

2020 Annual Utilization Report –11-9-21



Agenda

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| 5 | Inpatient Utilization | 6 | Inpatient Freestanding Withdrawal Mgt. |
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2020 – The “COVID -19” Year

- Enrollment Changes – suspending renewal timeframes
- Lifting of Prior Authorization (PA) for most levels of care (for dates of service after April 1, 2020)
 - Most notably acute inpatient and lower levels of care
 - Reports built off utilization data – disrupted
- PA was not lifted for Inpatient Freestanding Withdrawal Management and Home Health. Other claims-based data was available in some cases.
- Reported on some PMPM claims-based reporting providing some insight into utilization
- Even when PA was available – COVID impacted utilization
 - Fewer Authorizations, social distancing, restriction of non-emergency services, shift to telehealth

Membership

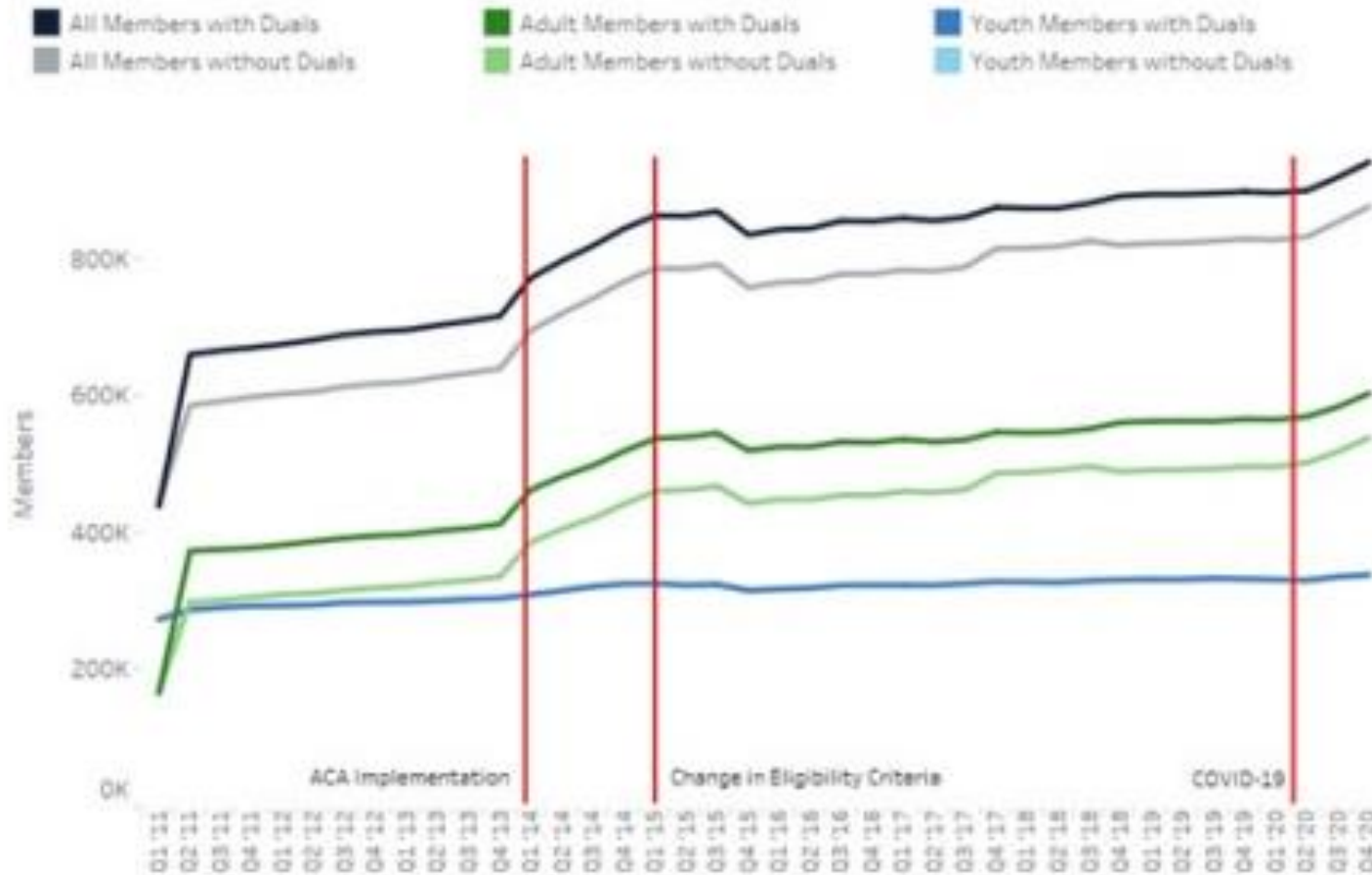


Figure 1: Connecticut Medicaid Total Membership by Quarter

- 995,389 total members in 2020 (28% of CT Pop, 63% Adults)
- Fairly stable compared to 2019
- Increases in Q's 2, 3, & 4

Membership - Demographics

CT CENSUS DATA - 2019

Age		
	Under 5 Years	5.1%
	Under 18 Years	20.4%
	65+ Years	17.7%
Gender		
	Female	51.2%
	Male	48.8%
Race		
	White	79.7%
	Black	12.2%
	Hispanic	16.9%
	Asian	5.0%
	Other	3.2%

Adult Medicaid Languages Spoken



Figure 3: Primary Spoken Languages of Total Adult Members without Duals

Adult Medicaid Race by Ethnicity

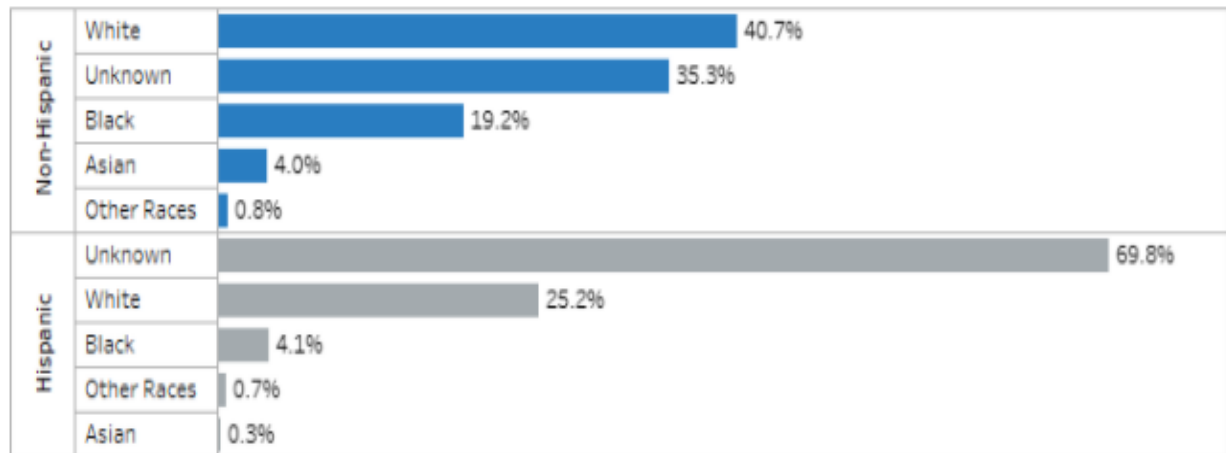


Figure 6: Race by Ethnicity of Total Adult Members without Duals

Membership - Demographics

Race Reporting

The Unknown race category continued to trend upward in 2020 with a 2.3% increase in membership since 2019, making up 41.8% of the adult Medicaid population without duals.

Annual Trends by Race

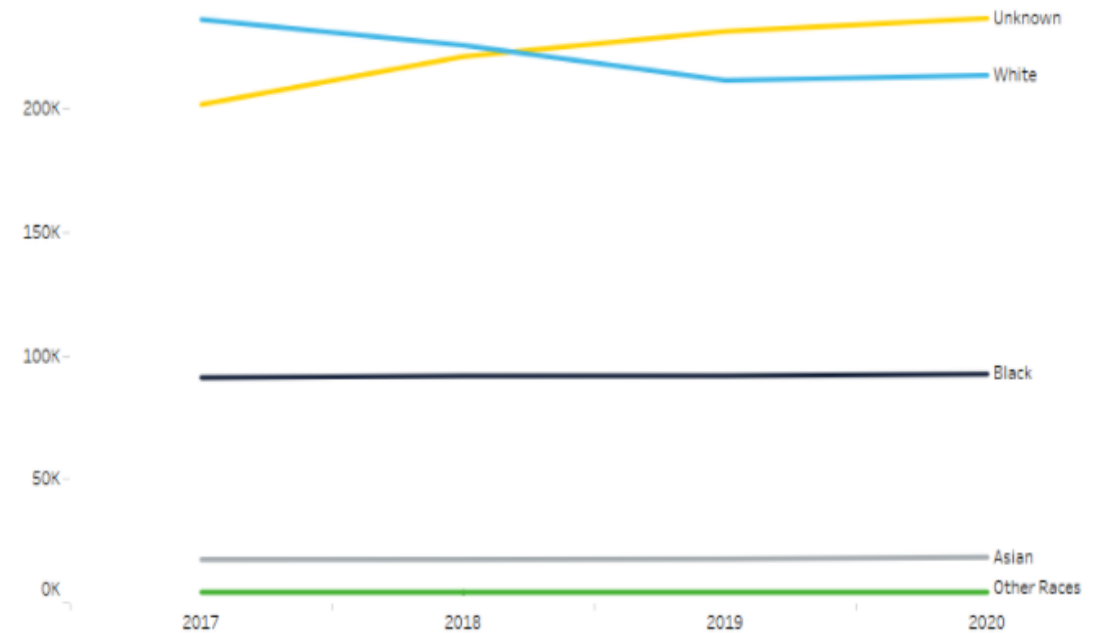
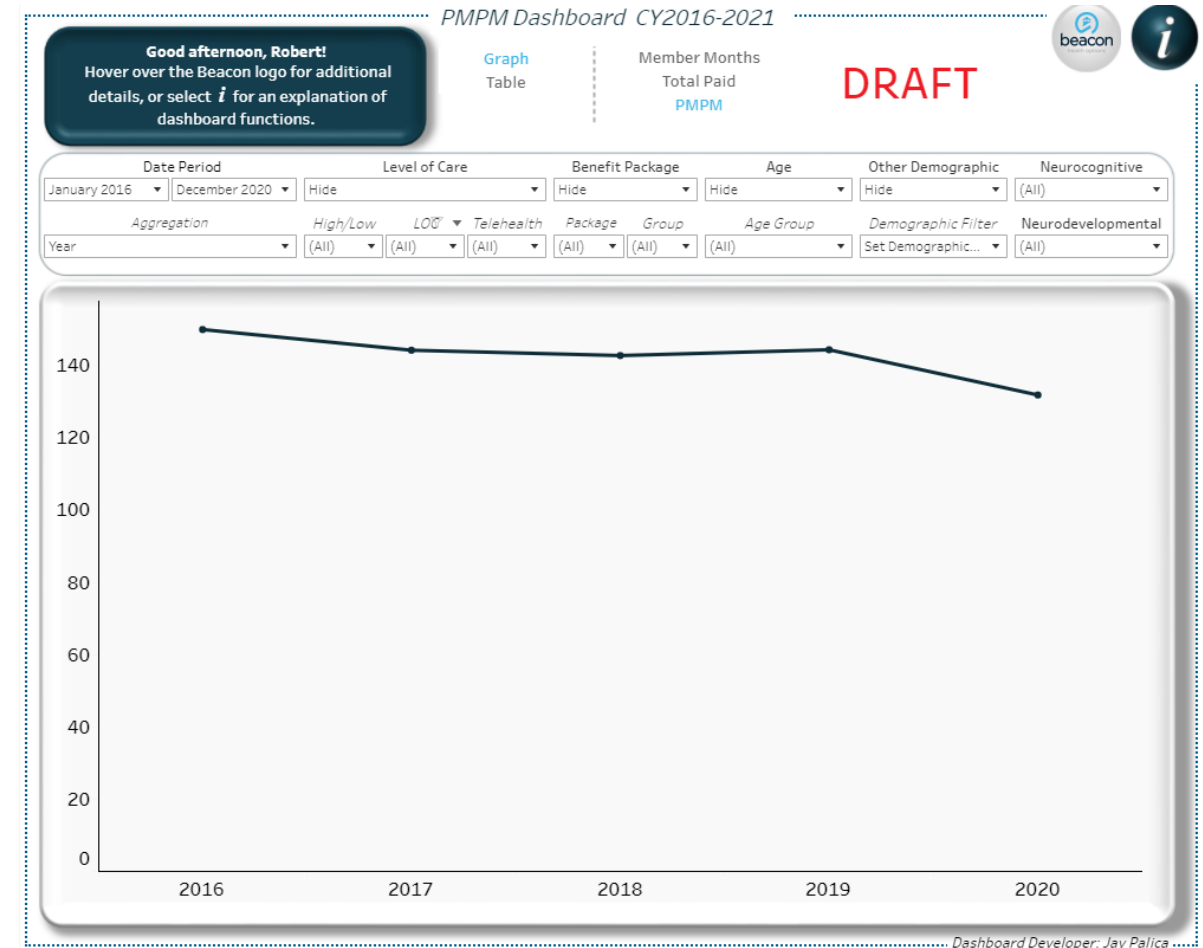


Figure 4: Race of Total Adult Members without Duals

Behavioral Health Per Member Per Month Expenditure Dashboard

$$\text{BH PMPM} = \frac{\text{Sum of Paid Health Claims}}{\text{Member Months}}.$$

- Can be sorted by level of care (LOC) as well as lower vs. higher LOC
- Includes telehealth
- Multiple functional improvements



Highlights from the Per Member Per Month Expenditure Dashboard

- Overall BH PMPM for adults went down - 6.72% from CY2019 (\$75.48) to CY2020 (\$70.41)
- Inpt. psych. acute decreased by -8.81% from CY 2019 (\$14.80) to CY 2020 (\$13.49) except for the Asian pop. which went up
- There was a -40.28% decrease in the PMPM for IOP for adults from CY2019 (\$5.56) to CY2020 (\$3.32)
- The PMPM for PHP/EDT decreased by- 42.08% from CY2019 (\$1.14) to CY2020 (\$0.66)
- Only 3.94% of total PHP/EDT expenditures had a telehealth indicator

Highlights from the Per Member Per Month Expenditure Dashboard

- Total expenditure for methadone maintenance (MM) Increased to \$65.60 million in CY2020, an increase of +2.71% from CY2019
- MM PMPM declined slightly due to increase in member months
- BH OP PMPM increased slightly from CY2019 to CY2020(+0.07%). But the % change was smaller than prior year.
- 58.86% of all BH OP expenditures were for telehealth in 2020

PMPM Levels of Care

<ul style="list-style-type: none">• Assisted Living Facility• Autism Services• Birth to Three Services• Community First Choice• Detoxification Ambulatory• Detoxification Inpatient Freestanding• Detoxification Inpatient Medical• Detoxification Residential• Emergency Department BH Services• Emergency Department Non-BH Services• Extended Stay Facility• Group Home• Home Care Program	<ul style="list-style-type: none">• Home Health• Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)• Inpatient Medical BH Services• Inpatient Medical Non-BH Services• Inpatient Psychiatric Acute• Inpatient Psychiatric State• Intermediate Care Facility• Intensive Outpatient Program (IOP)• Methadone Maintenance• Observation• Other Home Based Services• Other Medical Services	<ul style="list-style-type: none">• Other Services BH Primary Diagnosis• Outpatient BH Services• Partial Hospitalization Program / Extended Day Treatment (PHP EDT)• Private Non-Medical Institutions (PNMI)• Psychiatric Residential Treatment Facility (PRTF) - Community• Psychiatric Residential Treatment Facility (PRTF) - State• Residential Rehab• School Based BH Services• Skilled Nursing Facility
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Figure 7: PMPM Behavioral Health Levels of Care

Inpatient Psychiatric Hospitalization

- PA was lifted for IP Psych. and authorization-based utilization data was not complete
- Modified PAR Programs continued but temporarily shifted to qualitative analysis
- Connections between hospitals & housing, shelter systems and CANS were promoted
- Introduced OUD/AUD Tableau Dashboard with discussions regarding opportunities for MOUD in the hospital setting
- Introduced Changing Pathways Pilot to St. Francis Inpatient

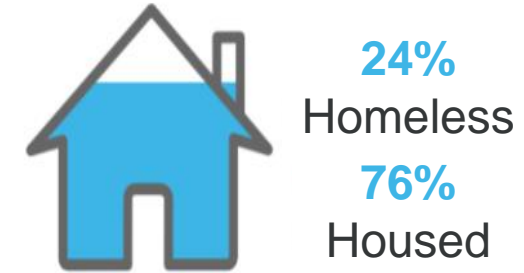


Figure 10: Percent of Adult Medicaid Members with One or More IPF Stays in CY 2019 by Housing Status

IPF Discharges with OUD Dx. On IPF Claim



Figure 11: Percent of Eligible IPF Discharges in 2019 where the Member had an OUD Diagnosis on the IPF Claim

Inpatient Free-Standing Withdrawal Management

- PA was not lifted for IP free-standing withdrawal management
- ALOS remained steady
- Discharge volume declined 10.8% due to pandemic effects (see chart to right)
- Days and admissions per thousand also declined 15.8% and 17.2% respectively due to combination of reduced capacity, demand and increase in membership.
- Those with a primary dx of AUD comprised over half (58.6%), a 3% increase from 2019.

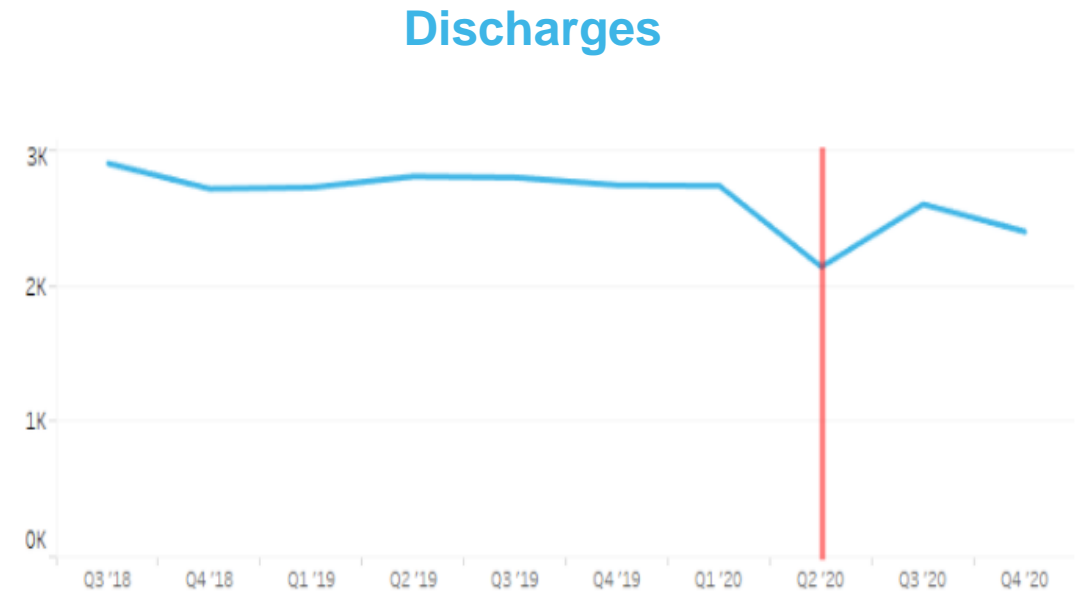


Figure 14: Adult Inpatient Freestanding Withdrawal Management Quarterly Discharges

Inpatient Free-Standing Withdrawal Management

- AMA discharges also increased 3% points from 22.2% in 2019 to 25.7% in 2020. (see quarterly chart to right)
- Introduced AUD dashboard to increase focus on AUD while continuing to address OUD.
- New reporting demonstrated underutilization of Medications for Alcohol Use Disorder (MAUD)
 - Acomprasate
 - Naltrexone
 - Disulfiram

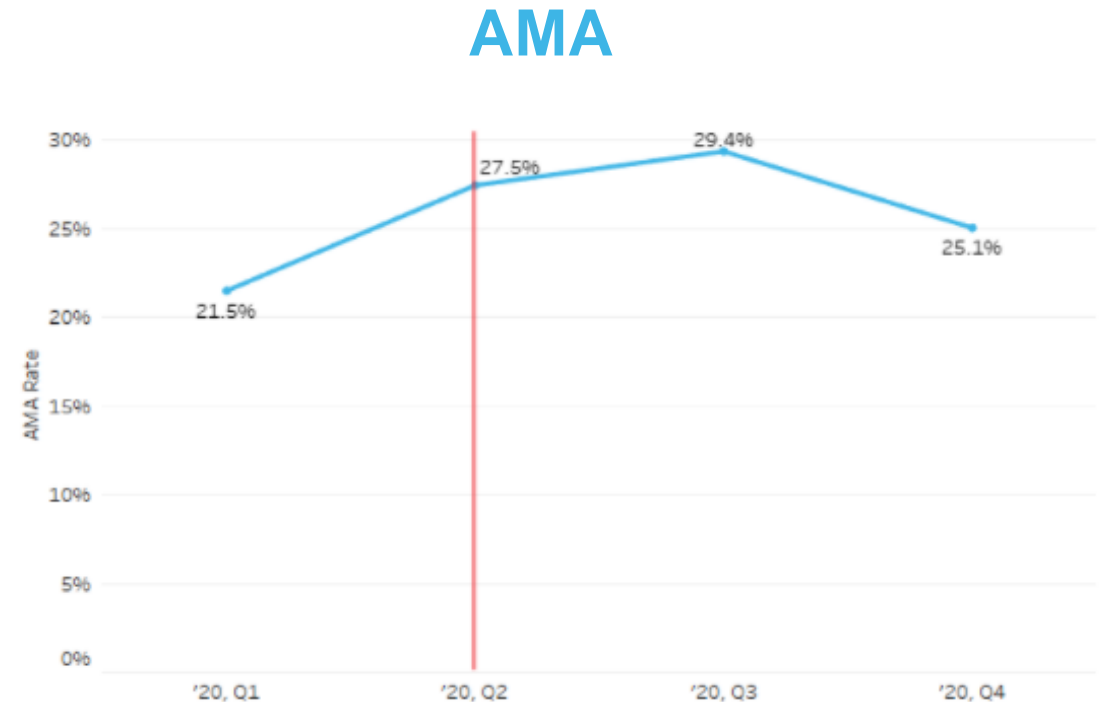


Figure 16: "Leaving Against Medical Advice (AMA)" 2020 Quarterly Rate

Home Health (HH) Utilization

- State enabled Beacon to extend HH utilization first for 90 days and then for 60
- Enabled analysis of admissions for 2020 showing a 20.9% decline for admissions for Medication Administration (see graph)
- Rate of HH service recipients ED utilization declined 5.7 percentage points from prior year likely due to pandemic effects

Home Health Medication Administration

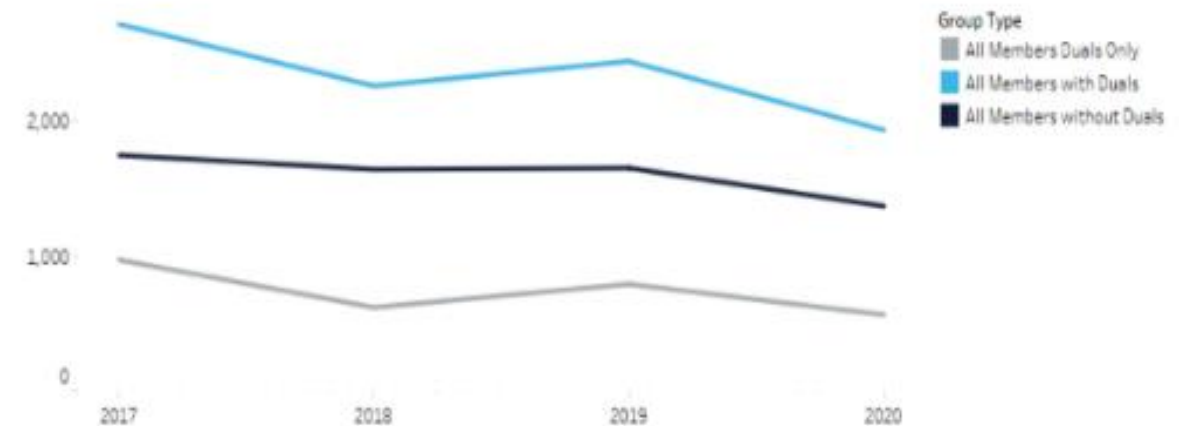


Figure 18: Home Health Medication Administration Admissions by Benefit Group Type

Home Health (HH) Utilization

- HH Bypass program focusing on goals of reducing use of BID without increasing ED utilization continued (see table)
- 1st Qtr. of 2020 14 of 16 eligible providers (87%) were on the bypass – a significant improvement from prior year.
- With updated claims and a change in bypass program parameters 2020 ended with 8 of 16 (50%) of providers on Bypass.
- The BID rate increased from 15.5% to 17.4% due largely to COVID-19 & increased needs of clients

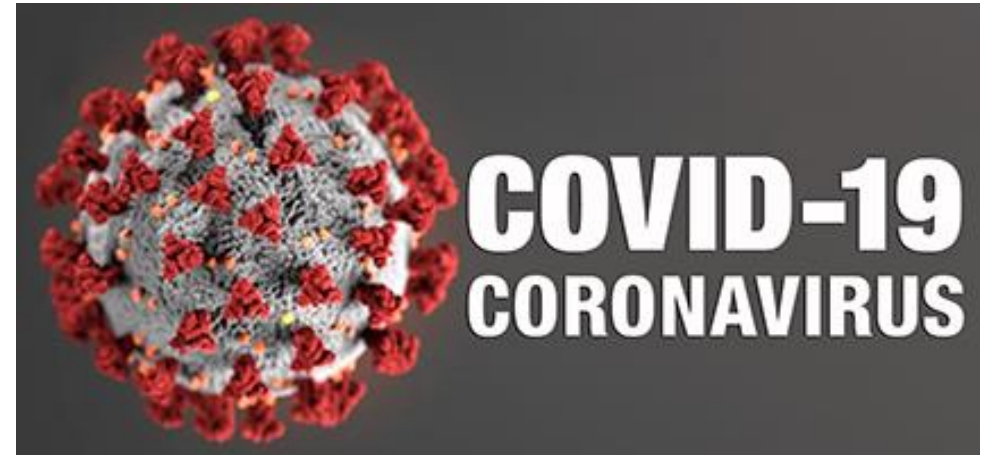
Home Health Bypass Criteria

	BID Rate	ED Rate	QD Rate	Authorization Process
HH Bypass Plus	Less than or equal to 15%	Less than or equal to 32%	Monitor Only	Initial - Four months Concurrent - Four months
HH Bypass	Less than or equal to 20%	Monitor Only	Monitor Only	Initial - Four months Concurrent - Three months

Figure 19: Home Health Bypass Requirements and Authorization Process

Lower Level of Care Utilization

- Due to COVID-19 prior authorization (PA) for the following lower levels of care were suspended:
 - Ambulatory Detoxification
 - IOP
 - Methadone Maintenance
 - Mental Health Group Home
 - Outpatient
 - Partial Hospitalization



Intensive Outpatient Treatment – Provider Analysis and Reporting (PAR)

- Although PA was lifted a modified PAR program continued for IOP
- IOP Dashboard – Demographics, language, geography, episodes, engagement, ED & HLOC & MAT Utilization, etc.
- Challenges with telehealth adoption
- Adaptations included use of PPE adjusting schedules, hybrid models
- Focus on engagement - 1/3 of episodes are below the 9-visit threshold established in prior analysis

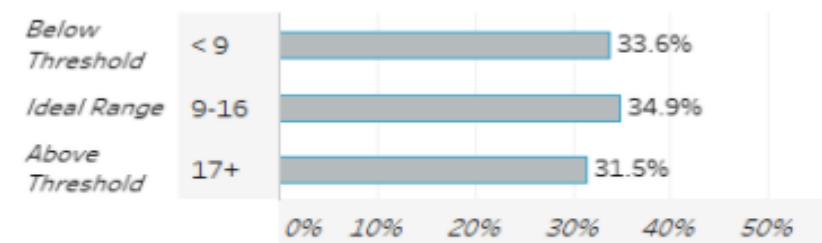
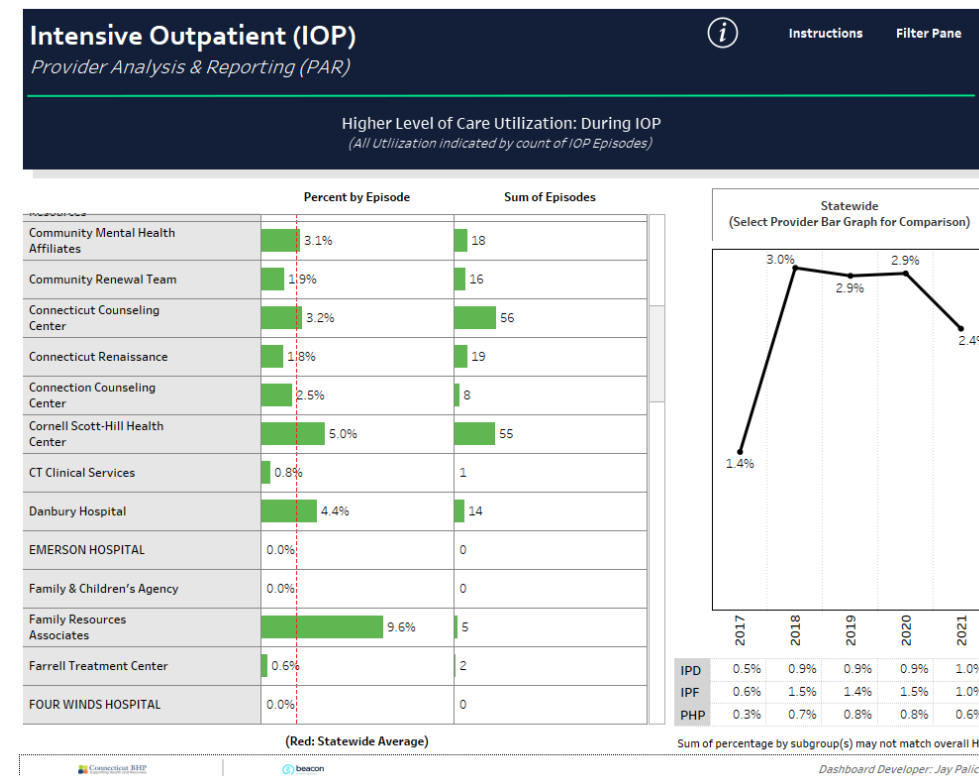


Figure 22: Percent of 2019 Adult IOP Episodes by Visit Frequency

Adult BH Emergency Department Utilization (claims based)

- 51,389 adult members made 107,532 visits to EDs in 2020
- Adults accounted for 90% of ED visits
- BH ED visits defined as having BH dx on any of 1st 4 positions on claim
- Based on primary diagnosis, most adult visits in 2020 were identified as medical at 46.0% followed by SUD with 30.3%, and mental health at 23.7%

Visit Volume

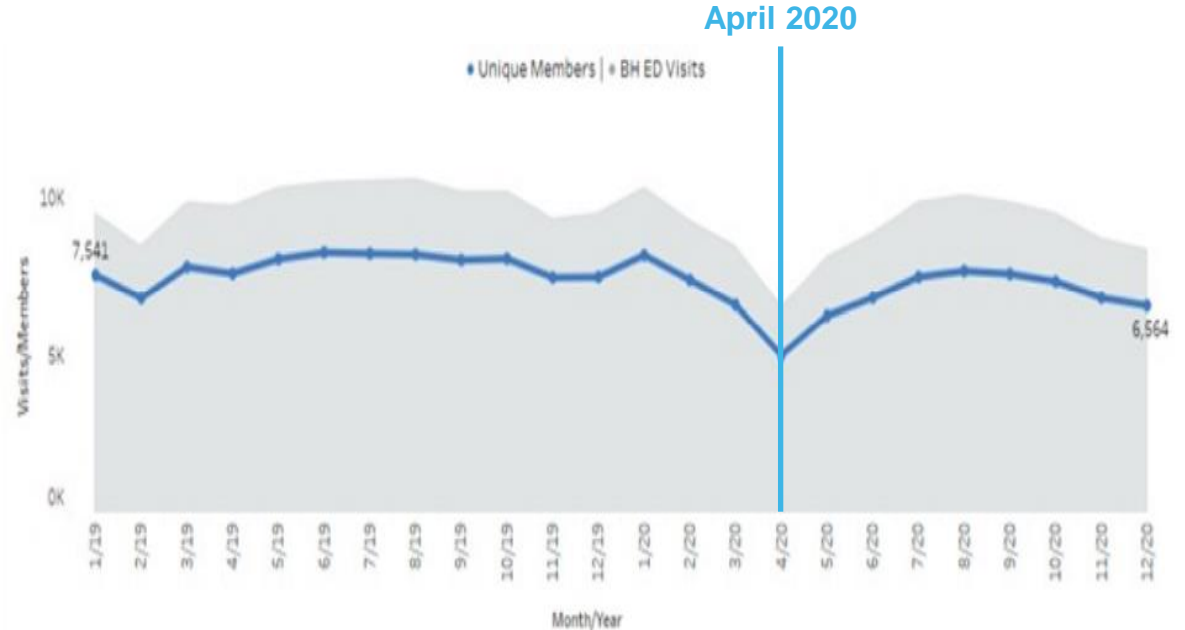


Figure 23: Adult BH ED Visit Volume and Unique Visitors by Month

Adult BH Emergency Department Utilization (claims based)

- BH ED visits were up in Jan. (10,277 in 2020 vs. 7,541 in 2019)
- April saw a 33% decline in BH ED visits compared to prior year
- BH ED use appeared to rebound by Aug. of 2020 with 10,042 visits
- Most users visit the ED once per year



Figure 23: Adult BH ED Visit Volume and Unique Visitors by Month

High Level Summary - 2020

- 2020 was all about COVID-19
 - Suppressing demand for service while contributing to increases in rates and incidence of SUD and MH disorder¹ and complexity of comorbidities²
 - Lead to adaptations to administrative processes (e.g., waiving of PA and payment for telehealth) that supported members and providers but lead to less data available for analysis and management of services.
- The pivot to telehealth was impressive!
 - Provided advantages in terms of access and convenience
 - Primary means of delivering OP tx and was widely utilized across various demographic groups
 - Was challenging for those without access to private space, technology and for LOCs that were primarily group based



QUESTIONS/DISCUSSIONS
