

State of Rhode Island and Providence Plantations

Budget



Fiscal Year 2013

Volume II – Human Services

Lincoln D. Chafee, Governor

Budget

Human Services Function Expenditures

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Object					
Personnel	358,592,879	385,398,231	397,010,817	415,408,001	423,436,512
Operating Supplies and Expenses	77,519,347	75,778,825	80,553,408	89,241,806	97,395,659
Assistance and Grants	2,435,725,761	2,536,772,654	2,596,853,120	2,604,577,558	2,629,770,240
Subtotal: Operating Expenditures	2,871,837,987	2,997,949,710	3,074,417,345	3,109,227,365	3,150,602,411
Capital Purchases and Equipment	6,483,845	4,589,306	32,595,488	20,561,394	22,720,065
Operating Transfers	9,394,501	9,943,821	5,827,016	6,398,921	6,248,921
Total Expenditures	\$2,887,716,333	\$3,012,482,837	\$3,112,839,849	\$3,136,187,680	\$3,179,571,397
Expenditures By Funds					
General Revenue	1,005,142,599	1,096,983,234	1,258,450,586	1,268,681,576	1,286,039,839
Federal Funds	1,836,780,592	1,862,832,488	1,770,335,050	1,794,592,838	1,816,814,684
Restricted Receipts	36,975,154	43,224,502	53,148,702	55,545,378	53,691,339
Operating Transfers from Other Funds	8,614,288	9,292,178	30,905,511	17,367,888	23,025,535
Other Funds	203,700	150,435	-	-	-
Total Expenditures	\$2,887,716,333	\$3,012,482,837	\$3,112,839,849	\$3,136,187,680	\$3,179,571,397
FTE Authorization	3,368.5	3,613.2	3,616.7	3,591.7	3,599.2

Agency

Office Of Health And Human Services

Agency Mission

To manage the organization, design and delivery of health and human services; to develop and implement an efficient and accountable system of high quality, integrated health and human services; to effectively administer the Medical Assistance program.

Agency Description

The Executive Office of Health and Human Services (EOHHS) serves as the “principal agency of the executive branch of state government” (R.I.G.L. 42-7.2-2) responsible for managing the departments of: Health (DOH); Human Services (DHS); Children, Youth and Families (DCYF); and Behavioral Health care, Developmental Disabilities, and Hospitals (BHDDH). In FY 2011, these agencies provided direct services to over 300,000 Rhode Islanders as well as an array of regulatory, protective and health promotion services to our communities. In FY 2011, services provided through the EOHHS agencies represented \$3.0 billion in annual spending, almost forty percent of the entire state budget.

The recent focus of EOHHS has been the continued implementation of the Global Consumer Choice Waiver (Global Waiver), the transfer of the Medicaid Single State Agency from DHS, promoting system care redesigns within and across agencies (e.g., services for persons with developmental disabilities served by DBHDDH and children at risk for or in need of DCYF services), and building the framework for the start of health care reform under the federal Patient Protection and Affordable Care Act (PPACA) of 2010. These activities complement an array of ongoing process improvement initiatives and projects underway by departments.

Statutory History

Title 42, Chapter 7.2 of the Rhode Island General Laws established the Executive Office of Health and Human Services within the Executive Branch of state government. Title 42, Chapter 12.4 entitled “Medicaid Reform Act of 2008”, is the statutory authority for the adoption of rules and regulations to implement to provisions of the Global Waiver. Title 40, Chapter 8 of the Rhode General Laws provides the State with a statutory foundation for the Medical Assistance Program.

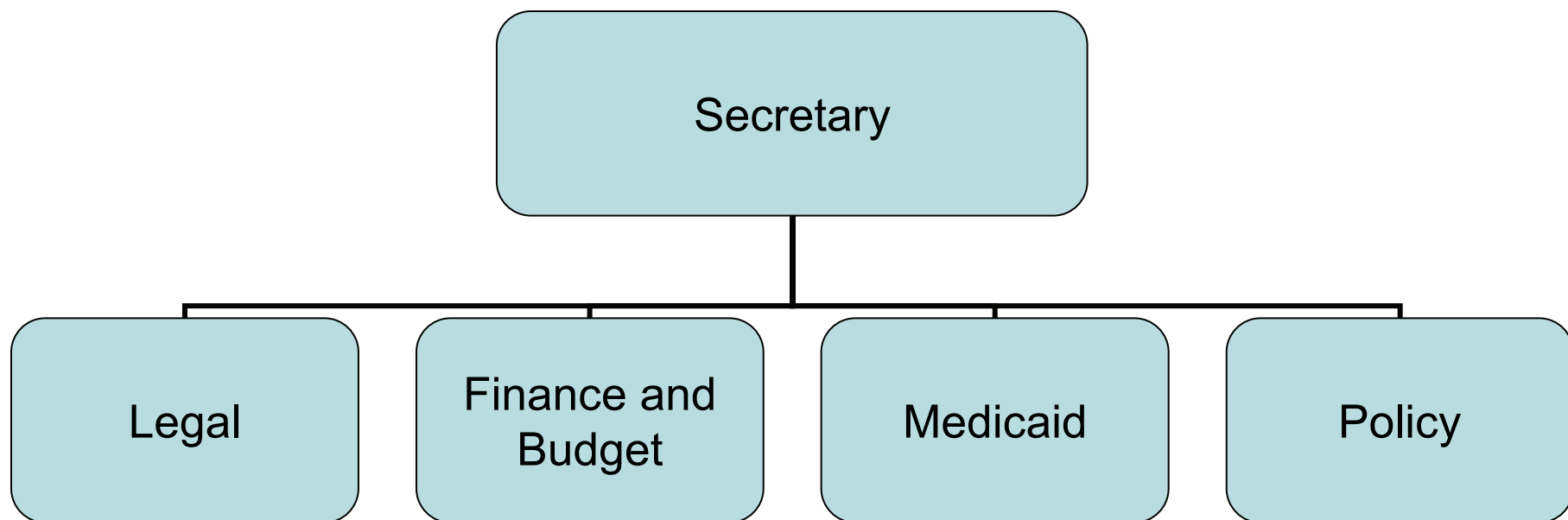
Budget

Office Of Health And Human Services

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	5,089,966	6,284,050	16,928,680	19,287,321	85,583,082
Medical Assistance	-	-	-	-	1,657,925,825
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
Expenditures By Object					
Personnel	5,062,050	6,232,692	16,908,741	19,192,966	65,354,890
Operating Supplies and Expenses	14,443	34,312	19,939	67,505	356,730
Assistance and Grants	13,473	17,046	-	26,850	1,677,707,575
Subtotal: Operating Expenditures	5,089,966	6,284,050	16,928,680	19,287,321	1,743,419,195
Capital Purchases and Equipment	-	-	-	-	89,712
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
Expenditures By Funds					
General Revenue	3,253,566	3,314,257	9,773,834	10,347,375	823,695,516
Federal Funds	1,254,175	2,367,877	6,250,134	8,042,506	907,721,810
Restricted Receipts	582,225	601,916	904,712	897,440	12,091,581
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$1,743,508,907
FTE Authorization	52.9	77.6	149.0	158.0	163.0
Agency Measures					
Minorities as a Percentage of the Workforce		2.4%	3.7%	3.7%	3.7%
Females as a Percentage of the Workforce	100.0%	54.8%	75.5%	75.5%	75.5%
Persons with Disabilities as a Percentage of the Workforce					

The Agency

Executive Office of Health and Human Services



Personnel

Office Of Health And Human Services Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Distribution by Category				
Classified	157.0	12,245,990	162.0	12,585,507
Unclassified	1.0	141,828	1.0	141,828
Turnover	-	(972,338)	-	(938,872)
Total Salaries	158.0	\$11,415,480	163.0	\$11,788,463
Benefits				
Defined Contribution Plan	-	-	-	117,886
FICA	-	858,963	-	887,312
Medical	-	1,607,748	-	1,874,583
Payroll Accrual	-	-	-	69,530
Retiree Health	-	783,100	-	808,685
Retirement	-	2,623,273	-	2,496,670
Total Salaries and Benefits	158.0	\$17,288,564	163.0	\$18,043,129
Cost Per FTE Position		\$109,421		\$110,694
Statewide Benefit Assessment	-	428,080	-	442,068
Payroll Costs	158.0	\$17,716,644	163.0	\$18,485,197
Purchased Services				
Clerical and Temporary Services	-	2,000	-	2,000
Information Technology	-	510,268	-	86,269
Legal Services	-	42,500	-	42,500
Management and Consultant Services	-	813,654	-	46,420,464
Other Contract Services	-	104,000	-	312,000
Training and Educational Services	-	3,900	-	6,460
Total Personnel	158.0	\$19,192,966	163.0	\$65,354,890
Distribution by Source of Funds				
General Revenue	86.4	10,298,268	91.4	21,666,863
Federal Funds	63.2	7,999,671	63.2	42,866,356
Restricted Receipts	8.4	895,027	8.4	821,671

Personnel

Office Of Health And Human Services

Agency Summary

	FY 2012		FY 2013	
	FTE	Cost	FTE	Cost
Total All Funds	158.0	\$19,192,966	163.0	\$65,354,890

The Program

Office Of Health And Human Services Central Management

Program Mission

To efficiently and effectively manage the major programmatic and administrative operations of the Executive Office.

Program Description

The Central Management program is comprised of five distinct units that were formed through the restructuring of functional responsibilities across the health and human services subsidiary departments and include: Office of the Secretary, Budget, Policy, Legal, and Medical Assistance (Medicaid) Administration. The structure of EOHHS is designed to achieve greater efficiency in the organization, finance, design, and delivery of services. The centralization of certain functions modernizes existing systems, leverages available resources, and streamlines service delivery and payment systems.

The transfer of the Medicaid Administration function from the Department of Human Services established EOHHS as the "Single State Agency" for Medicaid Administration in Rhode Island. Medical Assistance Administration strives to ensure access to high quality health care services, to assure the efficiency and economy of those services, to coordinate service-delivery efforts with other state departments and agencies, and to administer programs in a manner consistent with federal and state laws and regulations.

Statutory History

Title 42 Chapter 7.2 of the Rhode Island General Laws established the Executive Office of Health and Human Services within the Executive Branch of state government.

The Budget

Office Of Health And Human Services Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	5,089,966	6,284,050	16,928,680	19,287,321	85,583,082
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Expenditures By Object					
Personnel	5,062,050	6,232,692	16,908,741	19,192,966	65,354,890
Operating Supplies and Expenses	14,443	34,312	19,939	67,505	356,730
Assistance and Grants	13,473	17,046	-	26,850	19,781,750
Subtotal: Operating Expenditures	5,089,966	6,284,050	16,928,680	19,287,321	85,493,370
Capital Purchases and Equipment	-	-	-	-	89,712
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Expenditures By Funds					
General Revenue	3,253,566	3,314,257	9,773,834	10,347,375	22,408,631
Federal Funds	1,254,175	2,367,877	6,250,134	8,042,506	62,216,865
Restricted Receipts	582,225	601,916	904,712	897,440	957,586
Total Expenditures	\$5,089,966	\$6,284,050	\$16,928,680	\$19,287,321	\$85,583,082
Program Measures					
Length of Stay - Pneumonia	N/A	N/A	N/A	N/A	8.3
Objective	N/A	N/A		N/A	2.8
Length of Stay - Angina Pectoris	N/A	N/A		N/A	3.7
Objective	N/A	N/A		N/A	1.0
Length of Stay - Alcohol Dependency	N/A	N/A	N/A	N/A	5.6
Objective	N/A	N/A		N/A	11.0
Length of Stay - Chest Pain	N/A	N/A	N/A	N/A	4.0
Objective	N/A	N/A		N/A	1.2
Length of Stay - Congestive Heart Failure	N/A	N/A	N/A	N/A	7.0
Objective	N/A	N/A		N/A	1.2
Length of Stay - Depressive Disease	N/A	N/A	N/A	N/A	7.6
Objective	N/A	N/A		N/A	4.0
Length of Stay - Chronic Airway Obstructive Disease	N/A	N/A	N/A	N/A	5.1
Objective	N/A	N/A		N/A	3.3
Length of Stay - Abdominal Pain	N/A	N/A	N/A	N/A	5.4
Objective	N/A	N/A		N/A	1.4
Length of Stay - Acute Pancreatitis	N/A	N/A	N/A	N/A	4.6
Objective	N/A	N/A		N/A	3.0
Length of Stay - Recurrent Depression	N/A	N/A	N/A	N/A	8.9
Objective	N/A	N/A		N/A	6.6

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013		
		FTE	Cost	FTE	Cost	
Classified						
Deputy Director- DHS	0148A	1.0	150,762	1.0	150,762	
Executive/Associate Director	0146A	1.0	145,796	(1)	145,796	(1)
Associate Director- Management Services	0146A	2.0	262,500	2.0	262,500	
Associate Director- II MHRH	0144A	1.0	121,409	1.0	121,409	
Administrative and Legal Support Services	0143A	3.0	362,571	(1)	364,380	(1)
Chief Strategic Planning & Evaluation	0143A	1.0	119,320	(1)	119,320	(1)
Associate Director for Legal Services. (DCYF)	0141A	1.0	116,312	1.0	116,312	
Associate Director I MHRH	0142A	1.0	111,549	1.0	111,549	
Associate Director - DEA	0141A	1.0	111,466	1.0	111,466	
Implementation Director of Policy and Programs	01040A	1.0	108,625	1.0	108,625	
Assistant Director Finance and Contract Mngmt.	0141A	2.0	208,059	2.0	210,816	
Chief of Legal Services	0139A	1.0	103,358	1.0	103,358	
Consultant Public Health Nurse	0926A	10.0	1,032,815	10.0	1,032,815	
Chief Pharmacy & Related Services	0138A	1.0	103,098	1.0	103,098	
Associate Director - Medical Services	0143A	1.0	102,786	1.0	105,889	
Administrator for Medical Services	0141A	5.0	507,495	5.0	509,666	
Interdepartmental Program Manager	0139A	2.0	197,910	(1)	197,910	(1)
Assistant Administrator Fam & Childrens' Svces.	0135A	2.0	197,317	2.0	199,210	
Chief Medical Care Specialist	0134A	1.0	96,647	1.0	96,647	
Deputy Chief of Legal Services	0137A	3.0	273,980	3.0	277,083	
Community Health Nurse Coordinator	0926A	6.0	547,143	(3)	548,552	(3)
Chief of Family Health Systems	0137A	8.0	710,185	8.0	722,986	
Chief Human Services Business Officer	0A33A	2.0	169,161	2.0	171,288	
Public Assistance Bus Mgr	0A33A	1.0	83,051	1.0	84,379	
Senior Medical Care Specialist	0A30A	5.0	415,087	5.0	415,087	
Senior Legal Counsel	0134A	20.0	1,635,530	20.0	1,638,662	
Pr. Human Services Policy & Systems Spec.	0A30A	2.0	161,821	2.0	161,821	
Appeals Officer	0A30A	4.0	322,549	4.0	322,549	
Chief Rate Analyst	0135A	1.0	76,650	1.0	76,650	
Supvr. Financial Mgmt. & Reporting	0135A	1.0	76,523	1.0	76,523	
Legal Counsel	0132A	4.0	300,489	4.0	300,489	
Legal Counsel (MHRH)	0136A	2.0	149,092	2.0	149,409	
Sr. Human Services Policy & Systems Spec.	0328A	1.0	74,061	6.0	355,483	(4)
Assistant to the Director	0136A	1.0	72,100	1.0	72,100	
Principal Rate Analyst	0A28A	1.0	71,400	1.0	71,400	
Pr. Human Services Business Officer	0A28A	2.0	139,311	2.0	139,311	
Senior Systems Analyst	0A26A	1.0	69,052	1.0	69,052	
Medical Care Specialist	0A25A	4.0	257,913	(2)	258,119	(2)
Senior Rate Analyst	0A25A	3.0	189,485	3.0	195,083	
Social Case Worker II	0324A	3.0	189,480	3.0	189,608	
Chief Implementation Aide	0A28A	1.0	60,512	1.0	61,338	
Programming Services Officer	0131A	2.0	118,676	2.0	120,900	
Chief of Information and Public Relations	0A29A	1.0	57,604	1.0	59,679	
Social Case Worker	0A22A	5.0	286,120	5.0	288,425	

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013			
		FTE	Cost	FTE	Cost		
Principal Housing Specialist	0A29A	1.0	57,000	(3)	1.0	57,000	(3)
Administrative Officer	0324A	1.0	56,143		1.0	56,143	
Office Manager	0A23A	1.0	54,781		1.0	54,781	
Human Services Business Officer	022A	3.0	152,283		3.0	152,283	
Eligibility Technicians	0A21A	2.0	100,228		2.0	100,228	
Information Services Officer	0A20A	1.0	48,954		1.0	48,954	
Chief Clerk	0A16A	1.0	48,712		1.0	48,712	
Executive Assistant	0118A	1.0	48,596		1.0	48,596	
Clerk Secretary	0316A	2.0	92,697	(3)	2.0	92,697	(3)
Rate Analyst	0A22A	1.0	45,071		1.0	46,484	
Legal Assistant	0119A	2.0	87,534		2.0	87,534	
Data Control Clerk	0315A	14.0	588,960		14.0	595,405	
Paralegal Aide	0314A	2.0	82,219		2.0	83,144	
Sr. Word Processing Typist	0312A	1.0	40,000		1.0	40,000	
Word Processing Typist	0310A	1.0	39,292		1.0	39,292	
Data Entry Operator	0310A	1.0	36,750		1.0	36,750	
Subtotal		157.0	\$12,245,990		162.0	\$12,585,507	
Unclassified							
Secretary of Health and Human Services	20954KF	1.0	141,828		1.0	141,828	
Subtotal		1.0	\$141,828		1.0	\$141,828	
Turnover		-	(972,338)		-	(938,872)	
Subtotal		-	(\$972,338)		-	(\$938,872)	
Total Salaries		158.0	\$11,415,480		163.0	\$11,788,463	
Benefits							
Defined Contribution Plan		-	-		-	117,886	
FICA		-	858,963		-	887,312	
Medical		-	1,607,748		-	1,874,583	
Payroll Accrual		-	-		-	69,530	
Retiree Health		-	783,100		-	808,685	
Retirement		-	2,623,273		-	2,496,670	
Subtotal		-	\$5,873,084		-	\$6,254,666	
Total Salaries and Benefits		158.0	\$17,288,564		163.0	\$18,043,129	
Cost Per FTE Position			\$109,421			\$110,694	
Statewide Benefit Assessment		-	428,080		-	442,068	
Subtotal		-	\$428,080		-	\$442,068	
Payroll Costs		158.0	\$17,716,644		163.0	\$18,485,197	

Personnel

Office Of Health And Human Services Central Management

	Grade	FY 2012		FY 2013	
		FTE	Cost	FTE	Cost
Purchased Services					
Clerical and Temporary Services		-	2,000	-	2,000
Information Technology		-	510,268	-	86,269
Legal Services		-	42,500	-	42,500
Management and Consultant Services		-	813,654	-	46,420,464
Other Contract Services		-	104,000	-	312,000
Training and Educational Services		-	3,900	-	6,460
Subtotal		-	\$1,476,322	-	\$46,869,693
Total Personnel		158.0	\$19,192,966	163.0	\$65,354,890
Distribution By Source Of Funds					
General Revenue		86.4	10,298,268	91.4	21,666,863
Federal Funds		63.2	7,999,671	63.2	42,866,356
Restricted Receipts		8.4	895,027	8.4	821,671
Total All Funds		158.0	\$19,192,966	163.0	\$65,354,890

1 Reflects 4.0 FTE transferred from the Department of Health, in conformance with the consolidation of legal and senior policymaking staff to the Executive Office.

3 Reflects the addition of 4.0 FTE to the personnel roster of the Executive Office for administration of the Money Follows the Person Demonstration Grant Program (MFP): Community Health Nurse Coordinator (2.0 FTE), Clerk Secretary (1.0 FTE), and a Principal Housing Specialist (1.0 FTE).

2 Represents the transfer to the Executive Office of the FTE provided to DHS as part of the FY 2012 enacted budget for oversight of the Medicaid-financed non-emergency transportation program.

4 Reflects the addition of 5.0 FTE for the program audit oversight initiative, scheduled to be hired toward the close of the third quarter of FY 2013.

The Program

Office Of Health And Human Services Medical Assistance

Program Mission

To assure the availability of high quality health care services to program recipients.

Program Description

The Medical Assistance Program assures quality and access to necessary medical services for eligible recipients, primarily financed through Medicaid. Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program administered by states to provide medical benefits to low income persons who are aged, blind, disabled, or to low income children and families. Medicaid is jointly financed by states and the federal government according to the prevailing Federal Medical Assistance Percentage (FMAP). Rhode Island's FMAP, which is based on a measure of relative per capita personal income, is 52.12 percent for federal fiscal year 2012 and 51.26 percent for federal fiscal year 2013.

EOHHS, in accordance with the Global Consumer Choice Compact Waiver and a multitude of state and federal laws, specifies the scope of covered services, establishes fees for services and reimbursement rates for hospital and nursing facility services, and adjudicates and pays claims for medical services submitted by providers. The Medical Assistance Program covers a broad scope of medical services provided to eligible individuals by service providers licensed by the Department of Health or other appropriate state or federal accrediting authority, and enrolled as service providers by the Medical Assistance Program.

Statutory History

Title XIX of the Social Security Act was enacted by Congress under the provision of Public Law 89-97 on July 30, 1965. The Rhode Island Medical Assistance Program was implemented under Title 40, Chapter 8 of the Rhode Island General Laws. Title 42 Chapter 12.3 and Title 40-6.2 of the Rhode Island General Laws authorized the Department of Human Services to establish and administer the Rlte Care Program. EOHHS has since become the administering agency for Medical Assistance. As such, associated grants and benefits are appropriated within the EOHHS budget commencing with the Governor's FY 2013 Budget.

The Budget

Office Of Health And Human Services Medical Assistance

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Managed Care	-	-	-	-	612,063,138
Hospitals	-	-	-	-	228,715,313
Long-Term Care	-	-	-	-	423,249,355
Other Services	-	-	-	-	113,960,339
Pharmacy	-	-	-	-	56,800,000
Rhody Health Partners	-	-	-	-	204,787,680
Special Education	-	-	-	-	18,350,000
Total Expenditures	-	-	-	-	\$1,657,925,825
Expenditures By Object					
Assistance and Grants	-	-	-	-	1,657,925,825
Subtotal: Operating Expenditures	-	-	-	-	1,657,925,825
Total Expenditures	-	-	-	-	\$1,657,925,825
Expenditures By Funds					
General Revenue	-	-	-	-	801,286,885
Federal Funds	-	-	-	-	845,504,945
Restricted Receipts	-	-	-	-	11,133,995
Total Expenditures	-	-	-	-	\$1,657,925,825
Program Measures					
Neonatal Intensive Care Unit Admissions Per 1,000 Live Births	N/A	N/A	N/A	N/A	89.0
Objective	N/A	N/A		N/A	89.0
Number of Physician Office Visits per Rlte Care Enrollee	N/A	N/A	N/A	N/A	5.2
Objective	N/A	N/A		N/A	5.0
Number of Emergency Room Care Visits per 1,000 Rlte Care Enrollees	N/A	N/A	N/A	N/A	630
Objective	N/A	N/A		N/A	560
Number of Hospital Days per 1,000 Rlte Care Enrollees	N/A	N/A	N/A	N/A	570
Objective	N/A	N/A		N/A	570

Office Of Health And Human Services Performance Measure Narratives

Central Management

Length of Stay - Pneumonia

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Angina Pectoris

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

Although there are no published standards for length of stay (LOS), average length of stay is a generally accepted performance measure of utilization review programs. HCIA, Inc. publishes a data book on LOS, which analyzes LOS data in hospitals by diagnoses throughout the United States. Utilizing the data of the 50th percentile length of stay for the Northeastern region for 2005 (Unchanged 2005 & 2006 - The latest available data) presents a benchmark for comparison.

Length of Stay - Alcohol Dependency

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Chest Pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Length of Stay - Congestive Heart Failure

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Length of Stay - Depressive Disease

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Chronic Airway Obstructive Disease

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Length of Stay - Abdominal Pain

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Length of Stay - Acute Pancreatitis

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Office Of Health And Human Services Performance Measure Narratives

Length of Stay - Recurrent Depression

All medical assistance recipients receiving inpatient services in Rhode Island and border states' acute care hospitals are included in the Admission Screening and Concurrent Utilization Review program with the following exceptions: enrollees in a Medicaid managed care plan (except those having "Category A" benefits for mental health), enrollees in a coordinated health care plan which includes court-ordered hospital admissions, Medicare eligible recipients with remaining Medicare Part A benefits, and normal deliveries and newborns. The goal of the program is to assure the medical necessity, quality of care, and appropriateness of services rendered to Medicaid recipients, and to control the utilization of acute inpatient hospital services.

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Office Of Health And Human Services Performance Measure Narratives

Medical Assistance

Neonatal Intensive Care Unit Admissions Per 1,000 Live Births

This indicator measures the percentage of neonatal intensive care unit admissions per 1,000 live births covered under the Rlte Care program. Neonatal intensive care unit admissions are very sensitive to lifestyle factors in the population of pregnant females and rates vary from approximately eighty per thousand to one hundred and twenty per thousand, depending on the prevalence of risk factors in the population. This measure is indicative of improvements in the quality of prenatal health and nutrition care for pregnant females resulting in increased survival rates in low birth rate infants. Neonatal intensive care unit admissions are monitored and reported through the Medical Management Information System.

The standard is the lowest number of neonatal intensive care unit admissions per 1,000 live births in a previous fiscal year since in FY 2001.

Number of Physician Office Visits per Rlte Care Enrollee

These measures reflect the number of physician office visits per Rlte Care Enrollee. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rlte Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

Note that earlier versions of this report contained estimates and objectives based on the original managed care experience and the expectation of the impact of managed care in the Medicaid market. Since that time there have been changes in the federal regulations and in standards of care (e.g., required length of hospital stay) which have led to increases in utilization of certain types of care which have required that we modify our objectives. These adjustments are reflected in this report.

Number of Emergency Room Care Visits per 1,000 Rlte Care Enrollees

These measures reflect the number of emergency room visits per one thousand Rlte Care enrollees. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

A key to containing program costs for the Rlte Care population is to intervene early so as to avoid expensive use of emergency room and hospital admissions for conditions which are highly treatable in a private physician's office or in a clinical setting. Preventive services and early intervention reduce future costs and improve clinical outcomes. Physicians deliver such services.

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Office Of Health And Human Services Performance Measure Narratives

Number of Hospital Days per 1,000 Rlte Care Enrollees

These measures reflect the number of hospital days per one thousand Rlte Care enrollees. The goal is to increase the rate of Rlte Care enrollee utilization of physicians in order to decrease unnecessary or inappropriate hospitalizations and hospital emergency room use.

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