

Data Analytics for Integrated Care Initiative

Preliminary Review and Considerations for Next Steps

August 7, 2012

Mission Vision Goals

- **Mission**

- To transform the delivery system through purchasing person-centered, comprehensive, coordinated, quality health care and support services.

- **Vision**

- The State of Rhode Island will have an integrated health care system for all Medicaid only and MME members that achieves better health and well being, better health care and lower costs...

- **Goals**

- Enhance integration and coordination of services in a person centered system of care.
- Increase proportion of individuals successfully residing in a community setting.
- Reduce long term care costs by providing patient-centered care in the most appropriate and cost effective setting
- Decrease avoidable hospitalizations, emergency room utilization and nursing home admissions and days.
- Improve and maintain recipient's quality of life

Considerations in Data Analytics

- Data Book to Be Included in and Help Guide Development of Procurement Documents
 - Usefully describe overall population to ourselves and to potential bidders to better understand:
 - Population characteristics
 - Current patterns of utilization, costs
 - Trends
 - Opportunities for intervention
- Inform Design of Program
 - Better understand current context and environment
 - Examination of patterns of care and utilization can help to pinpoint opportunities for intervention to achieve program goals
 - Hypotheses about effective interventions for key populations will inform development of vendor performance requirements and purchasing approaches.
 - Impact on design of care model.
- Basis for Pricing and Related Approaches to Risk Adjustment
- Assist in Establishing Baselines for Quality and Outcome Measures
 - Quality and Outcome Measures
 - Performance in relation to goals

Focus in This Presentation is on Duals

NOTE: Unless otherwise noted all data is based on SFY 2011

Focus on Duals

Full duals. Does not include <21; partial duals; PACE; expenses charged to BHDDH funding source

What is the distribution of duals by category? By eligibles, by expenditure?							
Focus on full duals							
By LTC Type - SFY 2011	Avg eligibles	Unique users	Turnover	Pct of Pop (avg elig)	Total \$\$	Pct of \$\$	PMPM
LTC	5,877	6,779	86.7%	21.1%	\$ 302,614,461	77.7%	\$ 4,291
MRDD	2,317	2,392	96.9%	8.3%	\$ 5,380,502	1.4%	\$ 194
SPMI	2,858	3,286	87.0%	10.2%	\$ 6,445,847	1.7%	\$ 188
Waiver	2,990	3,300	90.6%	10.7%	\$ 55,875,697	14.3%	\$ 1,557
Community	13,852	17,099	81.0%	49.7%	\$ 19,143,175	4.9%	\$ 115
Total	27,894	32,856	84.9%	100.0%	\$ 389,459,682	100%	\$ 1,164
2012 06 07 KB							

- 21.1% of population in LTC setting >90 days; 77.7% of total dollars
- Community population represents 50% of population, 5% of expenditures

What is the level of participation in Medicare Advantage?

Does it vary by population group?

Duals by Participation in Medicare Advantage vs Medicare FFS							
	LTC	MRDD	Waiver	SPMI	Med Needy	Cat Needy	Total
Total Users	6,732	2311	3,275	3183	951	14171	30,623
Avg eligibles	5,877	2317	2,990	2858	431	13421	27,894
Users							
Medicare Adv	1,951	233	581	161	177	1234	4337
Medicare FFS	4,991	2083	2,725	3037	785	13016	26637
Pct of Users							
Medicare Adv	29.0%	10.1%	17.7%	5.1%	18.6%	8.7%	14.2%
Medicare FFS	74.1%	90.1%	83.2%	95.4%	82.5%	91.8%	87.0%
Note: Medicare Advantage share is highest for persons in LTC. Lower for community living, no HCBS							
Higher proportion of LTC and Waiver point to opportunity for coordination with Medicare MCO.							
More than 100% b/c some in both during year							

- **MEDICARE ADVANTAGE JUST UNDER 14.2% OF RHODE ISLAND DUALS.**
- **HIGHEST MEDICARE ADVANTAGE ENROLLMENT IS HIGHER NEED POPULATIONS. DOES THIS HAVE IMPLICATIONS REGARDING OPPORTUNITIES FOR SERVICES COORDINATION?**

What is distribution of the LTC population by setting?

LTC	avg elig
Hospice	1038
Slater	204
Tavares	2
Zambrarand	12
NH>90 days	4621
	5877

ON AVERAGE, 79% OF INSTITUTIONALLY BASED LTC POPULATION IS IN THE NH SETTING

What Portion of the Population has Multiple Chronic Conditions?

What is the co-morbidity with Behavioral Health Diagnoses?

How Do These Factors Affect Medicaid Expenditures?

DUALS

Row Labels	Chronic Conditions Present								Chronic Conditions T total			
	BH Present				No BH Present				Eligibility		Financial	
	Eligibility		Financial		Eligibility		Financial		Eligibility		Financial	
	Avg Eligibles	Percent Group Total	PMPY Equivalent	Percent Group Total	Avg Eligibles	Percent Group Total	PMPY Equivalent	Percent Group Total	Avg Eligibles	Percent Group Total	PMPY Equivalent	Percent Group Total
Community Other	5,486	100.0%	\$2,415.53	100.0%	8,807	100.0%	\$1,185.28	100.0%	14,293	100.0%	\$1,657.51	100.0%
a. 0				0.0%		0.0%		0.0%		0.0%		0.0%
b. 1 condition	1,024	18.7%	\$1,618.49	12.5%	2,507	28.5%	\$916.70	22.0%	3,531	24.7%	\$1,120.18	16.7%
c. 2-5 conditions	3,935	71.7%	\$2,339.03	69.5%	6,009	68.2%	\$1,228.96	70.7%	9,944	69.6%	\$1,668.24	70.0%
d. 6-10 conditions	526	9.6%	\$4,535.06	18.0%	290	3.3%	\$2,600.06	7.2%	817	5.7%	\$3,846.97	13.3%
e. 11-17 conditions	1	0.0%	\$3,733.31	0.0%		0.0%		0.0%	1	0.0%	\$3,733.31	0.0%
LTC	3,744	100.0%	\$52,754.95	100.0%	1,683	100.0%	\$50,059.26	100.0%	5,428	100.0%	\$51,918.94	100.0%
a. 0				0.0%		0.0%		0.0%		0.0%		0.0%
b. 1 condition	564	15.1%	\$51,365.46	14.7%	687	40.8%	\$49,478.62	40.3%	1,251	23.0%	\$50,329.17	22.3%
c. 2-5 conditions	2,806	74.9%	\$53,440.91	75.9%	954	56.7%	\$50,584.06	57.3%	3,760	69.3%	\$52,715.99	70.3%
d. 6-10 conditions	372	9.9%	\$49,771.17	9.4%	42	2.5%	\$47,649.88	2.4%	414	7.6%	\$49,554.36	7.3%
e. 11-17 conditions	3	0.1%	\$41,852.96	0.1%		0.0%		0.0%	3	0.1%	\$41,852.96	0.0%
Waiver	1,807	100.0%	\$12,738.47	100.0%	3,097	100.0%	\$11,773.58	100.0%	4,904	100.0%	\$12,129.10	100.0%
a. 0				0.0%		0.0%		0.0%		0.0%		0.0%
b. 1 condition	137	7.6%	\$5,870.85	3.5%	712	23.0%	\$7,990.23	15.6%	849	17.3%	\$7,647.54	10.9%
c. 2-5 conditions	1,290	71.4%	\$12,300.41	68.9%	2,168	70.0%	\$12,142.90	72.2%	3,458	70.5%	\$12,201.65	70.9%
d. 6-10 conditions	379	21.0%	\$16,740.51	27.6%	217	7.0%	\$20,486.94	12.2%	596	12.2%	\$18,105.33	18.1%
e. 11-17 conditions	1	0.1%	\$3,897.22	0.0%		0.0%		0.0%	1	0.0%	\$3,897.22	0.0%
Grand Total	11,038		\$21,182.94		13,587		\$9,653.95		24,625		\$14,821.63	

What is the Basis for the Classification of Chronic Conditions?

CHRONIC CONDITION GROUPINGS

<i>List of possible chronic condition (as defined by AHRQ/HCUP "Body Systems")</i>			
1	<i>Certain conditions originating in the perinatal period</i>		
2	<i>Complications of pregnancy, childbirth, and the puerperium</i>		
3	<i>Congenital anomalies</i>		
4	<i>Diseases of blood and blood-forming organs</i>		
5	<i>Diseases of the circulatory system</i>		
6	<i>Diseases of the digestive system</i>		
7	<i>Diseases of the genitourinary system</i>		
8	<i>Diseases of the musculoskeletal system</i>		
9	<i>Diseases of the nervous system and sense organs</i>		
10	<i>Diseases of the respiratory system</i>		
11	<i>Diseases of the skin and subcutaneous tissue</i>		
12	<i>Endocrine, nutritional, and metabolic diseases and immunity disorders</i>		
13	<i>Factors influencing health status and contact with health services</i>		
14	<i>Infectious and parasitic disease</i>		
15	<i>Injury and poisoning</i>		
16	<i>Mental disorders</i>		
17	<i>Neoplasms</i>		
18	<i>Symptoms, signs, and ill-defined conditions</i>		

To what degree do Rhode Island duals have a dementia related diagnosis?

Dementia Present	Dementia Totals				
	Eligibility		Financial		
Row Labels	Avg Eligibles	Percent Group Total	Percent Overall Total	PMPY Equivalent	Percent Group Total
Community Other	626	100.0%	13.4%	\$6,184.12	100.0%
a. 0	2	0.3%	0.0%		0.0%
b. 1 condition	125	20.0%	2.7%	\$4,692.54	15.2%
c. 2-5 conditions	410	65.5%	8.8%	\$6,206.41	65.7%
d. 6-10 conditions	89	14.2%	1.9%	\$8,315.33	19.1%
e. 11-17 conditions	0	0.0%	0.0%	\$0.00	0.0%
LTC	3,539	100.0%	76.0%	\$46,152.00	100.0%
a. 0	2	0.1%	0.0%		0.0%
b. 1 condition	622	17.6%	13.4%	\$40,210.14	15.3%
c. 2-5 conditions	2,613	73.8%	56.1%	\$47,549.25	76.1%
d. 6-10 conditions	302	8.5%	6.5%	\$46,441.73	8.6%
e. 11-17 conditions	0	0.0%	0.0%	#DIV/0!	0.0%
Waiver	491	100.0%	10.5%	\$18,611.69	100.0%
a. 0	0	0.0%	0.0%		0.0%
b. 1 condition	27	5.5%	0.6%	\$11,844.29	3.5%
c. 2-5 conditions	346	70.5%	7.4%	\$19,327.43	73.2%
d. 6-10 conditions	118	24.0%	2.5%	\$18,061.46	23.3%
e. 11-17 conditions	0	0.0%	0.0%	#DIV/0!	0.0%
Grand Total	4,656			\$37,874.04	

Summary of Medicaid Spending for Duals in Target population

What is the total Medicaid spend for duals? How is it distributed?.								
	LTC	MRDD	Waiver	SPMI	MedNeedy	NotMedNeedy	Total	
NH/Hospice	\$ 296,138,789	\$ 129,186	\$ 2,022,117	\$ 138,701	\$ 1,873,298	\$ 3,917,381	\$ 304,219,472	
Pers Care	\$ 1,330,329	\$ -	\$ 37,721,118	\$ 1,578	\$ 525	\$ 55,108	\$ 39,108,658	
Crossover	\$ 1,645,667	\$ 611,091	\$ 2,006,765	\$ 1,152,070	\$ 236,541	\$ 5,716,864	\$ 11,368,997	
Asst Living	\$ 185,052	\$ 13,385	\$ 4,921,328	\$ -	\$ -	\$ -	\$ 5,119,766	
Ambulance	\$ 862,375	\$ 2,602,883	\$ 1,676,127	\$ 1,122,377	\$ 64,971	\$ 1,196,303	\$ 7,525,036	
Dental	\$ 558,532	\$ 356,592	\$ 256,271	\$ 556,829	\$ 56,360	\$ 1,557,366	\$ 3,341,949	
Adult Day Care	\$ 90,123	\$ 265,666	\$ 964,278	\$ 1,083,004	\$ 29,604	\$ 659,167	\$ 3,091,842	
DME/Supplies	\$ 186,649	\$ 916,198	\$ 1,932,895	\$ 84,884	\$ 17,280	\$ 452,156	\$ 3,590,062	
Inpatient	\$ 481,191	\$ 23,247	\$ 108,630	\$ 983,545	\$ 620	\$ 786,325	\$ 2,383,558	
TBI	\$ 205,293	\$ 169,924	\$ 1,179,554	\$ -	\$ -	\$ 509,599	\$ 2,064,371	
Outpatient	\$ 49,741	\$ 83,913	\$ 855,888	\$ 126,825	\$ 3,364	\$ 453,969	\$ 1,573,700	
Rx	\$ 56,489	\$ 97,052	\$ 79,825	\$ 215,443	\$ 14,363	\$ 607,853	\$ 1,071,025	
Behavioral Health	\$ 706	\$ 33,827	\$ 18,613	\$ 826,889	\$ 1,269	\$ 78,089	\$ 959,393	
Other	\$ 818,109	\$ 77,539	\$ 2,117,781	\$ 153,703	\$ 12,871	\$ 838,754	\$ 4,018,757	
Total	\$ 302,609,045	\$ 5,380,502	\$ 55,861,191	\$ 6,445,847	\$ 2,311,065	\$ 16,828,935	\$ 389,436,585	

Percent of total on NH/Hospice 78.1%

Percent of NH/Hospice on LTC population 97.3%

- SPECIFIC BEHAVIORAL HEALTH SPEND IS .025% OF TOTAL.

Comparison of Distribution of Spending: Institutional LTC vs. Waiver Populations

Distribution of Expenditure	For Waiver Population	For LTC Population
NH/Hospice	3.6%	97.9%
Pers Care	67.5%	0.4%
Crossover	3.6%	0.5%
Asst Living	8.8%	0.1%
Ambulance	3.0%	0.3%
Dental	0.5%	0.2%
Adult Day Care	1.7%	0.0%
DME/Supplies	3.5%	0.1%
Inpatient	0.2%	0.2%
TBI	2.1%	0.1%
Outpatient	1.5%	0.0%
Rx	0.1%	0.0%
Behavioral Health	0.0%	0.0%
Other	3.8%	0.3%
Total	100.0%	100.0%

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Patterns of Transition/Migration from Population Group to Another *Community living to other groups*

Of those who were community living, not medically needy, how many of them progress to Waiver or LTC?				
Based on Unique Not Medically Needy Users, How many who are in the Community Living group in 2008				
			3 yrs 2008/2011	1 yr 2009/2010
	a) Are still Medicaid eligible in 2011		75.0%	87.8%
	a) Move to waiver from period 2008 to 2011		6.0%	1.5%
	b) Move to LTC from period 2008 to 2011		3.3%	2.2%
		TOTAL	9.3%	3.7%
	Unique Users			
LTC		351	433	515
MRDD		22	34	54
Waiver		237	800	949
SPMI		239	279	330
MedNeedy	79	84	110	121
NotMedNeed	15762	12908	11026	9907
Total	15841	13841	12682	11876
Migration from community living to waiver or to LTC is fairly small. Challenge to identify those at highest risk prior to that point. Movement to waiver likely increased in more recent period				

- ONLY A SMALL PROPORTION OF THE COMMUNITY LIVING POPULATION MOVES TO HIGHER LEVEL SUPPORTS IN A ONE YEAR PERIOD OR IN A THREE YEAR PERIOD.

Patterns of Transition/Migration from Population Group to Another

Persons receiving waiver services

What happens to people who are receiving HCBS?						
Of those duals receiving HCBS services in 2008, how many of them:					2008/2011	
a) Remain eligible for Medicaid over three years?					67%	
a) Persist in HCBS over three years?					48.5%	
b) Transition to LTC?					14.4%	
Unique Users	SFY08	SFY09	SFY10	SFY11	SFY 2008/ 2011	SFY 2010/2011
LTC		197	279	333	14.4%	3.8%
MRDD		1	1			
Waiver	2308	1767	1419	1120	48.5%	78.9%
SPMI		10	12	12		
MedNeedy		4	7	8		
NotMedNeedy		88	84	71		
Total	2308	2067	1802	1544	66.9%	85.7%

HCBS in 2010 to
LTC in 2011

- FROM 2010 TO 2011 3.8% OF PERSONS IN THE WAIVER GROUP MOVED TO THE LTC GROUP.
- OVER 3 YEARS, 14.4% MOVED TO LTC

Patterns of Transition/Migration from Population Group to Another

LTC care population

What happens to duals who are in LTC over time?							
Among unique users of LTC in 2008, how many are:							
	a) Medicaid eligible at all three years later?					44.0%	
	b) Medicaid eligible and in LTC					40.1%	
	c) Medicaid eligible but no longer in LTC?					274	3.9%
Unique Users Type	SFY08	SFY09	SFY10	SFY11	SFY 08/11		
LTC	6976	5116	3671	2794	40.1%		
MRDD		5	6	7			
Waiver		24	29	31	0.4%		
SPMI		17	26	26			
MedNeedy		134	87	64			
NotMedNeedy		245	182	146			
Total	6976	5541	4091	3068	44.0%		
Significant turnover in population over three years							
Most due to loss of eligibility, likely primarily due to death.							
Few return to community in one or another manner:							

- 56% OF THOSE IN THE LTC POPULATION IN 2008 WERE NO LONGER MEDICAID ELIGIBLE IN 2011

- ONLY 3.9% OF THOSE IN THE LTC POPULATION IN 2008 REMAINED ELIGIBLE IN 2011 AND WERE NO LONGER IN THE LTC GROUP.

Patterns of Transition/Migration from Population Group to Another

Pathways into LTC

Where did the duals who are in LTC in 2011 come from?					
Of unique users in 2011:					
a) how many were Medicaid eligible three years earlier?					57.1%
two years earlier?					70.6%
one year earlier?					86.9%
b) how many were we serving in a prior year with HCBS services?					sfy10/sfy11
					3.9%
from community not in HCBS					8.8%
	Unique Users SFY08	SFY09	SFY10	SFY11	08 vs 11
LTC	2794	3757	5028	6779	41.2%
MRDD	26	19	12		
Waiver	333	273	266		
SPMI	92	73	38		
MedNeedy	117	212	237		
NotMedNeedy	512	452	311		
Total	3874	4786	5892	6779	57.1%
864	12.7%	of persons in LTC in 2011 had presence in community in the prior year.			
We know who most of the people are before they become LTC users.					
There are more people moving to LTC from other categories than from Waiver groups.					
Could point to effectiveness of waiver and/or need to better identify persons at risk					

- 86.7% OF THOSE IN LTC IN 2011 WERE MEDICAID ELIGIBLE IN 2011.

- OF THE 6,779 PERSONS IN LTC IN 2012, 50,28 WERE IN LTC IN 2010. OF THE ADDITIONAL 1,751 WHO BECAME LTC DUALS IN 2011 864 OR 49% WERE IN OTHER MEDICAID POPULATION GROUPS IN 2010.

Age Comparison of those in LTC vs Waiver Population

sfy2008	Daily Census	Average Age
INSTITUTIONAL CARE		
Nursing Home	5572	82
Hospice	420	86
Slater	290	54
Tavares	21	15
TOTAL	6303	81
HOME AND COMMUNITY BASED WAIVERS		
Waiver		
A&D	1583	68
Pers Choice/Hab	176	54
Asst Living	173	84
TOTAL	1932	68

- THE WAIVER POPULATION IS SIGNIFICANTLY YOUNGER THAN THE LTC POPULATION

Role of Medicare as a payer by Population Group

What is the total number of NH days?								
What portion of those days are 100% Medicaid? What portion is Medicare the primary payer?								
	LTC	MRDD	Waiver	SPMI	Med Needy	Not Med Needy	Total	
Medicaid @ 100%	1,704,427	481	7,716	493	13,790	19,611	1,746,518	
Medicaid @ wrap	56,015	793	9,793	756	2,849	9,932	80,138	
Total days	1,760,441	1,274	17,509	1,249	16,639	29,543	1,826,656	
Percent Medicaid 100%	96.8%	37.7%	44.1%	39.5%	82.9%	66.4%	95.6%	
Percent Medicare Primary	3.2%	62.3%	55.9%	60.5%	17.1%	33.6%	4.4%	

- MEDICARE IS THE PRIMARY PAYER FOR 4.4% OF TOTAL DAYS THAT MEDICAID PAYS FOR
- MEDICARE IS THE PRIMARY PAYER FOR A MUCH HIGHER PORTION OF DAYS IN THE OTHER GROUPS
- REGARDING GOAL: DECREASE AVOIDABLE HOSPITALIZATIONS, EMERGENCY ROOM UTILIZATION AND NURSING HOME ADMISSIONS AND DAYS

	NH Days/1000 sfy 2011	Admissions/1000 - using all admits
Full Duals		
Medicaid only	62,613	
Medicare Prime	2,873	
Total	65,486	379

NH admissions by Length of Stay

What is the distribution of NH admissions by length of stay during the 12 months of SFY 2011?									
Admits									Pct
Data	DayTally	LTC	MRDD	Waiver	SPMI	Med Needy	Not Med Needy	Total	
Admits	<=90	2,310	44	559	36	406	813	4,168	39.4%
	91-180	1,786						1,786	16.9%
	181-270	1,328						1,328	13%
	271-360	1,105						1,105	10%
	361+	2,185						2,185	21%
Total Admits		8,714	44	559	36	406	813	10,572	100%
% of Total Admits by Pop		82.4%	0.4%	5.3%	0.3%	3.8%	7.7%		
Unique users within each category		6,065	30	369	27	297	538	7,326	

- 7,326 PEOPLE ACCOUNT FOR 10,572 ADMISSIONS OR 1.44 ADMISSION PER PERSON

-IN THE LTC GROUP THERE ARE 8,714 ADMISSIONS FOR 6,065 PEOPLE OR 1.44 ADMISSION PER PERSON.

Prevalence of Multiple NH Admissions within the LTC Group

Among those in the LTC group, how many people had 2 or more NH admissions?

LTC Recipients by Number of Admits and Expenditures During SFY 2011				
Admits	Pd@100%	Percent of Expenditures	Uniq Recips	Percent of Unique users
1	\$191,494,988	70.60%	4,277	70.50%
2	\$56,062,505	20.70%	1,252	20.60%
3	\$15,720,036	5.80%	351	5.80%
4 or more	\$7,808,953	2.70%	185	3.00%
Total	\$271,086,481	100.00%	6,065	100.00%
1	\$191,494,988	70.60%	4,277	70.50%
2 or more	\$79,591,493	29.40%	1,788	29.50%

Findings: 70.5% of the recipients incurred 1 admit during SFY11, 20.6% incurred 2, 8.8% incurred 3 or more.

For the 1,788 or 29.5% with 2 or more admits, what was their discharge status?

Primary question: What portion of these discharges were to home/community where their readmission might point to missed opportunities for support in the community?

- WHAT PORTION TO INPATIENT?

LTC Discharge Status

LTC - Discharge Status From Initial Discharge to 2nd Admit			
Note: includes all costs, not just the cost of 1st and/or 2nd admit. 2+			
Patient Status	Number of days from discharge to re-admit	Uniq Recips	% Recips
Still a Patient		827	46.30%
IP	<1	200	11.20%
	1-7	369	20.60%
	8-14	113	6.30%
	15-21	44	2.50%
	>21	60	3.70%
IP Total		786	44.00%
Home	<1	35	2.00%
	1-7	14	0.80%
	8-14	7	0.40%
	15-21	5	0.30%
	>21	12	1.10%
Home Total		73	4.10%
SNF		58	3.20%
ICF		33	1.80%
Expired		9	0.50%
AMA		2	0.10%
Total		1,788	100.00%

Findings: Of the recipients who have 2 or more admits, 46.3% maintain a nh status, ie. still a patient; 44% are transferred to an IP facility; 4.1% are transferred home.

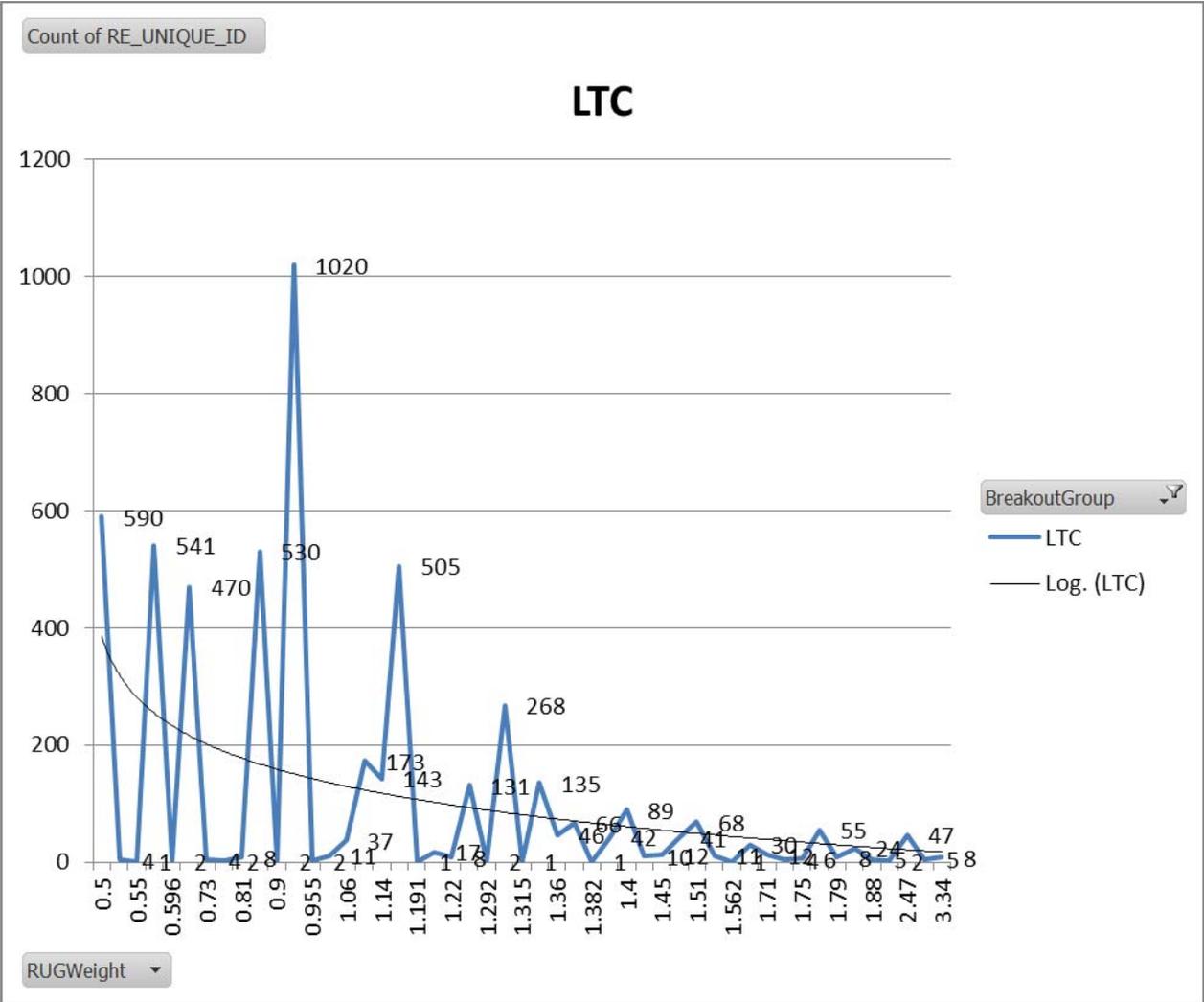
-VERY FEW NH DISCHARGES ARE TO A HOME OR COMMUNITY SETTING

NH Readmissions by Days From Discharge to Readmission

"Days Away", ie. from Initial Discharge to Following admission.					
Note: includes all costs, not just the cost of 1st and/or 2nd admit. 2+ admits.					
BreakDays	Uniq Recips	% Recips	Pd@100%	% Pd	Cum Pct
<1	1,035	57.9%	\$49,013,813	61.6%	61.60%
1-7	436	24.4%	\$18,533,088	23.3%	84.90%
8-14	136	7.6%	\$5,575,526	7.0%	91.90%
15-21	68	3.8%	\$2,629,983	3.3%	95.20%
>21	113	6.6%	\$3,839,083	4.9%	100.10%
Total	1,788	100.0%	\$79,591,493	100.0%	
Findings: Of the recipients who have 2 or more admits, nearly 60% maintain a nh status, ie. still a patient or transferred to another nh. 24.4% leave the nh for <= 1 week.					

-85% OF READMISSIONS TO NH OCCUR WITHIN 7 DAYS OF DISCHARGE

Distribution of LTC Population by RUG Weight for Most Recent MDS in SFY 2011



- SIGNIFICANT PORTION OF THOSE IN LTC GROUP WITH A RUG WEIGHT LESS THAN .90

Distribution of Nursing Facility Residents by RUG (based on most recent MDS)

Group	RUG Weight Band	Assessment Count	Avg Eligibles	Total Paid	Per Avg Elig Paid
LTC	0a. No RUG available	212	171	\$7,592,429	\$44,475
LTC	1c. Low 0.50-0.75	1,545	1,441	\$80,064,770	\$55,543
LTC	1d. Low 0.75-1.0	1,512	1,413	\$77,863,715	\$55,105
LTC	2a. Moderate 1.0-1.25	862	808	\$43,731,577	\$54,115
LTC	2b. Moderate 1.25-1.50	810	765	\$40,602,950	\$53,056
LTC	2c. Moderate 1.50-1.75	122	113	\$5,817,328	\$51,267
LTC	2d. Moderate 1.75-2	93	85	\$4,224,570	\$49,491
LTC	3a. high 2.0-2.25	2	2	\$77,670	\$41,394
LTC	3b. high 2.25-2.50	50	45	\$2,148,762	\$47,421
LTC	c. Very High	7	7	\$334,888	\$51,284
		5,215	4,851	\$262,458,660	\$54,102

Potential framework for Pricing, Risk Adjustment for Purchasing

LTC > 90 days	Level/Type I Level/Type II Level/Type III	How does MDS data inform? Distribution of RUG scores Number of chronic conditions BH co-morbidity
Community Based - Waiver	Dx High BH Dementia Medical complexity	
MRDD		
SPMI		
Community other		

Comments, Questions

- How does this data or additional data inform decisions on:
 - what the State seeks to purchase?
 - what interventions would be most effective? There appear to be at least three distinct key groups – LTC, waiver, community – currently be served within differing systems of care for differing types of needs
 - The degree of current migration from one group to the next is comparatively small year-over-year.
 - To achieve impact/program goals - Interventions need to be effectively targeted.
- Largest cost area is LTC/NH. Rhode Island has current and emerging models including Nursing Home transition and in Money Follows the Person.
- 50% of Additional LTC group in 2011 vs. 2011 appear to come from outside Medicaid system

Comments, Questions

- What should be Rhode Island's goals for Initiative?
 - Reduce migration from community to LTC?
 - Waiver to NH?
 - NH to community?