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

- CY2007: 231,625
- CY2008: 241,325
- CY2009: 250,397
Total Members in Inpatient Hospital Care

- CY2007: 2,422
- CY2008: 2,660
- CY2009: 2,722
Number of Cases in Delay Status

<table>
<thead>
<tr>
<th>CY2007</th>
<th>CY2008</th>
<th>CY2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>504</td>
<td>419</td>
<td>333</td>
</tr>
</tbody>
</table>

*CY 2007 total extrapolated from Q3/Q4 data
% Cases Delayed

- CY 2007: 16.50%
- CY 2008: 14.15%
- CY 2009: 11.28%

* CY 2007 total extrapolated from Q3/Q4 data
Average Days of Delay for Delayed Discharges

<table>
<thead>
<tr>
<th>Year</th>
<th>Days of Delay</th>
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<tbody>
<tr>
<td>CY2007</td>
<td>42.64</td>
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<tr>
<td>CY2008</td>
<td>36.09</td>
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<tr>
<td>CY2009</td>
<td>18.01</td>
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</tbody>
</table>

* CY 2007 total extrapolated from Q3/Q4 data
Percent of Inpatient Days in Delay Status

- CY2007: 32.08%
- CY2008: 25.54%
- CY2009: 14.63%

* 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

- CY2007: 4.37%
- CY2008: 4.00%
- CY2009: 4.32%
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?