

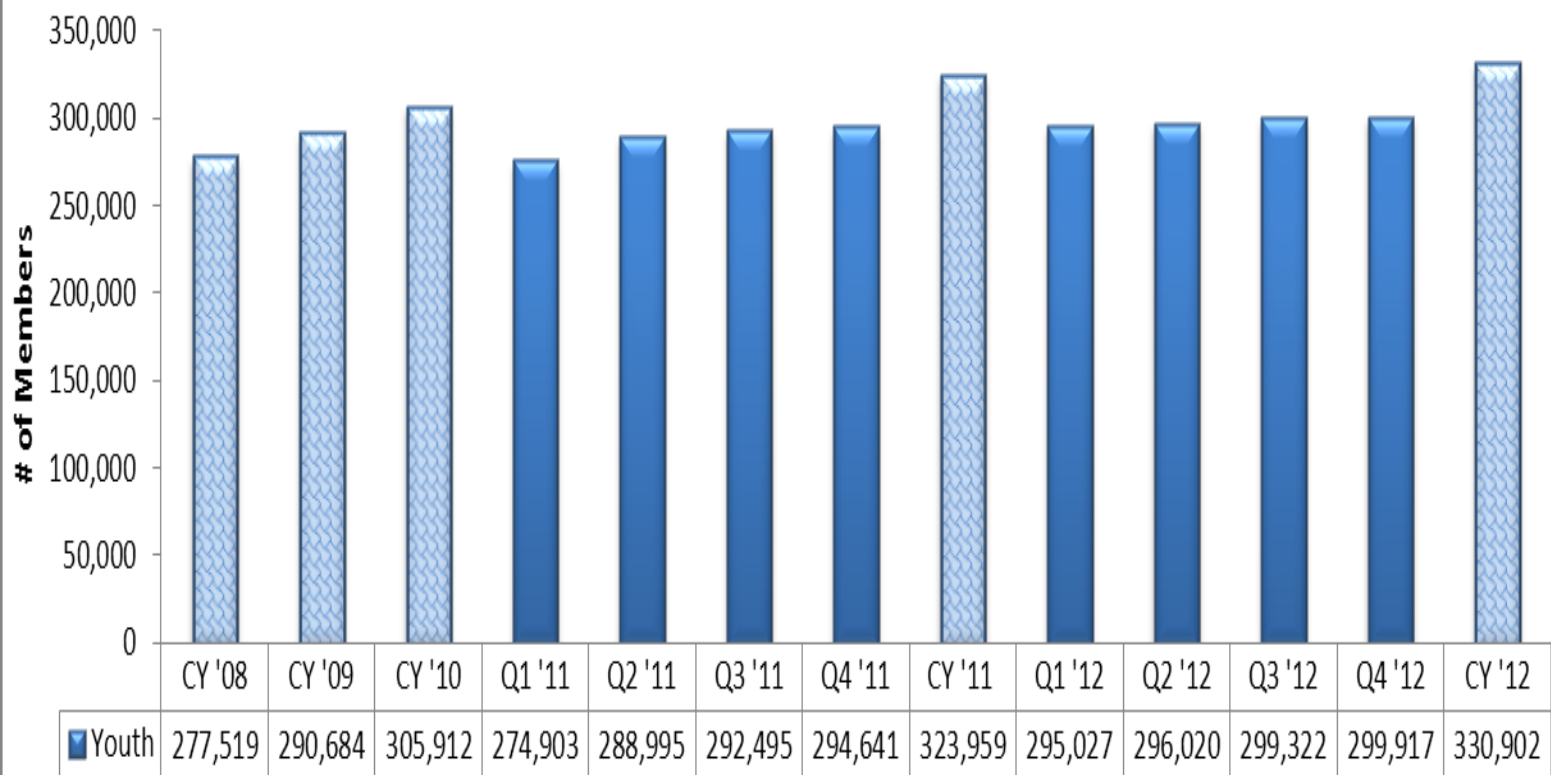
# Behavioral Health Partnership Oversight Council

May 8, 2013

**Please note:** For utilization slides concerning the youth population, the eligibility groups included in the measures prior to April 1, 2011 (Q2 '11) are HUSKY A & B and DO5. The measures from April 1, 2011 forward include all HUSKY youth.

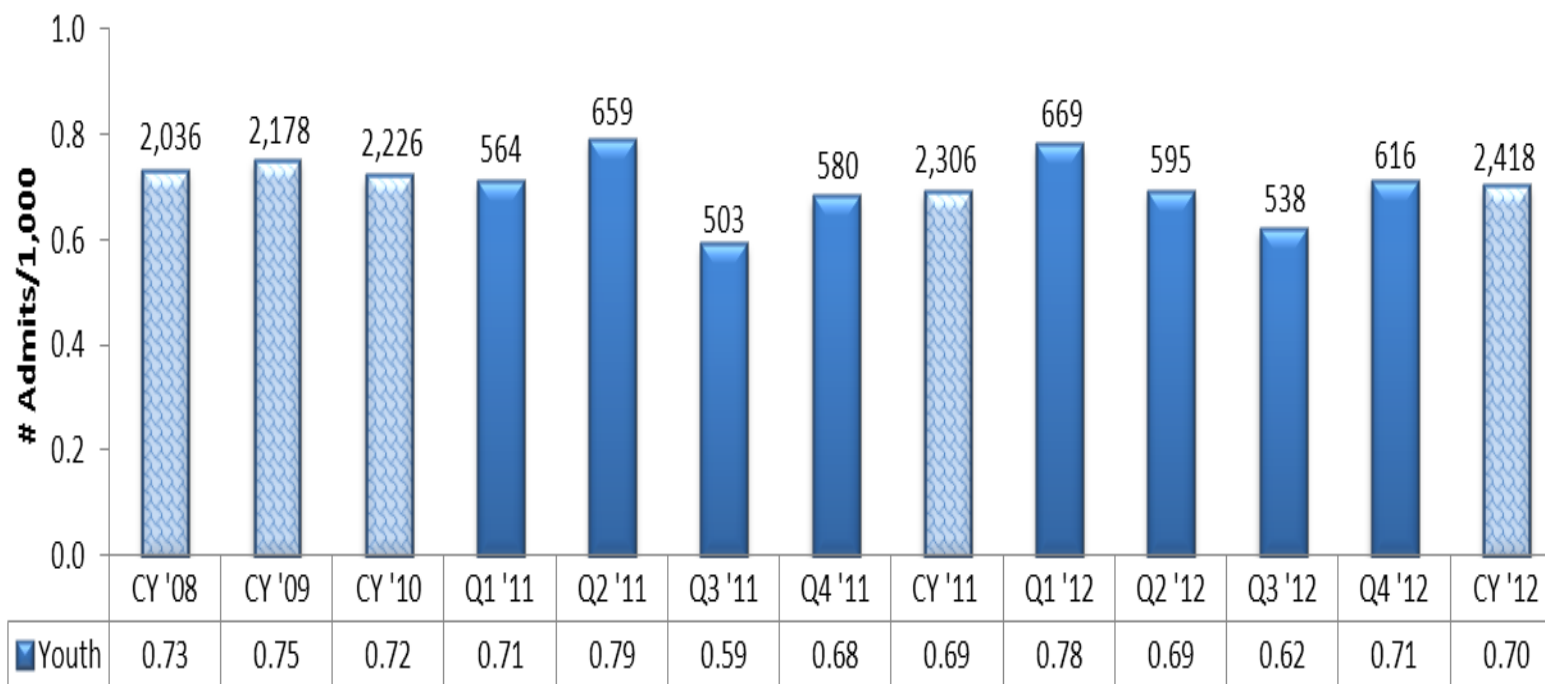
# HUSKY Data Inpatient Utilization Youth 0-17 years

## Total Unique Membership: HUSKY Youth (0-17)



## Inpatient Admits/1,000; All HUSKY Youth (0-17)

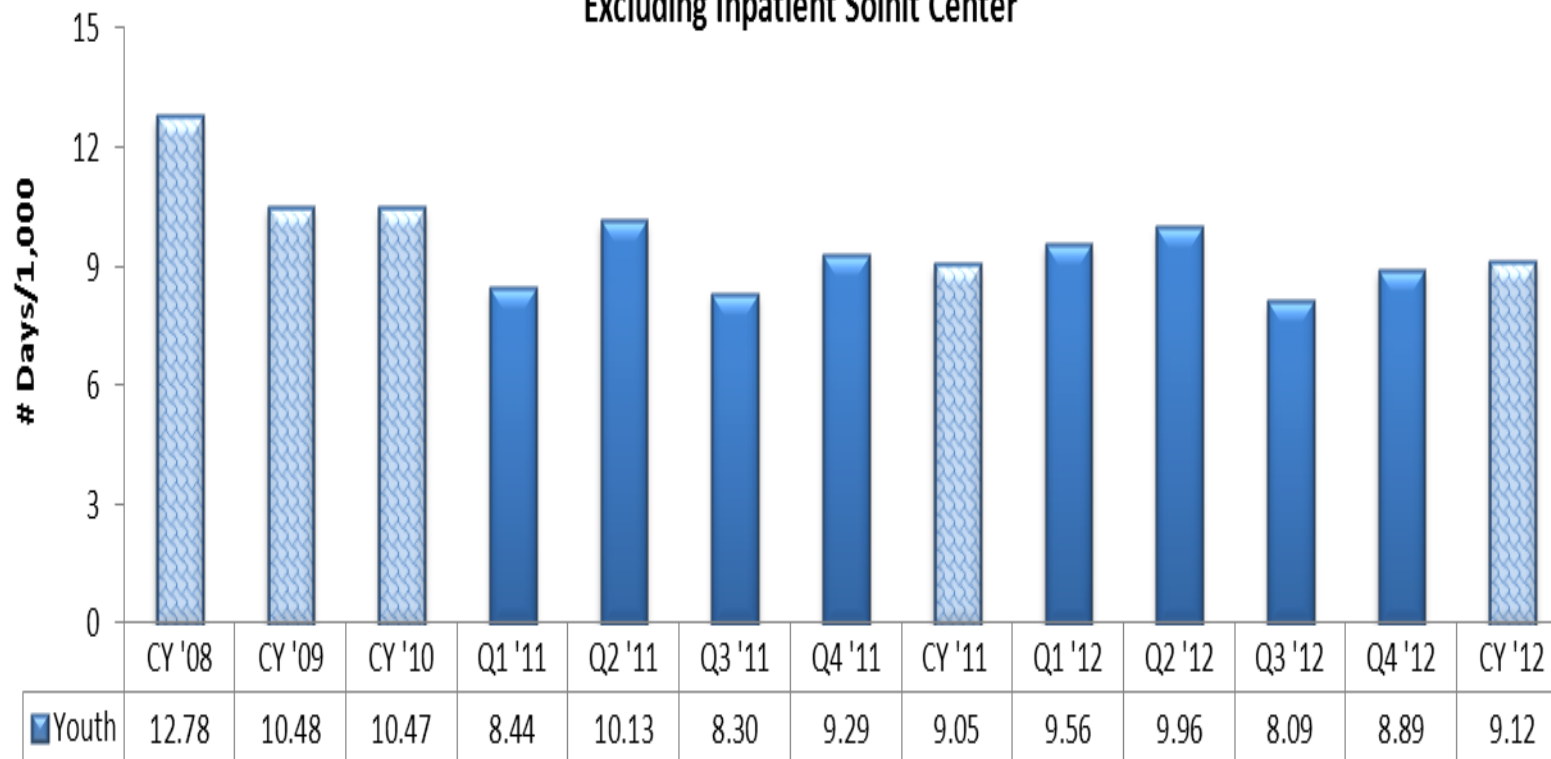
Excluding Inpatient Solnit Center



Numbers above each bar represent the number of admissions for that time period.

## Inpatient Days/1,000; All Youth (0-17)

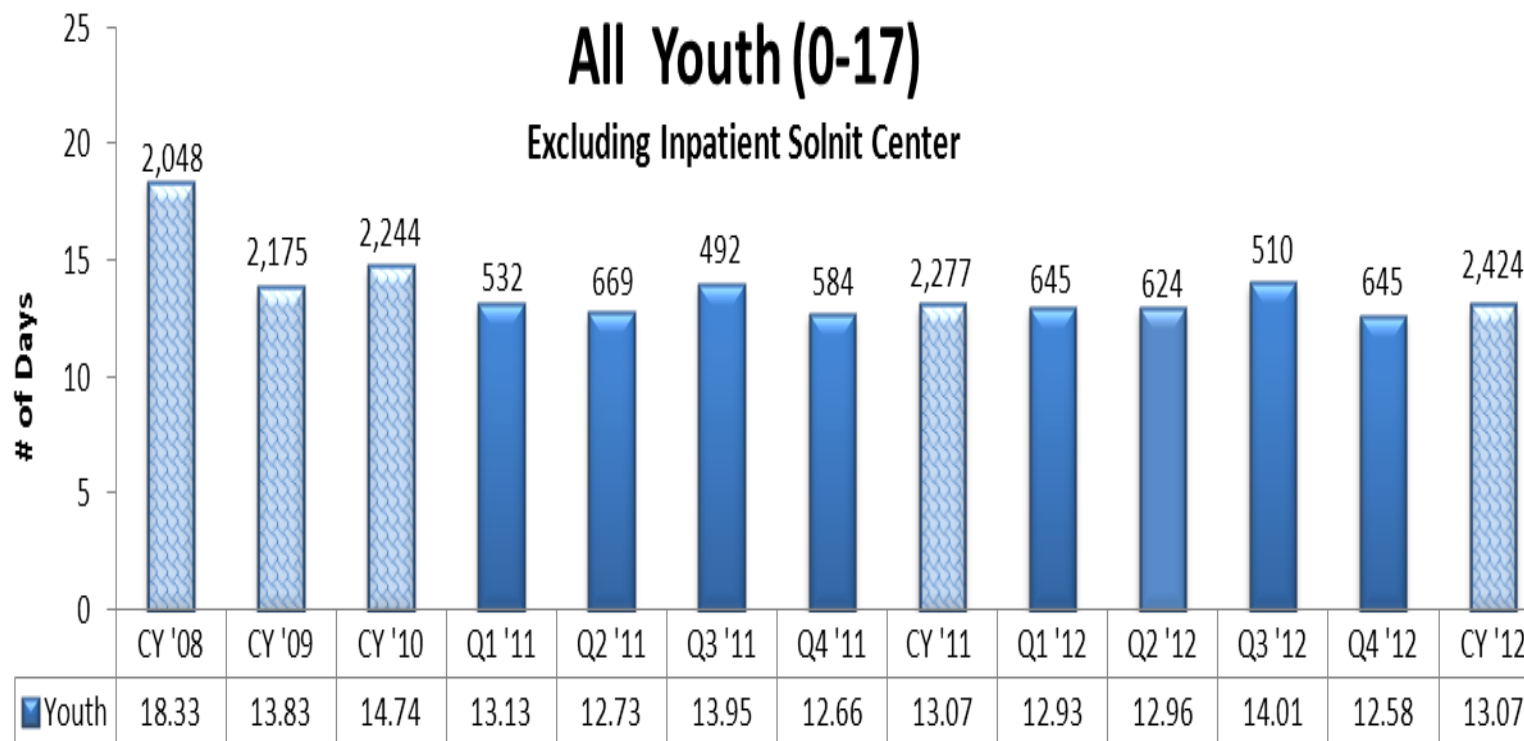
Excluding Inpatient Solnit Center



## Inpatient Average Length of Stay (ALOS);

### All Youth (0-17)

Excluding Inpatient Solnit Center

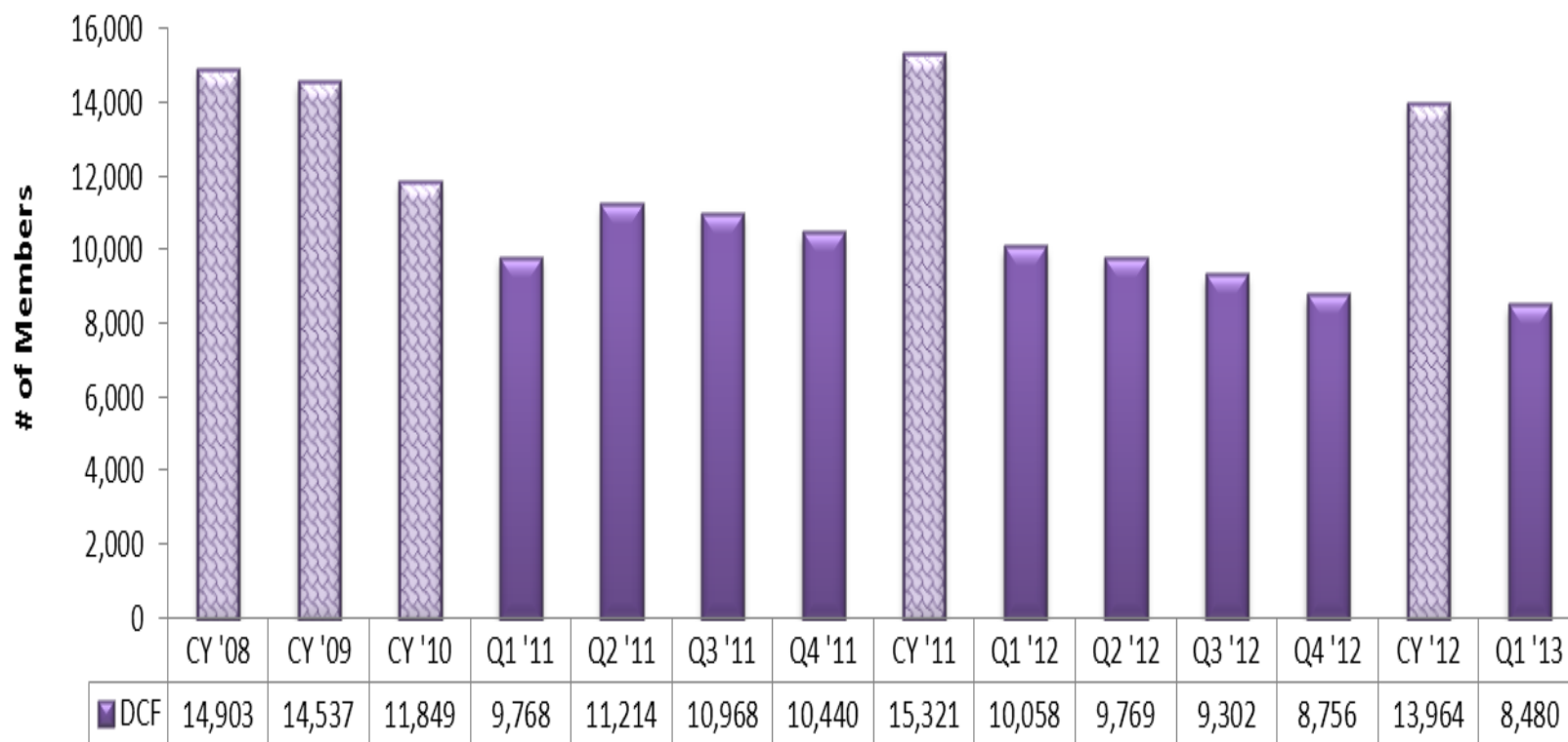


Numbers above each bar represent the number of discharges for that time period.

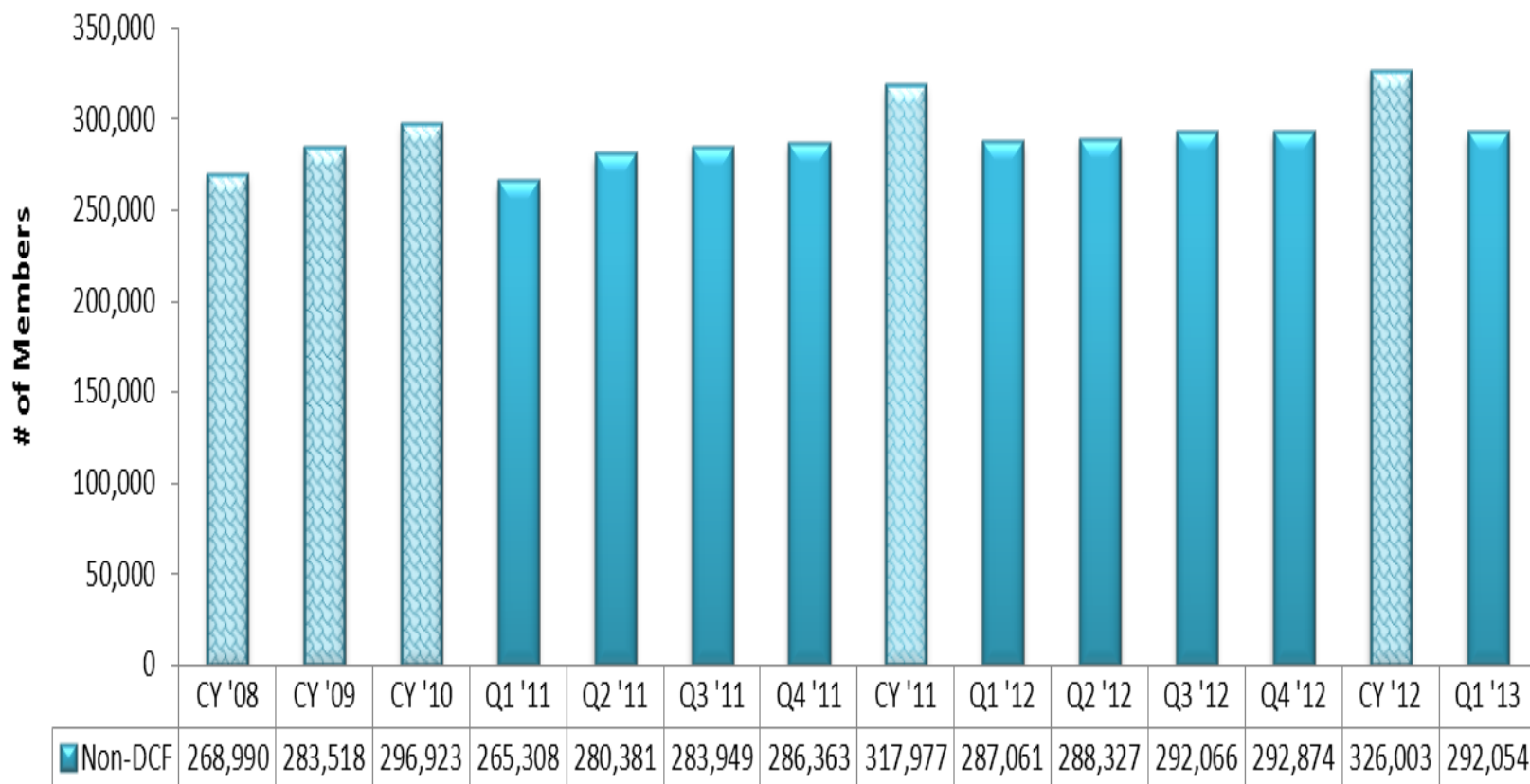
# HUSKY Data Inpatient Utilization Data Youth 0-17 years DCF vs. Non-DCF Involved



## Membership Youth (0-17) DCF Members



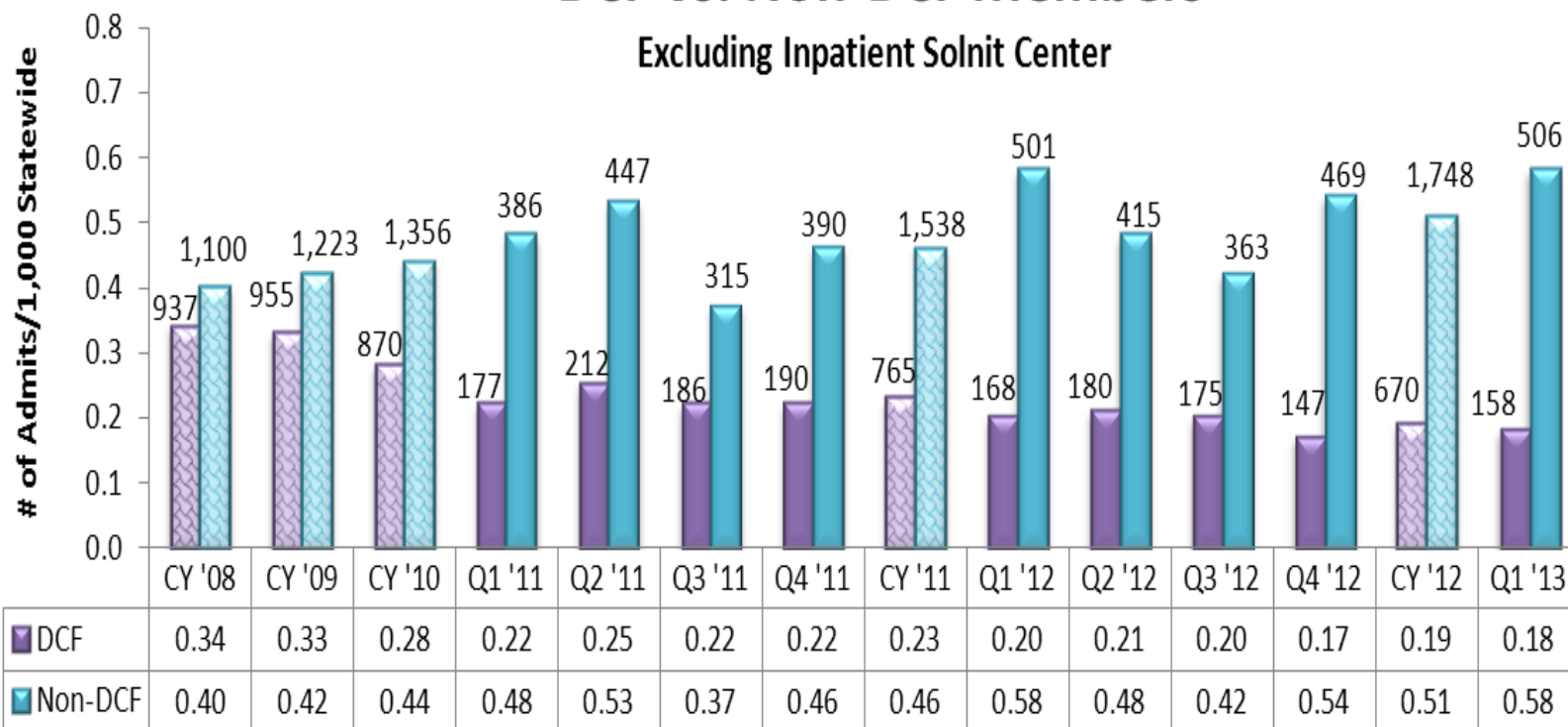
## Membership Youth (0-17) Non-DCF Members



## Inpatient Admits/1,000; All Youth (0-17)

### DCF vs. Non-DCF Members

Excluding Inpatient Solnit Center



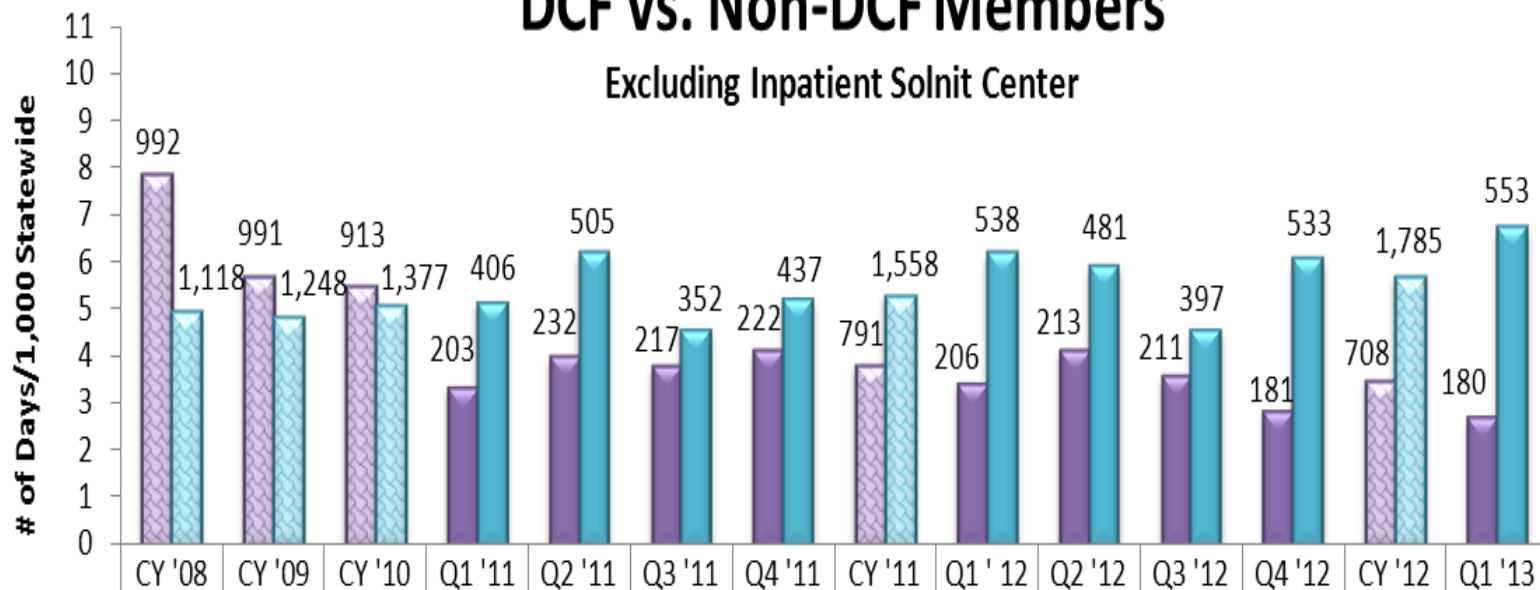
For all per 1,000 calculations, denominator includes all Medicaid youth.

Numbers above each bar represent the number of admissions for that time period.

## Inpatient Days/1,000; All Youth (0-17)

### DCF vs. Non-DCF Members

Excluding Inpatient Solnit Center



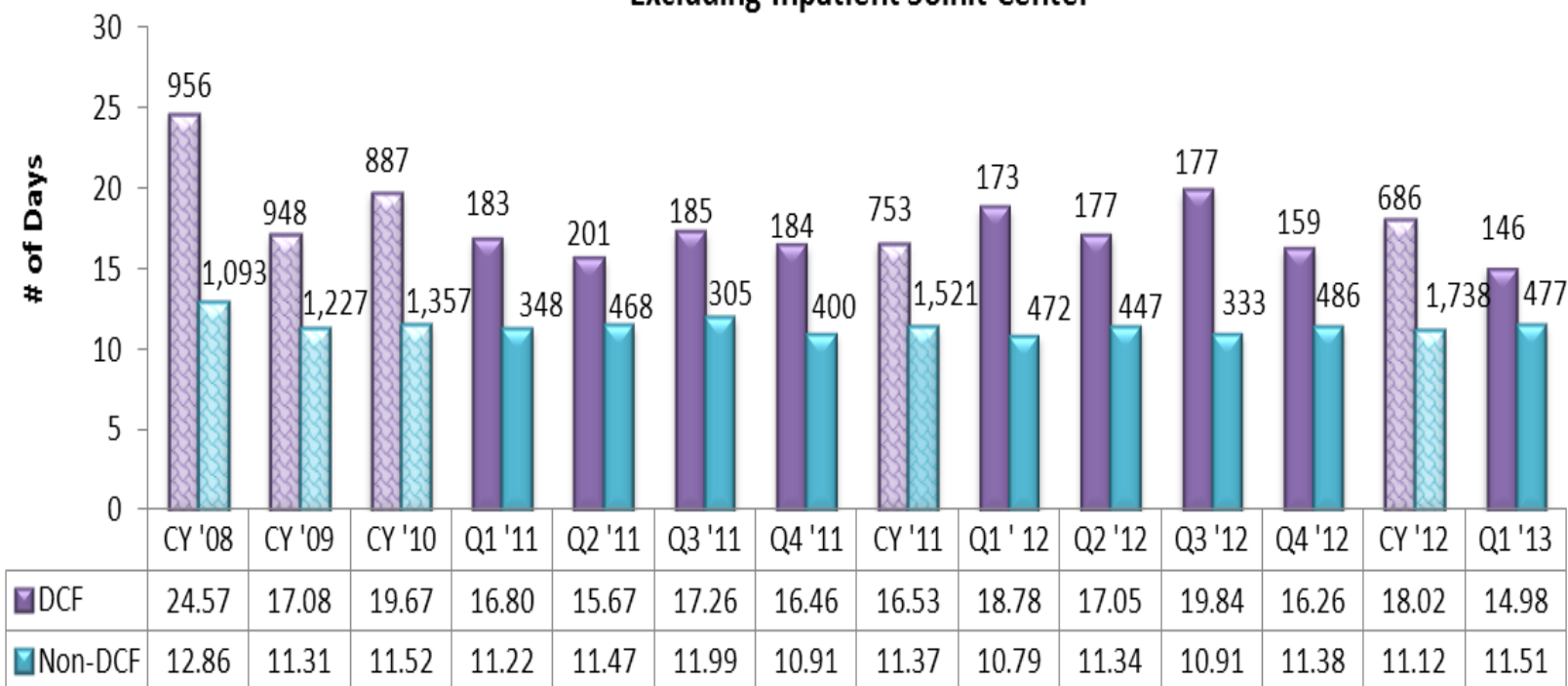
For all per 1,000 calculations, denominator includes all Medicaid youth.

Numbers above each bar represents the number of cases in that time period.

## Inpatient Average Length of Stay (ALOS); All Youth (0-17)

### DCF vs. Non-DCF Members

Excluding Inpatient Solnit Center

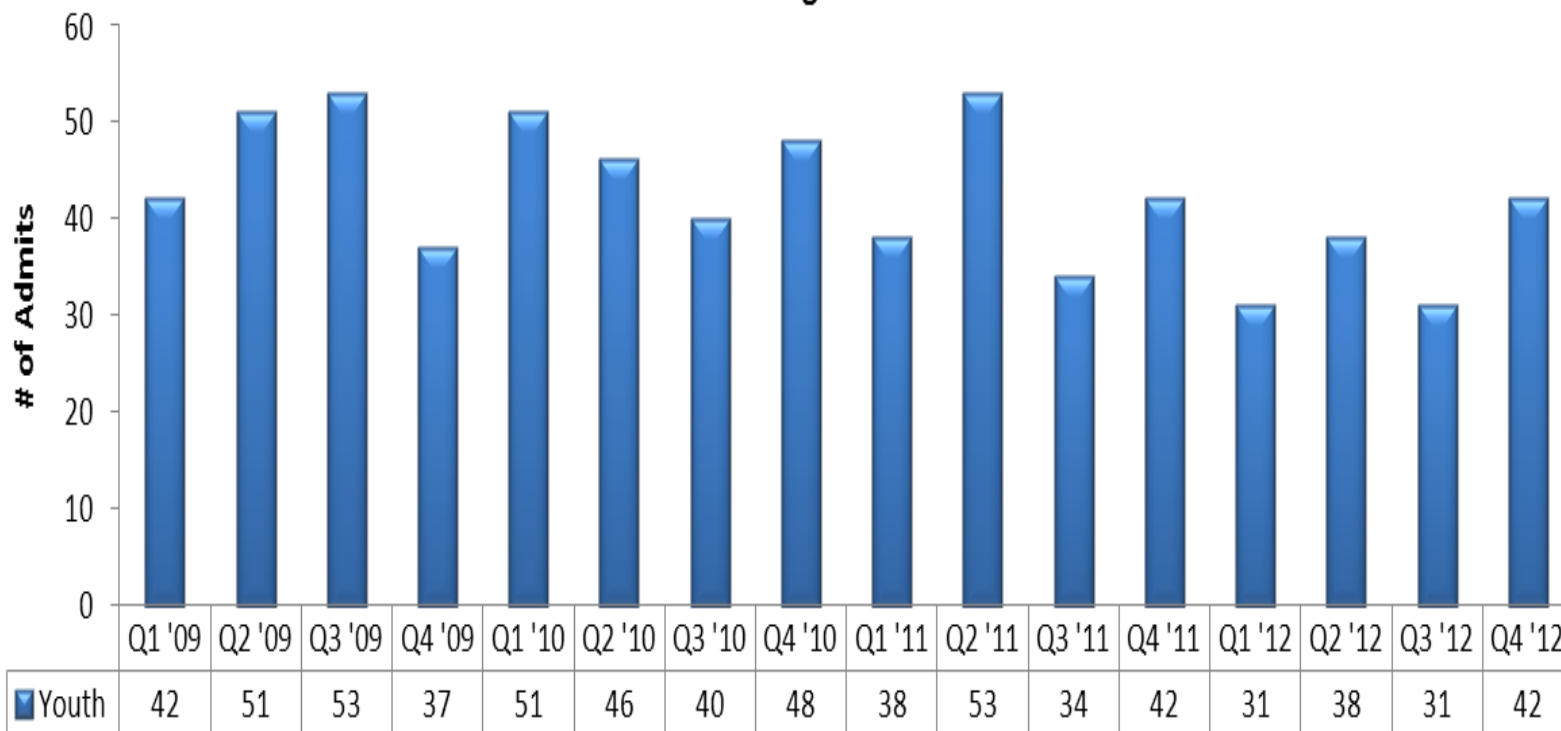


Numbers above each bar represent the number of discharges for that time period.

# HUSKY Youth DATA Solnit South Inpatient Utilization

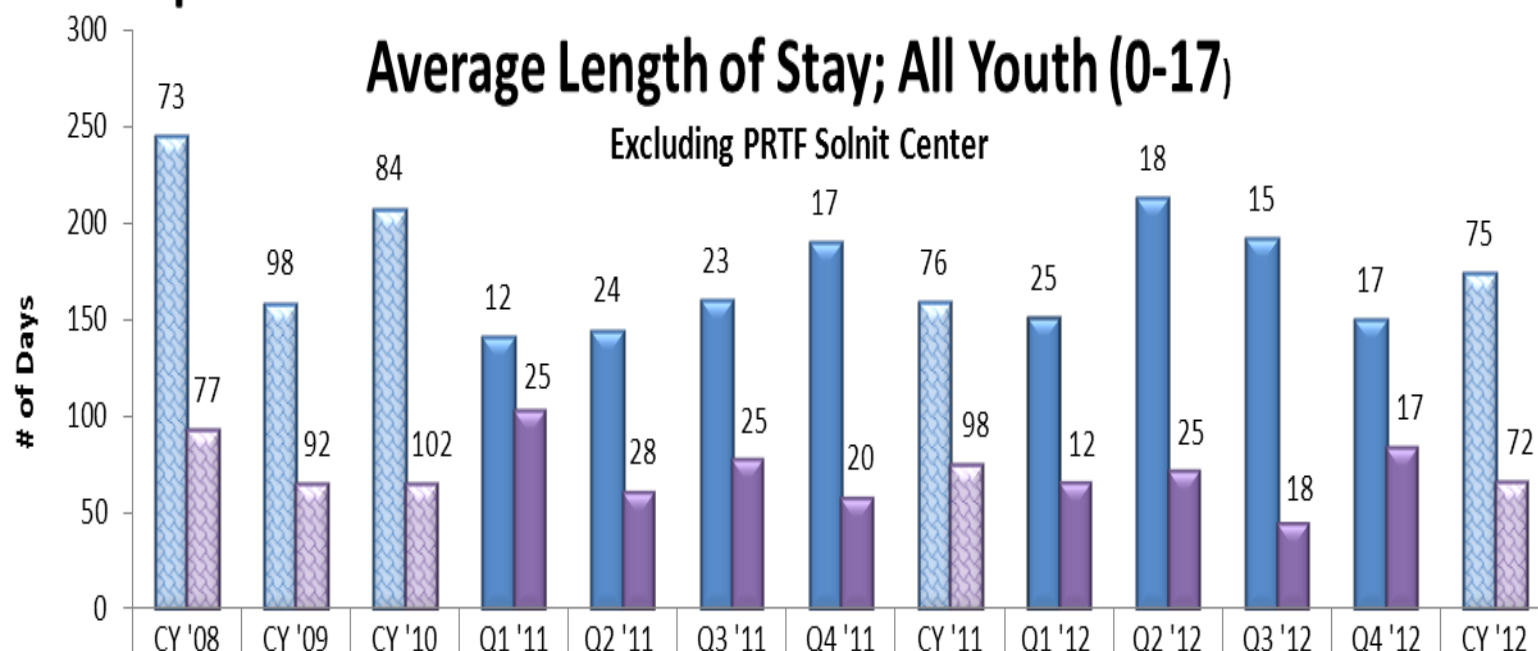
## Inpatient Solnit Center Admissions; All Youth (0-17)

Excluding PRTF Solnit Center





## Inpatient Solnit Center Non-court Ordered vs. Court Ordered Average Length of Stay; All Youth (0-17)

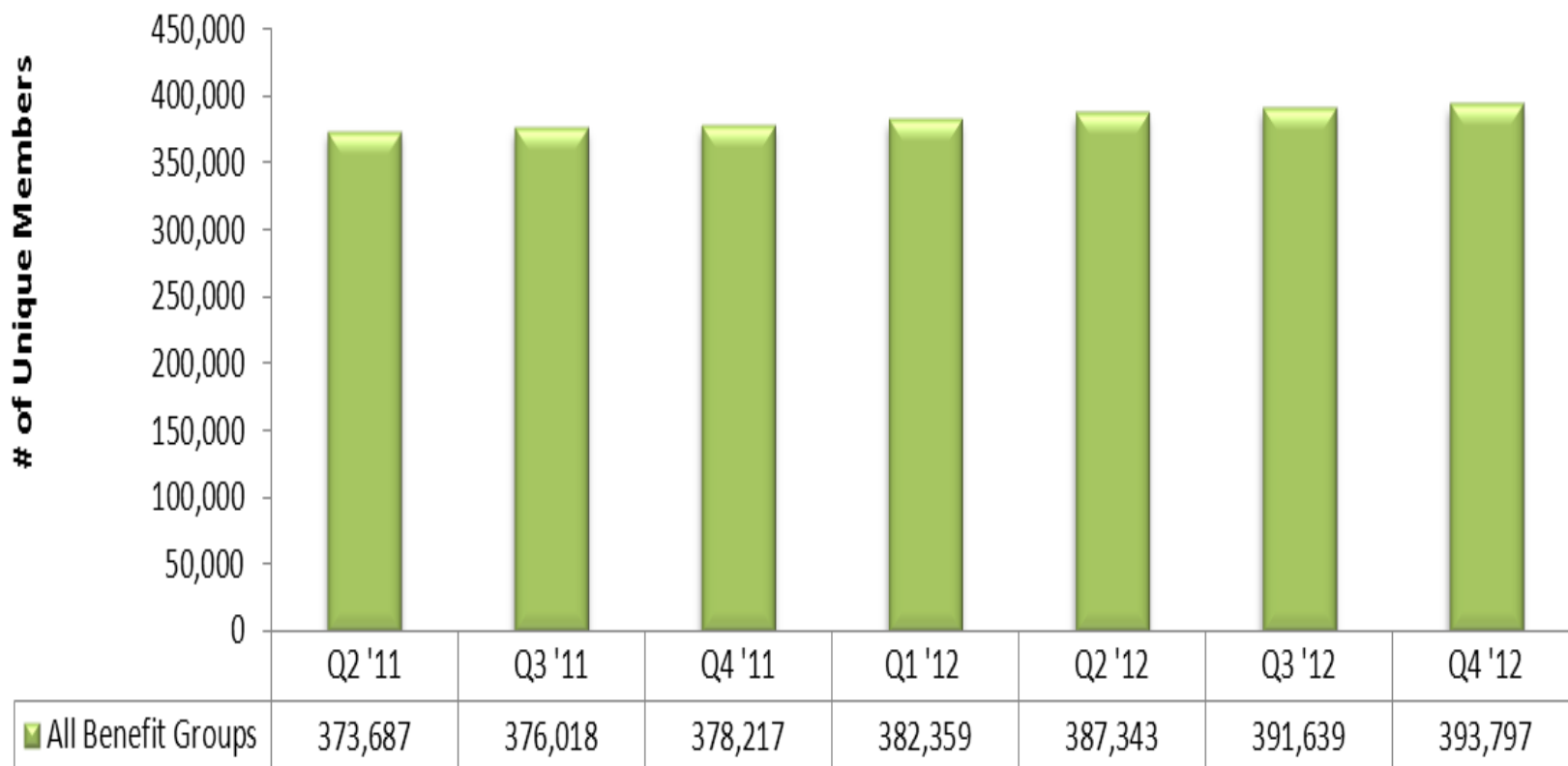


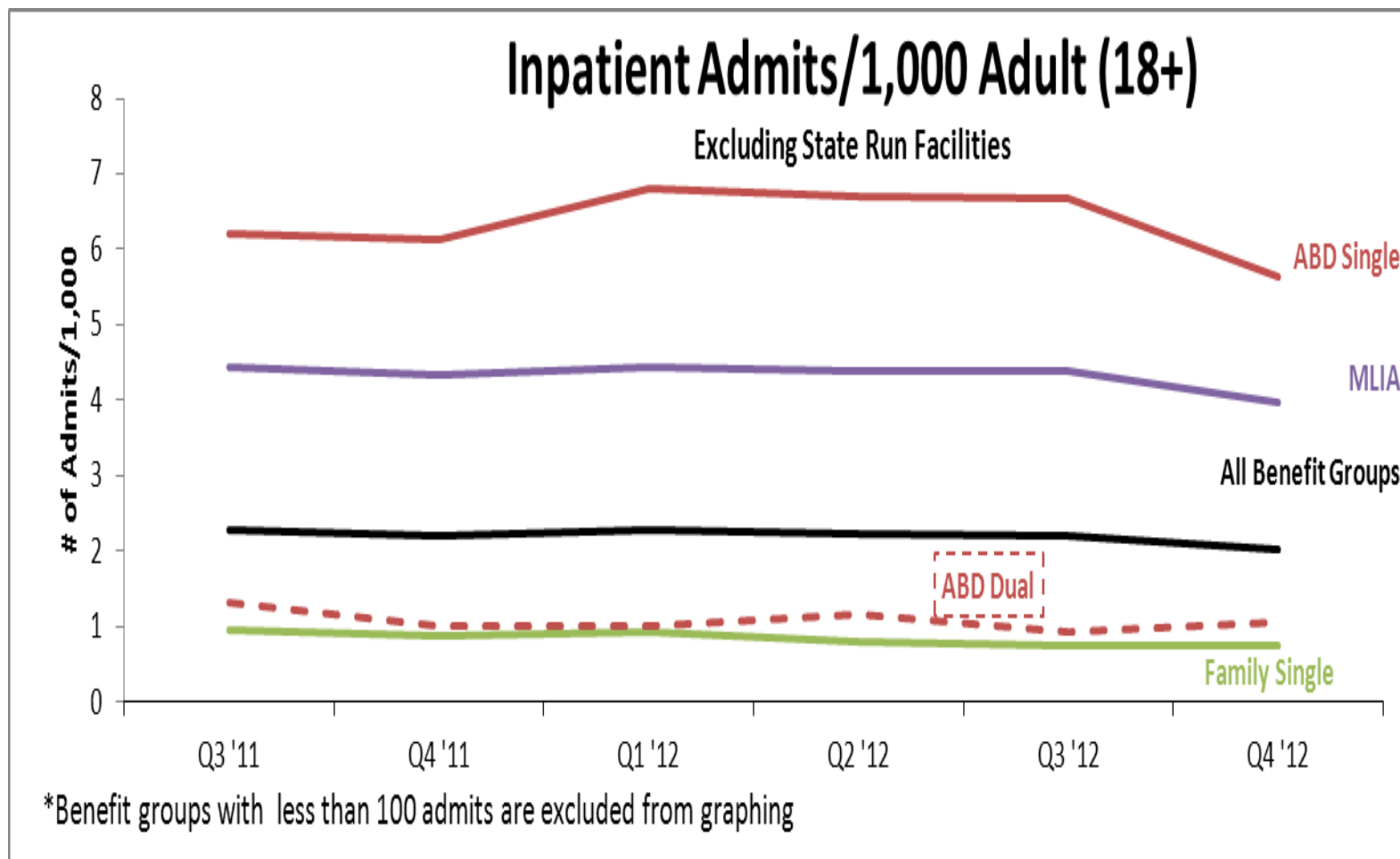
Numbers above each bar represent the number of discharges for that time period.

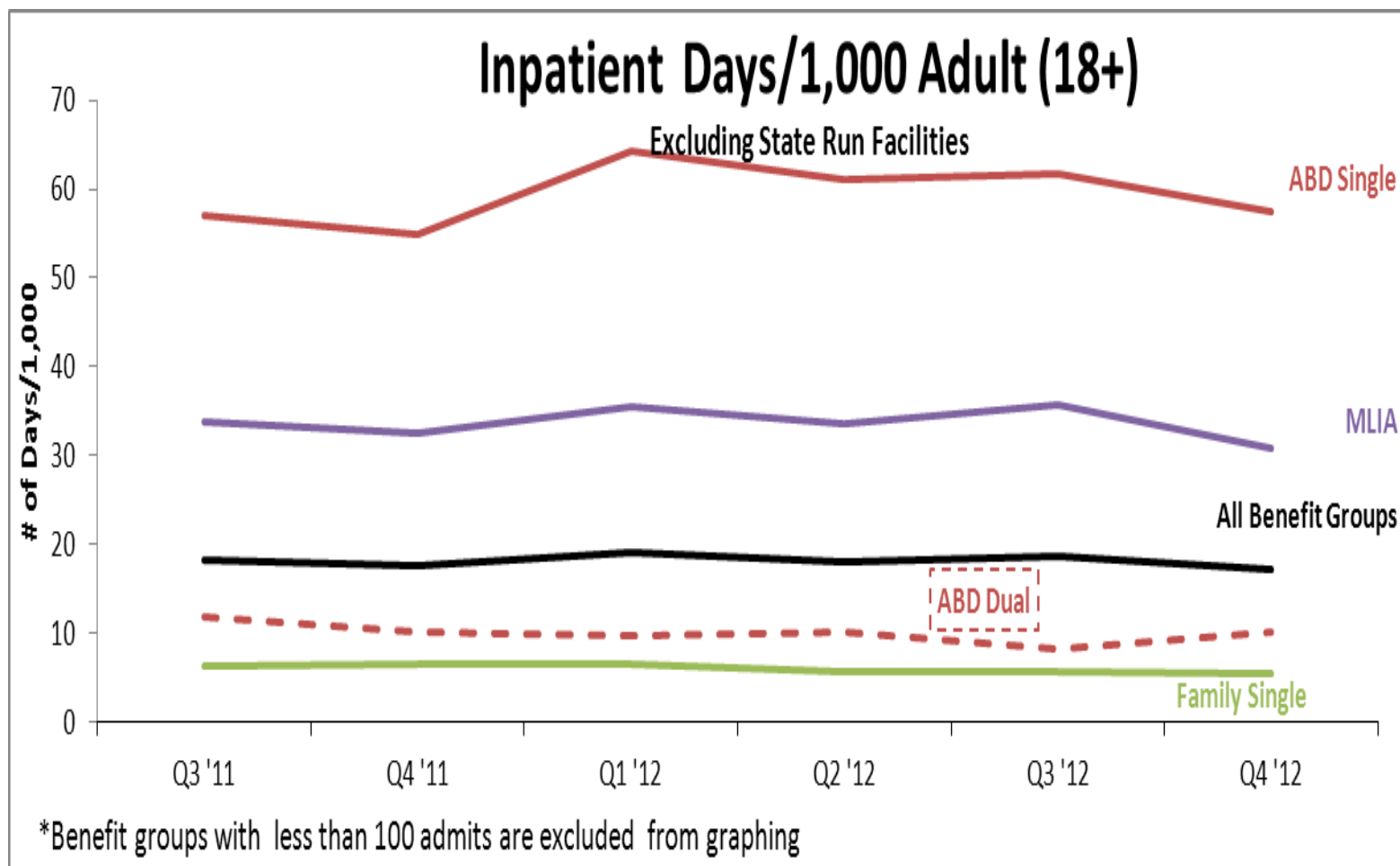


# HUSKY Data Adults Inpatient Utilization

## Total Adult (18+) Unique Membership

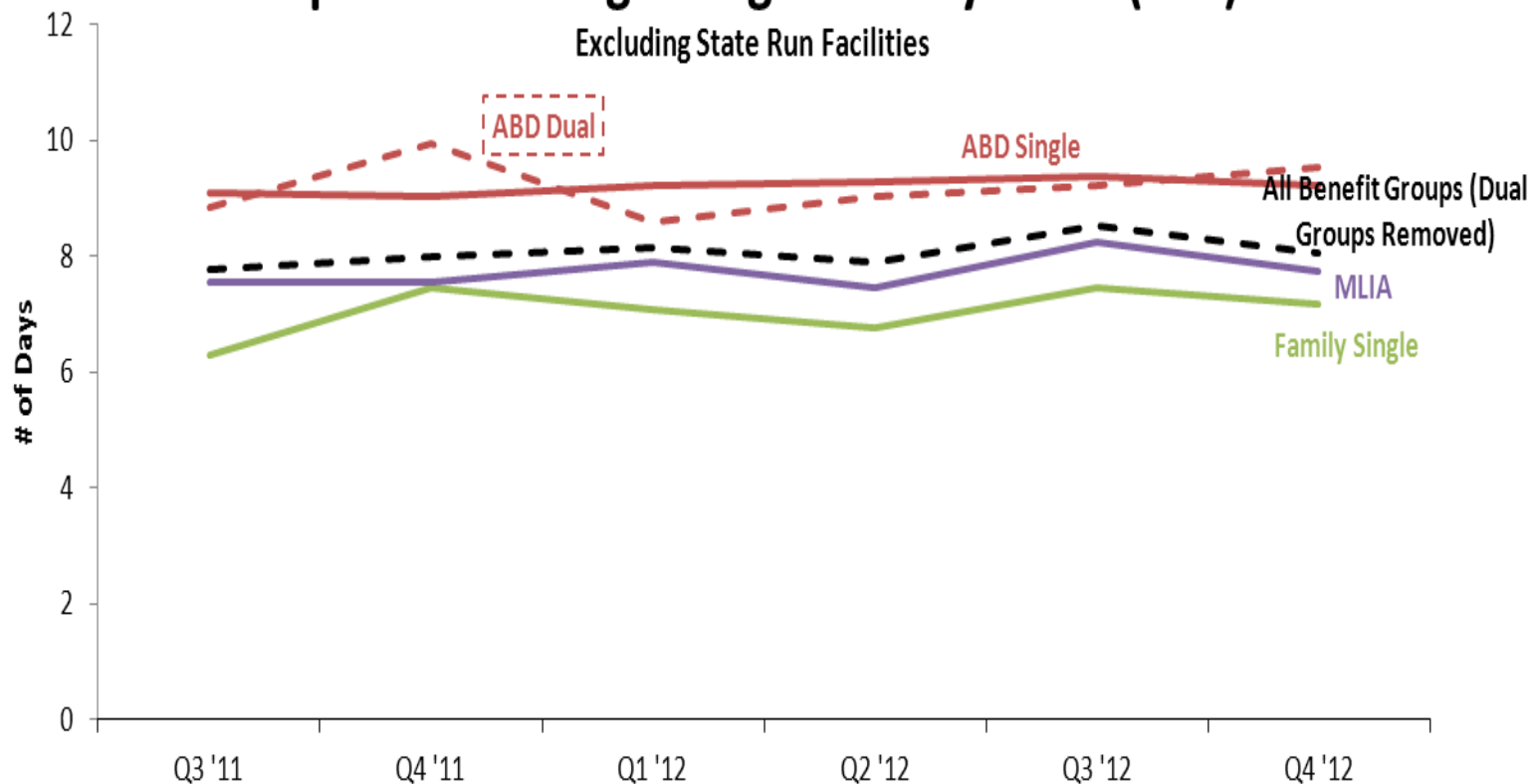






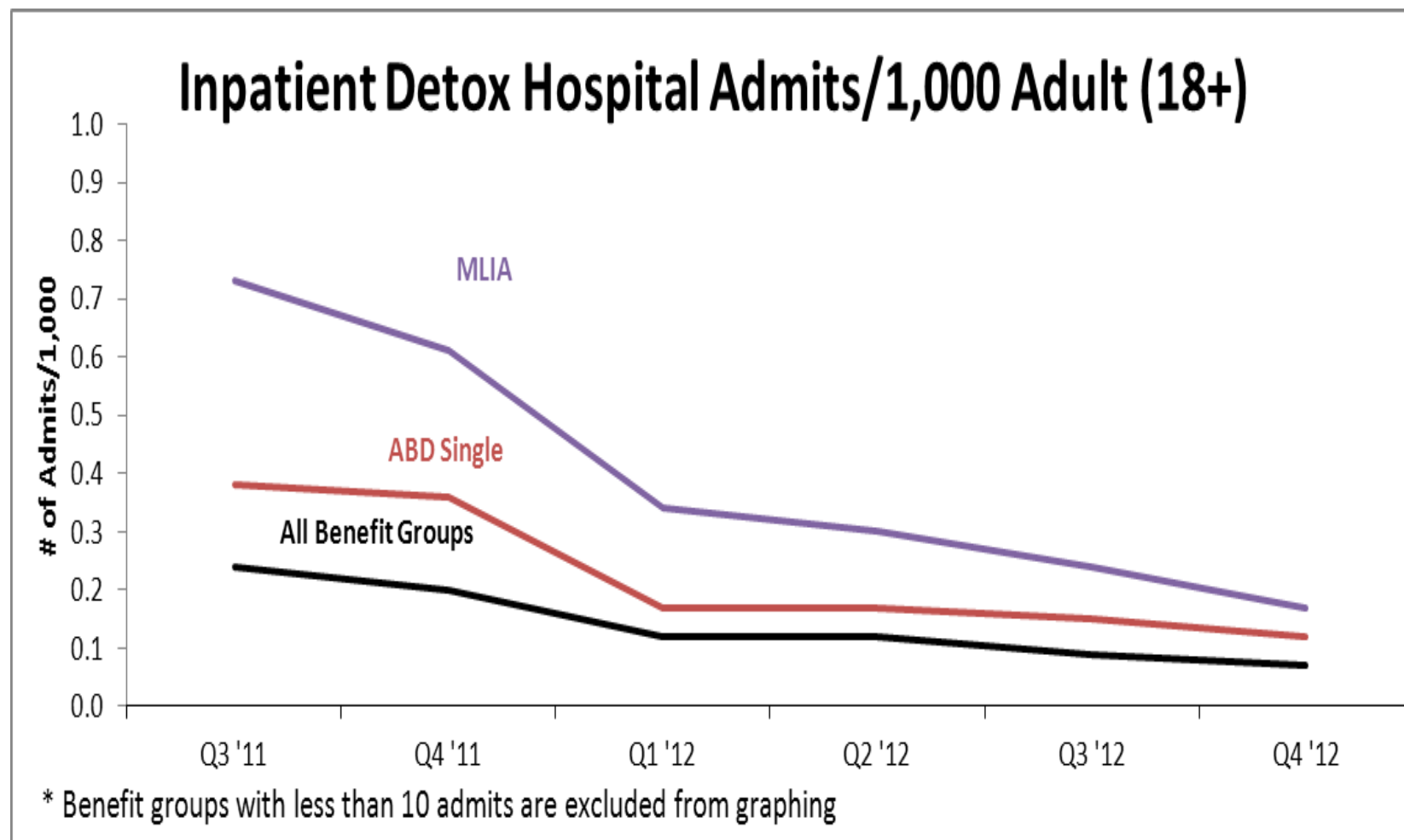
## Inpatient Average Length of Stay Adult (18+)

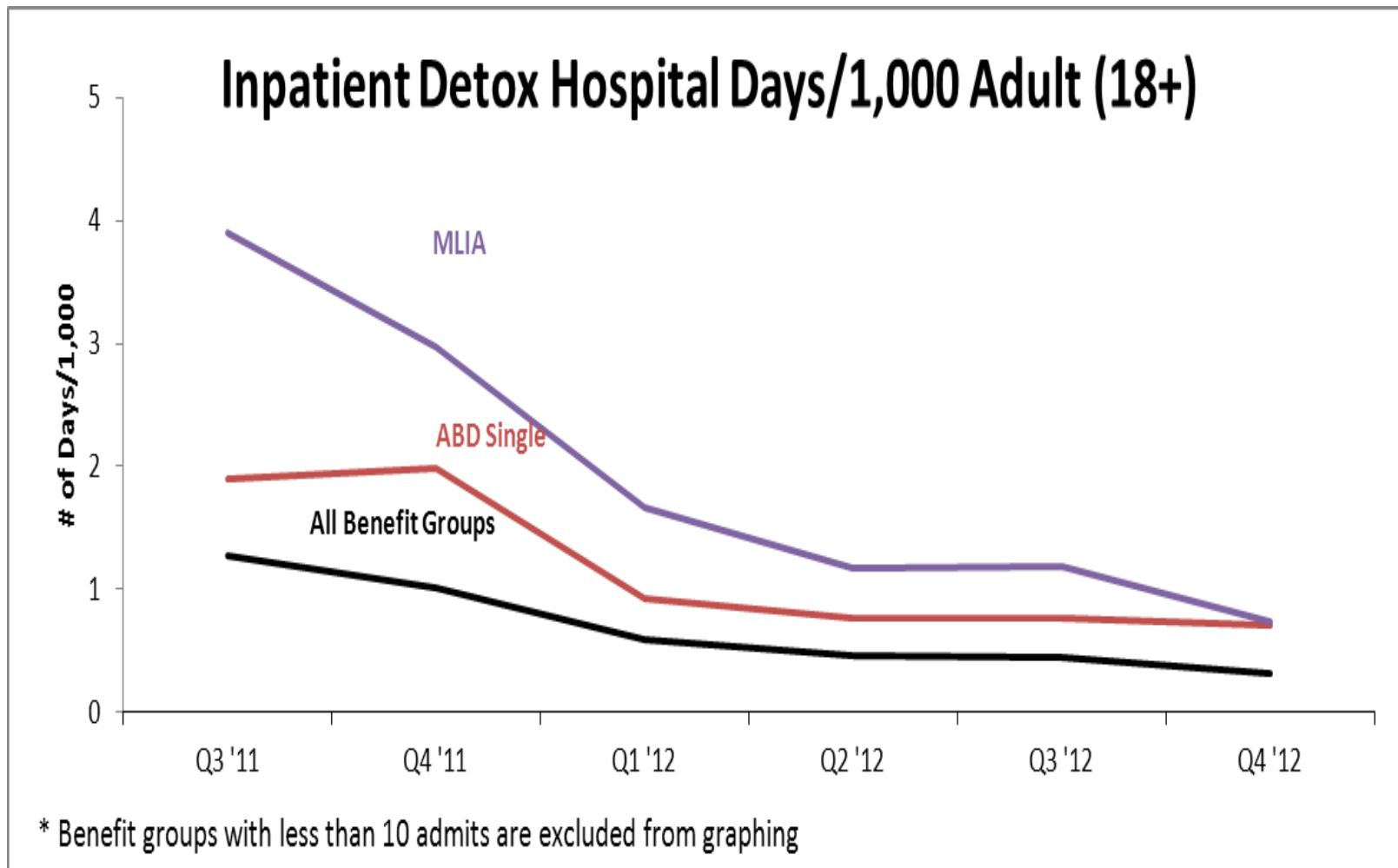
Excluding State Run Facilities



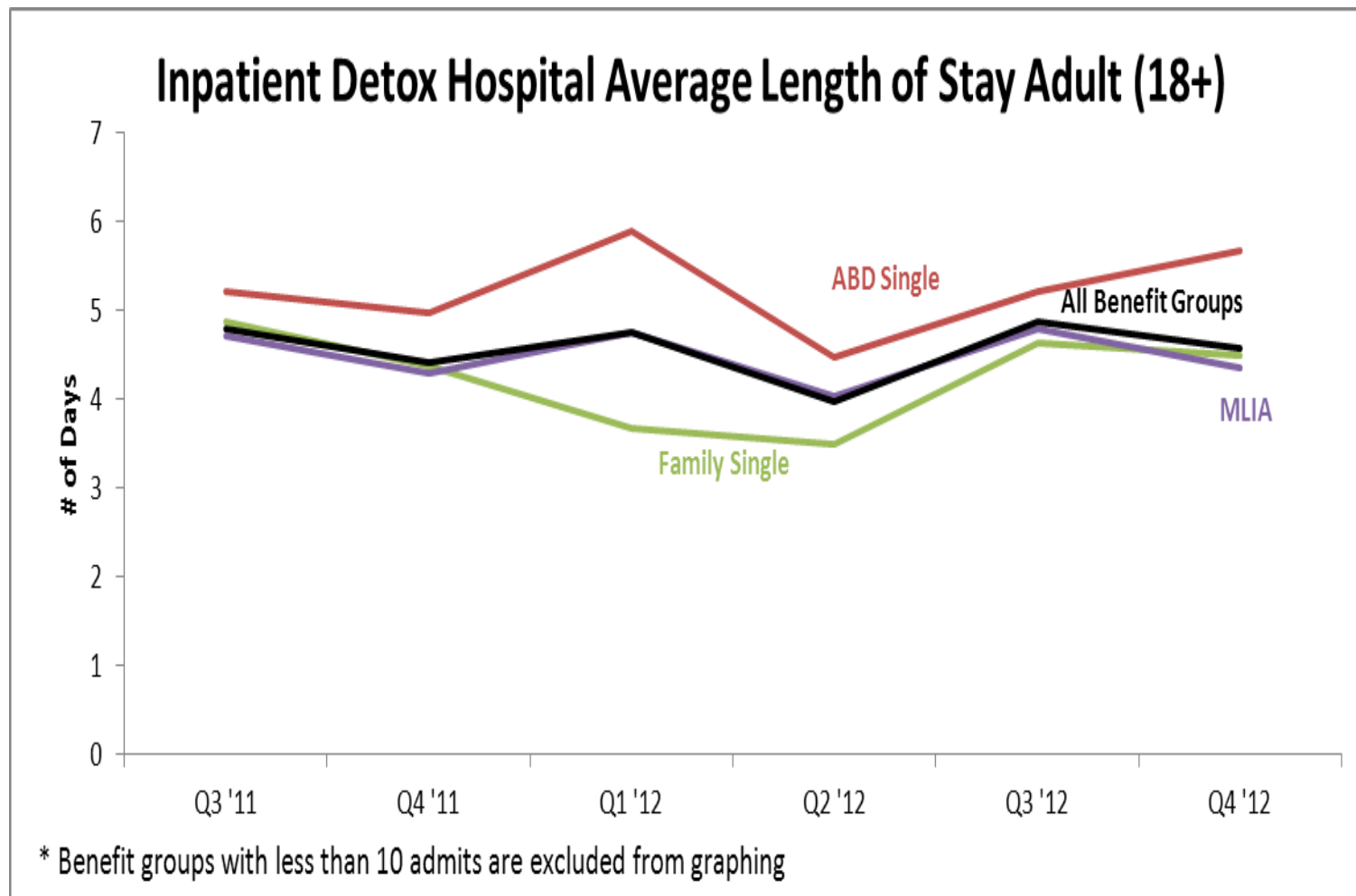
\*Benefit groups with less than 100 admits are excluded from graphing

# HUSKY Data Adults Inpatient Substance Abuse Hospital-Based vs. Free-Standing

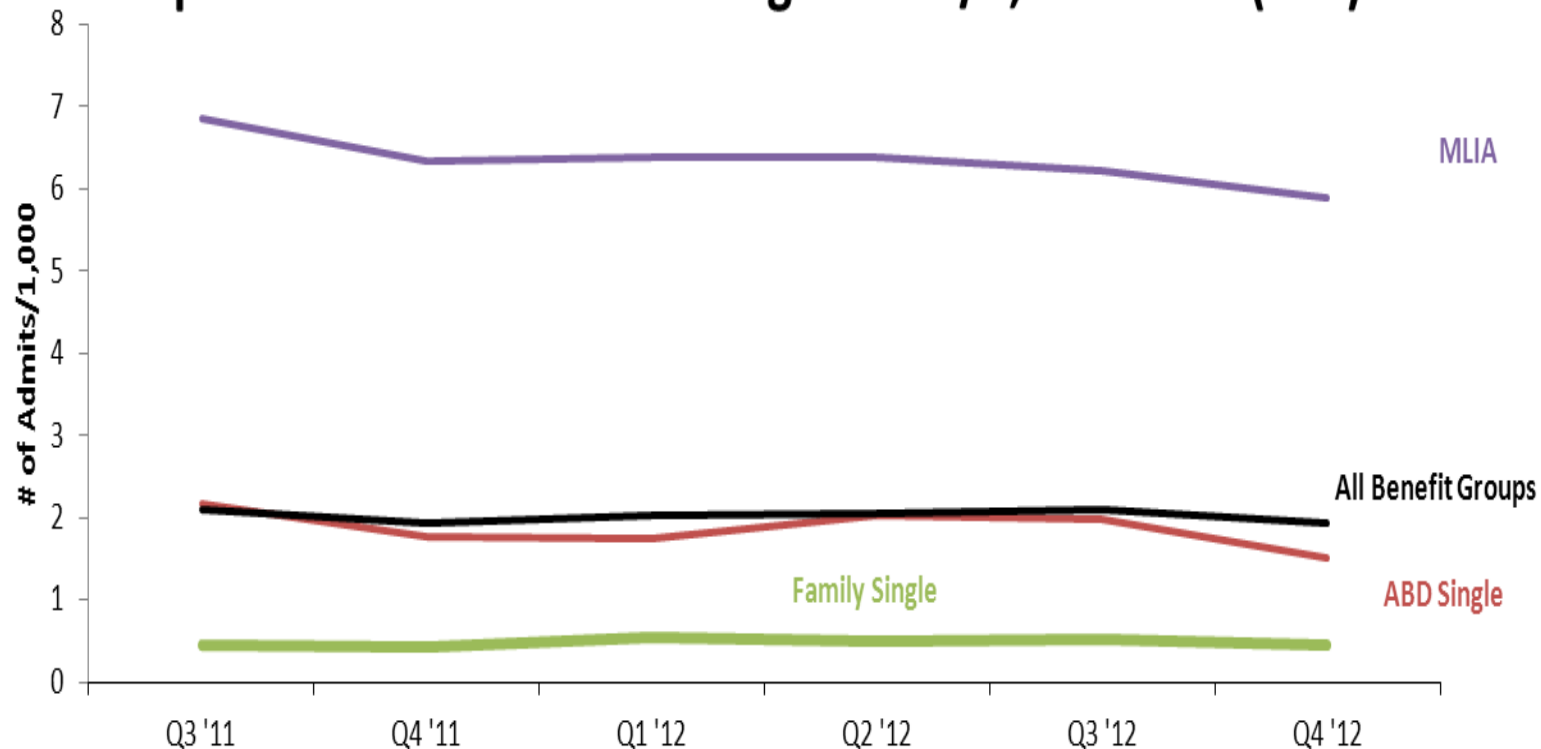




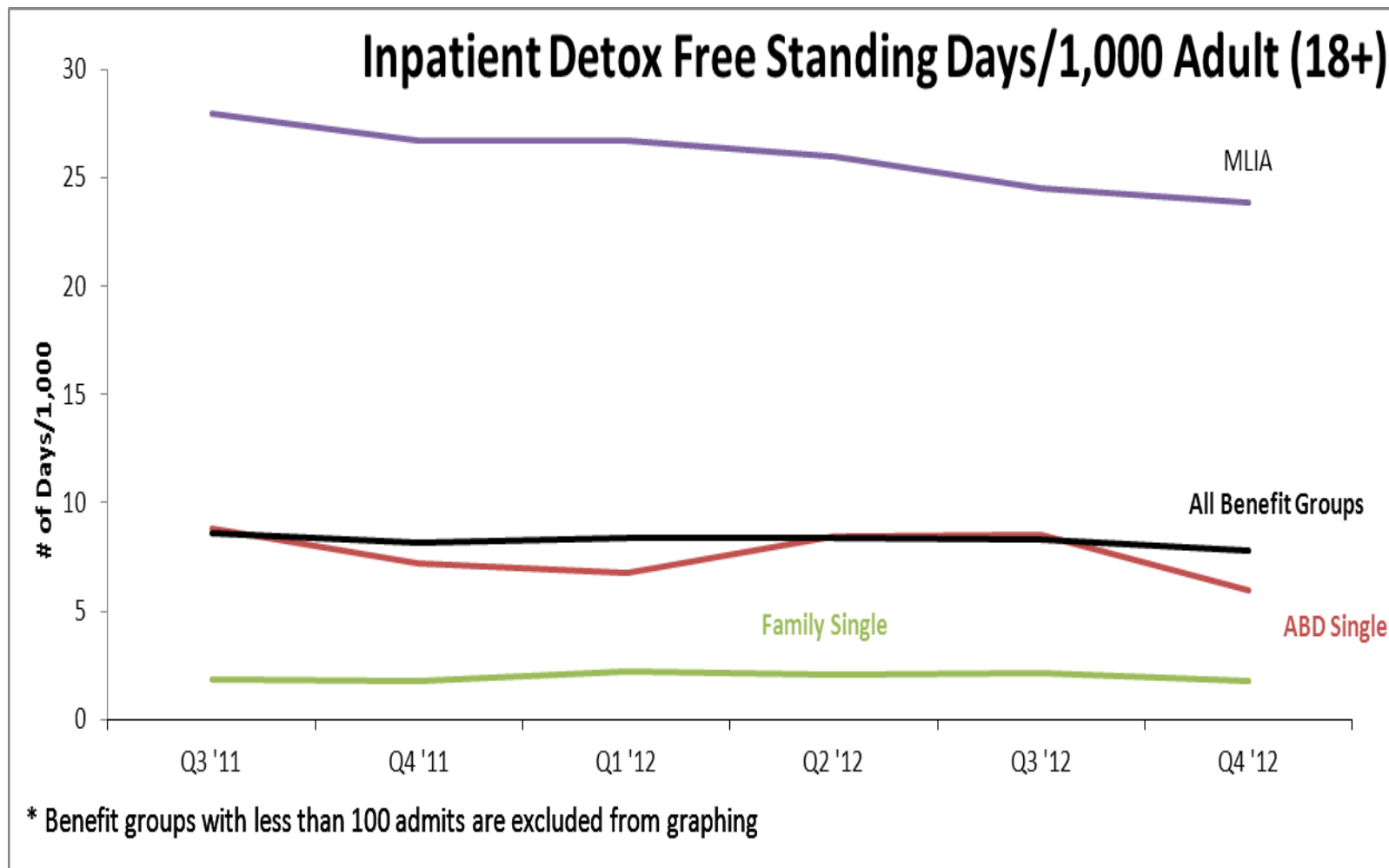




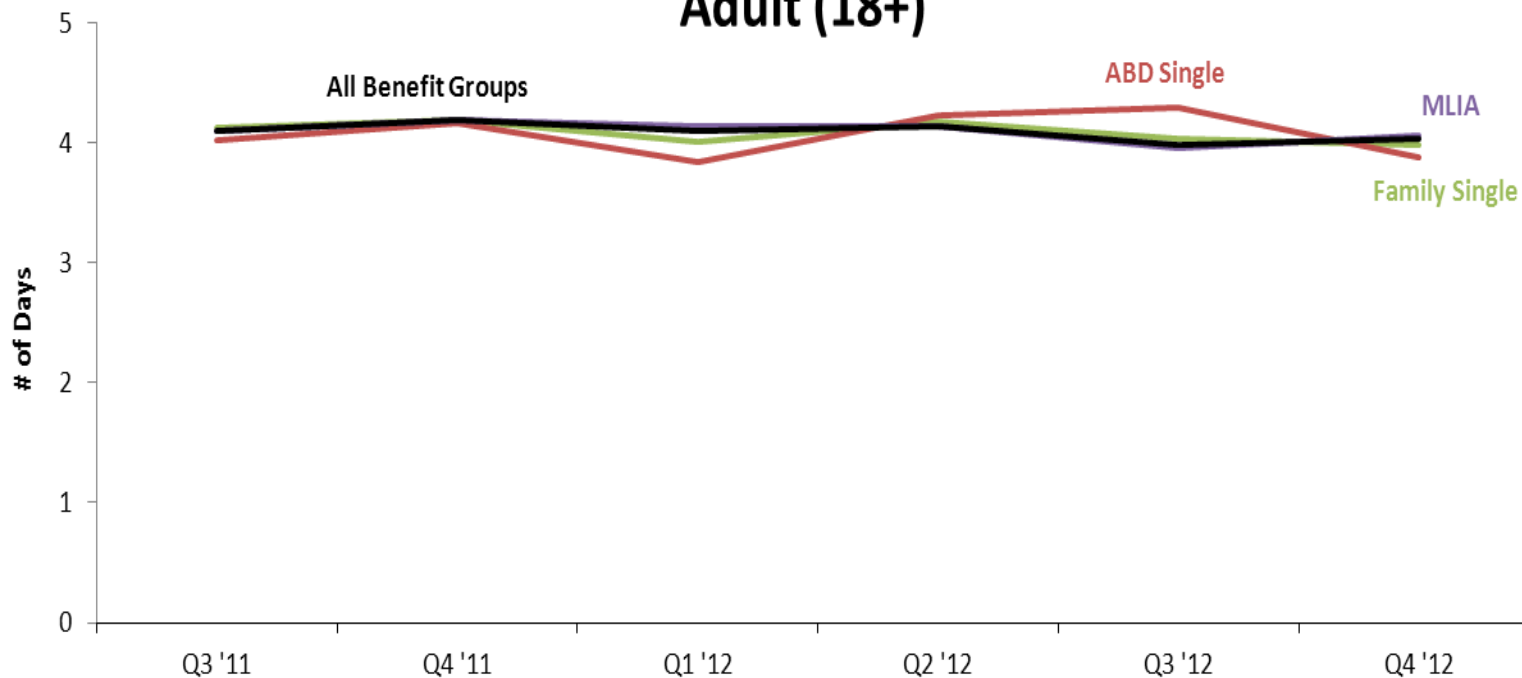
## Inpatient Detox Free Standing Admits/1,000 Adult (18+)



\* Benefit groups with less than 100 admits are excluded from graphing



## Inpatient Detox Free Standing Average Length of Stay Adult (18+)



\* Benefit groups with less than 100 admits are excluded from graphing

# Moving Forward 2012-2013

# 2012: Year of Data Integration and moving from auths to claims

What does it take to integrate data sets from multiple agencies?

Common challenges encountered:

- Lack of common member identifier across data sets

Example: Medicaid ID vs. DMHAS identifier vs. DCF identifier

- Space in data warehouse to save multiple data sets
- Staff with expertise in manipulating large data sets
- Staff with high level statistics skills
- Inconsistency of data collection

# Addressing the barriers

Use of software to match on other demographic variables

Expansion of data warehouse

Hire high level statisticians and analysts with expertise in SAS to handle large data sets

Implementation of performance improvement centers to address inconsistent data entry

Multi-agency workgroups to analyze findings and determine next steps

# Projects Undertaken

- DSS Claims Data integrated with ValueOptions Authorization Data to Produce Emergency Department reports
- Integrated DMHAS Periodic Assessment data with DSS Claims data to produce IOP Utilization and Outcome reports
- DSS Claims Data used to produce Home Health Utilization Reporting



# 2013 Innovation: Moving Towards Outcomes

- DSS claims data used to produce reports displaying changes in utilization of patterns of Home Health Medication Administration services over time
- Integration of DCF Programs & Services Data Collection & Reporting System (PSDCRS) Data with DSS Claims Data to produce Outcome measures of members receiving IICAPs services

# Changes in Utilization Patterns of Home Health Members (Claims data)

Q1 '12 BID		Q2 '12		Q3 '12							
				BID	Between	QD	Lower	No HH Services	Changed Providers	IP >21 Days	Inelig >21 Days
BID	1,032	BID	850	692	100	6	3	9	17	7	16
Between		Between	82	27	11	11	3	23	1	2	4
QD		QD	27	1	-	20	6	-	-	-	-
Lower		Lower	17	1	2	4	3	6	-	-	1
No Home Health Services		No Home Health Services	10	-	-	-	-	9	1	-	-
Changed Providers		Changed Providers	21	-	-	-	-	-	21	-	-
Inpatient > 21 Days		Inpatient > 21 Days	12	-	3	1	-	5	2	1	-
Ineligible > 21 Days		Ineligible > 21 Days	13	5	-	-	-	8	-	-	-
Total	1,032	TOTAL	1,032	726	116	42	15	60	42	10	21