

ValueOptions CTBHP Medicaid Utilization Data (Youth)

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Overview

- Medicaid Membership (DCF & Non-DCF)
- Inpatient Utilization
- Inpatient Discharge Delay
- Solnit Inpatient Utilization
- Solnit Discharge Delay
- Ambulatory Follow-up from Inpatient
- Youth Stuck in the ED
- PRTF Utilization
- RTC Utilization
- Community Based Service Utilization

Medicaid Youth Membership



Total youth membership has increased 20% from 2008 to 2013 with consistent annual increases over the past six calendar years, and a 0.8% increase (330,902 to 333,441) over the last year. Annual increases in youth membership are a trend that has been consistent over the past several calendar years (beginning with CY '08).

Annual Medicaid Membership – DCF Youth



Over the past two years, there has been a 19% decline (15,321 to 12,427) in **DCF** youth membership, with an 11% decline (13,964 to 12,427) occurring over the last year.

Annual Membership – Non-DCF



Overall, there has been an upward trend in <u>Non-DCF</u> membership since 2011. Non-DCF membership increased 3.6% (317,977 to 329,348) over the past two years, with a 1% increase (326,003 to 329,348) over the last year. There have been consistent annual increases in Non-DCF membership.

Annual Inpatient Admits - Youth



N= the number of admissions for that time period. For all per 1,000 calculations, denominator includes all Medicaid youth.

Inpatient Admits/1,000 for all youth (0-17) increased 10% (0.70 to 0.77) from calendar year 2012 to 2013. The Non-DCF Admits/1,000 accounted for the majority of this yearly increase.

Annual Inpatient Days/1000



N= represents the number of cases in that time period. For all per 1,000 calculations, denominator includes all Medicaid youth.

There has been a 6.4% increase (9.12 to 9.70) in Inpatient Days/1,000 for all youth from calendar year 2012 to 2013. The Non-DCF inpatient days/1,000 account for most of this increase, increasing by 18.7% (5.67 to 6.73) from 2012 to 2013, while the DCF Inpatient Days/1,000 decreased over the last year by 13.6% (3.45 to 2.98).

Annual Inpatient ALOS - All



N = the number of discharges for that time period.

The Inpatient Average Length of Stay (ALOS) for all youth decreased 2.8% (13.07 to 12.71) from calendar year 2012 to 2013. This is the lowest ALOS recorded in the past six calendar years. The DCF ALOS decreased 13.9% (18.02 to 15.52), while the Non-DCF ALOS increased 5.8% (11.12 to 11.77).

Inpatient % of Delay Days

IPF Percent of Days Delayed, Youth (0-18) HUSKY Members Excluding Solnit CY'08-Q1'11: HUSKY A, HUSKY B, D05 Q2'11- To Date: All Membership



There is a continued downward trend in the % of delay days since 2008.

Annual Inpatient % of Days Delayed



N= the number of cases in delay status for that time period.

The Yearly Inpatient Percent of Days Delayed decreased by 20% from 2012 to 2013 (10.5% to 8.4%) with 9% fewer cases (177 to 161) in delay status this year. The Non-DCF population comprised 55% (N=88) of the total delayed cases (N=161) and DCF the remaining 45% (N=73).

Solnit Inpatient Admissions



The number of inpatient admissions to the Solnit Center remained the same in 2013 from the previous year. The represents a 16.1% decrease from 2011 and a 23.8% decrease from the 6-year high of 185 in 2010.

Solnit Inpatient Days/1000



Inpatient Days/1,000 decreased for the fifth straight year to a low of 4.24 days at Solnit Center. This is a 13.1% decrease from the previous year and a 41.9% decrease from 2008.

Solnit % of DC Delay – DCF/Non-DCF



The Percent of Days Delayed for both DCF and non-DCF members decreased in 2013 to six-year lows for both groups. The DCF members fell 5.3 percentage points to 7.0% while the non-DCF members fell 5.6 percentage points to 6.4%.

Ambulatory Follow-up Rates Post Inpatient (7 & 30 Day, Youth) – 2011 and 2012

Year	CT Youth 7 Day Rate	National HMO Average	Regional HMO Average	Regional Percentiles	Comparison to Regional Medicaid Product *
2011	68.68%	44.56%	55.81%	75 th Percentile: 67.49%	59.94%
2012	72.48%	46.50%	67.90%	75 th	60.07%
Year	CT Youth 30 Day Rate	National HMO Average	Regional HMO Average	Regional Percentiles	Comparison to Regional Medicaid Product *
2011	87.76%	63.83%	73.78%	90 th Percentile: 86.82%	78.03%
2012	88.31%	64.99%	84.57%	75 th Percentile: 87.45%	80.21%

Youth Stuck in the ED CY'10 through CY'13

Youth ED Stuck CY'10 through CY'13

Youth (0-17)	2010		2011		2012		2013	
10uui (0-17)	ED Stuck	ALOS						
Q1	163	1.68	194	1.80	315	1.49	310	1.41
Q2	208	1.36	299	1.72	290	1.59	367	1.61
Q3	115	1.43	168	1.25	151	1.28	159	1.40
Q4	184	1.53	185	1.48	219	1.53	336	1.52
Year	670	1.50	846	1.59	975	1.49	1,172	1.50

There was a noticeable increase in youth members in ED Stuck status in 2013 with a 20.2% increase in volume between 2012 and 2013. The ALOS remained fairly stable at 1.50 days with only slight increases during predictable quarters, Q2 and Q4 which tend to have an increase in ALOS as seen over the last two years.

Frequency of Youth Stuck in the ED by Days Stuck



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Annual PRTF Days/1000 (excluding Solnit)



There have been consistent annual decreases in PRTF Days/1,000 for all youth over the past six calendar years. Over the last calendar year, PRTF Days/1,000 have decreased by 3% (4.66 to 4.54).

PRTF ALOS (excluding Solnit)



N= represents the number of discharges in that time period.

The PRTF ALOS has increased and the number of discharges has decreased over the past year. There was a 1.7% (144.1 to 144.6) yearly increase in PRTF ALOS, and 13.5% fewer discharges (111 to 96) from calendar year 2012 to 2013.

Solnit PRTF Admissions



The number of Youth admissions at the Solnit Center increased 50% from Q3 '13 to Q4 '13. This is the second straight quarterly increase; and, the 24 admissions is the highest number in the last eight quarters.

Solnit PRTF Days/1000



PRTF Days/1,000 increased for the third straight quarter to 1.79 days in Q4 '13. This is a 15.5% increase from Q3 '13 and a 98.9% increase from the low in Q1 '13 of 0.90 days.

% of RTC Admissions – In State vs. Out of State



The percent of RTC admissions in 2013 continued a trend seen since 2011; the percentage of in-state admissions increased while the out-of-state admissions decreased.

Decline in Residential Admissions



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RTC ALOS – In State vs. Out of State



N= represents the number of discharges for that time period

The Average Length of Stay (ALOS) for RTC continued a four-year trend in 2013; the in-state ALOS decreased 10.5% to 226.63 days while the out-of-state ALOS increased 38.9% to 888.85 days. The number of in-state admissions decreased 26.8% from 2009 (from 440 to 322) while the out-of-state admissions has decreased 77.2% (from 232 to 53).

PHP Admits/1000 – All Youth



N= the number of admissions for that time period.

Youth admits/1,000 for partial hospitalization program continues to trend down in 2013 after reaching a high in 2009.

IOP Admits/1000 – All Youth



Youth admits/1,000 for intensive outpatient program also decreased in 2013 and has been trending down since reaching a high in 2010.

EDT Admits/1000



N= the number of admissions in that time period.

The number of EDT Admits/1,000 decreased for the second straight year in 2013 to 0.20. This is a 13% decrease from the previous year.

Home Based Admits/1000 (IICAPS, MST, MDFT & FFT)



N= the number of admissions in that time period.

The Home Based Services Admits/1,000 increased for the fifth consecutive year to 1.01, an increase of 9.8% from the previous year.

IICAPS Admits/1000



N= the number of admissions in that time period.

There have been consistent annual increases in the Admits/1,000 for all youth to IICAP services over the past six calendar years with an 83% increase from 2008 to 2013 and an 8.5% increase in the last two years.

Outpatient Admissions/1000 – All Youth



N= the number of admissions in that time period.

Outpatient Admits/1,000 for Youth increased in 2013 to 8.02, an increase of 2.2% from the previous year. This was the second straight year this metric increased; and, 8.02 is the highest value in the last six years.

Inpatient vs. Home Based Admits/1000



Since 2009, as home based service capacity and utilization increased, the utilization of home-based services surpassed the utilization of inpatient care based on admits per thousand.

Questions, Comments, & Discussion

