UTILIZATION MANAGEMENT FOR YOUTH MEMBERS

Executive Summary & Analysis by Level of Care

Quarters 1 & 2: January-June 2016 - Submitted September 1, 2016

Connecticut BHP
Supporting Health and Recovery

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UTILIZATION REPORT FOR YOUTH MEMBERS

Quarters 1 & 2: January-June 2016

General Overview

On at least a semiannual basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the State for review. This report covers 10 consecutive quarters with a focused analysis on the most recent two quarters. The shift to semiannual reports was designed to minimize noise created by quarter-to-quarter fluctuations that do not reflect a true trend in the data. However, as agreed, this semiannual report will continue to include quarterly level detail rather than a simple roll-up of six month periods. This achieves the balance of making sure that significant and meaningful quarterly fluctuations are not missed while maintaining a focus on more persistent trends. The format is displayed in Tableau, a more interactive data visualization product.

This report focuses on the utilization management portion of these reports, evidenced in the 4A series, which reviews utilization statistics such as admissions per 1,000 members (Admits/1,000), days per 1,000 members (Days/1,000), and average length of stay (ALOS).

Within this interactive report, all utilization data is available via drop-down filters, but the narrative highlights the areas of interest related to certain utilization trends. In some cases, demographic breakouts is available to enhance the understanding of utilization. Additionally, the narrative identifies the underlying factors, which drive the trends and associated programmatic responses taken by Beacon Health Options to impact/mitigate or support the trend. Beacon also presents recommendations to address remaining challenges and reports progress related to these planned recommendations. The areas of focus are listed on the following page.

Select for List of Reports Used

Methodology

The data contained in this report are based on authorization admissions and are refreshed for each subsequent set of updates during the year. Due to changes in eligibility, the results for each quarter may change from the previously reported values. The reports and analyses for all levels of care are affected by this change. Therefore, the graphical presentations of the data use a vertical line to designate a particular quarter as the most recent quarter that includes the refreshed data. Please note that utilization metrics may change with the refresh of the data. Therefore, the reader should be cautious when interpreting the latest quarter of data. The contractor will monitor the post-refresh changes closely. If warranted, methodology will be revisited.

The methodology for membership totals remains unchanged. For the Total Membership counts, each member is only counted once per quarter, even if he/she changes eligibility groups or experiences gaps in eligibility. For instance, if a member changes benefit groups within the quarter, that member is included in the totals for each benefit group, but only once for the total membership. This methodology is referred to in the graphs as "Unique Membership". For the benefit groups, members are counted in each group in which they were eligible during the time period (quarter or year). This means that the individual benefit group membership counts cannot be added to obtain an overall total since members can shift between benefit groups.

The methodology for calculating age has changed, resulting in a slight shift in adult and youth membership totals. Previous to this report, counts for adults and youth were based on if a member met that age criteria during the time period. This meant that youth who were both 17 and 18 years old in a quarter were counted in both the adult and youth totals. In order to allow for the drill-down of demographic and age information, it was required that members be counted in only one group during a time period. Age group is now based on the age that a member was for the majority of the time period (quarter or year). Other demographics such as gender and race/ethnicity are based on the most recently updated eligibility. These demographics will update as needed as we want to report on the most accurate gender or race/ethnicity that a member identifies with.

Additionally, while generally unchanged from previous reporting periods, it is worth noting that the per 1,000 measures compare the utilization rates of the population to the number of members in the identified population. However, previously Beacon reported the per 1,000 rates for the DCF and non-DCF population compared to the entire youth population instead of the identified group. This is a change for this report. This means that when viewing the Admits/1,000 of DCF members the rate is based on the number of admissions within the DCF population, not the entire youth population. This helps to analyze which populations are potentially more chronic, acute, or in need.

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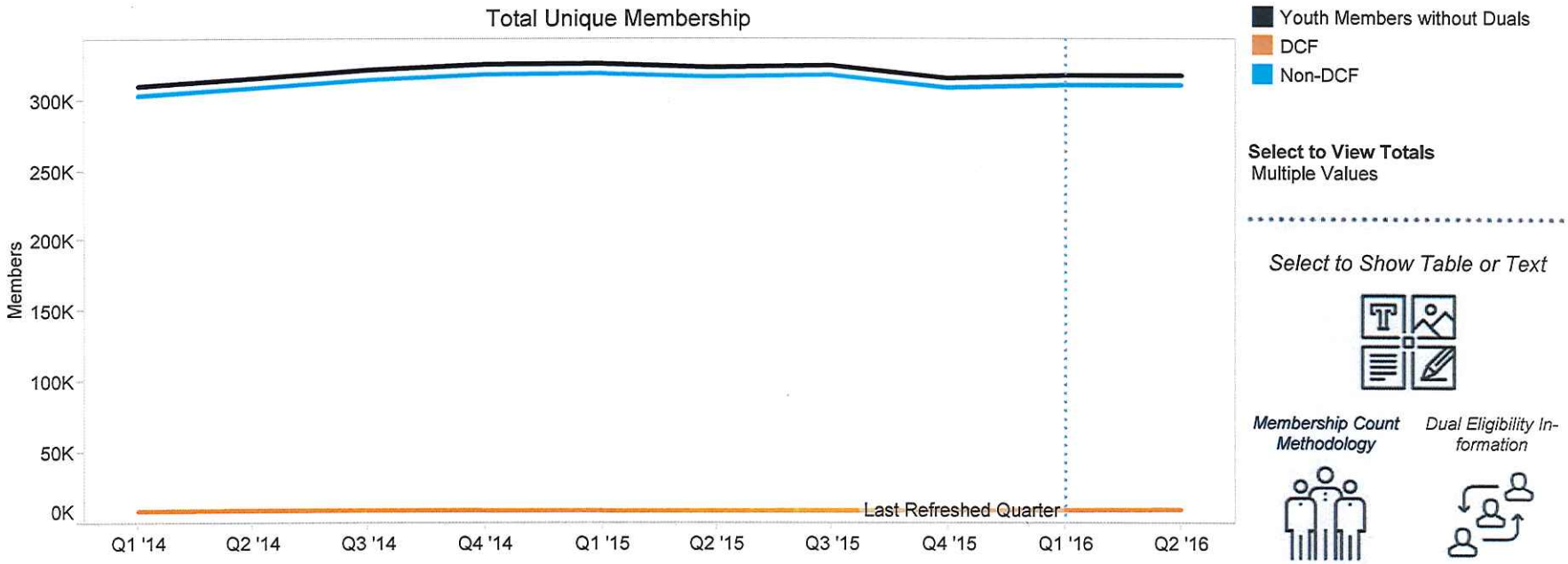
Youth Medicaid Membership

Total Membership Volume



Total Membership

The Youth Members without Duals comprises approximately 38% (317,377 of 842,292) of the total Medicaid membership in Q1 '16. Youth Members without Duals remained stable in Q1 and Q2 '16 after decreasing between Q3 and Q4 '15. With the majority of the Youth Members without Duals being comprised of non-DCF Members, a similar trend is seen in this membership. The DCF membership, on the other hand, continues to increase since reaching a low in Q2 '15. The increase between Q1 and Q2 '16 was the most notable at 5.6%.

Data Refresh

The data refresh rate in Q1 '16 did not spike as it historically does in first quarter of each year with a refresh rate of 0.50%. The Q1 '14 rate was 2.18% while the Q1 '15 rate was 2.07%. These higher rates were attributed to the yearly enrollment for the Affordable Care Act which closes in the first quarter of the year. This is contrary to expectation as open enrollment is in the first quarter of each year. Also, this last quarter had the lowest refresh rate over the previous 2 years.

Refresh Percent Change by Quarters
All Benefit Groups - Duals Removed (Youth Ages 0-17)

	Q4 '13	Q1 '14	Q2 '14	Q3 '14	Q4 '14	Q1 '15	Q2 '15	Q3 '15	Q4 '15	Q1 '16
Original	302,500	303,773	313,099	320,844	323,534	319,721	319,805	324,413	314,702	317,734
Refresh One Quarter Later	304,986	310,381	316,547	322,899	326,108	326,326	324,902	326,203	317,202	319,329
Percent Change	0.82%	2.18%	1.10%	0.64%	0.80%	2.07%	1.59%	0.55%	0.79%	0.50%

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Youth Medicaid Membership

Membership by DCF Status & Benefit Group

Select Group Type
DCF Groups

Select Individual Types
Multiple Values

- CPS and Committed
- Voluntary Services
- Juvenile Justice
- Dually Committed
- Family With Service Needs

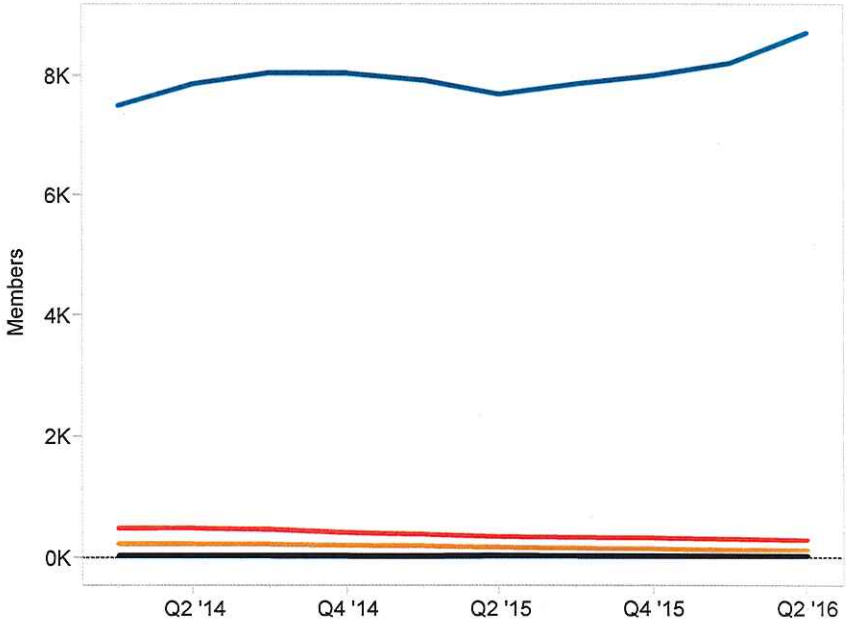
Overview & Summary

The DCF membership comprises an even smaller percentage (2.9%, N=9,106) of the overall youth membership in Q2 '16. DCF membership has grown each quarter over the past year reaching 9,106 in Q2 '16. This growth is driven by the Committed/Child Protective Services (CPS) group which increased 13.2% from Q2 '15 (N=7,684) to Q2 '16 (N=8,698).

The inclusion of Autism Services to Medicaid coverage has prompted oversight to an additional youth population. This addition, in concert with state budgetary and organizational changes within the Department of Developmental Services (DDS), may have contributed to the growth of DCF youth involvement.

Both the Juvenile Justice and Voluntary Services have decreased significantly over the past year. Juvenile Justice membership has declined 46.0% from Q2 '14 (N=213) to Q2 '16 (N=116) and Voluntary Services has decreased by 41% from Q2 '14 (N=476) to Q2 '16 (N=281). Beacon will continue to monitor the changes within DCF membership, in addition to the demographic composition of youth membership.

Total Youth Membership by DCF Group (0-17)



Total Unique Membership

		Q1 '14	Q2 '14	Q3 '14	Q4 '14	Q1 '15	Q2 '15	Q3 '15	Q4 '15	Q1 '16	Q2 '16
Youth DCF Types	Voluntary Services	473	476	457	404	375	337	326	317	300	281
	CPS and Committed	7,495	7,857	8,037	8,035	7,916	7,684	7,855	7,991	8,198	8,698
	CPS In-Home	4,338	4,572	4,717	4,709	4,632	4,383	4,591	4,662	4,830	5,131
	Committed Out-of-Home	3,450	3,571	3,648	3,642	3,560	3,555	3,675	3,692	3,667	3,907
	Juvenile Justice	215	213	209	196	185	163	148	138	118	116
	Dually Committed	29	30	29	28	22	33	29	25	26	26
	Family With Service Needs	21	16	15	9	7	4	7	6	5	5
Youth Totals DCF/Non-DCF	DCF	8,214	8,544	8,719	8,649	8,482	8,202	8,346	8,458	8,623	9,106
	Non-DCF	303,169	308,450	314,381	318,238	318,942	316,565	317,817	308,601	310,450	310,449

Note: A youth may be included in more than one DCF category in a quarter and therefore the values will not add up to the total unique youth. The "Committed/CPS In-Home" and "Committed/CPS Out-of-Home" are two subcategories within the total "Committed/CPS" category. Youth, again, may be counted in each group. Each category is the number of unique youth that had that particular DCF indicator within the time period.

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Youth Medicaid Membership

Demographic Composition by Group Type (DCF & Eligibility)

Overview

During Q1 and Q2 '16, HUSKY A Family Single continues to be, by far, the largest benefit group within the youth membership accounting for almost 95% of the youth population, with HUSKY B being around 5%. During both Q1 and Q2 '16, approximately 45% of the members of HUSKY A Family Single were white, 35% were Hispanic, and 16% were black. The largest age group in both quarters was the 3 to 12 year-olds, representing just over 56% of the membership with the 13 to 17 year-olds at 26% and about 18% younger than 2 years of age.

Within the DCF population, 52% of youth are involved with CPS In-Home Services, followed by Committed Out-of-Home. For both of these DCF groups, youth ages 3-12 make up the majority. While gender is generally split evenly within the DCF groups, males make up a significant majority in the Juvenile Justice group in both reported quarters. White youth are the majority in each of the DCF groups except for Juvenile Justice and Dually Committed. While these are small groups, in both Q1 and Q1 '16 black youth were the majority.

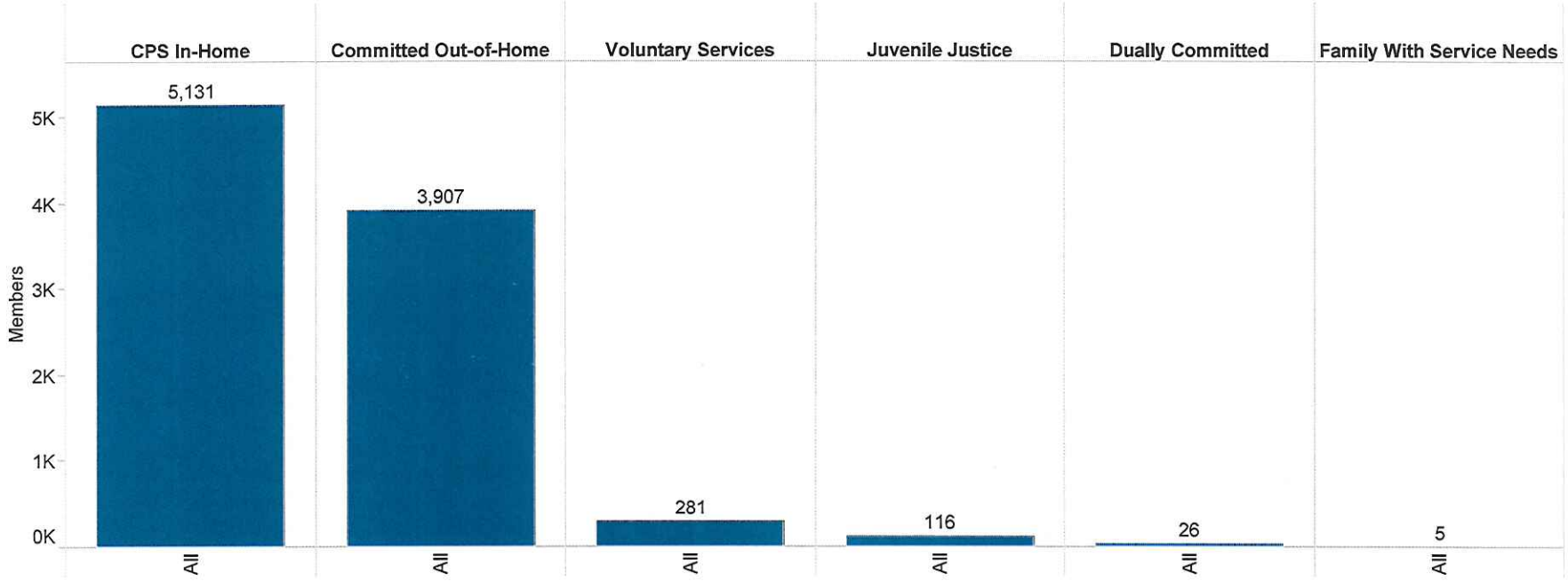
Select a Quarter
Q2 '16

Select Group Type
DCF Groups

Select Benefit Groups
Multiple Values

Choose Demographic
No Demographic Breakout

Composition of Youth Membership by Benefit Group
Q2 '16



Please note, within this report "DCF Involvement" includes any youth under eighteen who is involved with the Department of Children and Families through any of its mandates. This includes youth committed to DCF through child welfare or juvenile justice, and those dually committed. It also includes youth for whom the Department has no legal authority, but for whom DCF provides assistance through its Voluntary Services, Family with Service Needs and In-Home Child Welfare programs.

Inpatient Psychiatric Facility: Excluding State-Run

Click for Summary

Group Type
- All Members without Duals
- DCF
- Non-DCF

In-State / Out-of-State
All

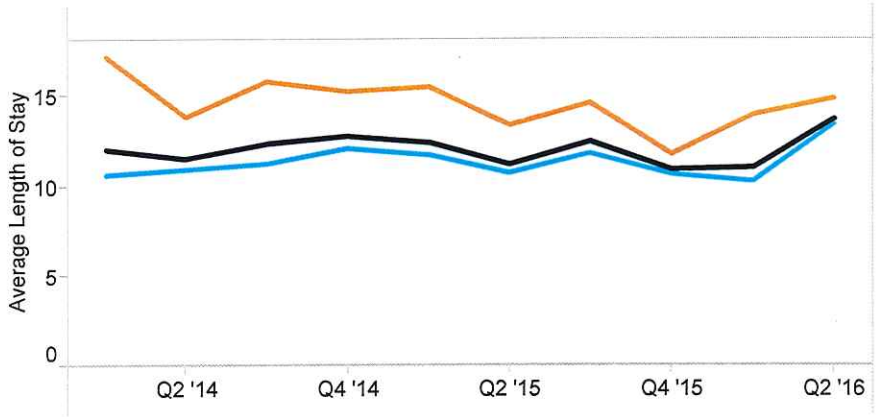
State Hospital
Excluding State-Run

Group Type
All

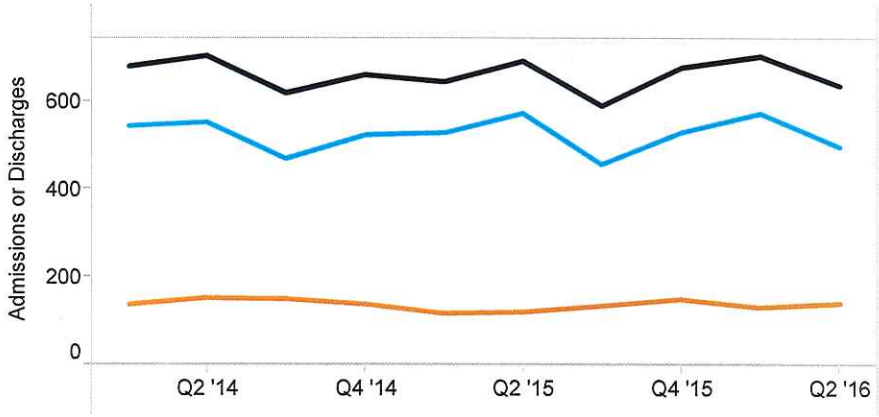
Choose Demographic
No Demographic Breakout

Admissions or Discharges (chart below)
Admissions

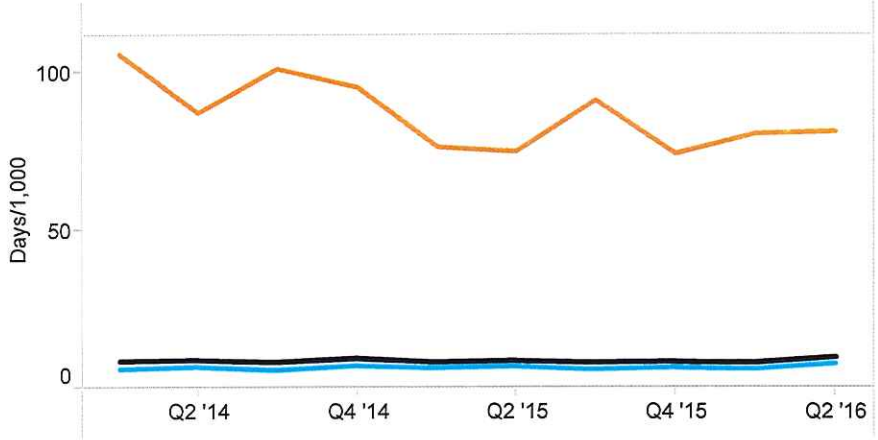
Inpatient Psychiatric Facility Excluding State-Run - Youth (0-17)
Average Length of Stay (ALOS)



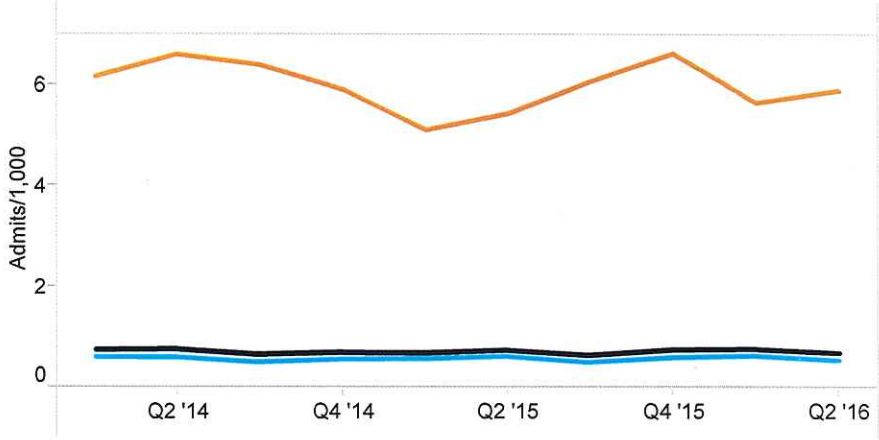
Inpatient Psychiatric Facility - Youth (0-17)
Admissions



Inpatient Psychiatric Facility - Youth (0-17)
Days/1,000



Inpatient Psychiatric Facility - Youth (0-17)
Admits/1,000



The per 1,000 rates above are calculated based on the total admissions or days for the identified population divided by the total members of the same population, multiplied by 1,000. Total members is calculated by adding the number of unique eligible members in each month within the quarter. For example, the DCF Admits/1,000 denominator is the DCF youth population, not the entire Medicaid youth population.

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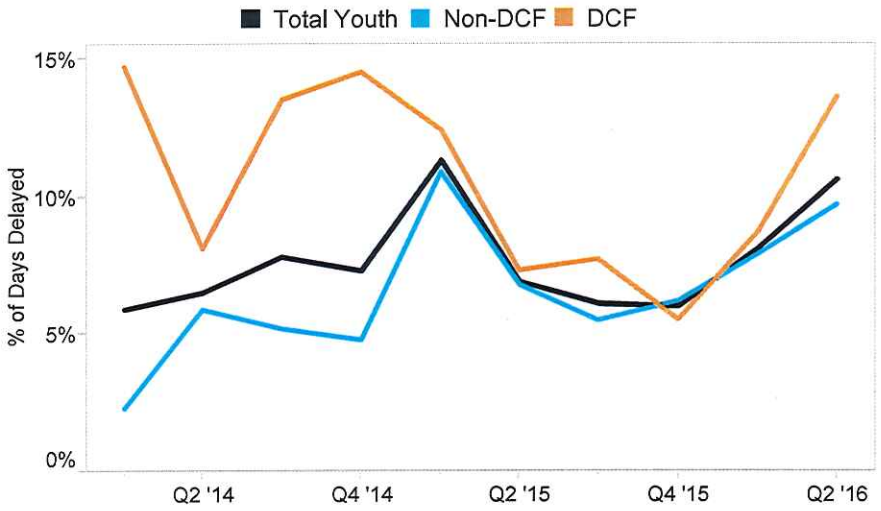
Inpatient Discharge Delay: Excluding Solnit

Percent Delay Days & Delay by Reason

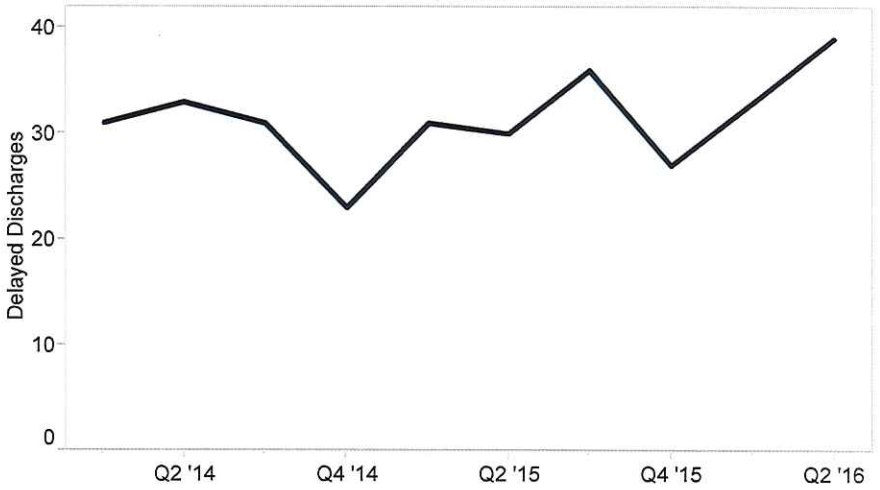
Percent of Days Delayed

The percentage of days delayed for all youth has increased over the past year, as well as from Q4 '15 to Q2 '16. While there has been an increase in both the DCF and non-DCF percent of days delayed over the past year, and from Q4 '15 to Q2 '16, the percent of discharge delay days has increased the most for the DCF youth from Q4 '15 to Q2 '16 (5.50% to 13.6%). However, the majority of the unique youth on delay were non-DCF during the 2 quarters (31 out of 44).

Quarterly Inpatient (Excluding Solnit) Percent of Days Delayed: All Youth



Quarterly Inpatient Discharges with Delayed Days: All Youth
Hover to View Delayed Reason



Days in Delay by Reason

The percent of days delayed for both non-DCF and DCF youth have increased over the past year. In Q2 '16, most youth were awaiting admission into Solnit Inpatient. The average days in delay and the total time youth awaited admission into Solnit has increased over the past 3 quarters. Since 2015, the reason for delay has transitioned from youth awaiting community PRTF to youth awaiting Solnit Inpatient.

Note: The Reason Code "Awaiting Solnit PRTF" was not implemented until late 2014.

Quarterly Inpatient Delayed Discharges by Reason Code
Hover for more information on avg. delayed days and total delayed days

	2014				2015				2016	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting State Hospital	5	7	13	6	12	12	14	15	20	16
Awaiting PRTF	17	22	14	13	7	13	9	7	8	7
Awaiting Solnit PRTF					5	2	4	3	2	7
Awaiting RTC/GH	5	4	3	1	1	1	8	2	1	4
Awaiting DDS Services					3	2	1	0	1	3
Awaiting Foster Care	2	0	1	1	3	0	0	0	0	1
Awaiting Other	2	0	0	2	0	0	0	0	1	1

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Inpatient: Solnit Center

Average Length of Stay & Delay Days

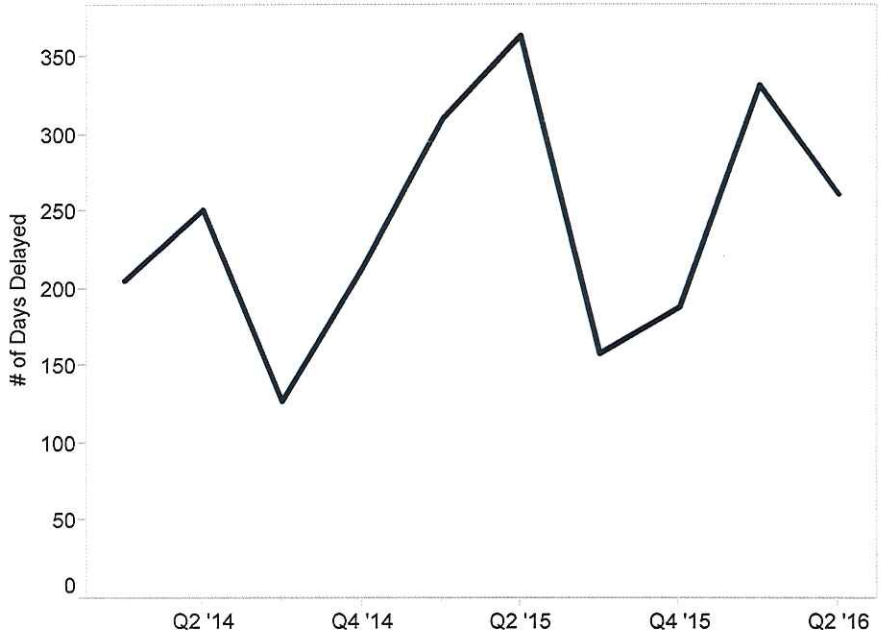
Overview

The ALOS for Solnit decreased in both Q1 '16 and Q2 '16. This was driven by non-court-ordered members who decreased 12.13% in Q1 '16 and 18.62% in Q2 '16, while there was an increase in ALOS for court-ordered youth over the past year.

The number of delayed days increased to 332 in Q1 '16 (11 cases) then decreased to 261 in Q2 '16 (7 cases). While there is some minor fluctuations, overall in the past year, the number of days delayed has decreased by 28% from Q2 '15 to Q2 '16 (N=364 to 261) for the same amount of youth (7 cases).

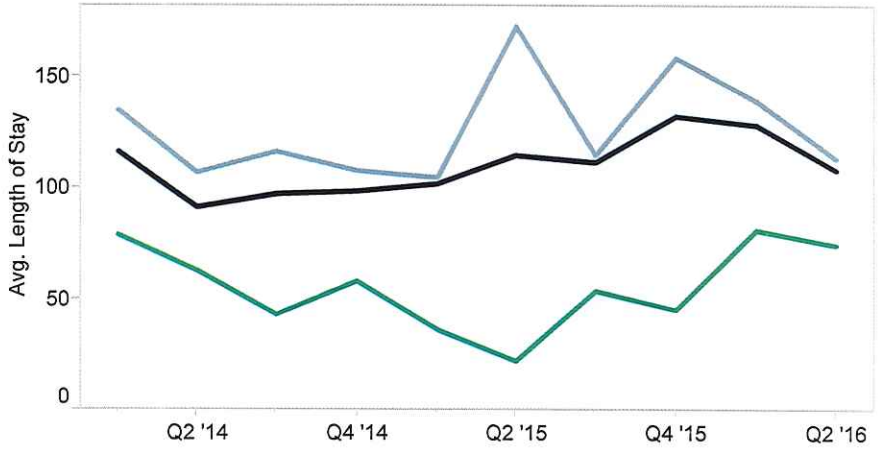
The number of youth on overstay at Solnit is small (4 cases). The two youth awaiting a group home placement and a foster care placement waited the longest, while the two others awaiting PRTF Solnit level of care waited on average 20 days for admission.

Quarterly Solnit Inpatient Number of Delayed Days
Total Youth

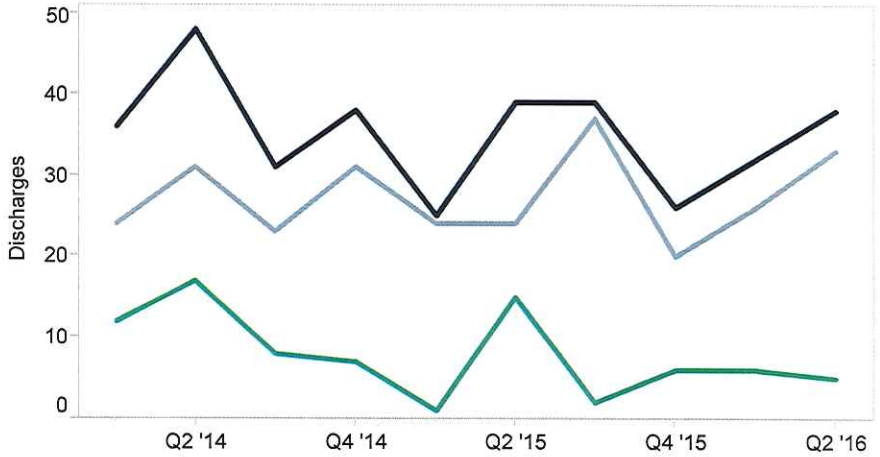


Benefit Group
Court-Ordered
Non-Court-Ordered
Total Youth

Quarterly Solnit Inpatient Average Length of Stay
Court-Ordered, Non-Court-Ordered, and Total



Quarterly Solnit Inpatient Total Discharges
Court-Ordered, Non-Court-Ordered, and Total



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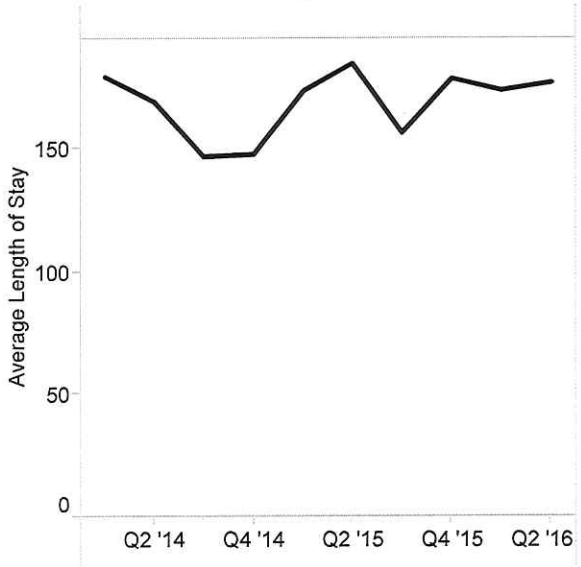
PRTF: Excluding State-Run

Type of PRTF
Excluding State-Run

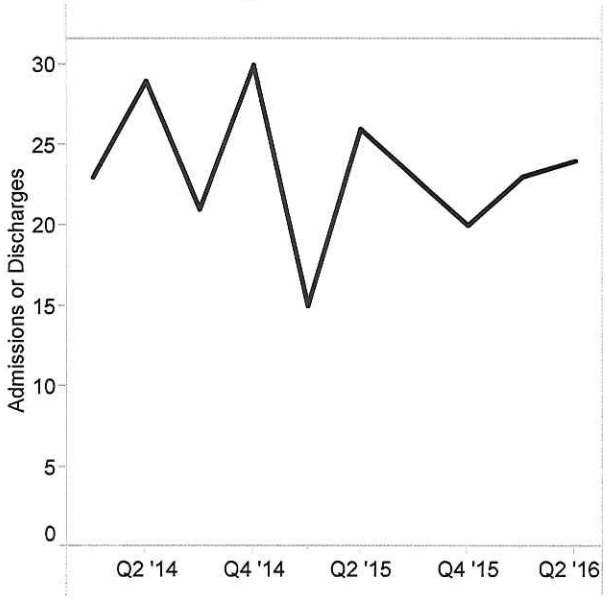
Admissions or Discharges
Admissions

Choose Demographic
No Demographic Breakout

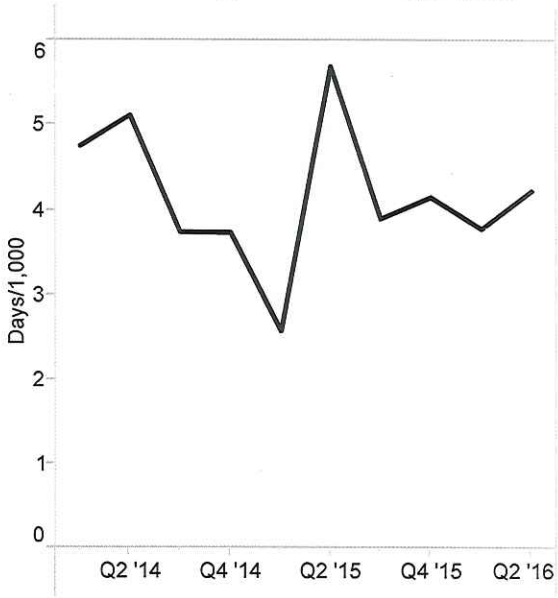
PRTF: Excluding State-Run - Average Length of Stay



PRTF: Excluding State-Run - Admissions



PRTF: Excluding State-Run - Days/1,000



Overview

The ALOS for Community PRTF was essentially unchanged over the two quarters; it was 173.45 days (with 20 discharges) in Q1 '16 and 176.64 days (with 22 discharges) in Q2 '16.

Solnit PRTF's ALOS increased 23.62% in Q1 '16 to 182.30 days then decreased 22.95% to 140.47 days in Q2 '16. Days/1,000 increased from 2.45 in Q4 '15 to 6.54 in Q1 '16 and then decreased to 4.89 in Q2 '16. There has been minimal variance to the number of Solnit PRTF admissions.

Admissions or Discharges
2 — 29

PRTF: Excluding State-Run Admissions

	Q1 '14	Q2 '14	Q3 '14	Q4 '14	Q1 '15	Q2 '15	Q3 '15	Q4 '15	Q1 '16	Q2 '16
BOYS & GIRLS VILLAGEINC	8	11	4	12	2	13	9	7	8	8
CHILDRENS CENTER OFHAMDEN	5	11	9	9	7	7	6	8	6	9
VILLAGE FOR FAMILIES& CHILDREN	10	7	8	8	6	6	8	5	9	7
Quarterly Totals	23	29	21	29	15	26	23	20	23	24

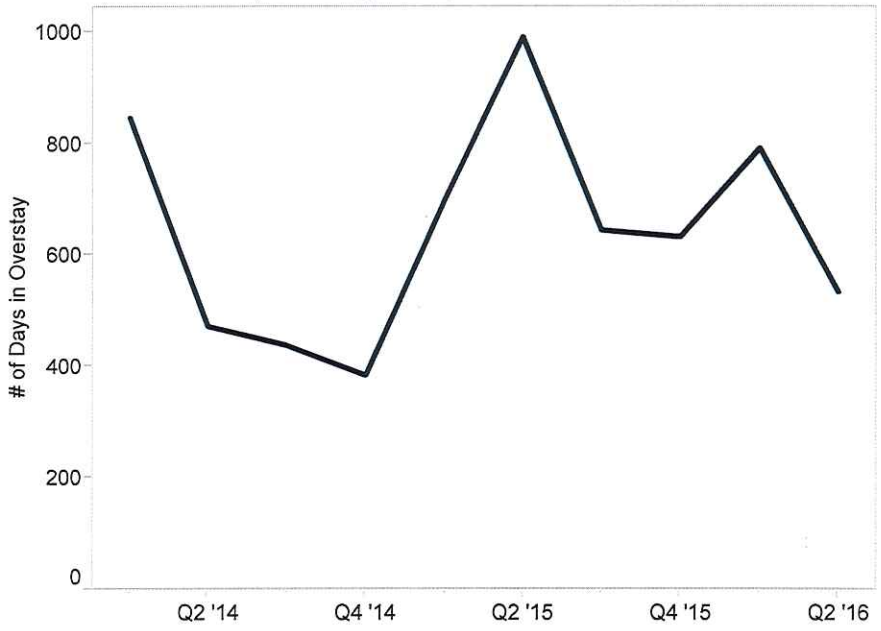
Community PRTF: Excluding Solnit (Youth Ages 5-13)

Overstay Days & Overstay Reasons

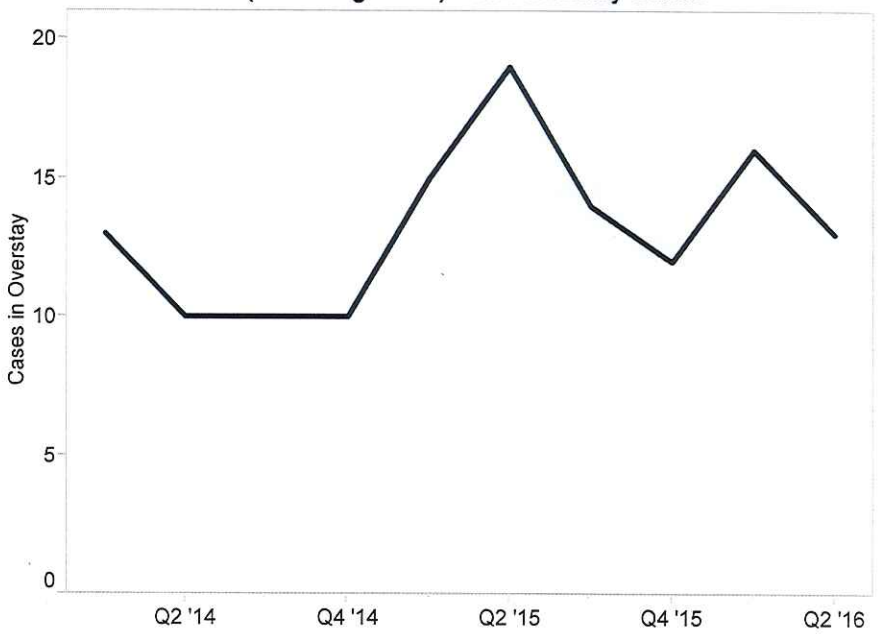
Overview

The number of overstay days increased by 25% to 790 days from Q4 '15 to Q1 '16 then decreased 32.53% in Q2 '16 to 533 days. While overstay reason can change during the course of a youth's treatment, the most common final reason for overstay in Q1 '16 and Q2 '16 was awaiting going home.

PRTF (Excluding Solnit) Total Overstay Days



PRTF (Excluding Solnit) Total Overstay Cases



PRTF (Excluding Solnit) Table

	2014				2015				2016	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
# of Days Delayed/in Overstay	844	472	438	384	699	989	644	632	790	533
Cases Delayed/in Overstay	13	10	10	10	15	19	14	12	16	13
Average Days Delayed/in Overstay	64.9	47.2	43.8	38.4	46.6	52.1	46.0	52.7	49.4	41.0

PRTF Ex Solnit Percent of Overstay Discharges by Top Reason Code

	2014				2015				2016	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting Going Home	27.3%	37.5%	44.4%	55.6%	33.3%	36.8%	42.9%	41.7%	56.3%	53.8%
Awaiting Foster Care	63.6%	50.0%	33.3%	22.2%	40.0%	36.8%	35.7%	41.7%	25.0%	30.8%
Awaiting GH	9.1%	12.5%	22.2%	22.2%	26.7%	26.3%	21.4%	16.7%	12.5%	15.4%

PRTF: Solnit North & South (Youth Ages 13-17)

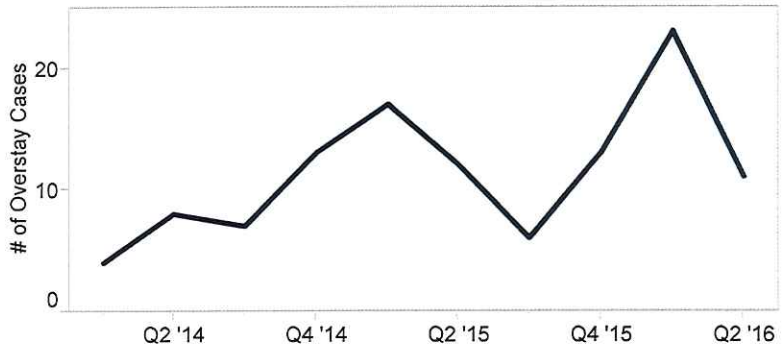
Overstay Days & Number of Youth in Overstay by Reason Code

Number of Overstay Days

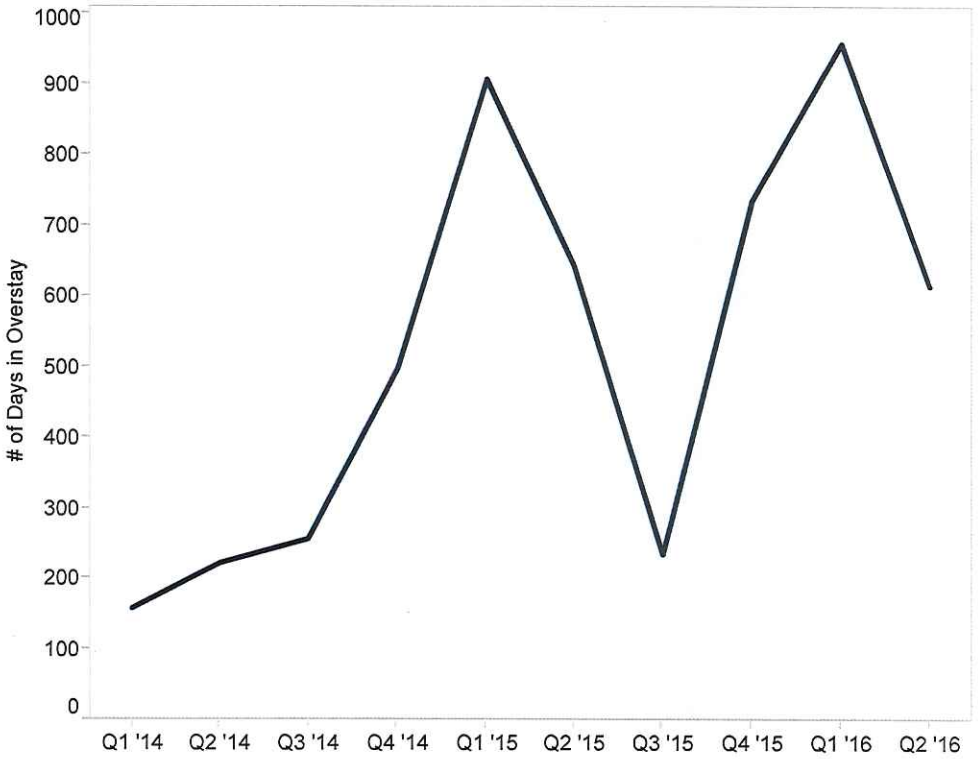
The ALOS has stabilized this quarter to the expected three-month time frame; however, the number of overstay days increased in Q1 '16 to 958 days, the highest value for this metric in the last nine months. It decreased 35.91% in Q2 '16 to 614 days. While the number of cases in delay (N=11) is minimal in Q2 '16 the amount of days spent in delay is significant (614.3).

Of the 11 children on overstay status, 3 were awaiting group home, 4 were awaiting foster care and 4 were awaiting other. Those awaiting other status were more than likely awaiting the stability of the family and services prior to going home. This again highlights the need for expansion of community services which focus on direct treatment services which include family education and crisis services.

Solnit PRTF Discharge Delay Cases (ages 13-17)



Solnit PRTF Overstay Days (ages 13-17)



Solnit PRTF Number of Youth by Overstay Reason Code (ages 13-17)

	2014				2015				2016	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Awaiting Foster Care	1	2	2	1		3	2	7	8	4
Awaiting RTC/GH	2	3	3	7	7	4	3	3	5	3
Awaiting Other	1	1		4	5	1	1	2	9	4
Awaiting Community Services		2	2	1	5	4		1	1	

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Autism Spectrum Disorder Services

Admissions & Admits/1,000

Admissions & Admits/1,000

Autism Spectrum Disorder (ASD) Service admissions/authorizations continue to increase since the beginning of the program in January 2015. The most substantial growth is seen in diagnostic evaluations. Behavior assessments remain flat and plan of care development and service delivery dropped somewhat in Q2 '16 due to a reported shortage in provider staffing of BCBAs and behavior technicians.

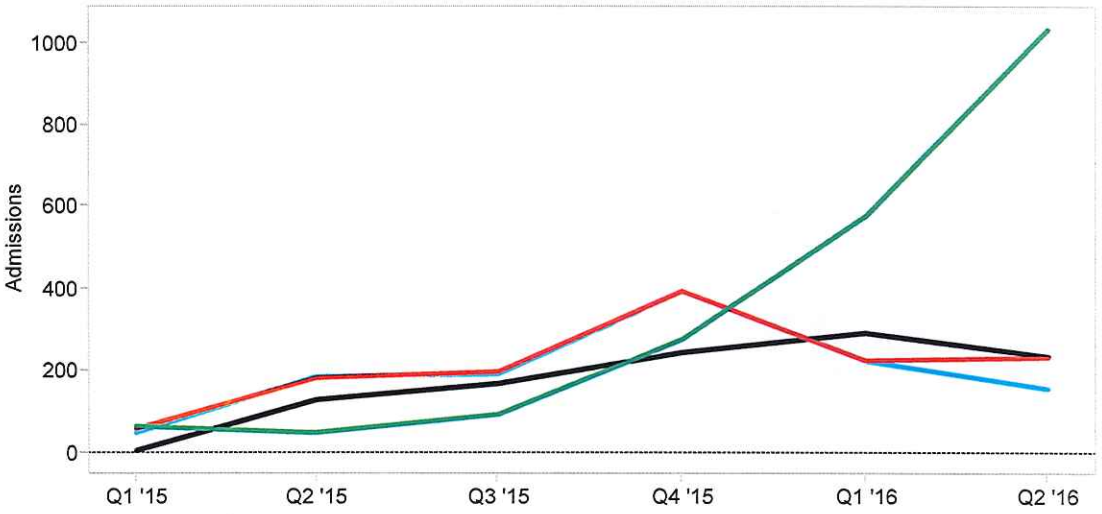
Diagnostic evaluations grew at a significant rate over the last two quarters; increasing from 276 in Q4 '15 to 576 in Q1 '16 and 1.032 in Q2 '16. This is due to the enrollment of larger diagnostic groups such as Yale Developmental Pediatric Group and CCMC's Children's' Specialty Group. Smaller provider organizations like Wheeler Clinic and Clifford Beers enrolled as Autism Service providers with Medicaid are also creating increased access to diagnostic evaluations by qualified, licensed clinicians. Q1 '16 and Q2 '16 saw an increase to 19 diagnostic evaluation providers up from 13 the previous year. The increase in diagnostic providers and overall volume of diagnostic evaluations means early identification, assessment, and access to diagnosis for Medicaid youth in Connecticut.

Service Class

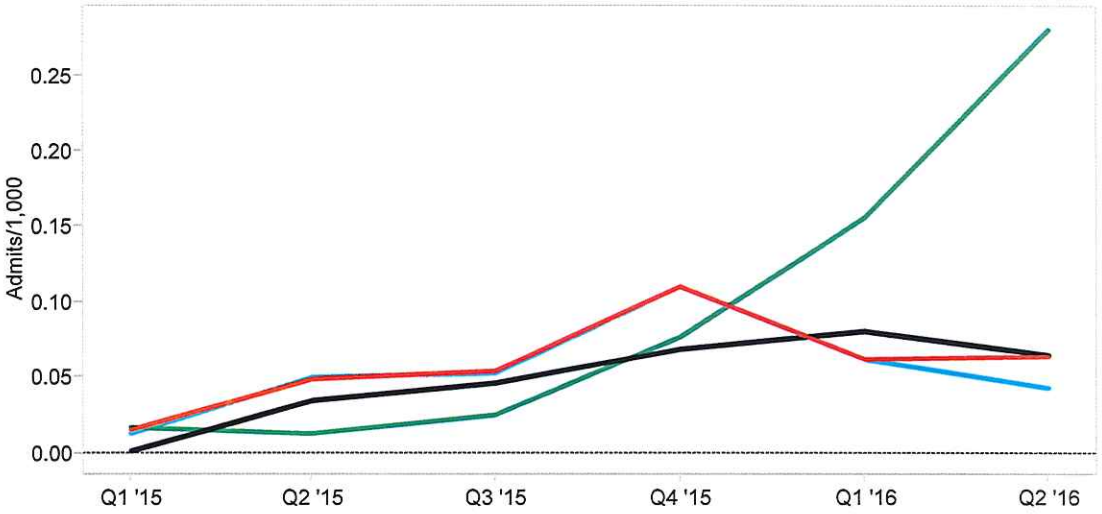
- Diagnostic Evaluation
- Behavioral Assessment
- Plan of Care
- Service Delivery

Hover over Puzzle Piece for Definition of Each Service Class Corresponding Below

Quarterly Autism Spectrum Disorder Services Admissions
Youth Ages 0-20



Quarterly Autism Spectrum Disorder Services Admits/1,000
Youth Ages 0-20



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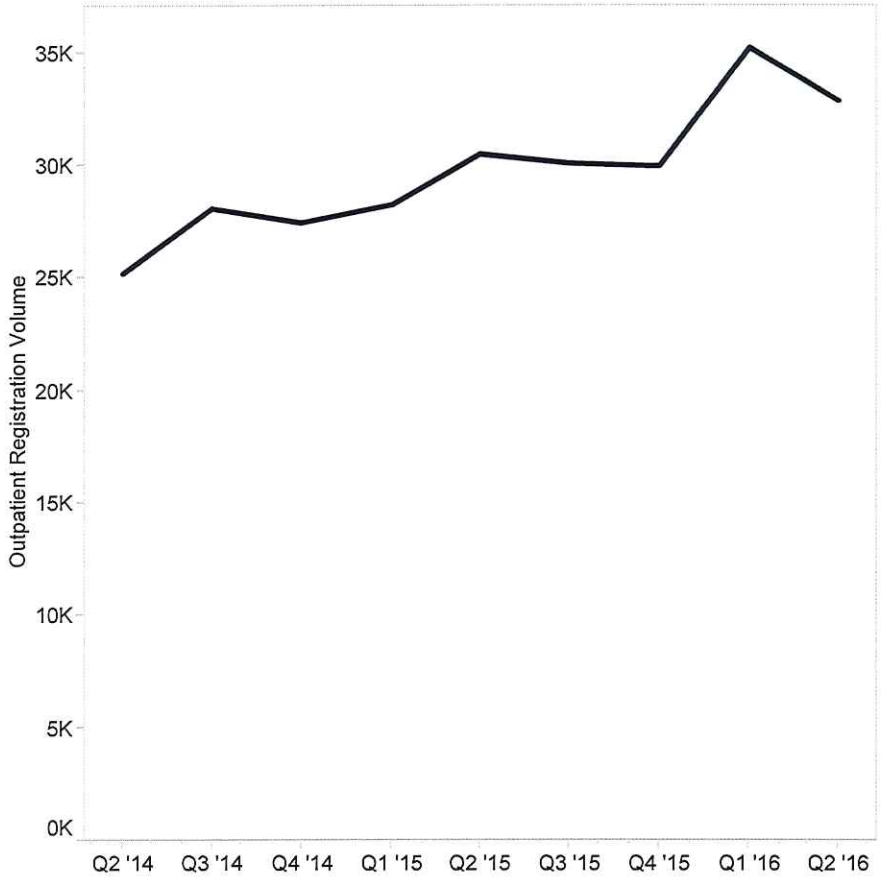
Outpatient Registration Volume

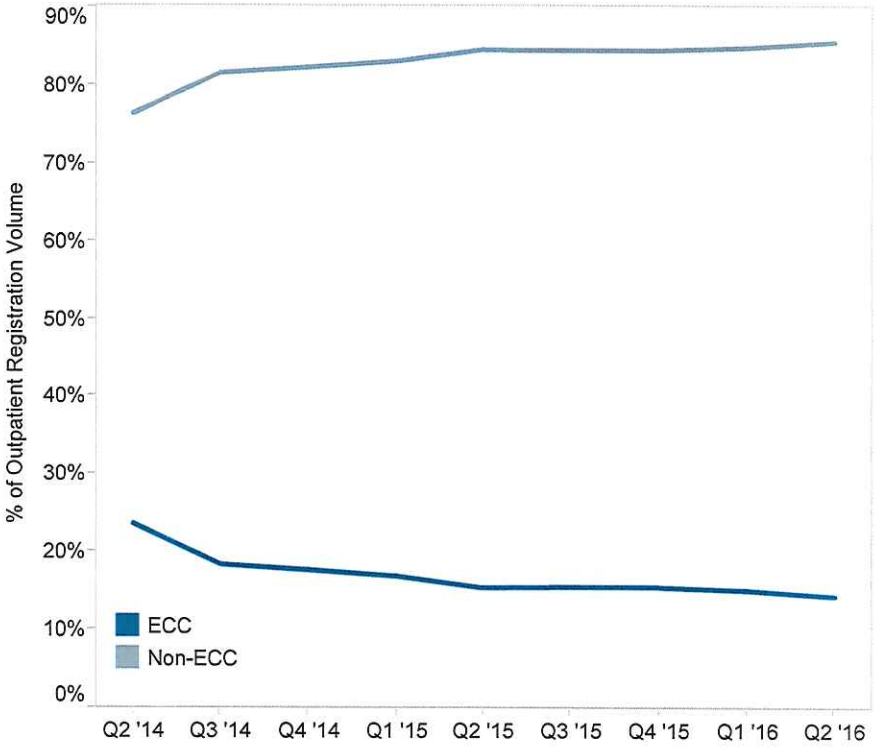
Adult and Youth

Total Outpatient Registration Volume: ECC and Non-ECC



	Q2 '14	Q3 '14	Q4 '14	Q1 '15	Q2 '15	Q3 '15	Q4 '15	Q1 '16	Q2 '16
ECC	5,949	5,166	4,849	4,768	4,697	4,660	4,635	5,320	4,719
Non-ECC	19,231	22,902	22,578	23,466	25,795	25,427	25,320	29,885	28,133
Total	**25,180**	**28,068**	**27,427**	**28,234**	**30,492**	**30,087**	**29,955**	**35,205**	**32,852**

Percent of Outpatient Registration Volume and Total Volume: ECC and Non-ECC



Registration Volume

The "Total Outpatient Registration Volume" measure captures the overall volume of newly registered Medicaid members, including those evaluations excluded from meeting the ECC access standards. From Q4 '15 to Q1 '16, there was a 16.9% increase in total outpatient registration volume, and from Q1 '16 to Q2 '16 there was a 6.7% decrease.

Total ECC registration volume have been trending downward and non-ECC volume have been trending upward since Q2 '14. The gap between ECCs and non-ECCs has been expanding over this time. ECCs accounted for approximately 15% of the total outpatient registration volume during Q1 and 14% in Q2 '16, while non-ECCs accounted for approximately 85% and 86%, respectively.

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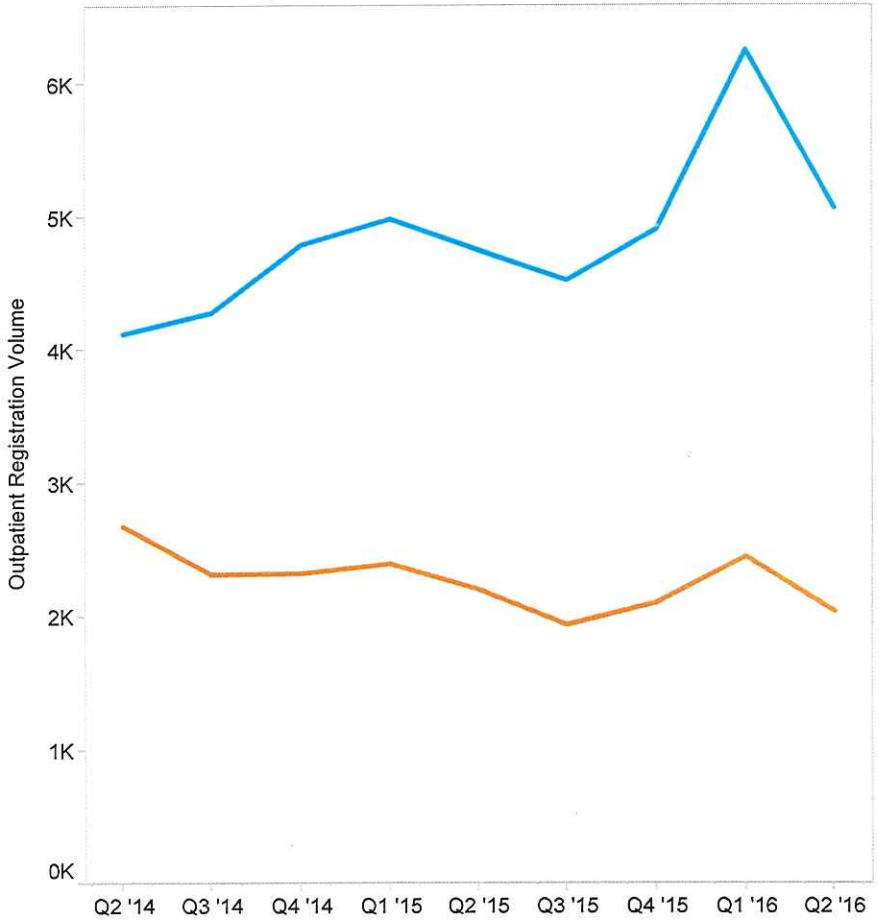
Youth Outpatient Registration Volume

Enhanced Care Clinics (ECC) vs. Non-ECC Providers

Type of Care (Age grp)
Youth Measures

- ECC Youth
- Non-ECC Youth

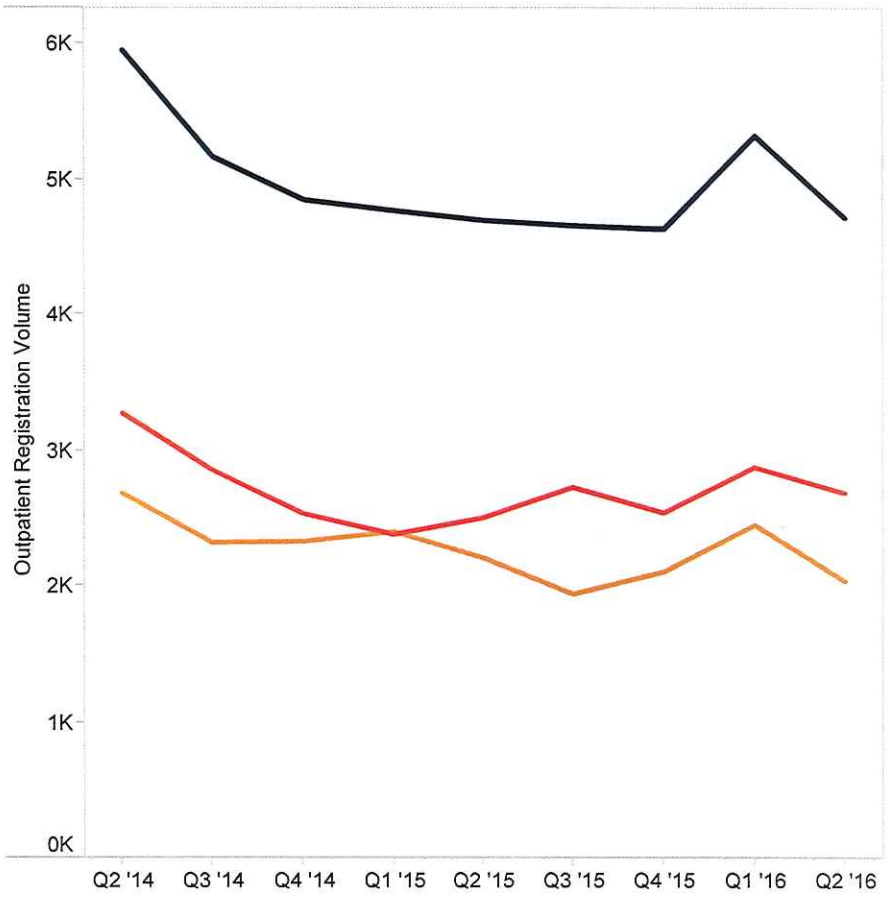
Total Outpatient Registration Volume: ECC Youth & Non-ECC Youth



Type of Care

- ECC Adult
- ECC Youth

Total Outpatient Registration Volume: ECC Adult & ECC Youth
-- ECC Total



Overview

Non-ECC youth registrations have been trending upward since Q4 '13 and reached its highest point in Q1 '16, making up approximately 72% of youth registration volume, then decreased in Q1 '16. ECC youth registrations have been trending downward.

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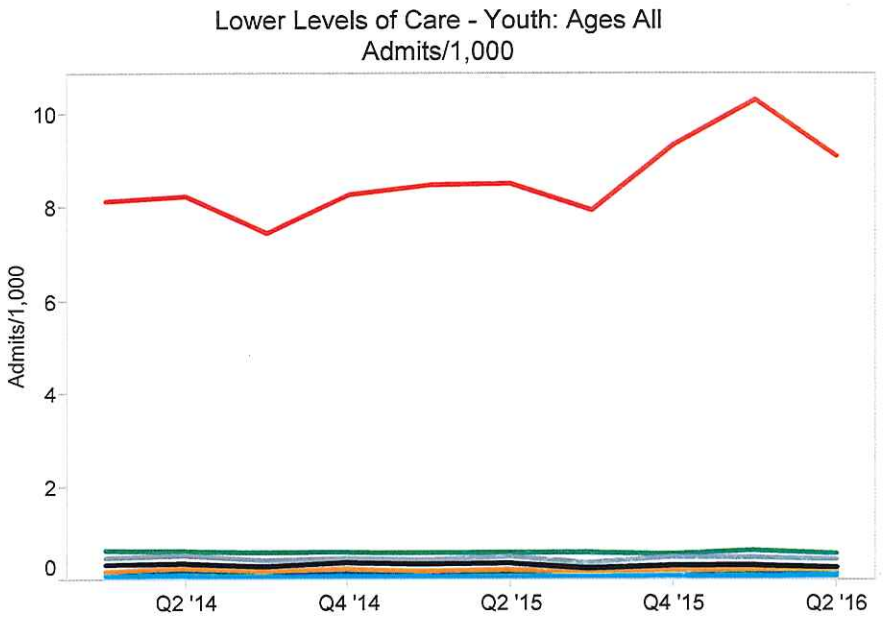
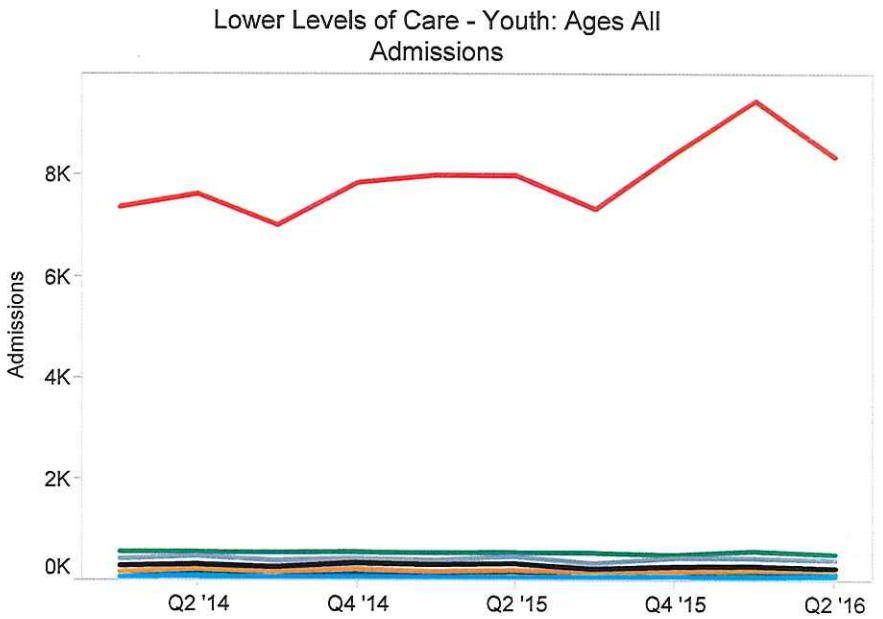
Lower Levels of Care

Admissions & Admits/1,000





Select Benefit Group Type
All Members without Duals

Filter by Age Group
All

Filter by Level of Care
All

Service Class
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Extended Day Treatment (EDT)
- IICAPS
- FFT
- MDFT
- MST
- Outpatient

Lower Levels of Care Table - All Members without Duals 0 - 2, 13 - 17, 3 - 12

		Q1 '14	Q2 '14	Q3 '14	Q4 '14	Q1 '15	Q2 '15	Q3 '15	Q4 '15	Q1 '16	Q2 '16
Partial Hospitalization (PHP)	Admissions	294	325	274	353	319	338	235	282	294	258
	Admits/1,000	0.06	0.06	0.05	0.06	0.06	0.06	0.04	0.05	0.05	0.05
Intensive Outpatient (IOP)	Admissions	429	489	398	445	409	477	344	452	449	419
	Admits/1,000	0.08	0.09	0.07	0.08	0.07	0.09	0.06	0.09	0.08	0.08
Extended Day Treatment (EDT)	Admissions	166	234	176	227	179	207	172	180	207	209
	Admits/1,000	0.03	0.04	0.03	0.04	0.03	0.04	0.03	0.03	0.04	0.04
IICAPS	Admissions	575	571	560	567	553	554	550	512	589	531
	Admits/1,000	0.11	0.11	0.10	0.10	0.10	0.10	0.10	0.10	0.11	0.10
FFT	Admissions	79	85	57	77	69	54	64	92	72	101
	Admits/1,000	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.02
MDFT	Admissions	164	193	170	152	157	179	177	168	185	147
	Admits/1,000	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
MST	Admissions	91	130	80	87	103	107	94	85	108	84
	Admits/1,000	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Outpatient	Admissions	7,368	7,627	7,022	7,848	7,997	7,991	7,332	8,437	9,463	8,366
	Admits/1,000	1.16	1.17	1.06	1.18	1.21	1.21	1.13	1.33	1.46	1.29