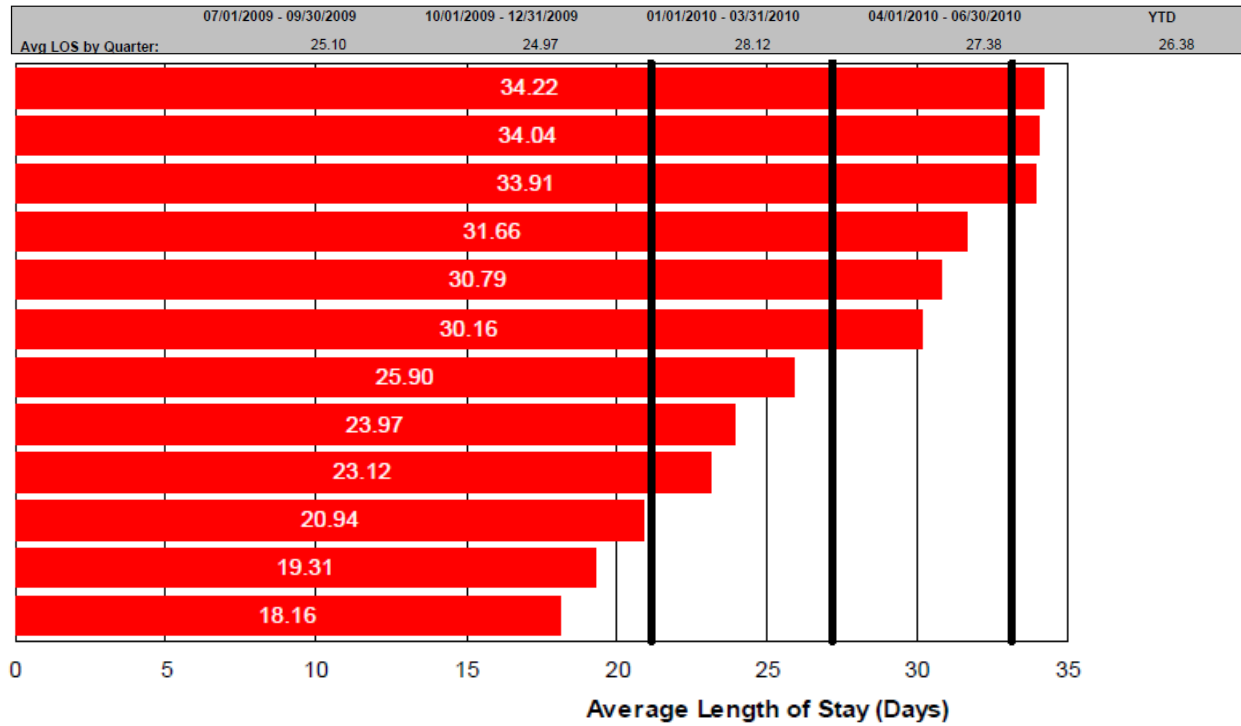


**2009 LOS Reintegration AAPS:**

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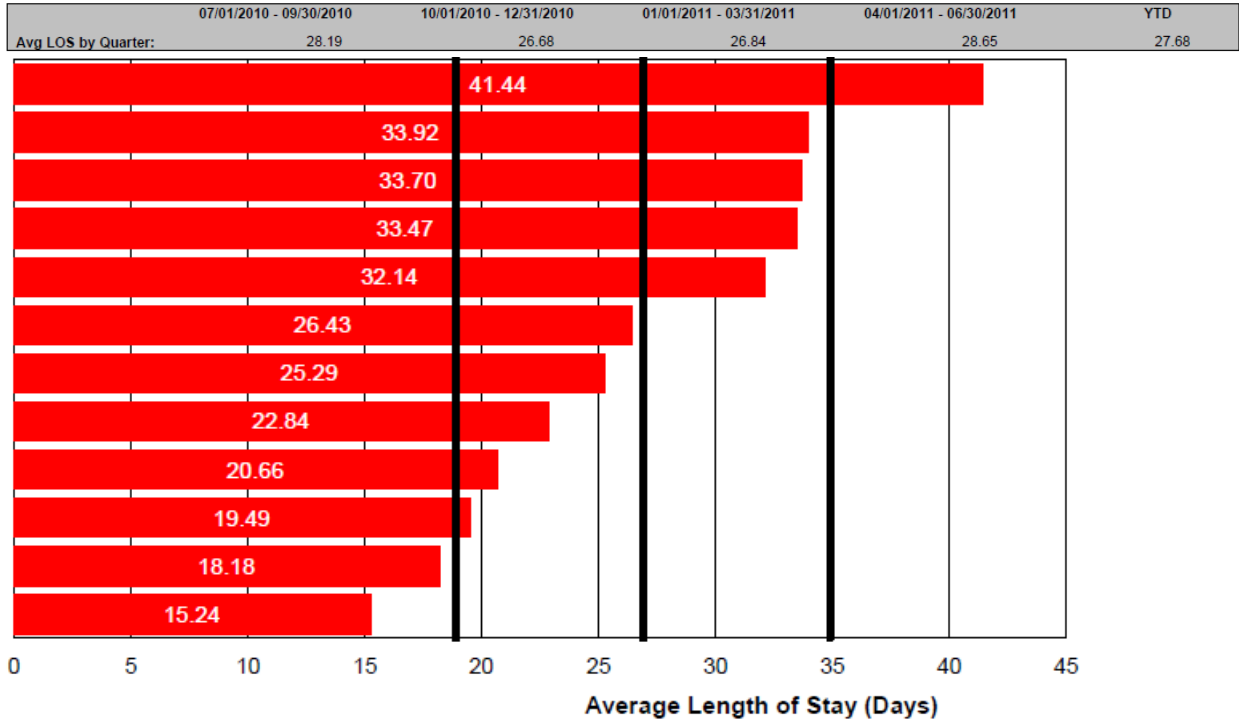


### 2010 LOS Reintegration AAPS:



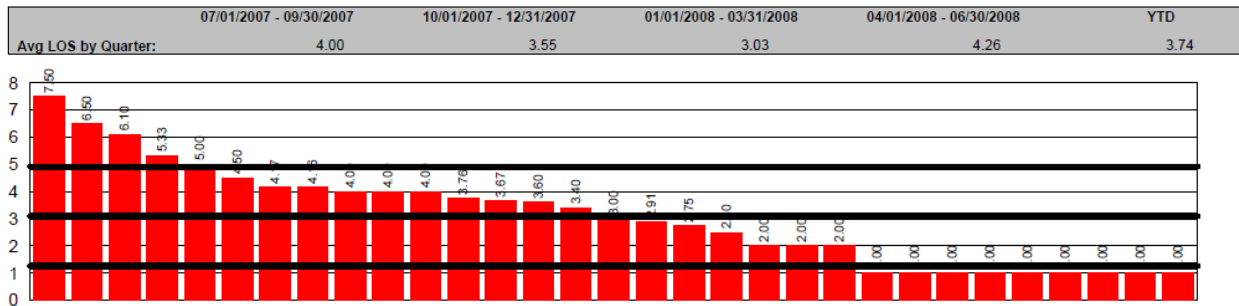
### 2011 LOS Reintegration AAPS:

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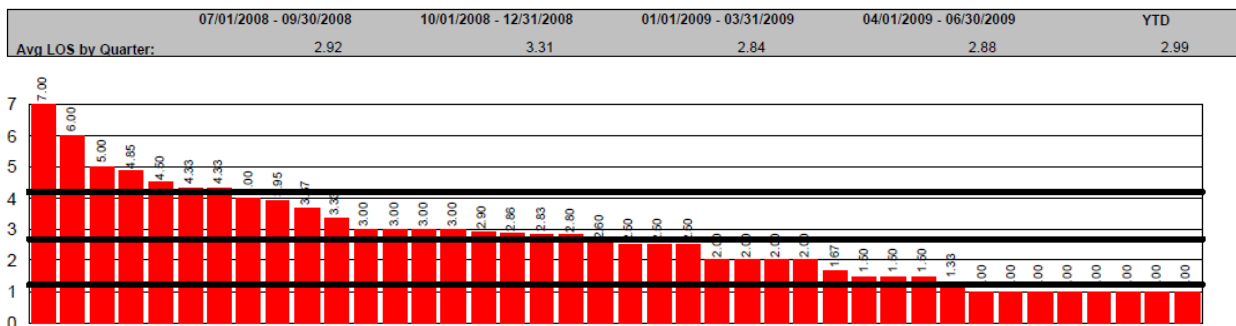


## MEDICAID

### 2008 Hospital Based Services/Residential Services Medicaid:



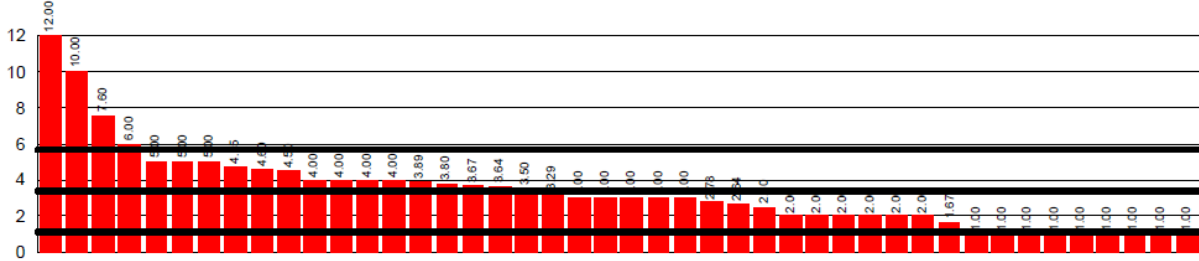
### 2009 Hospital Based Services/Residential Services Medicaid:



### 2010 Hospital Based Services/Residential Services Medicaid:

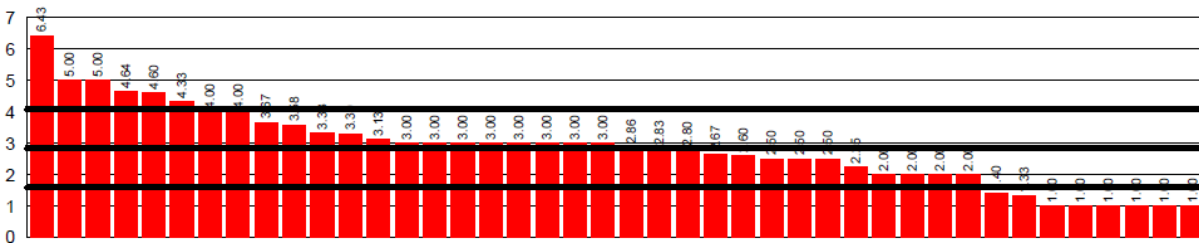
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07/01/2009 - 09/30/2009	10/01/2009 - 12/31/2009	01/01/2010 - 03/31/2010	04/01/2010 - 06/30/2010	YTD
<b>Avg LOS by Quarter:</b>				
3.23	3.40	3.89	3.72	3.58



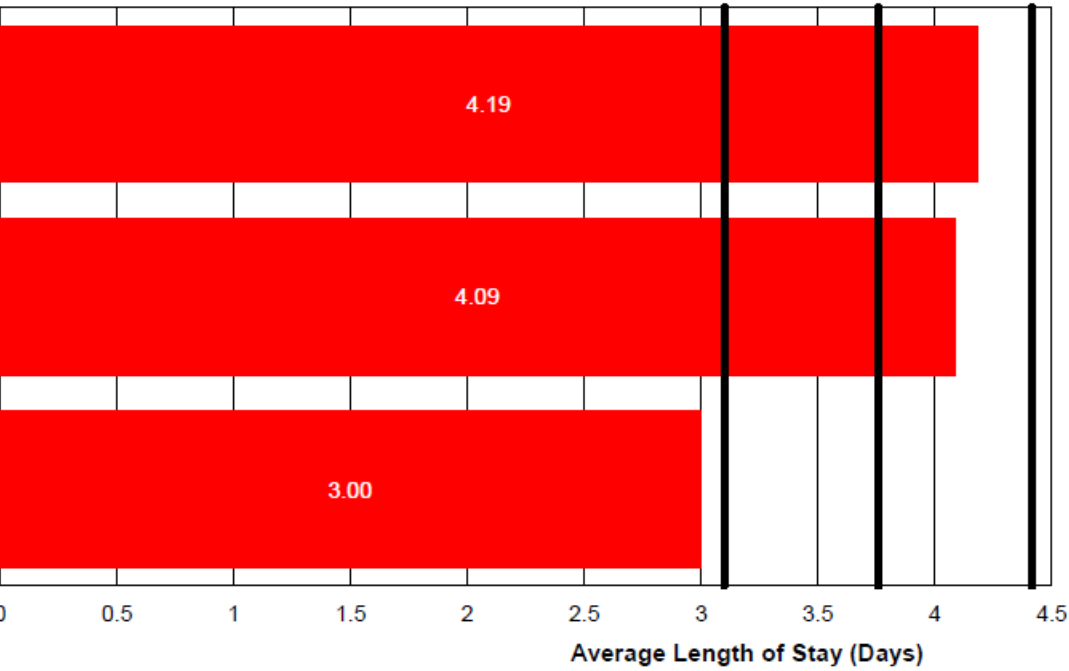
### 2011 Hospital Based Services/Residential Services Medicaid:

07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD
<b>Avg LOS by Quarter:</b>				
2.88	3.42	3.46	2.95	3.17



### 2008 LOS Hospital Detoxification Medicaid:

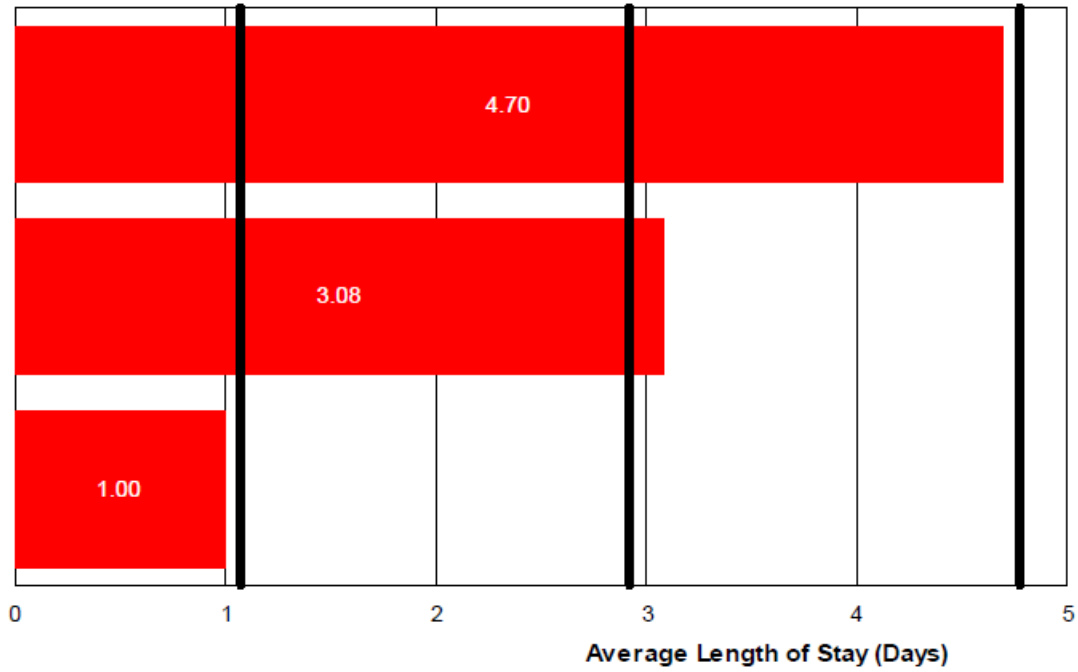
07/01/2007 - 09/30/2007	10/01/2007 - 12/31/2007	01/01/2008 - 03/31/2008	04/01/2008 - 06/30/2008	YTD
<b>Avg LOS by Quarter:</b>				
4.82	4.65	2.92	3.46	4.11



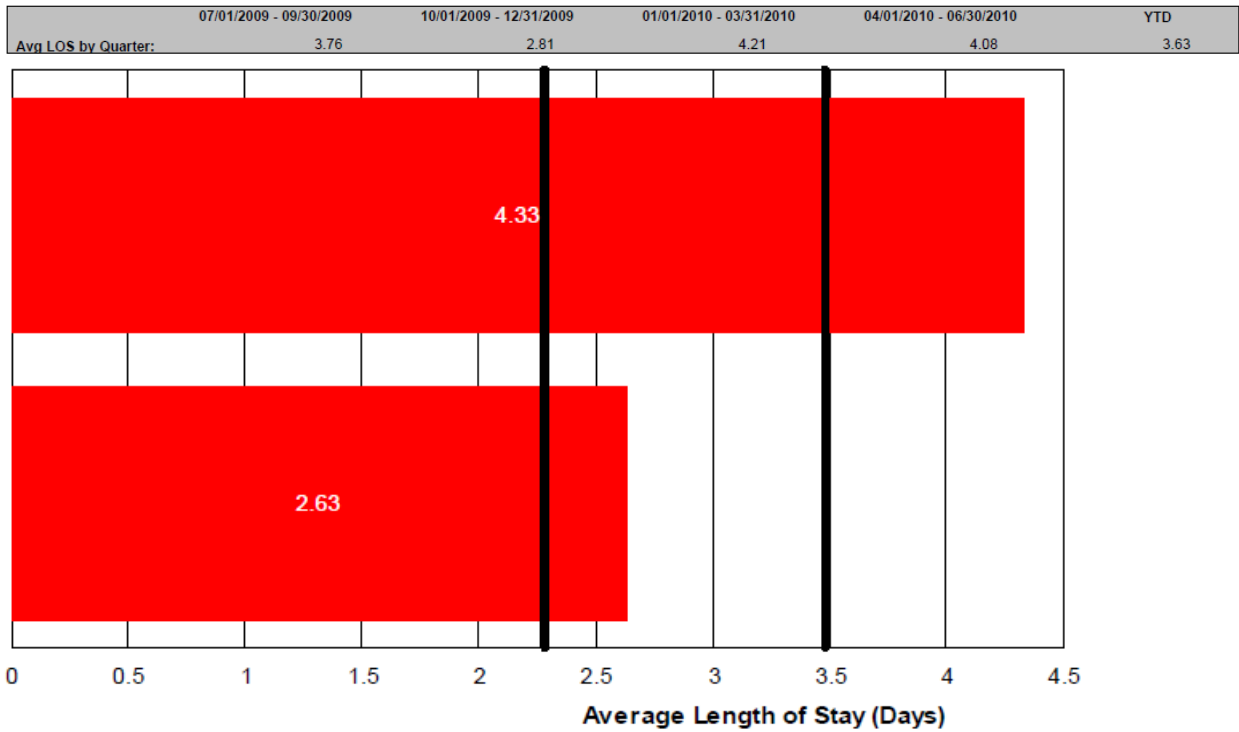
### 2009 LOS Hospital Detoxification Medicaid:

07/01/2008 - 09/30/2008	10/01/2008 - 12/31/2008	01/01/2009 - 03/31/2009	04/01/2009 - 06/30/2009	YTD
<b>Avg LOS by Quarter:</b>				
3.22	4.29	3.56	3.53	3.66

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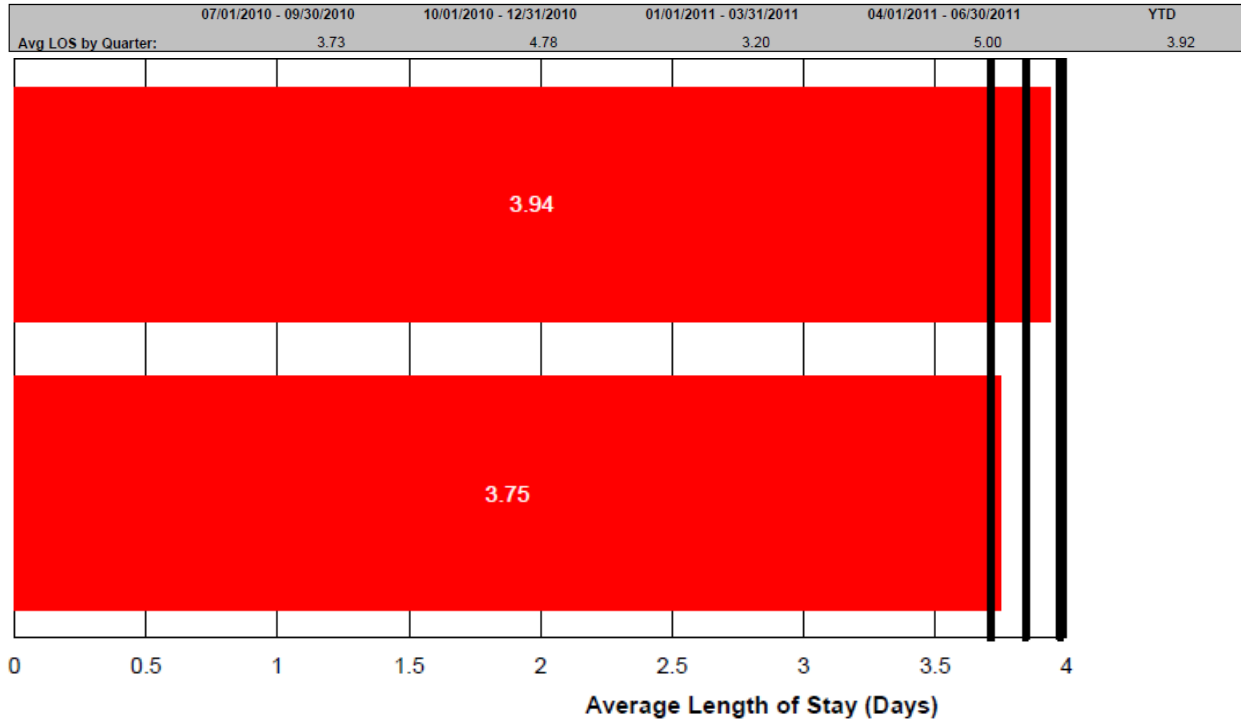


**2010 LOS Hospital Detoxification Medicaid:**

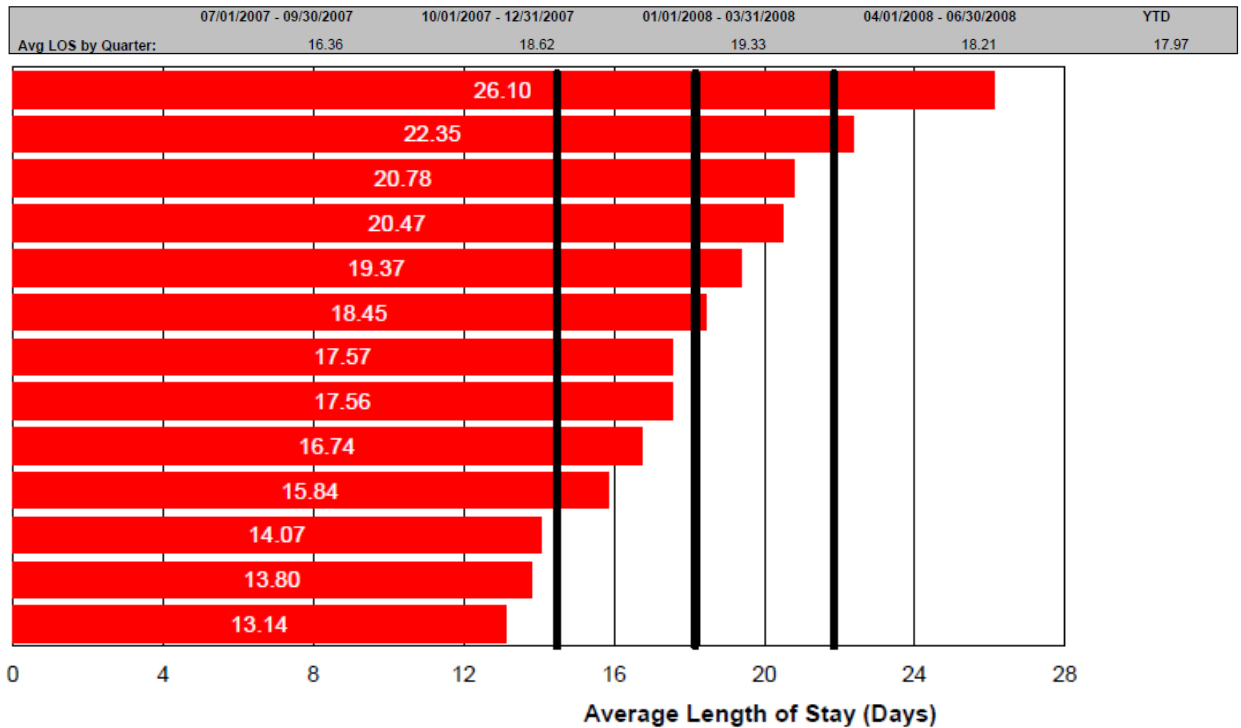


**2011 LOS Hospital Detoxification Medicaid:**

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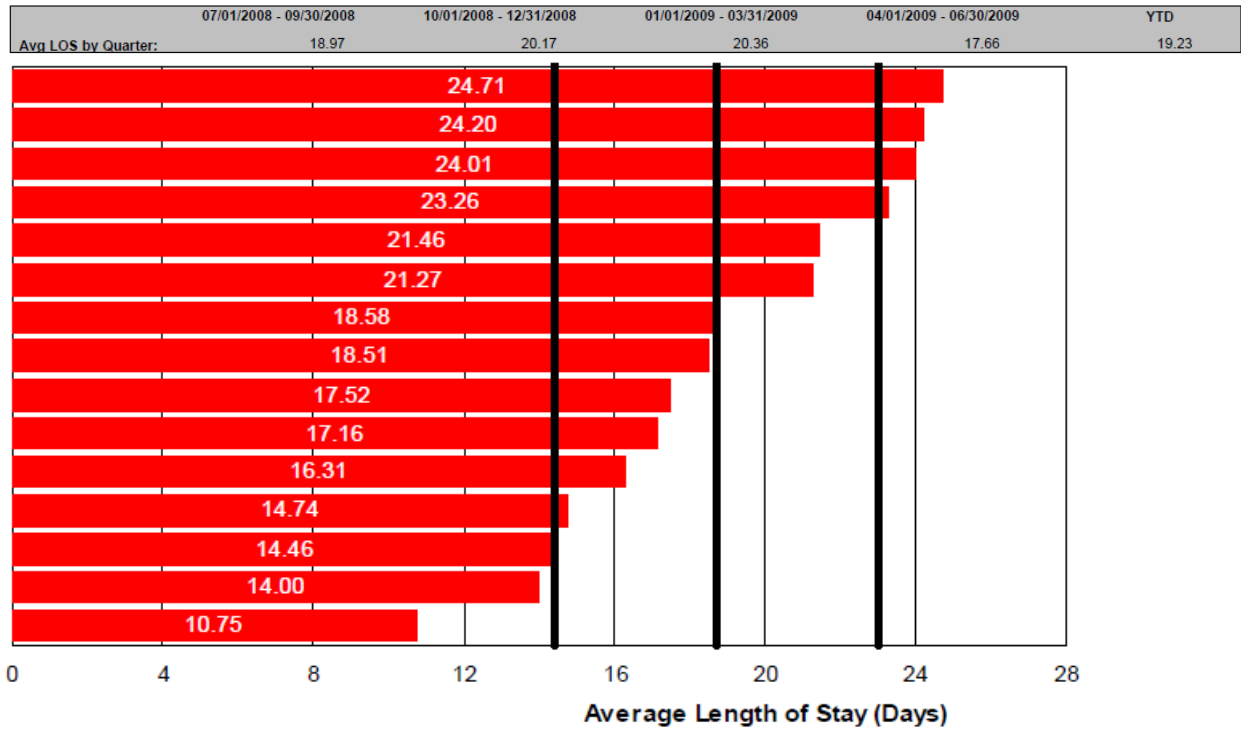
### 2008 LOS Intermediate Residential Medicaid:



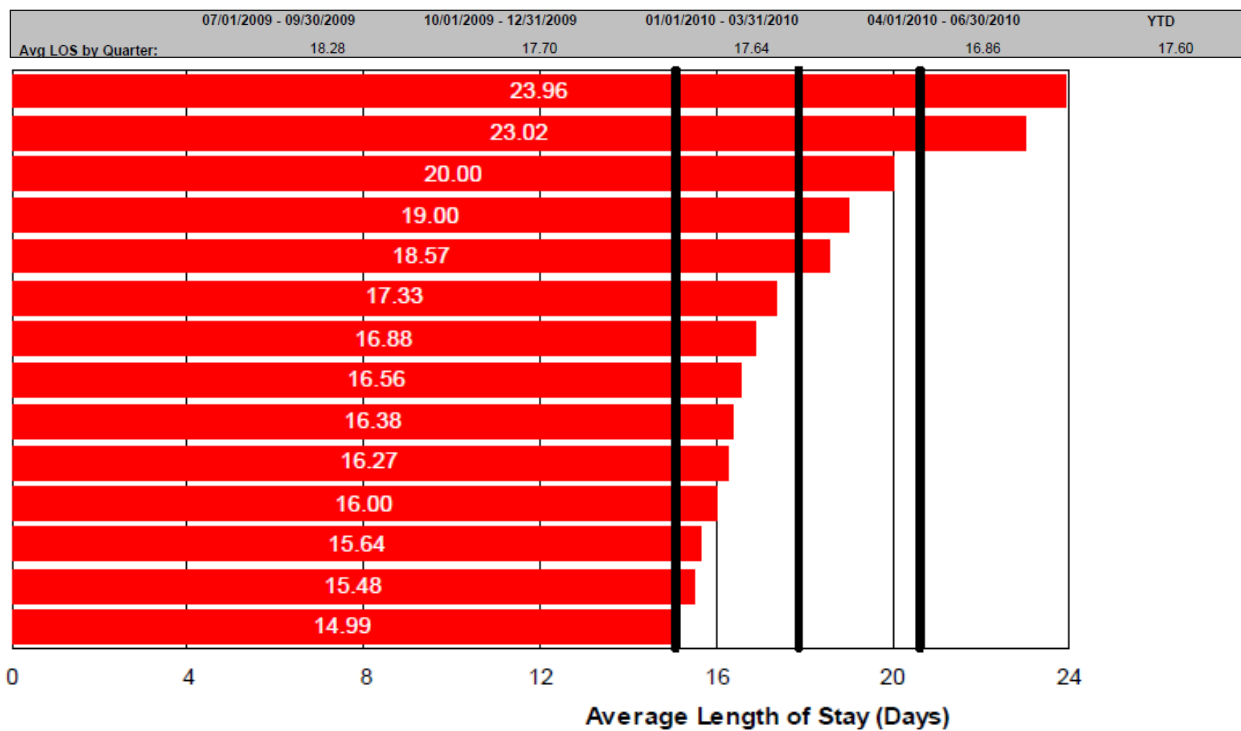


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### 2009 LOS Intermediate Residential Medicaid:

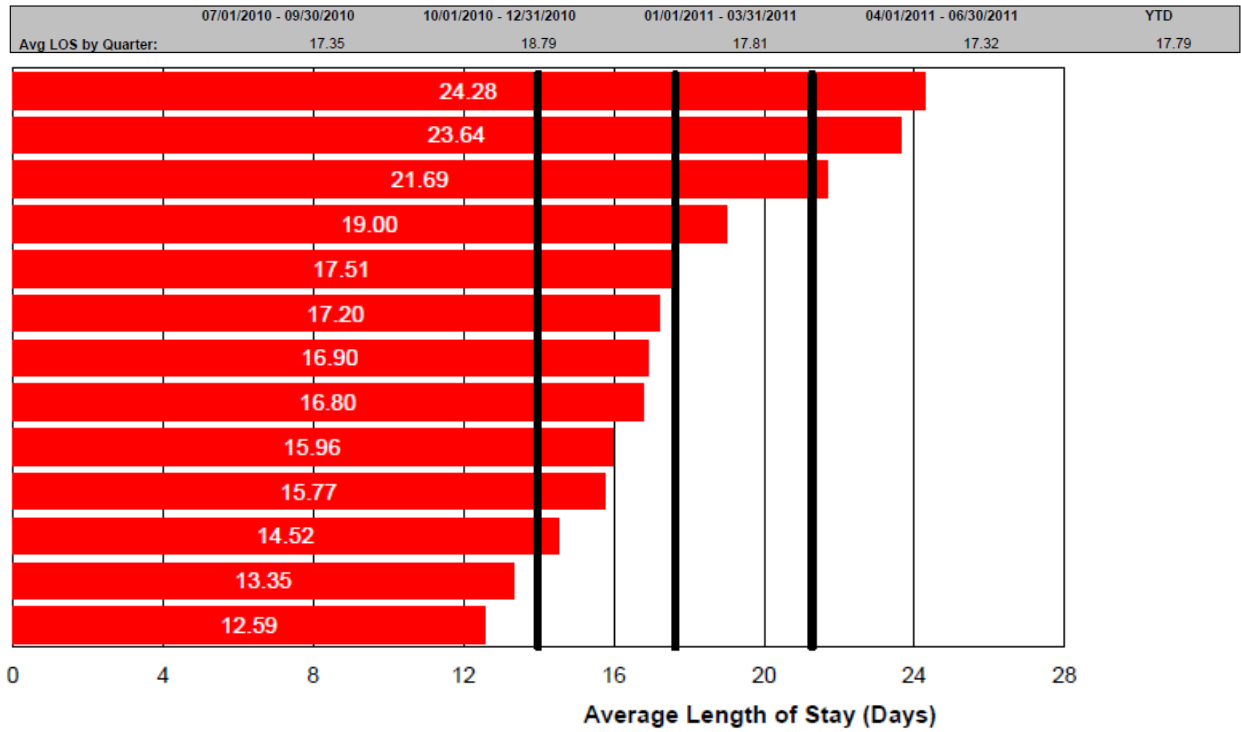


### 2010 LOS Intermediate Residential Medicaid:

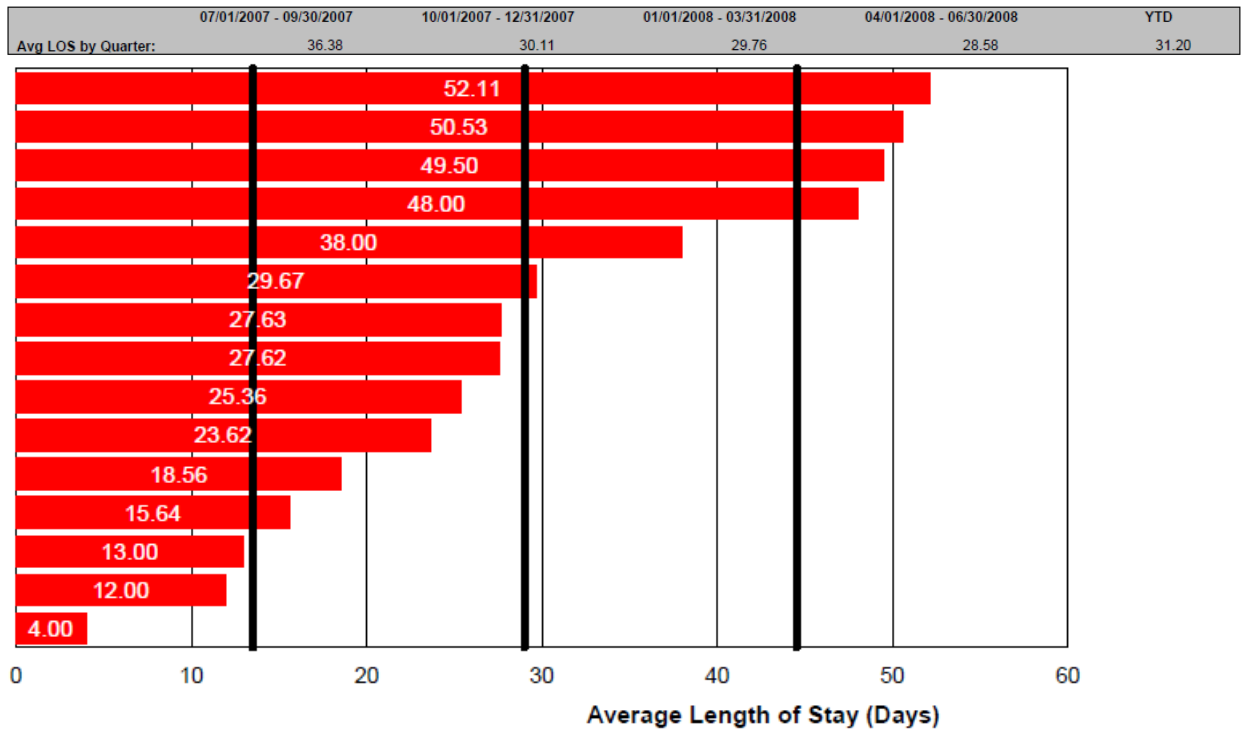


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### 2011 LOS Intermediate Residential Medicaid:

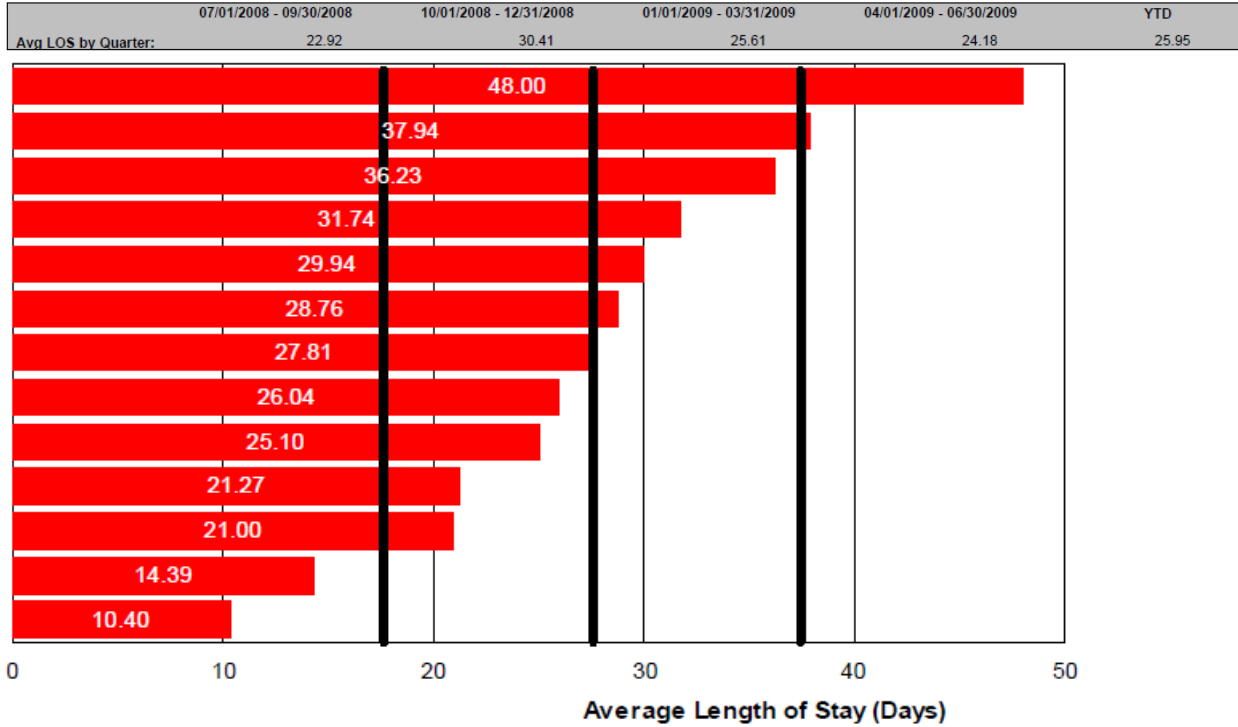


### 2008 LOS Reintegration Medicaid:

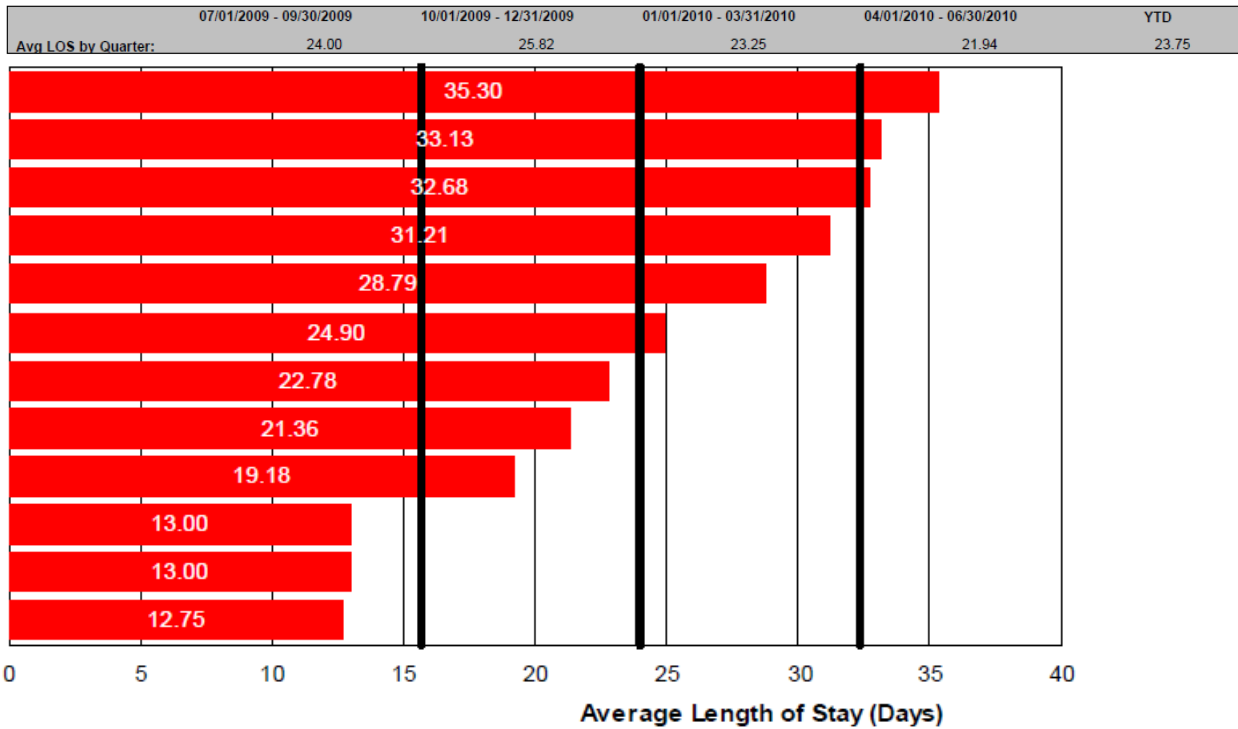


### 2009 LOS Reintegration Medicaid:

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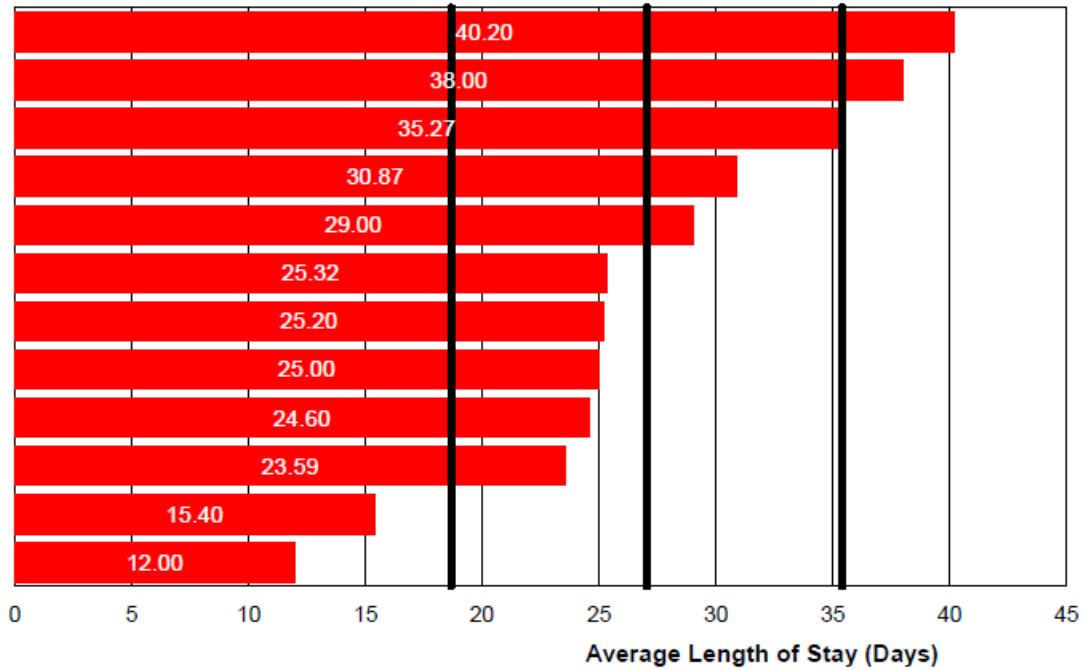
### 2010 LOS Reintegration Medicaid:



### 2011 LOS Reintegration Medicaid:

07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD
Avg LOS by Quarter:				
25.48	21.92	25.55	25.39	24.51

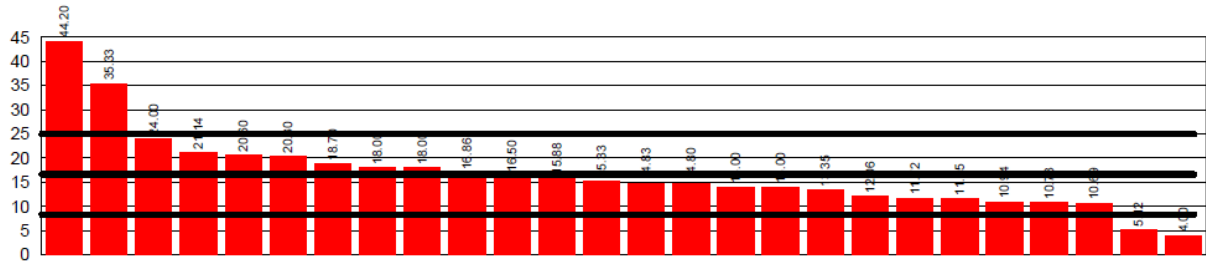
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### Lower Levels of Care AAPS FUNDED

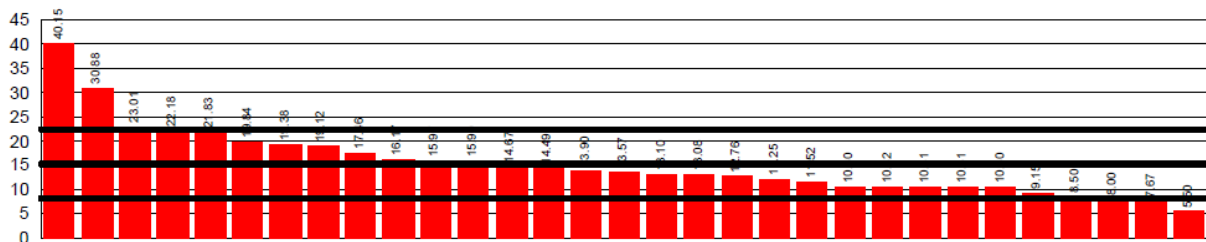
#### 2008 Intensive Outpatient AAPS:

	07/01/2007 - 09/30/2007	10/01/2007 - 12/31/2007	01/01/2008 - 03/31/2008	04/01/2008 - 06/30/2008	YTD
Avg LOS by Quarter:	15.04	17.69	18.12	16.78	16.82



#### 2009 Intensive Outpatient AAPS:

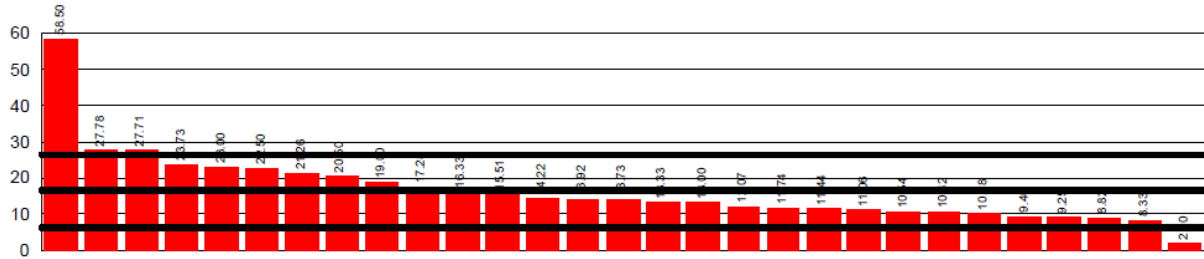
	07/01/2008 - 09/30/2008	10/01/2008 - 12/31/2008	01/01/2009 - 03/31/2009	04/01/2009 - 06/30/2009	YTD
Avg LOS by Quarter:	17.42	17.79	15.41	16.86	16.91



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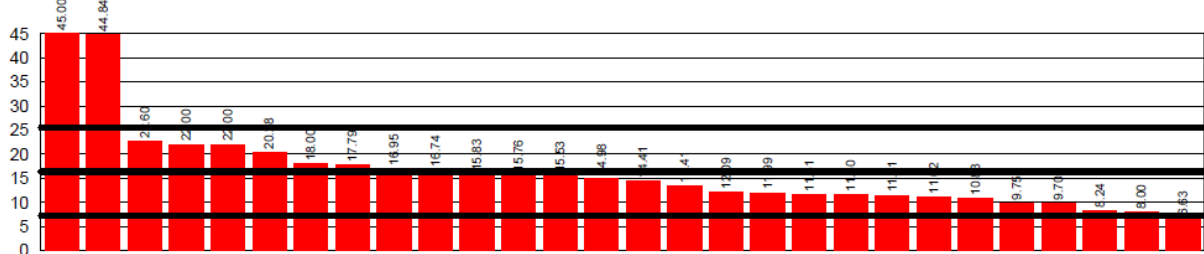
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07/01/2009 - 09/30/2009	10/01/2009 - 12/31/2009	01/01/2010 - 03/31/2010	04/01/2010 - 06/30/2010	YTD
<b>Avg LOS by Quarter:</b>				
17.27	17.82	17.16	16.88	17.30



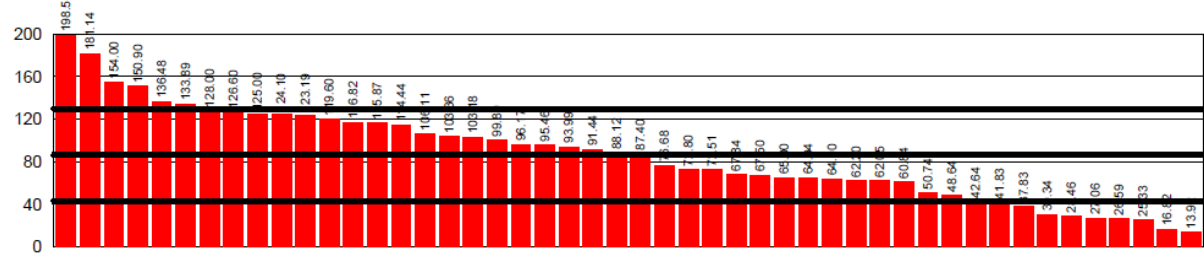
### 2011 Intensive Outpatient AAPS:

07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD
<b>Avg LOS by Quarter:</b>				
16.10	18.41	16.96	14.59	16.53



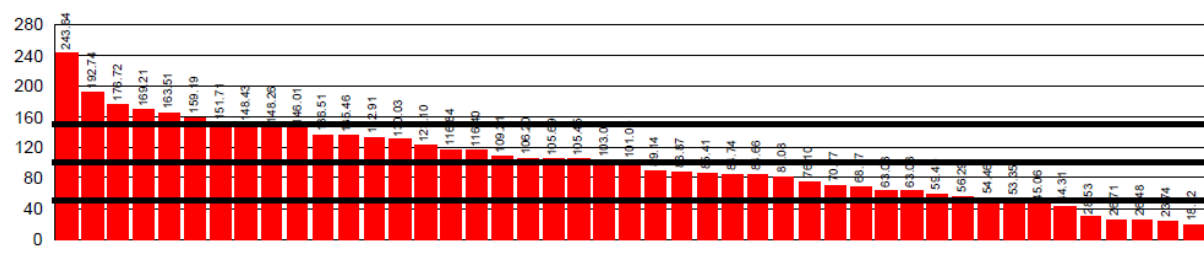
### 2008 Outpatient AAPS:

07/01/2007 - 09/30/2007	10/01/2007 - 12/31/2007	01/01/2008 - 03/31/2008	04/01/2008 - 06/30/2008	YTD
<b>Avg LOS by Quarter:</b>				
84.04	96.50	93.30	94.26	90.39



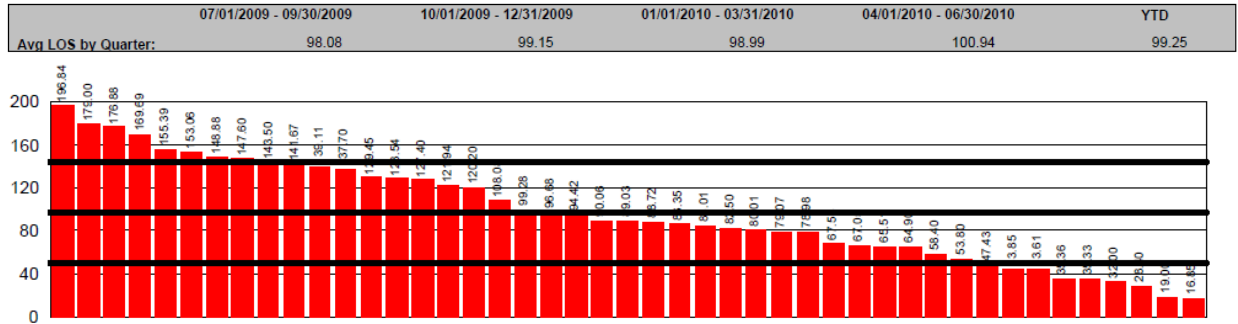
### 2009 Outpatient AAPS:

07/01/2008 - 09/30/2008	10/01/2008 - 12/31/2008	01/01/2009 - 03/31/2009	04/01/2009 - 06/30/2009	YTD
<b>Avg LOS by Quarter:</b>				
105.27	106.09	103.05	93.94	102.06

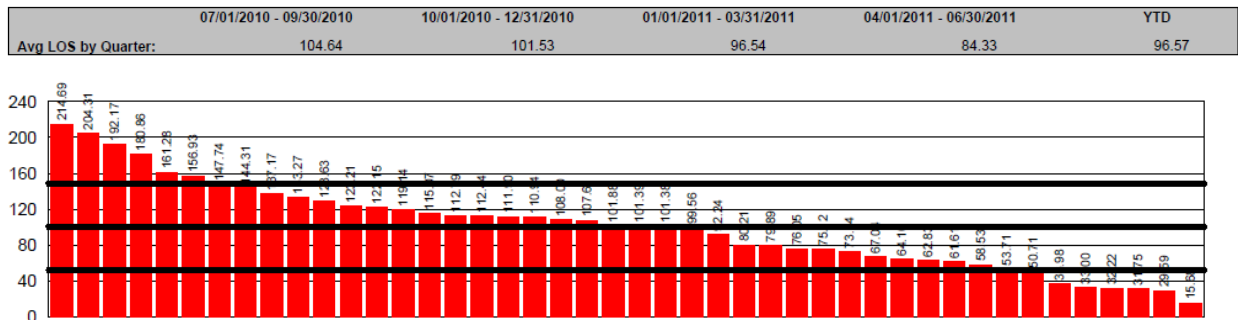


### 2010 Outpatient AAPS:

## Addiction and Prevention Services State Quality Committee

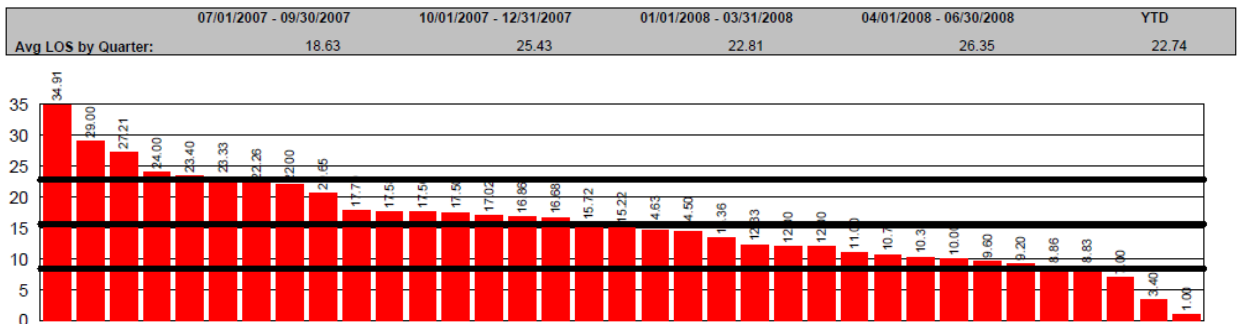


### 2011 Outpatient AAPS:

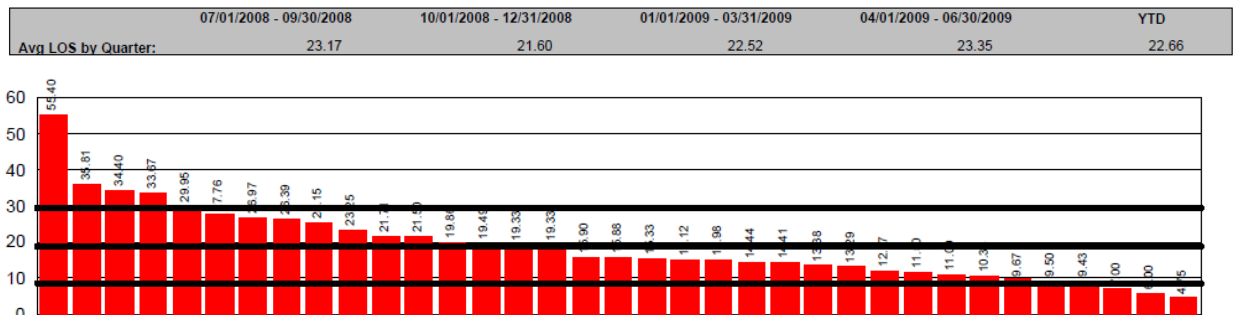


## MEDICAID

### 2008 Intensive Outpatient Medicaid:

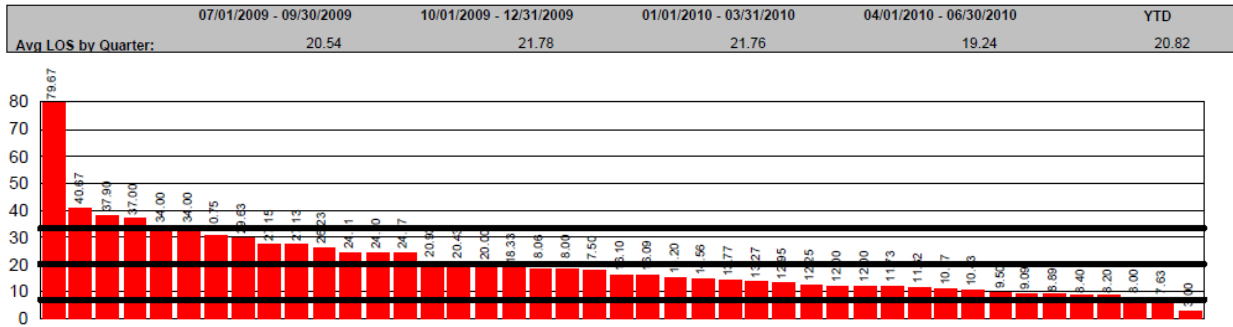


### 2009 Intensive Outpatient Medicaid:

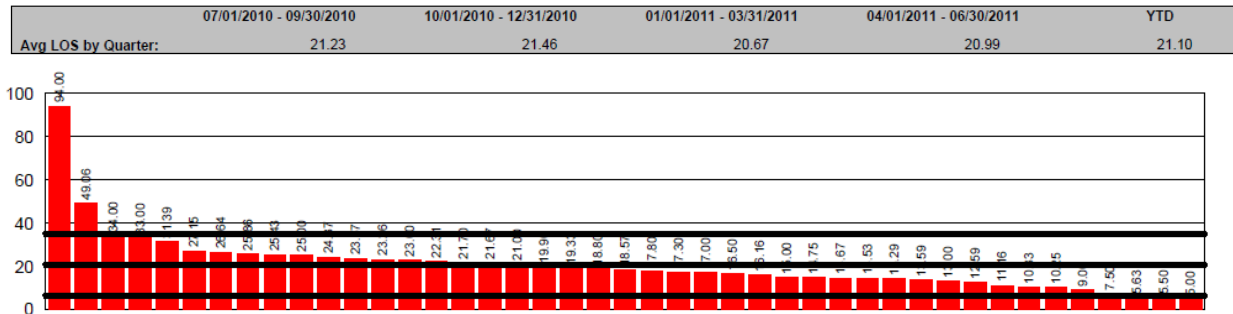


## Addiction and Prevention Services State Quality Committee

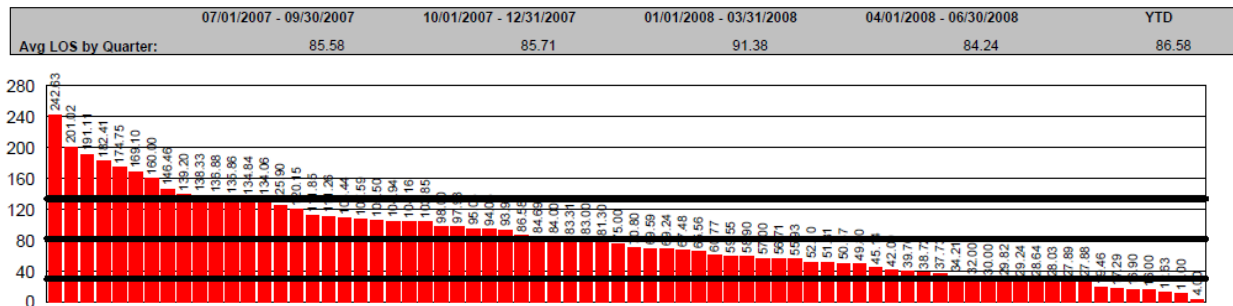
### 2010 Intensive Outpatient Medicaid:



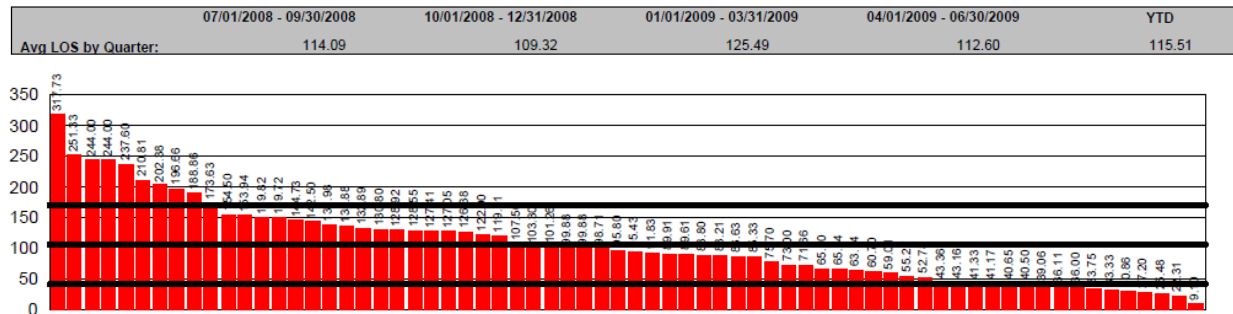
### 2011 Intensive Outpatient Medicaid:



### 2008 Outpatient Medicaid:



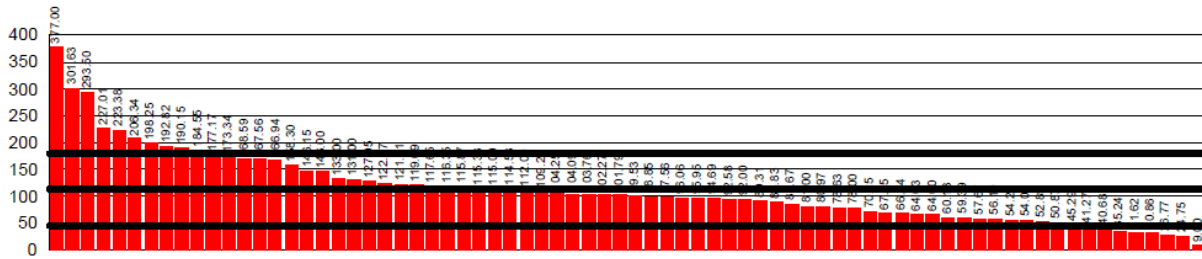
### 2009 Outpatient Medicaid:



### 2010 Outpatient Medicaid:

## Addiction and Prevention Services State Quality Committee

07/01/2009 - 09/30/2009	10/01/2009 - 12/31/2009	01/01/2010 - 03/31/2010	04/01/2010 - 06/30/2010	YTD
<b>Avg LOS by Quarter:</b>				
114.69	127.99	124.95	107.50	118.68



### 2011 Outpatient Medicaid:

07/01/2010 - 09/30/2010	10/01/2010 - 12/31/2010	01/01/2011 - 03/31/2011	04/01/2011 - 06/30/2011	YTD
<b>Avg LOS by Quarter:</b>				
119.85	118.44	106.03	91.43	108.42

