



DSS and DCF report to the
Behavioral Health Partnership
Oversight Council

April 14, 2010

Child Psychiatric Inpatient Hospital Care

Utilization and Discharge Delays

CY2007 – CY2009

Overview

- DCF, DSS, ValueOptions and eight of Connecticut's private general and psychiatric hospitals have worked together to support the reduction of unnecessary inpatient days
- Hartford Hospital/IOL, Hospital of Saint Raphael, Manchester Memorial Hospital, Natchaug Hospital, Saint Francis Hospital, Saint Vincent's Hospital (inc. former Hall-Brooke Hospital Inpatient), Waterbury Hospital, Yale New Haven Hospital

Overview (continued)

- Efforts include:
 - the development of a performance incentive program for general and psychiatric hospitals focused on hospital length of stay
 - a performance target under the ValueOptions contract focused on the reduction of discharge delay days within the inpatient system

Overview (continued)

- the introduction of hospital specific quality improvement initiatives and provider analysis and reporting by ValueOptions, and
- stepped up efforts in DCF area offices to facilitate timely discharge
- These initiatives assured that incentives were aligned across all participants in the system reform

Overview (continued)

- Results have been impressive
 - Child psychiatric inpatient hospital days have declined from 43,493 days in calendar year 2007 to 33,744 days in 2009, a drop of more than 9,700 days (22.42%)
 - During this same period, the average monthly enrollment of children in the BHP increased >8%, from 231,635 to 250,397

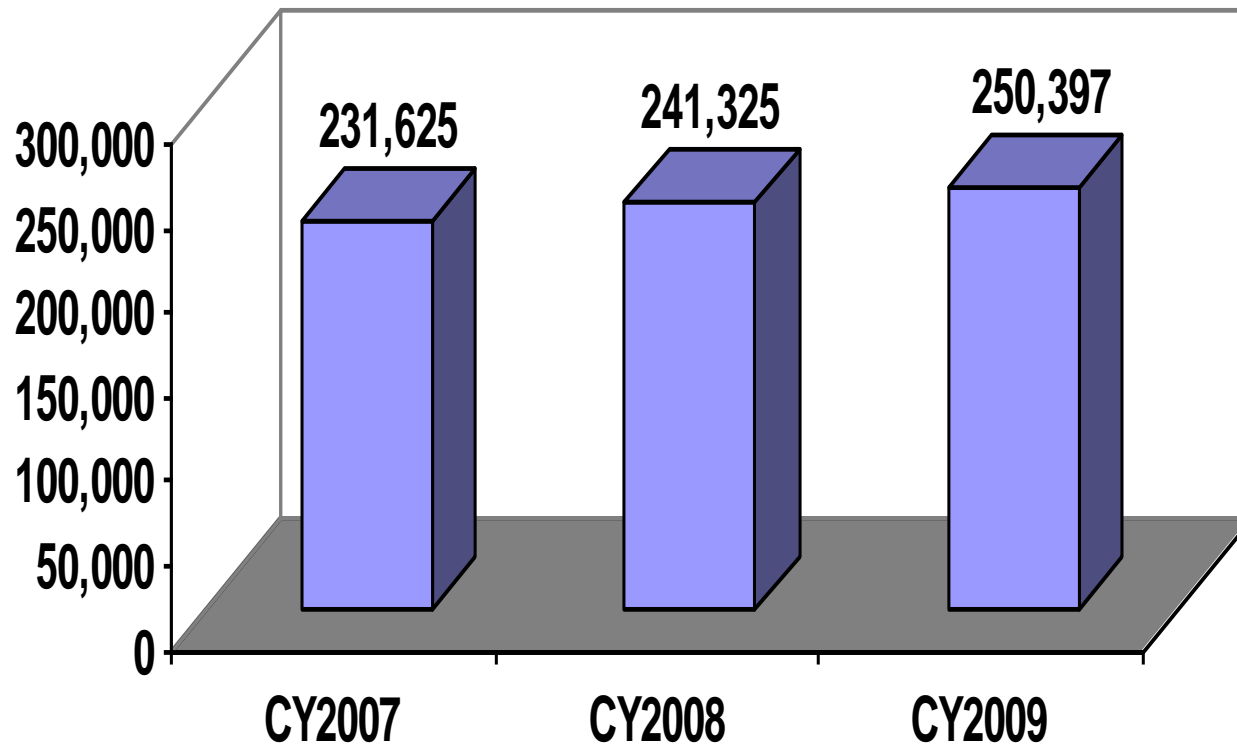
Overview (continued)

- Admissions have increased as inpatient days have decreased
 - Admissions increased 18.6% from 2007 to 2009
- The majority of the reduction is due to a reduction in the problem of discharge delay
 - 31.6% reduction in % of discharges that experienced a delay
 - 57.8% drop in the average length of delay
- A reduction in acute LOS (>14%) has also been an important factor contributing to the reduction in authorized days

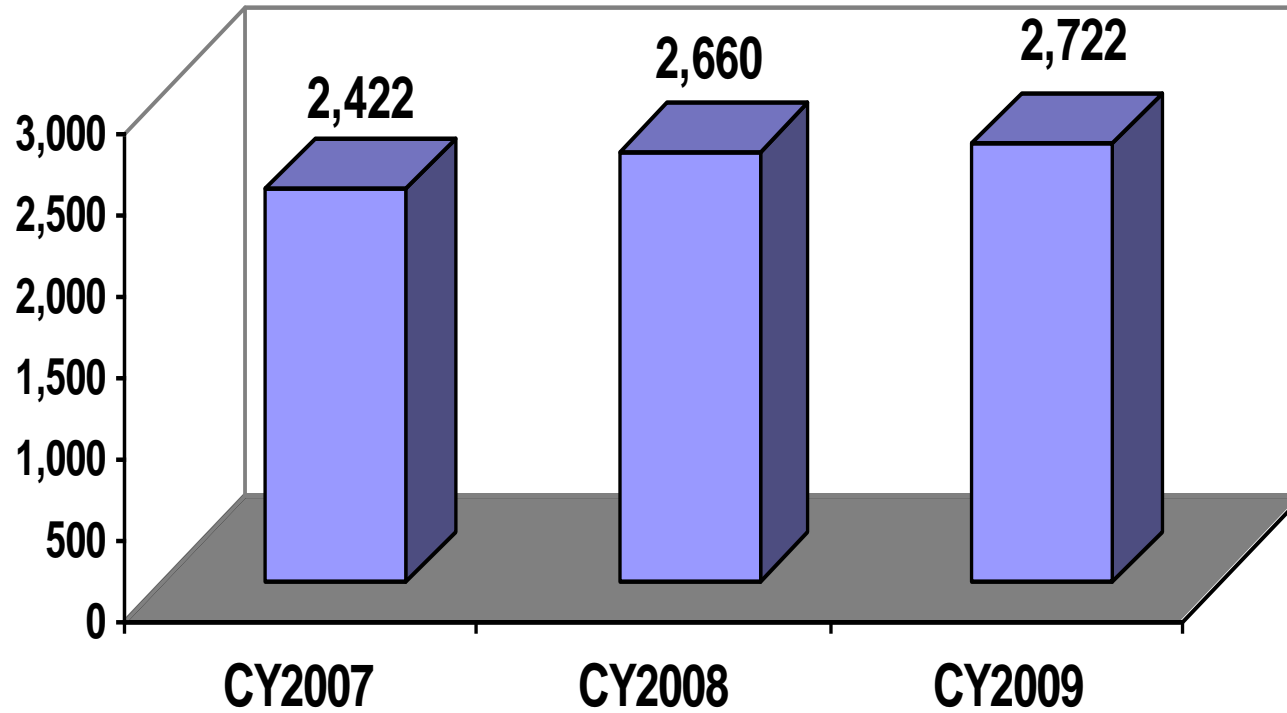
Overview (continued)

- The following charts display the progress made over the past three years
- Improvements in the management of discharge delays are much in evidence in this comparison

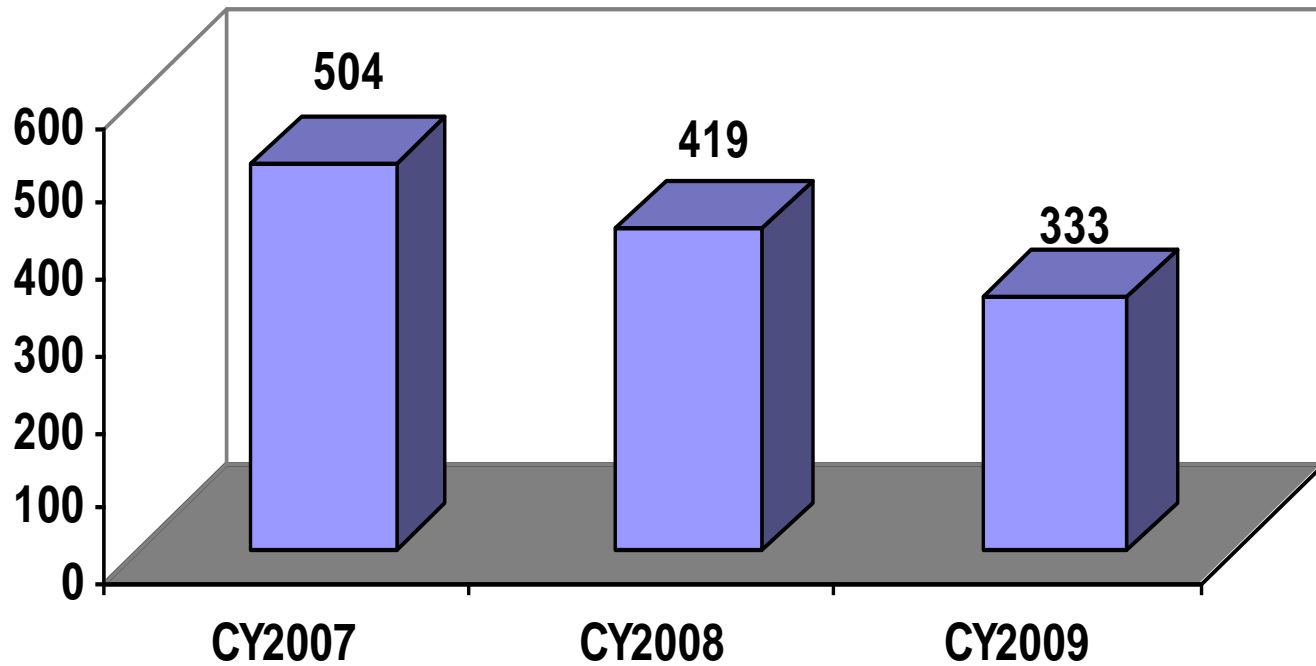
Average Monthly Enrollment



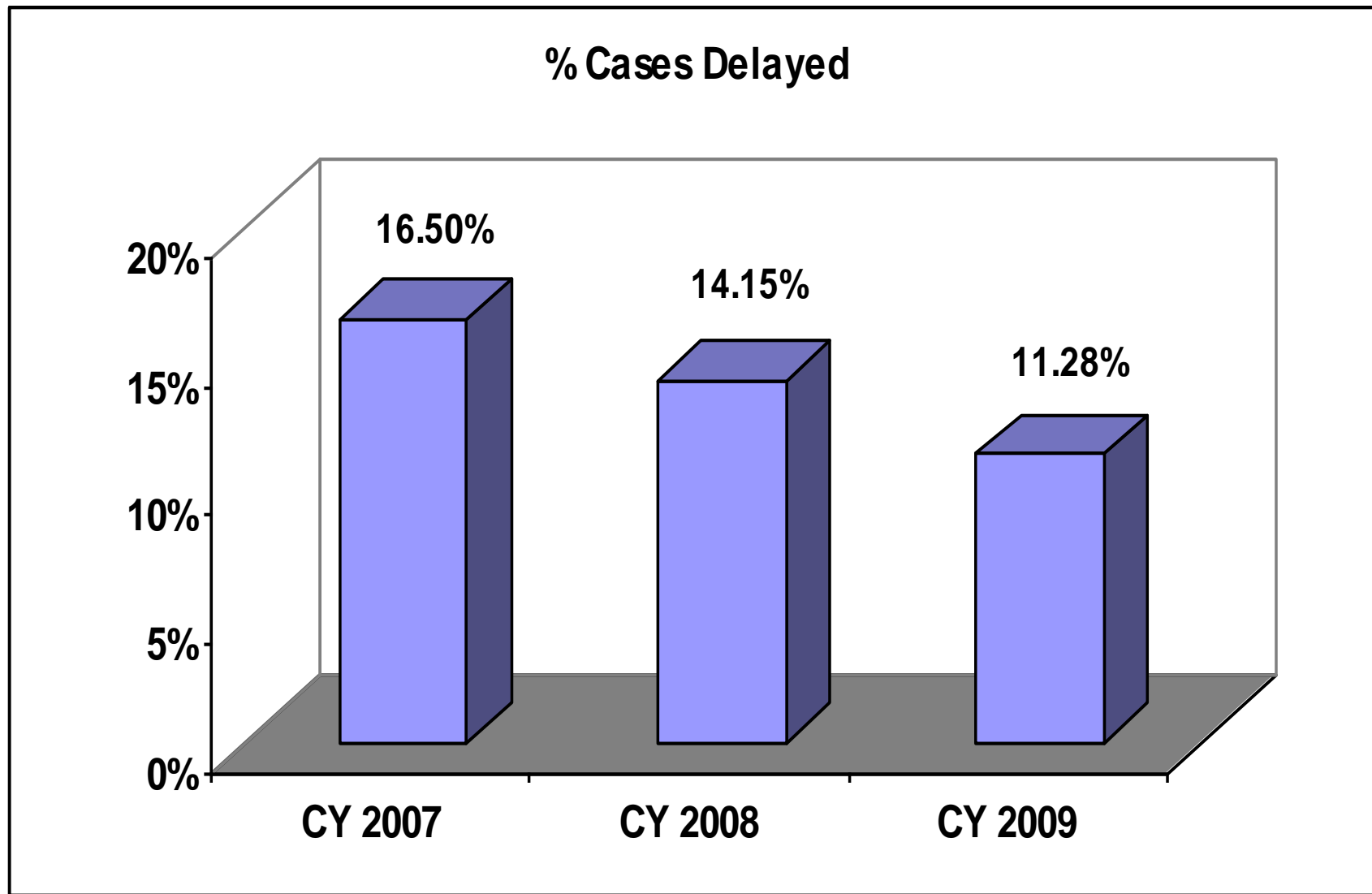
Total Members in Inpatient Hospital Care



Number of Cases in Delay Status

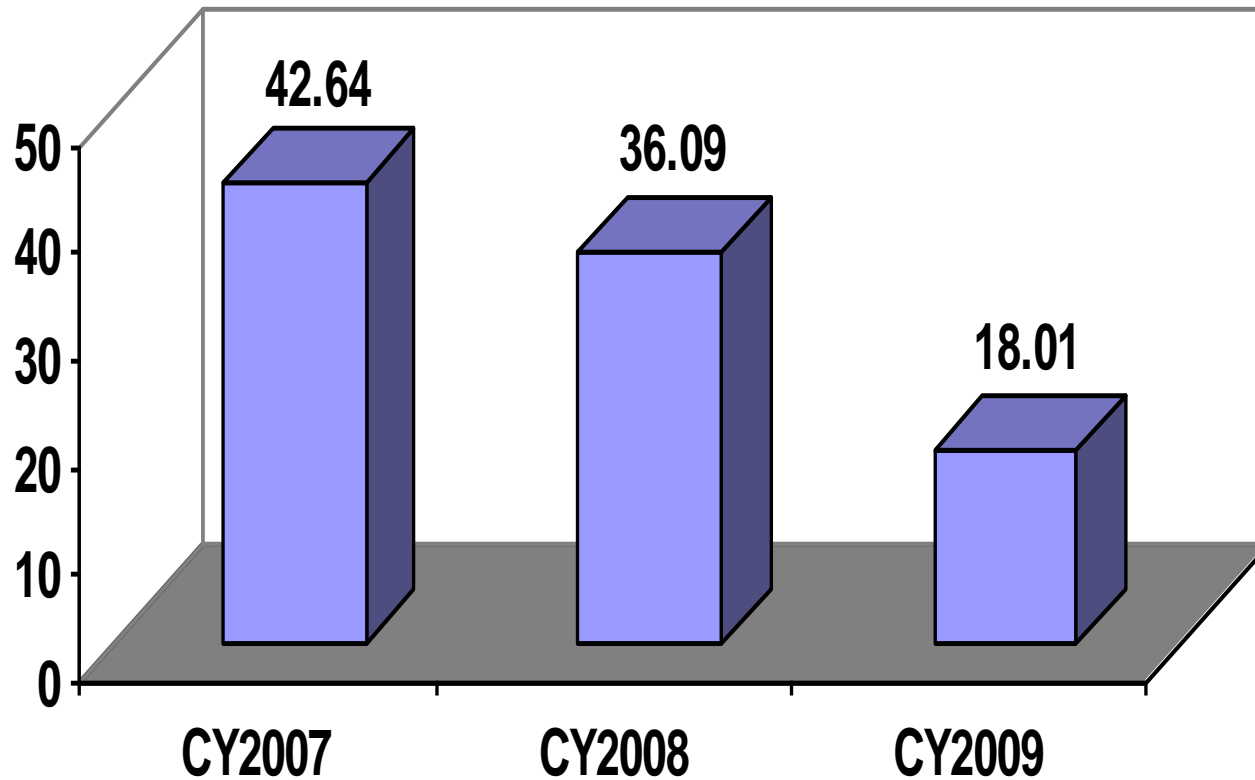


*CY 2007 total extrapolated from Q3/Q4 data



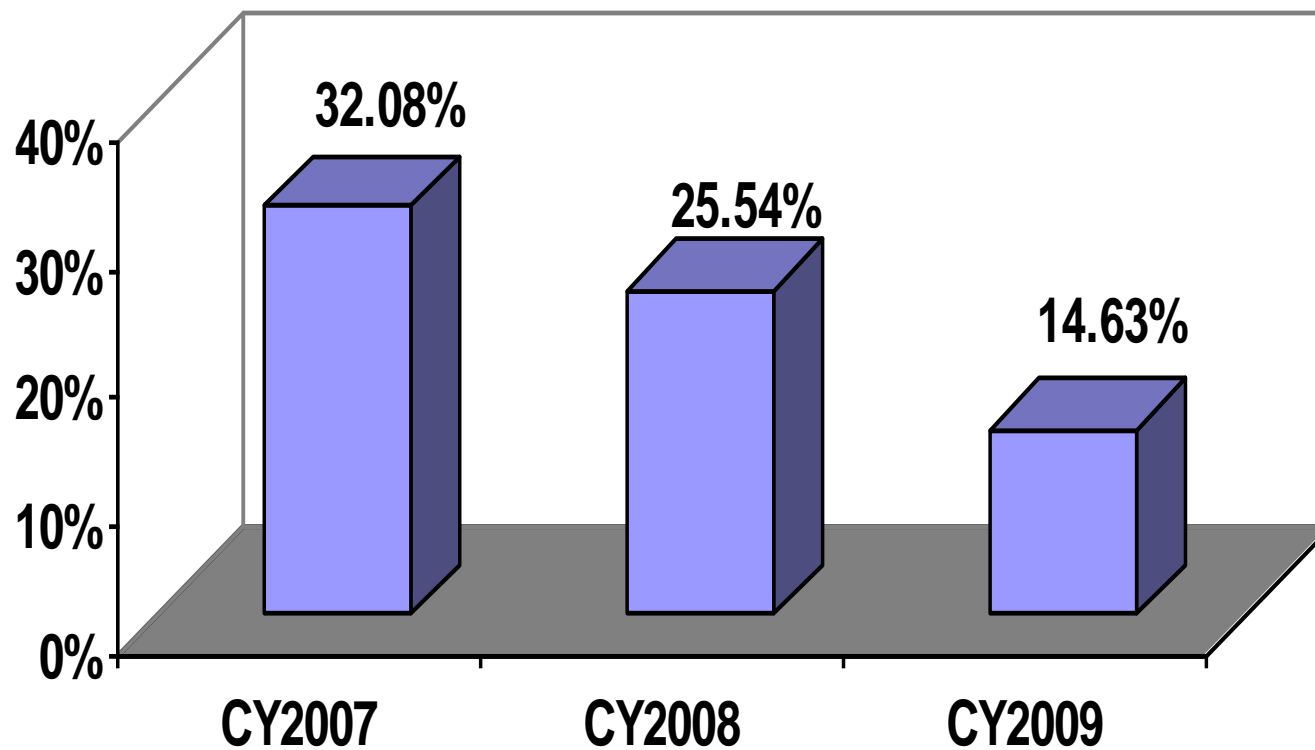
* CY 2007 total extrapolated from Q3/Q4 data

Average Days of Delay for Delayed Discharges



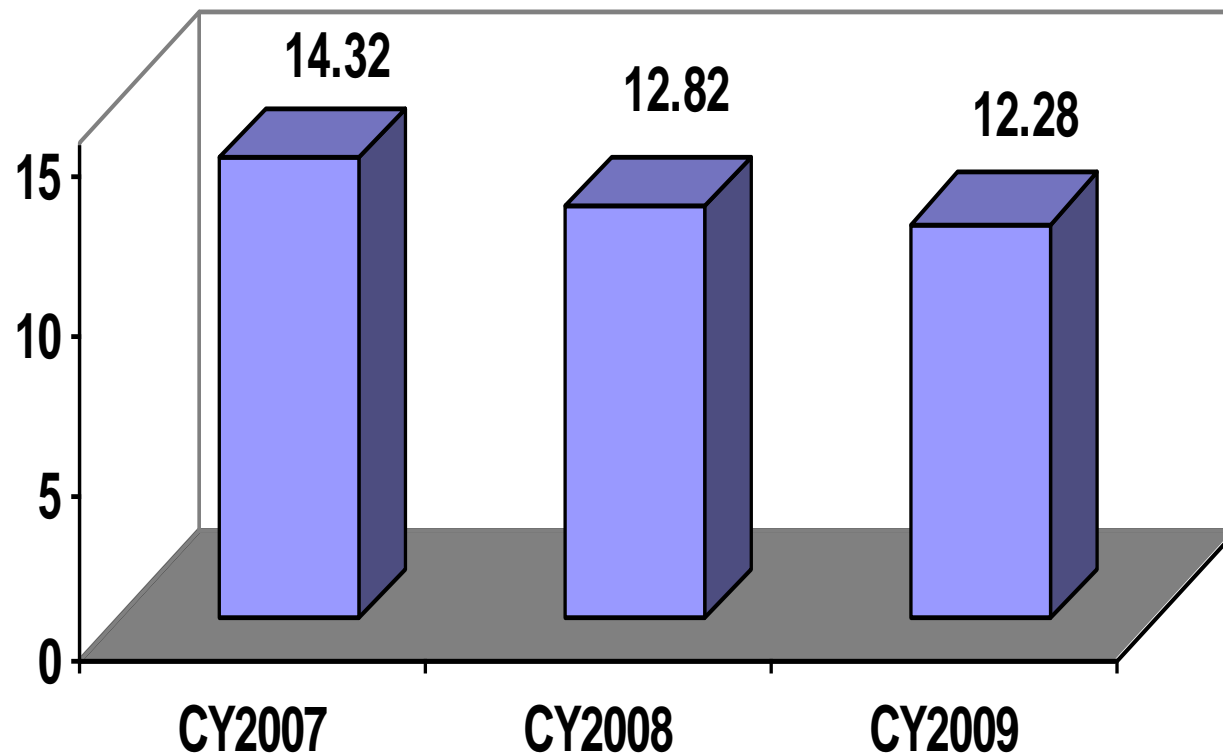
* CY 2007 total extrapolated from Q3/Q4 data

Percent of Inpatient Days in Delay Status



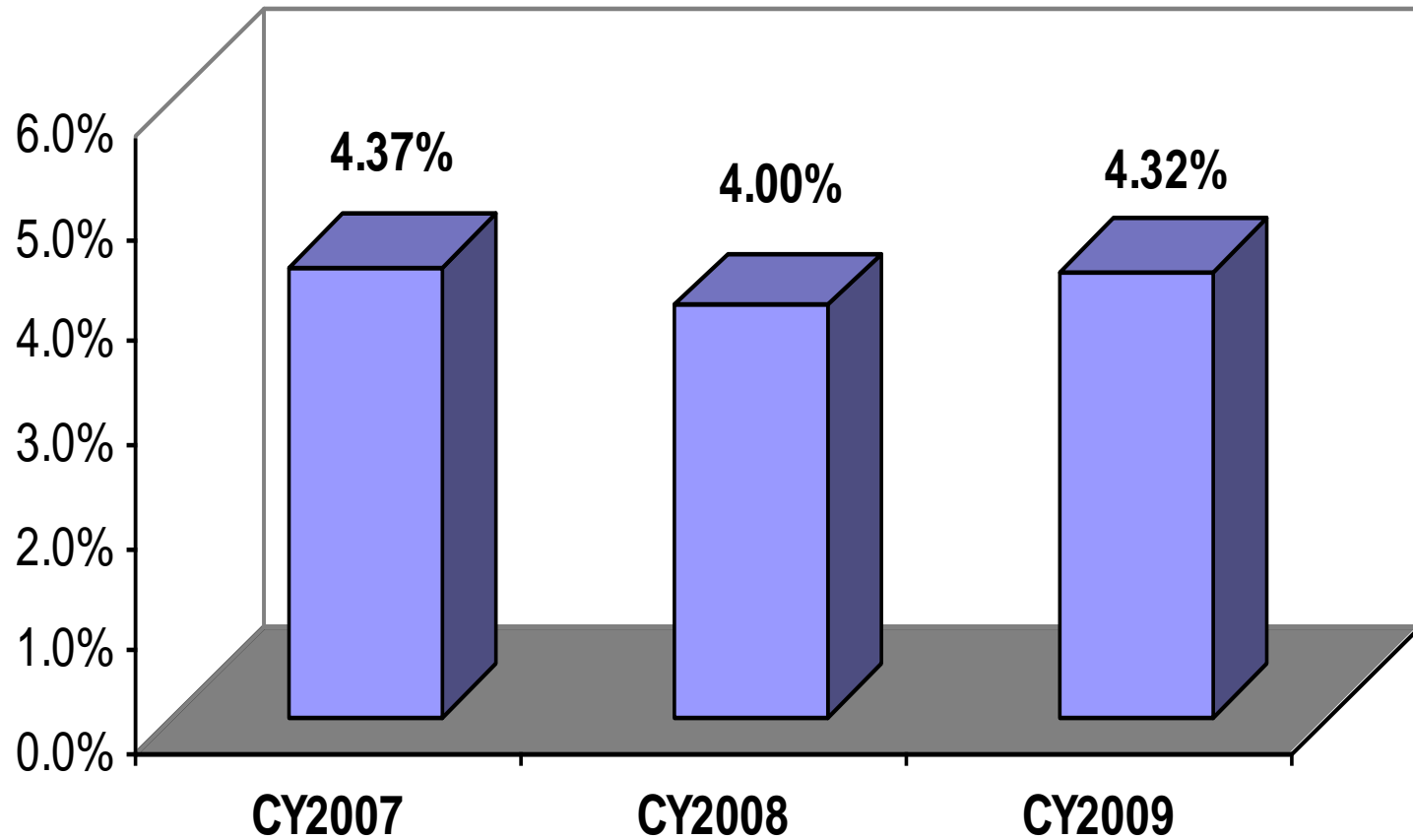
* CY 2007 total extrapolated from Q3/Q4 data

Average Acute Length of Stay

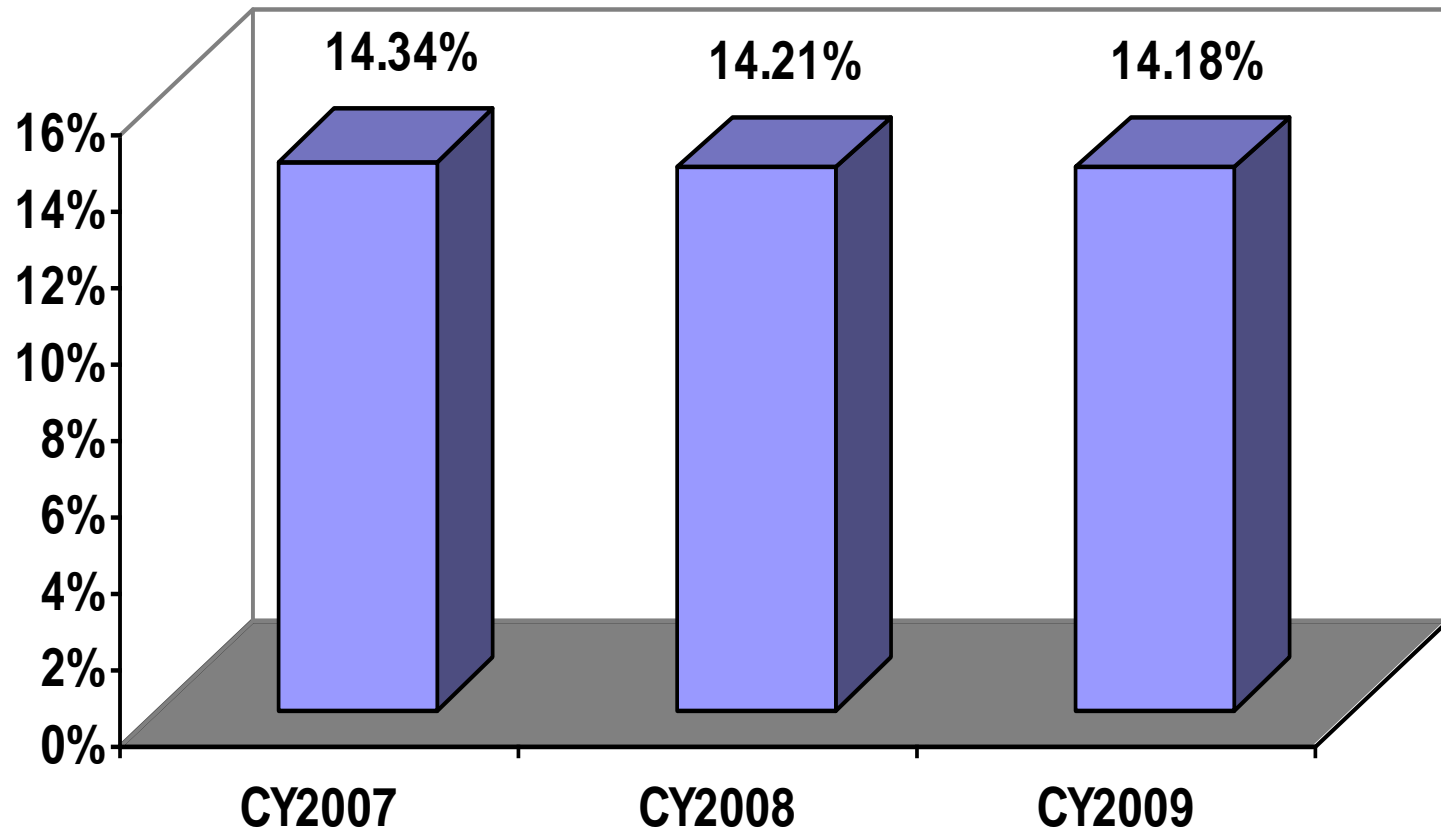


* CY 2007 total extrapolated from Q3/Q4 data

7 Day Readmission Rate



30 Day Readmission Rate



Medicaid Expansion under the Patient Protection and Affordable Care Act

Medicaid Expansion

Eligibility

- State plan amendment submitted April 6, 2010
- Extends Medicaid coverage as follows:
 - Individuals who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under Medicare part A or B, and not eligible for Medicaid under 1902(a)(10)(A)(i)(I through VII), and whose income (net of income disregard) does not exceed the Medically Needy Income Limits, without regard to their resources.
- This essentially includes all existing SAGA recipients, and some additional recipients who will qualify due to the elimination of the asset test
- Effective date: April 1, 2010

Medicaid Expansion

Coverage

- Full Medicaid state plan coverage
- Payment in accordance with state plan rates and methods
- Claims processed through MMIS

Medicaid Expansion

Implementation

- Current capped payment of hospital inpatient and outpatient claims will be eliminated for dates of service on or after April 1, 2010
- MMIS modification requirements have been defined and are under review
- Recipient and provider notifications are being prepared
- Planning is underway with CHNCT, which processes all medical claims other than hospital claims
- Network comparison to ensure that non-Medicaid providers can be notified to enroll with the Department

Medicaid Expansion

Implementation

- Will ensure no disruption in service or payment during transition for recipients seen by non-Medicaid enrolled providers
- Planning is also underway with DMHAS and Advanced Behavioral Health, which processes behavioral health claims for SAGA recipients under the GABHP
- Conversion to Medicaid rates will benefit most providers
- Administration of state funded services is expected to remain with GABHP

Questions?