

CT BHP Adult Quality, Access & Policy Committee

ValueOptions Presentation 5/7/15

Current Quarterly Report Measures

Medicaid Membership

Admits/1,000

Days/1,000

Average Length of Stay

Trends Over Time

Inpatient Facilities

Inpatient Detoxification — Hospital-Based

Inpatient Detoxification — Free-Standing

Home Health Services

Partial Hospital

Intensive Outpatient

Ambulatory Detox

Methadone Maintenance

Outpatient Services

Additional Measures

Use of and Access to Services

Use of ED for Behavioral Health Services

Connect to Care after a BH ED Visit within 7 and 30 Days

Readmission to the ED within 7 and 30 Days

Connect to Care after BH Inpatient Stay by Type

Access to timely appointments for Outpatient Services

Geo-Access to Outpatient Care – Network Adequacy

Under Development

Network Density Ratios

Initiation and Engagement in Alcohol and SA Treatment



 Connecticut BHP
Supporting Health and Recovery

 Connecticut Department
of Social Services
Making a Difference



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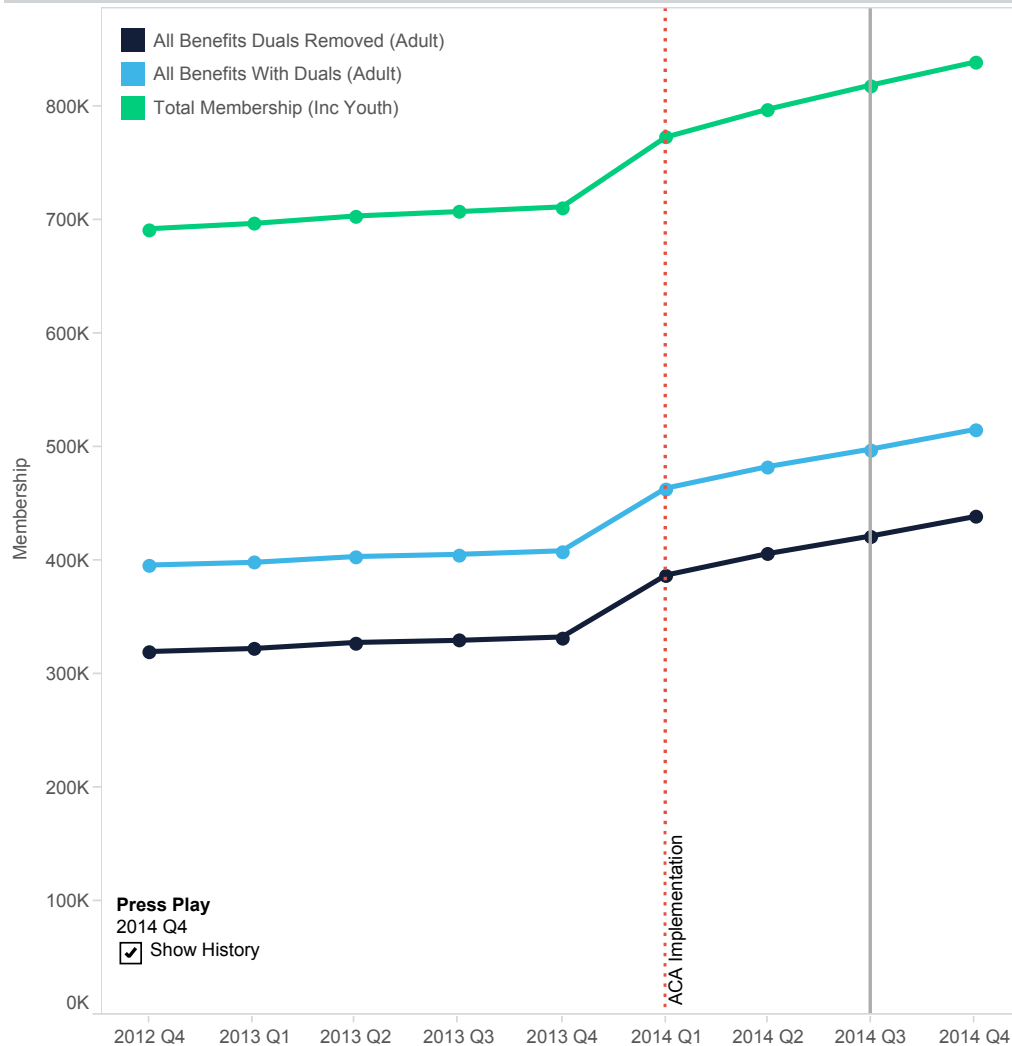
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Adult Membership Quarterly Growth

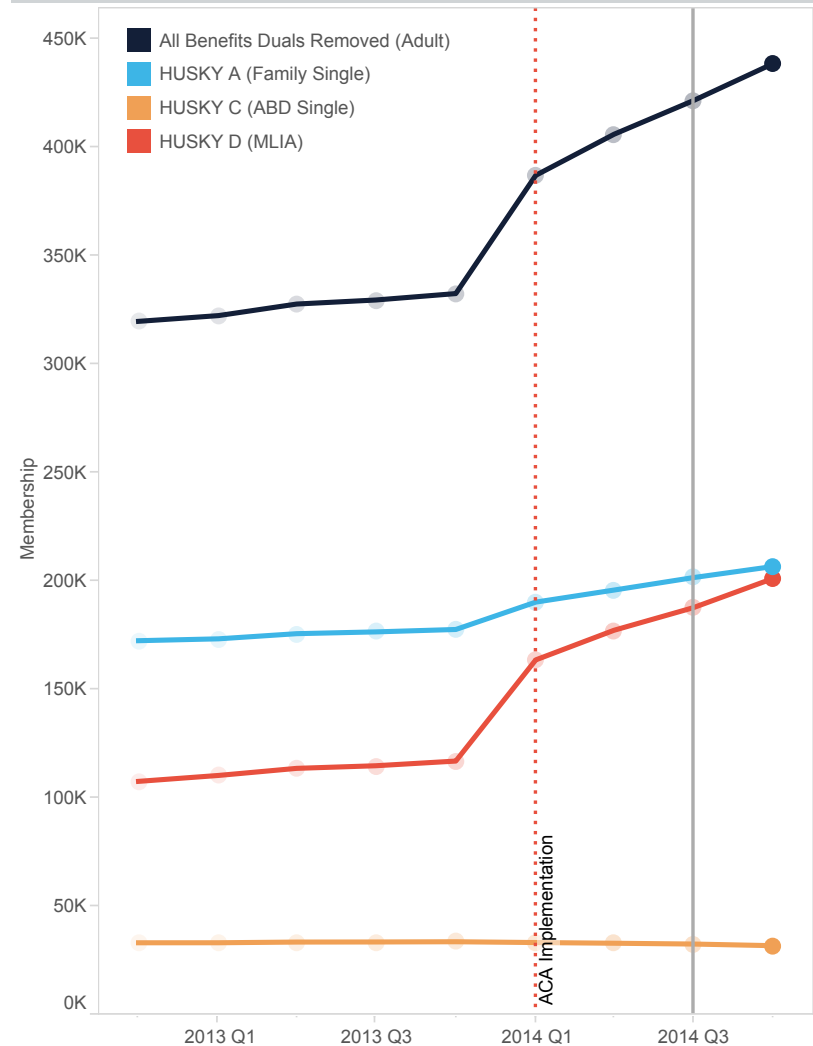


Prior to the implementation of the Affordable Care Act in Q1 '14, total membership increased each quarter by no more than 5,323 people (from Q1 '13 to Q2 '13). Since Q1 '14, the total adult membership has increased by at least 14,323 each quarter.

Total Unique Membership



Quarterly Membership Growth



Profile of Membership



Outpatient Services are authorized more often (highest Admits/1,000 rate) than any other level of care for each benefit group and for All Benefits.

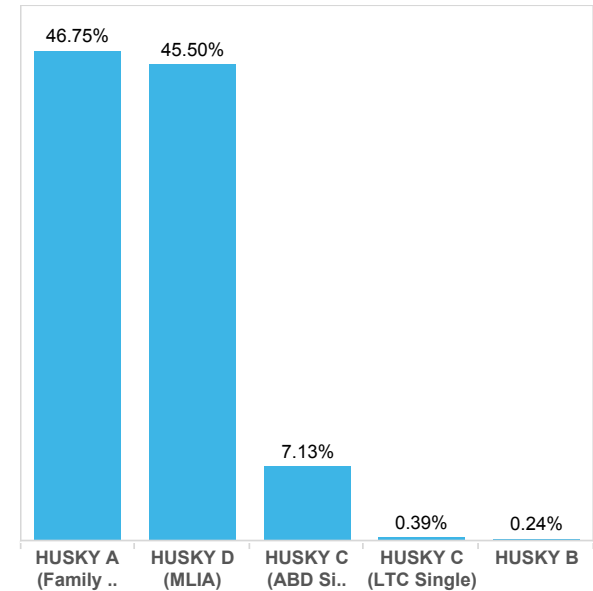
Profile of Membership

Outpatient Services are authorized more often (highest Admits/1,000 rate) than any other level of care for each benefit group and for All Benefits. The HUSKY A (Family Single) population is the largest benefit group in adult membership. Aside from Outpatient Services, the utilization of the HUSKY A population is less than 2 Admits/1,000 for any other level of care.

The HUSKY C (ABD Single) population has the greatest utilization rate of the Inpatient Psychiatric level of care. That group's highest admission rate was for Outpatient services, followed by Free-standing detox (IPDF). Like HUSKY D (MLIA), the HUSKY C (ABD Single) population had a wide variation in admission rates across the levels of care.

The HUSKY D (MLIA) population is slightly smaller than the Family Single benefit group, but utilized every level of care at a higher rate than HUSKY A. With the exception of IPF, HUSKY D members utilized each level of care at the highest rate of all groups. This increased rate of utilization is especially evident in IPDF (Free-standing detox) admission rates.

Percent of Total Membership for Q3 '14



All Level of Care

All

Select Quarter

2014 Q3



Adult Admits per 1,000 by Benefit Group and Level of Care for 2014 Q3

	IPF	IPDH	IPDF	PHP	IOP	AMD	MET	OTP
HUSKY A (Family Single)	0.69	0.11	0.50	0.27	1.25	0.06	0.43	12.00
HUSKY B	1.55	0.00	0.39	0.39	0.77	0.00	0.39	6.96
HUSKY C (ABD Single)	5.63	0.94	1.96	1.28	3.98	0.05	1.18	18.82
HUSKY C (LTC Single)	0.83	0.00	0.00	0.00	0.00	0.00	0.00	15.40
HUSKY D (MLIA)	2.57	0.98	4.13	1.44	5.68	0.19	2.10	23.19
All Benefits Duals Removed	1.90	0.56	2.21	0.86	3.41	0.11	1.22	17.46

Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

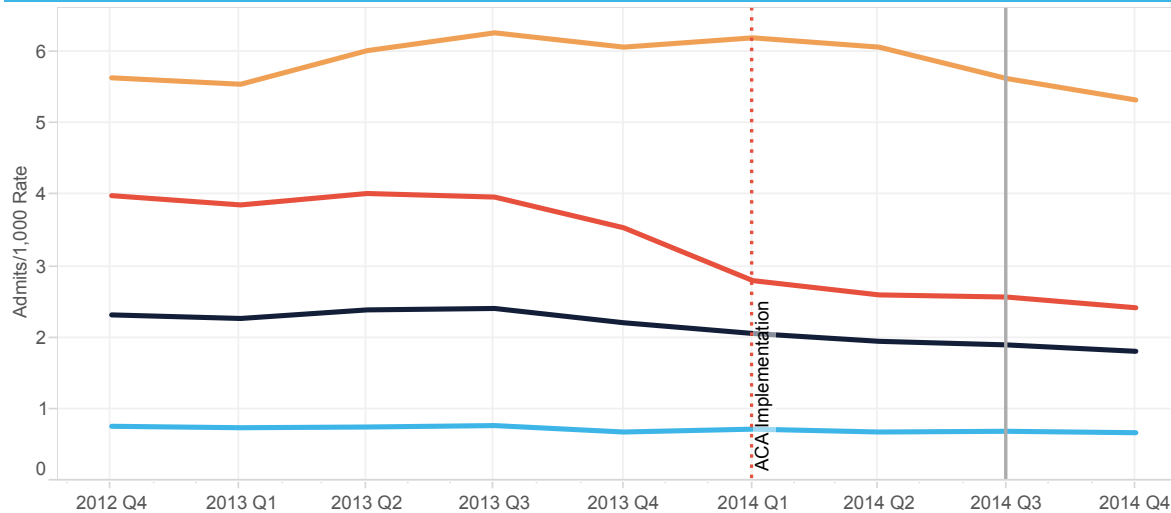
Adult Utilization Analysis for Higher Levels of Care

Select a Level of Care
IPF

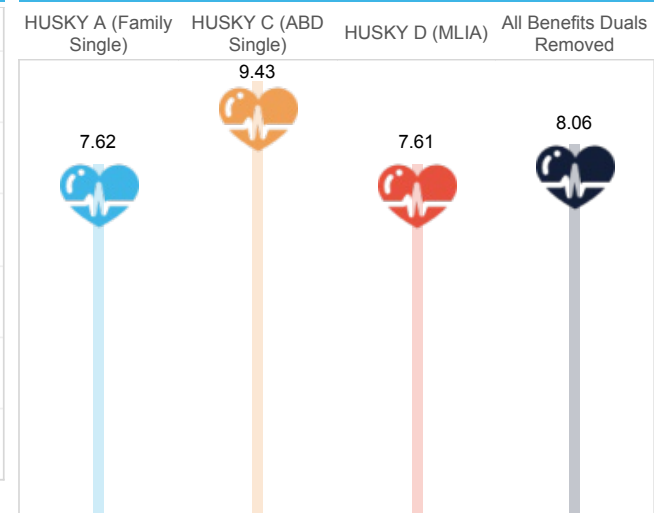
Quarter
Q3 '14

Benefit Group Legend // Select Group to Visualize
■ HUSKY A (Family Single)
 ■ HUSKY C (ABD Single)
 ■ HUSKY D (MLIA)
 ■ All Benefits Duals Removed

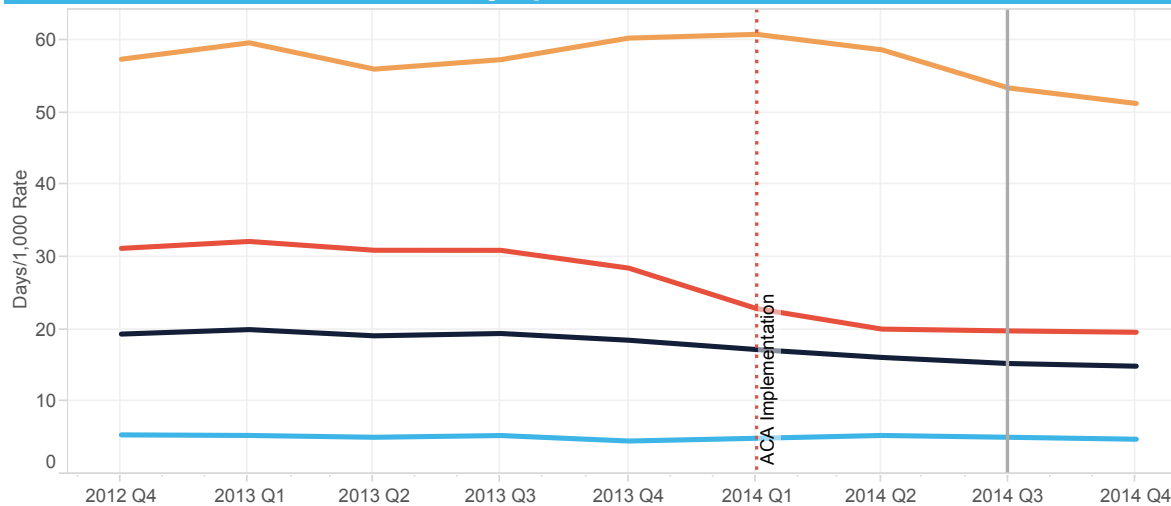
The Admissions per 1,000 Members for IPF



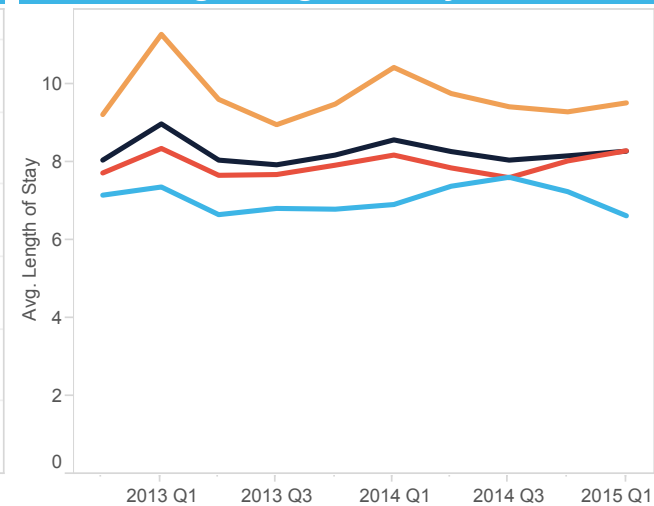
Average Length of Stay for IPF for Q3 '14



The Rate of Days per 1,000 Members for IPF



Average Length of Stay for IPF



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Higher Levels of Care

Select a Level of Care
IPDH

Quarter
Q3 '14

Benefit Group Legend // Select Group to Visualize

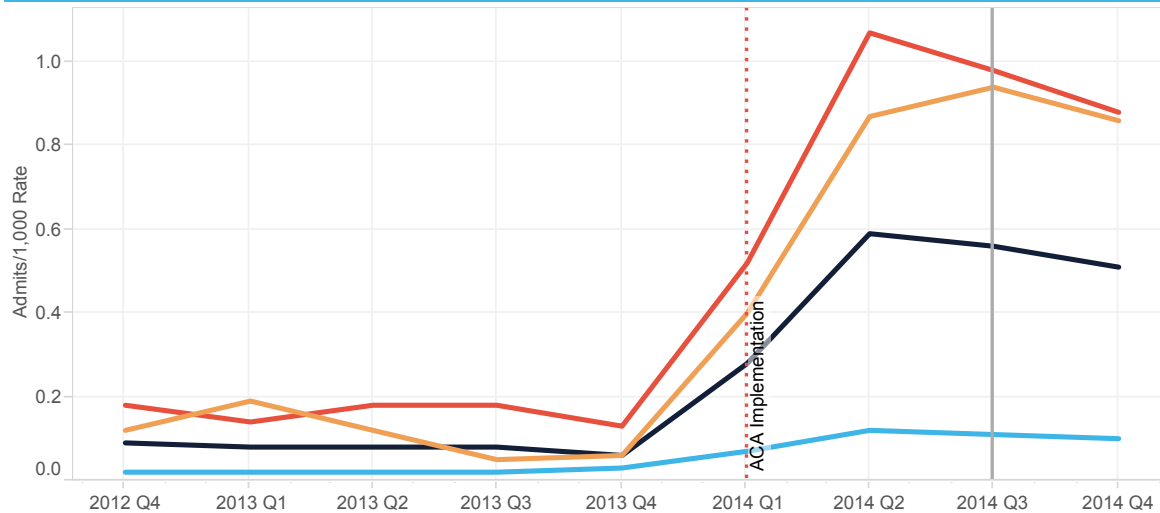
HUSKY A (Family Single)

HUSKY C (ABD Single)

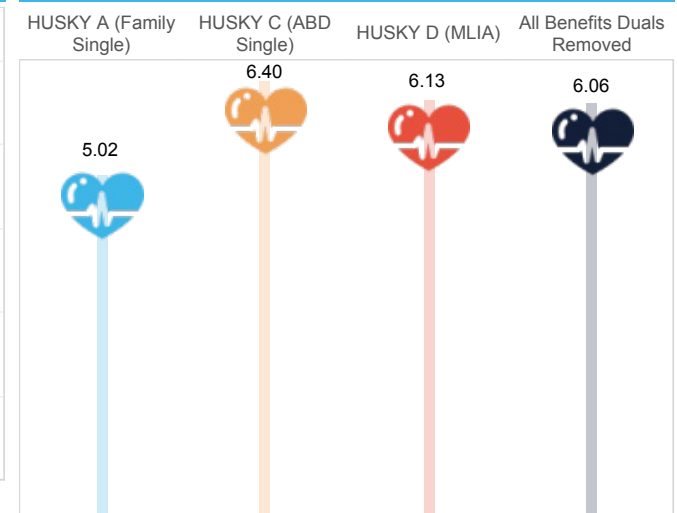
HUSKY D (MLIA)

All Benefits Duals Removed

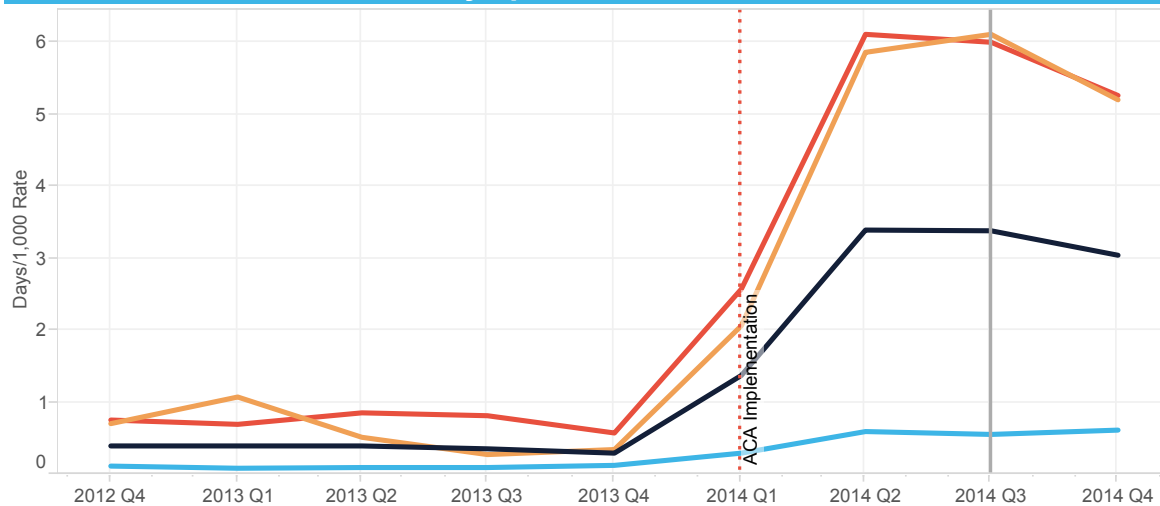
The Admissions per 1,000 Members for IPDH



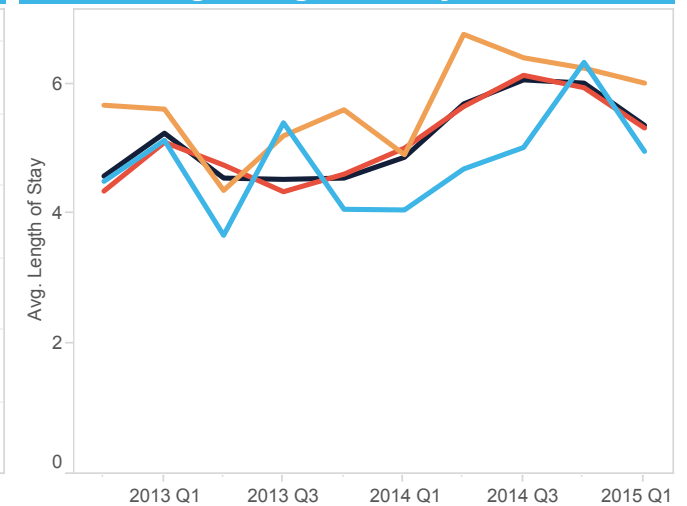
Average Length of Stay for IPDH for Q3 '14



The Rate of Days per 1,000 Members for IPDH



Average Length of Stay for IPDH



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Higher Levels of Care

Select a Level of Care
IPDF

Quarter
Q3 '14

Benefit Group Legend // Select Group to Visualize

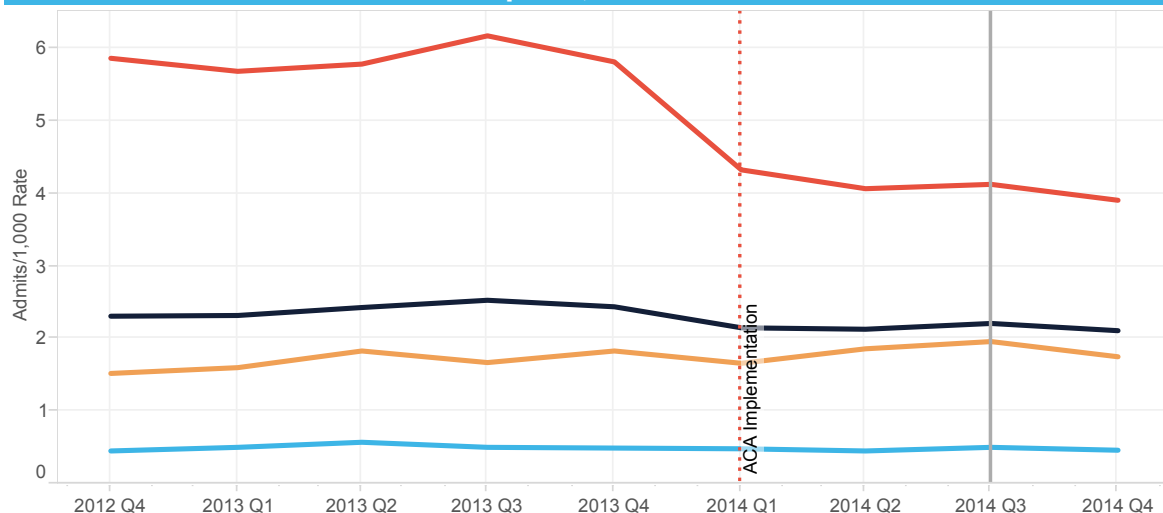
HUSKY A (Family Single)

HUSKY C (ABD Single)

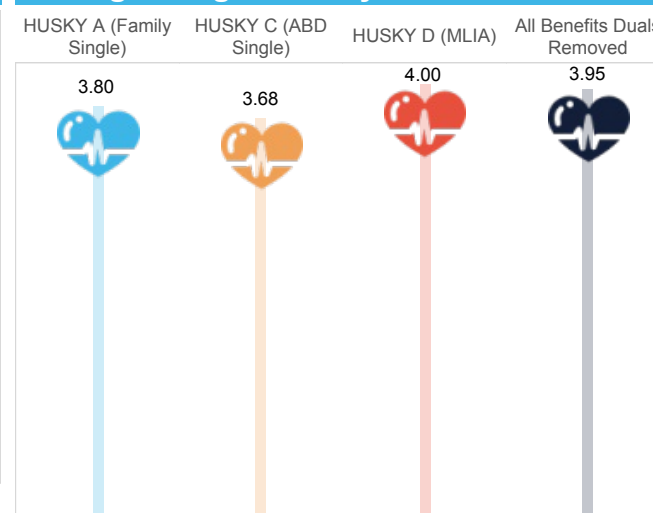
HUSKY D (MLIA)

All Benefits Duals Removed

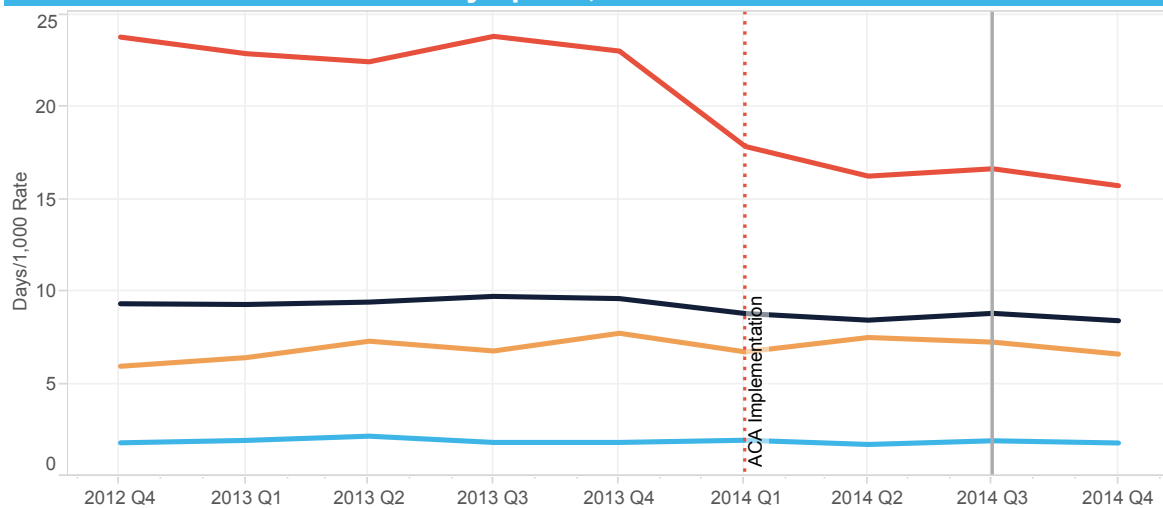
The Admissions per 1,000 Members for IPDF



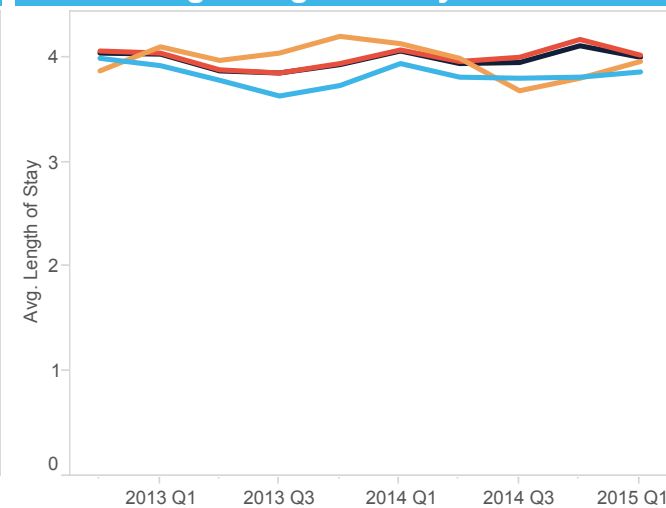
Average Length of Stay for IPDF for Q3 '14



The Rate of Days per 1,000 Members for IPDF



Average Length of Stay for IPDF



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Lower Levels of Care

Select a Level of Care
PHP

Benefit Group Legend // Select Group to Visualize

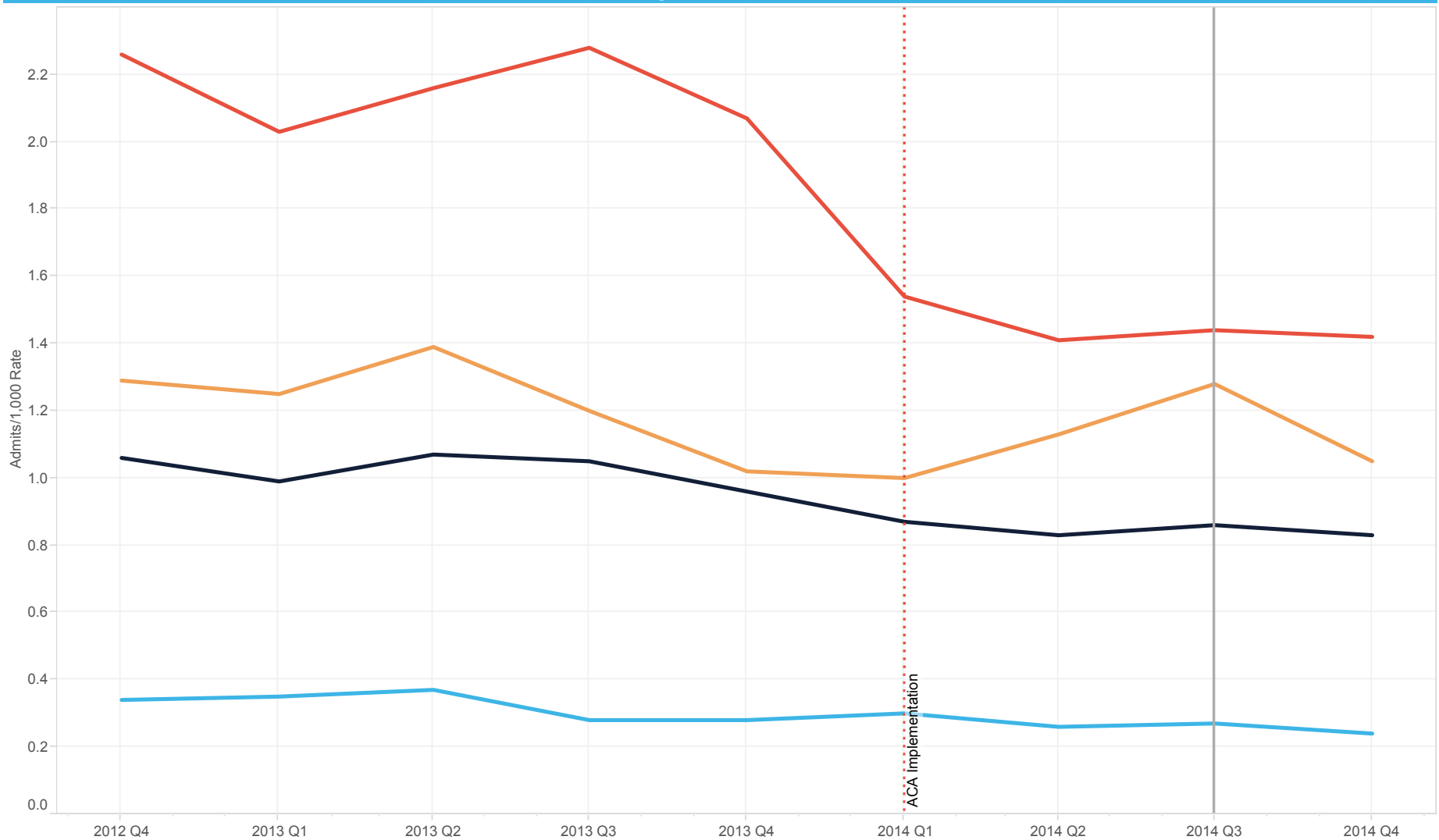
HUSKY A (Family Single)

HUSKY C (ABD Single)

HUSKY D (MLIA)

All Benefits Duals Removed

The Admissions per 1,000 Members for PHP



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Lower Levels of Care

Select a Level of Care
IOP

Benefit Group Legend // Select Group to Visualize

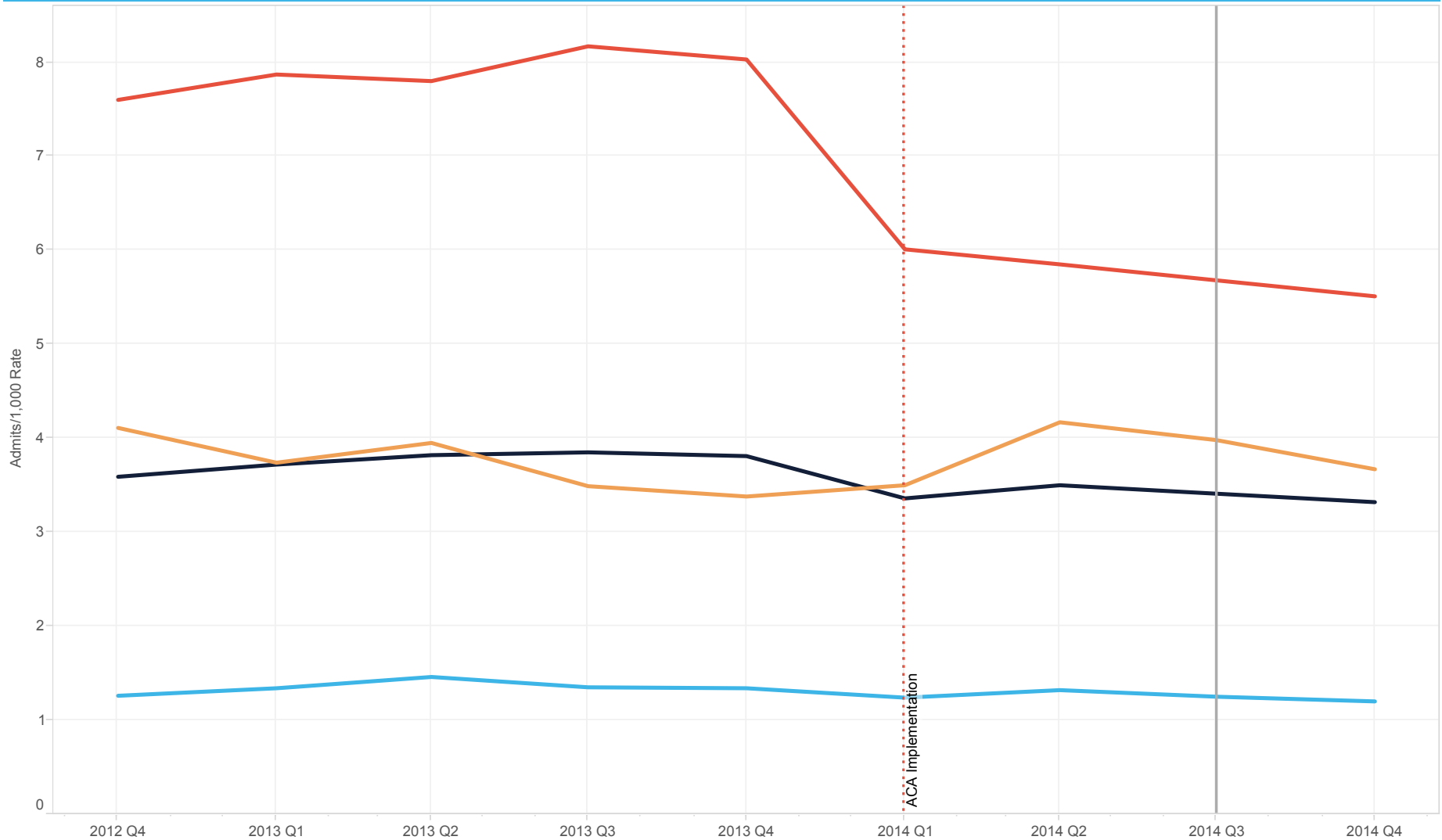
HUSKY A (Family Single)

HUSKY C (ABD Single)

HUSKY D (MLIA)

All Benefits Duals Removed

The Admissions per 1,000 Members for IOP



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Lower Levels of Care

Select a Level of Care

AMD

Benefit Group Legend // Select Group to Visualize

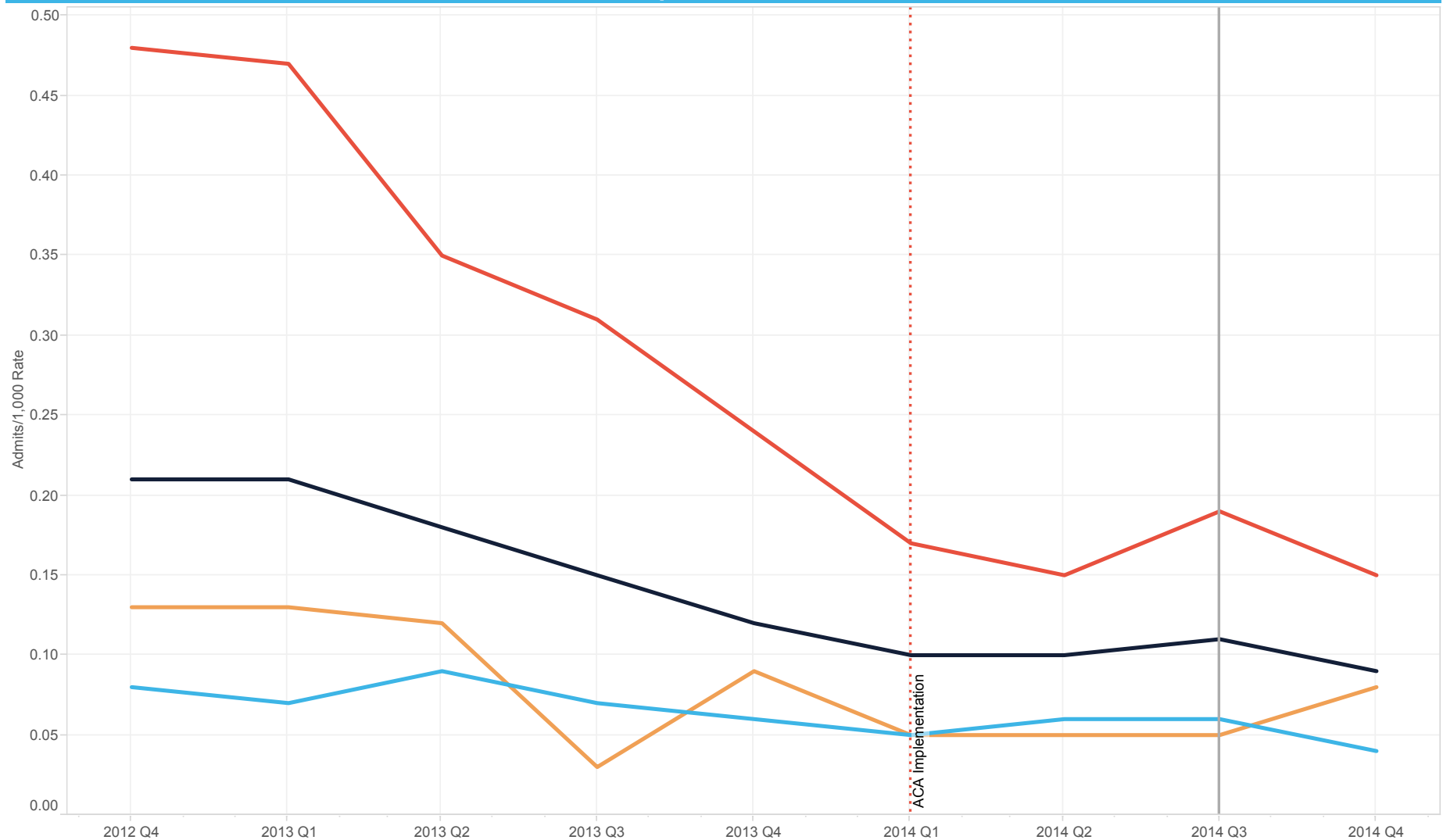
■ HUSKY A (Family Single)

■ HUSKY C (ABD Single)

■ HUSKY D (MLIA)

■ All Benefits Duals Removed

The Admissions per 1,000 Members for AMD



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Lower Levels of Care

Select a Level of Care
MET

Benefit Group Legend // Select Group to Visualize

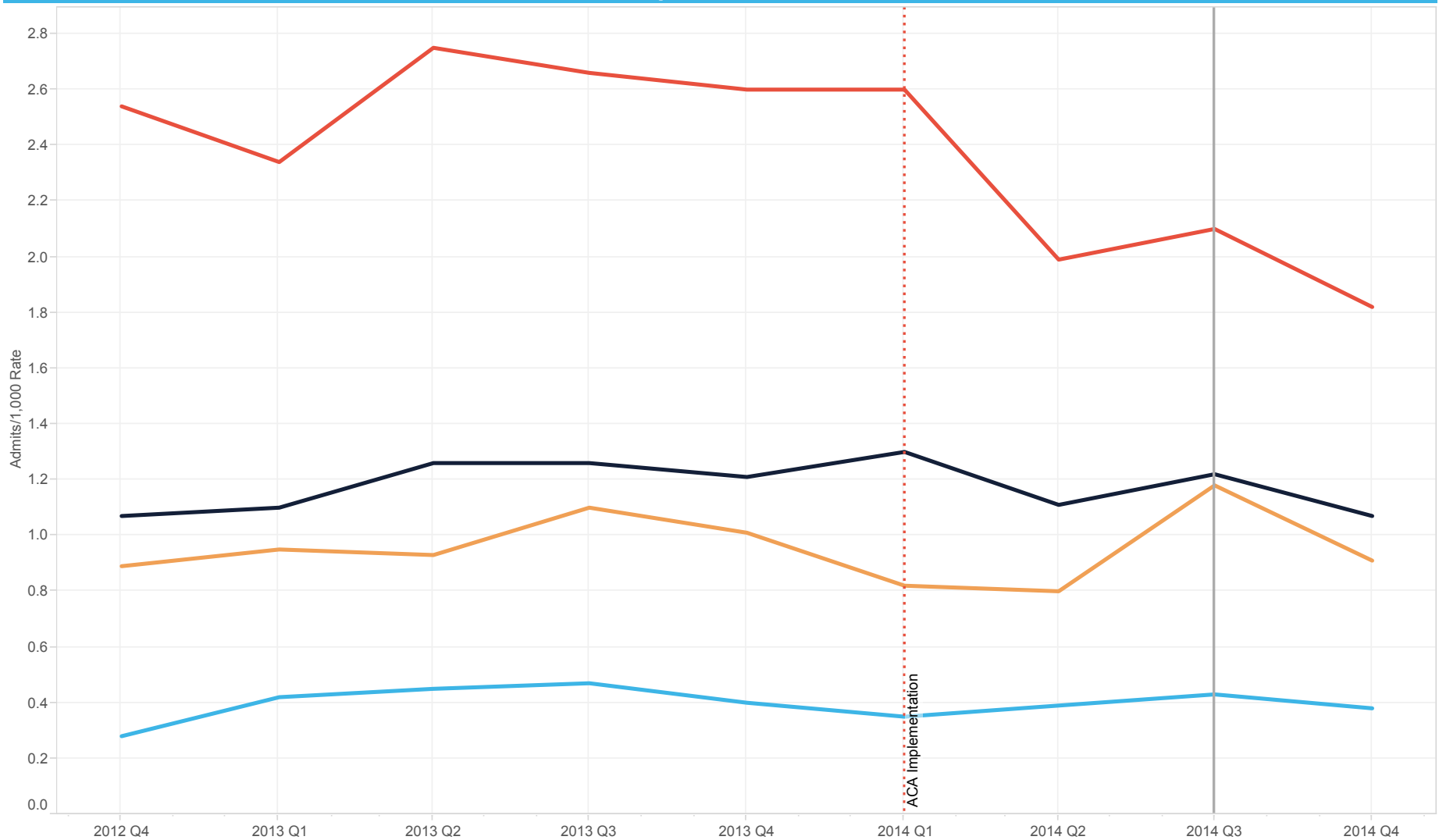
HUSKY A (Family Single)

HUSKY C (ABD Single)

HUSKY D (MLIA)

All Benefits Duals Removed

The Admissions per 1,000 Members for MET



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Utilization Analysis for Lower Levels of Care

Select a Level of Care
OTP

Benefit Group Legend // Select Group to Visualize

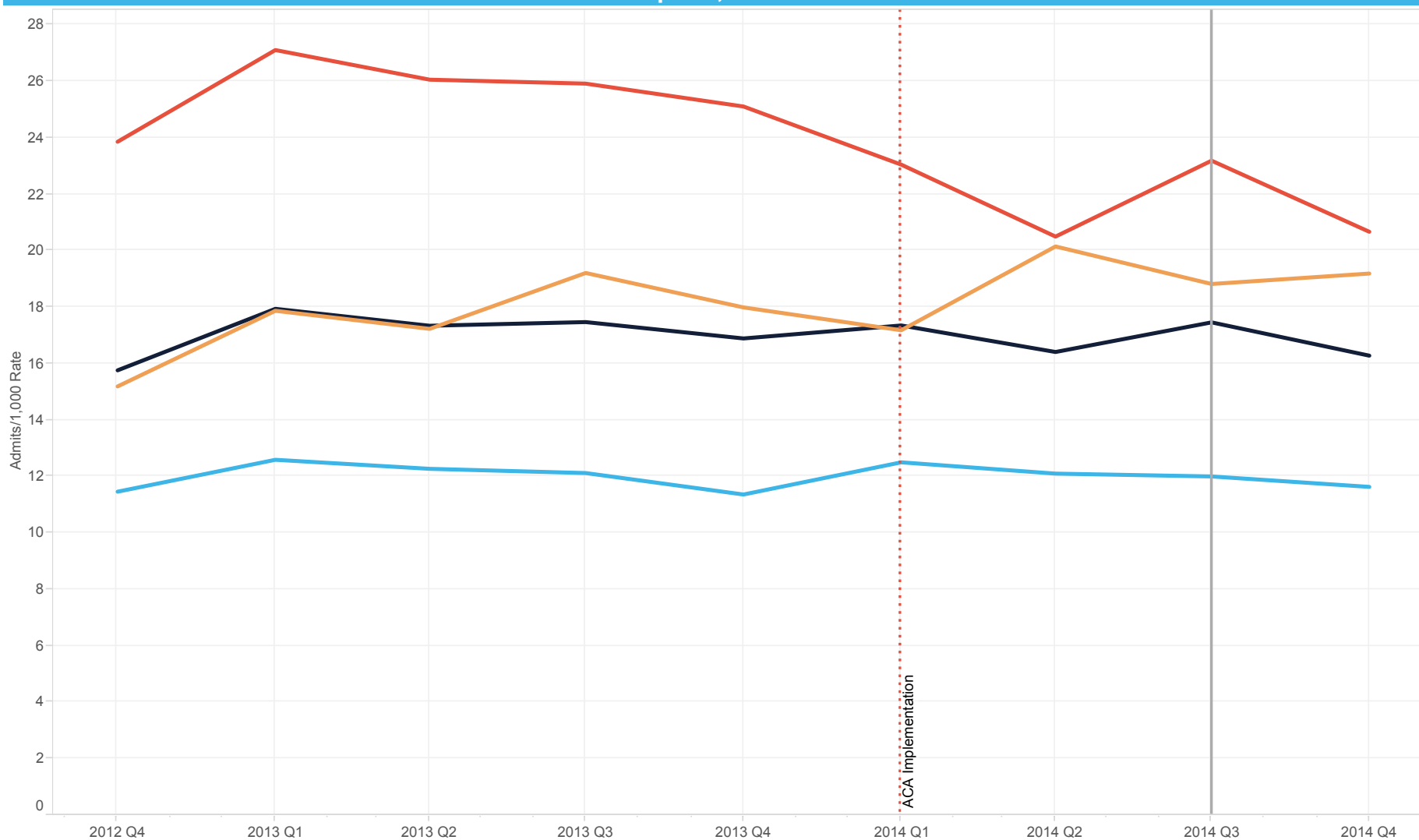
HUSKY A (Family Single)

HUSKY C (ABD Single)

HUSKY D (MLIA)

All Benefits Duals Removed

The Admissions per 1,000 Members for OTP



Note: Admissions/1,000 data is available for all levels of care, but Days/1,000 and ALOS is only available for the three highest levels of care (IPF, IPDH, IPDF).

Adult Admission Volume for All Levels of Care

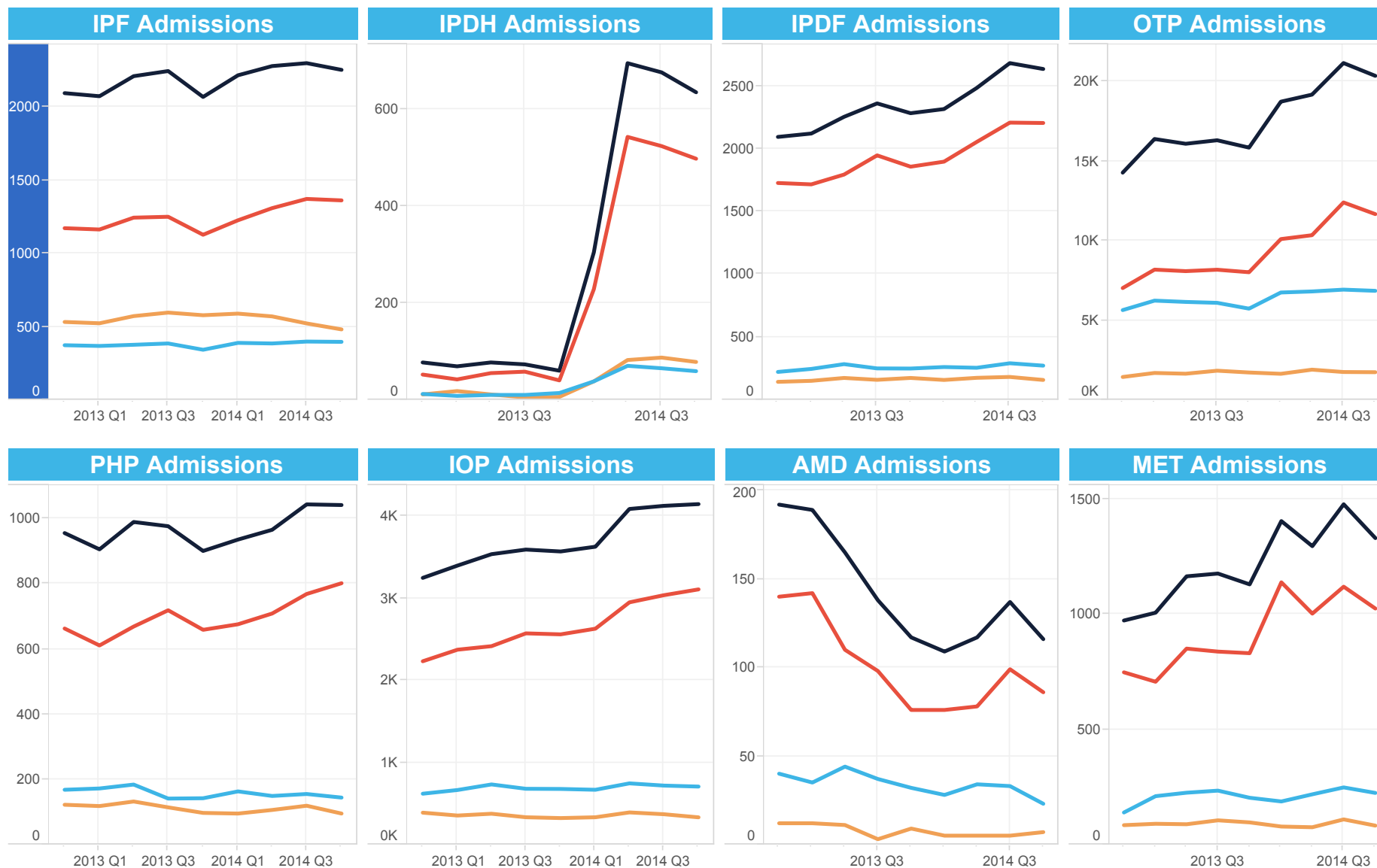
Benefit Group Legend // Select Group to Visualize

HUSKY A (Family Single)

HUSKY C (ABD Single)

HUSKY D (MLIA)

All Benefits Duals Removed



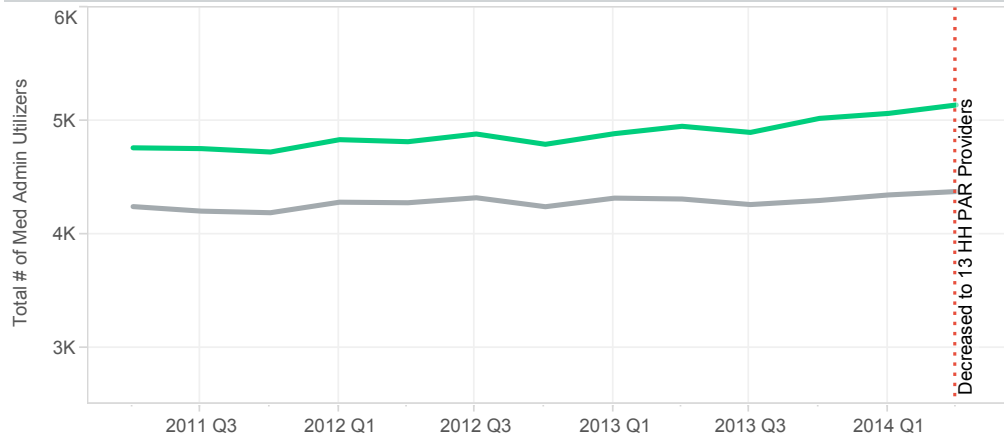
Home Health Services



Starting in the Q2 '14 reporting period, the PAR Providers are now comprised of 13 Home Health agencies accounting for approximately 85% of all Medication Administration utilizers.

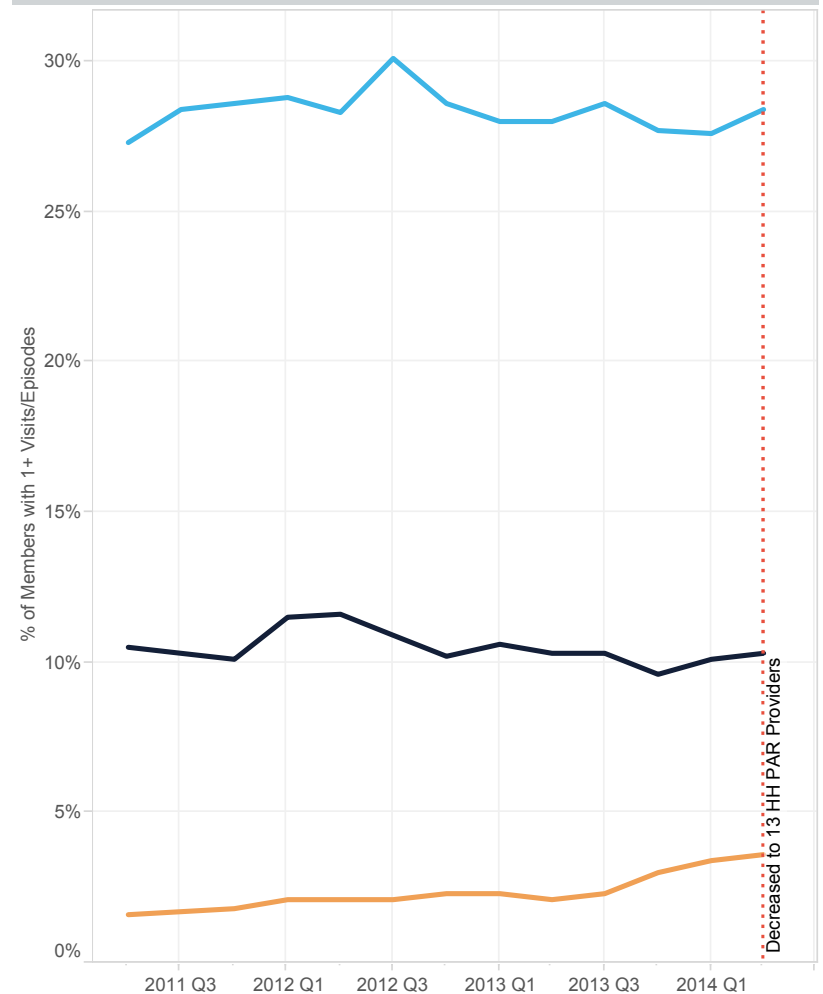
Medication Administration Volume

Statewide PAR Provider



Emergency Department, Inpatient Hospital, and Observation Bed Utilization Analysis

ED Rate IP Rate OBS Rate



PAR Provider Medication Administration Utilization

QD Rate BID Rate

