



Provider Profiling Year-End Report

Community Based Mental Health Services

Peer Support Services (PSS)

Psychiatric Rehabilitation Services (Psych Rehab)

Targeted and Blended Case Management Services (TCM/BCM)

Resource Coordination (RC)

Intensive Case Management (ICM)

7/1/2017 - 6/30/2018

Provider Profiling is conducted in order to collect and trend data to provide information relating to Provider performance, with the overall intent of improving the quality of care rendered to PerformCare's Members. PerformCare encourages Providers to closely review this information and use this to help inform areas of future development.

PerformCare will provide updated Provider Profiling reports twice a year. The first report will be distributed in July, and will provide measures on the first two quarters of the fiscal year (Provider Profiling Mid-Year Report). The second report will be distributed in January, and will provide the entire fiscal year measures (Provider Profiling Year-End Final Report).

Measure 1: Utilization of Peer Support Services

This measure is designed to summarize for the Provider community the annual utilization details by Provider for Peer Support Services. The measure specifically draws attention to average units per Member and the length of stay in days. This measure is based on unique Members discharged during 7/1/17-6/30/18.

Network Average

| | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|--|------------------|----------------|--------------------------|------------------------|
|--|------------------|----------------|--------------------------|------------------------|

Plan-Wide

| | | | | |
|--------------------------|--------|-----|-----|-----|
| Peer Support Utilization | 47,014 | 351 | 125 | 144 |
|--------------------------|--------|-----|-----|-----|

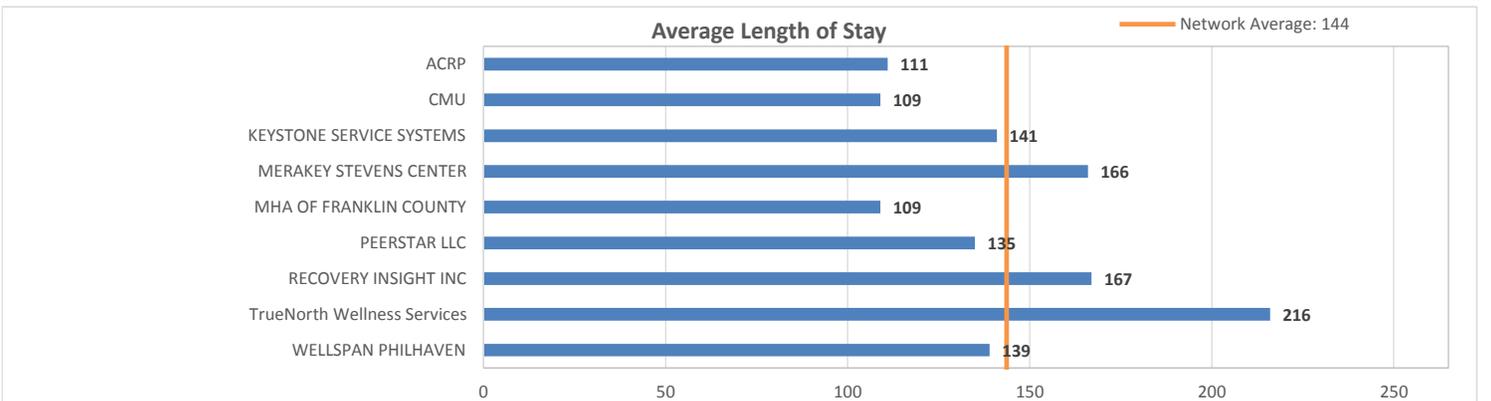
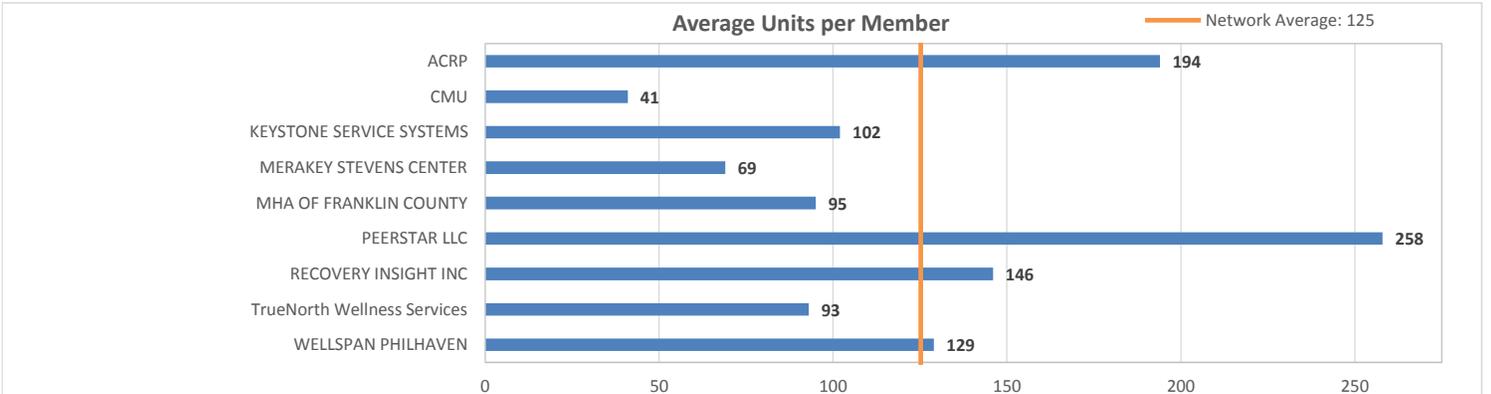
Goal

PerformCare provides this measure for informational purposes.

Provider Breakdown

| Provider | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|----------|------------------|----------------|--------------------------|------------------------|
|----------|------------------|----------------|--------------------------|------------------------|

| Peer Support Utilization | | | | |
|-----------------------------|--------|----|-----|-----|
| ACRP | 3,314 | 17 | 194 | 111 |
| CMU | 919 | 22 | 41 | 109 |
| KEYSTONE SERVICE SYSTEMS | 2,554 | 25 | 102 | 141 |
| MERAKEY STEVENS CENTER | 1,797 | 26 | 69 | 166 |
| MHA OF FRANKLIN COUNTY | 3,344 | 35 | 95 | 109 |
| PEERSTAR LLC | 9,321 | 36 | 258 | 135 |
| RECOVERY INSIGHT INC | 13,458 | 92 | 146 | 167 |
| TrueNorth Wellness Services | 1,030 | 11 | 93 | 216 |
| WELLSPAN PHILHAVEN | 11,277 | 87 | 129 | 139 |



Note:

Units and Member calculations are for the reporting period only. Average length of stay is based on episodes and can span outside the reporting time frame. Providers with less than 10 Members were not included due to the smaller sample of data.

Measure 2: 7-Day Access for Peer Support Services

PerformCare monitors access to ensure that services are available to Members when they need them. This measure reports the percentage of unique Member records that are within the standard of 7 days by Provider and quarter. This also shows the average number of days from approval to start date by Provider. This measure examines data for new cases opened during the timeframe of 7/1/17-6/30/18.

Goal

PerformCare expects Providers to be working towards meeting this standard 60% of the time. The overall goal is to ensure that Members receive services in a timely manner.

Network Average

| Total Records | In Standard | Average Days | 2017-Q3 | 2017-Q4 | 2018-Q1 | 2018-Q2 | % In Standard |
|---------------|-------------|--------------|---------|---------|---------|---------|---------------|
|---------------|-------------|--------------|---------|---------|---------|---------|---------------|

Plan Wide

| | | | | | | | | |
|---------------------|-----|-----|---|------|-----|-----|-----|-------|
| Peer Support Access | 282 | 225 | 5 | 100% | 92% | 81% | 46% | 80.3% |
|---------------------|-----|-----|---|------|-----|-----|-----|-------|

Provider Breakdown

Provider breakdown of Peer Support access within 7-day standard data.

| | Total Records | In Standard | Average Days | 2017-Q3 | 2017-Q4 | 2018-Q1 | 2018-Q2 | % In Standard |
|------------------------|---------------|-------------|--------------|---------|---------|---------|---------|---------------|
| ACRP | 17 | 17 | 0 | 100% | 100% | 100% | - | 100% |
| CMU | 11 | 7 | 7 | - | 100% | 33% | 67% | 64% |
| MERAKEY STEVENS CENTER | 10 | 9 | 1 | 100% | 100% | 50% | - | 90% |
| MHA OF FRANKLIN COUNTY | 25 | 25 | 0 | 100% | 100% | 100% | 100% | 100% |
| PEERSTAR LLC | 40 | 39 | 1 | 100% | 100% | 100% | 92% | 98% |
| RECOVERY INSIGHT INC | 95 | 70 | 12 | 100% | 95% | 78% | 17% | 74% |
| WELLSPAN PHILHAVEN | 84 | 58 | 13 | 100% | 84% | 73% | 19% | 69% |

Note:

Cells with a dash represent that there were no services delivered to calculate a measure within that quarter and category.

Providers with less than 10 records were not included due to the smaller sample of data.

Measure 3: Utilization of Psychiatric Rehabilitation Services

This measure is designed to summarize for the Provider community the annual utilization details by Provider for Psychiatric Rehabilitation. The report specifically draws attention to average units per Member and average length of stay in days. This measure is based on unique Members discharged during 7/1/17-6/30/18.

For the purpose of this measure, average length of stay has been defined as the first date of service for Psychiatric Rehabilitation services, through the date of the last claim, with no subsequent claims paid for a period of 60 days.

Goal

PerformCare provides this measure for informational purposes.

Network Average

Plan-wide Psych Rehab utilization data.

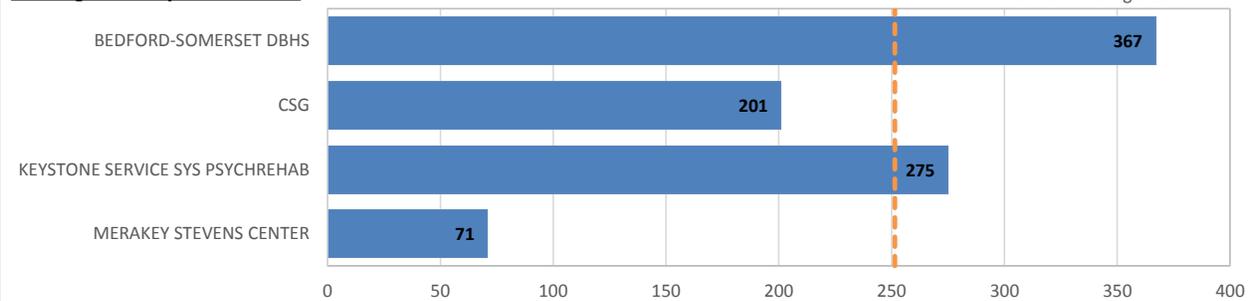
| | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|-------------------------|------------------|----------------|--------------------------|------------------------|
| Plan-Wide | | | | |
| Psych Rehab Utilization | 56,575 | 225 | 251 | 118 |

Provider Breakdown

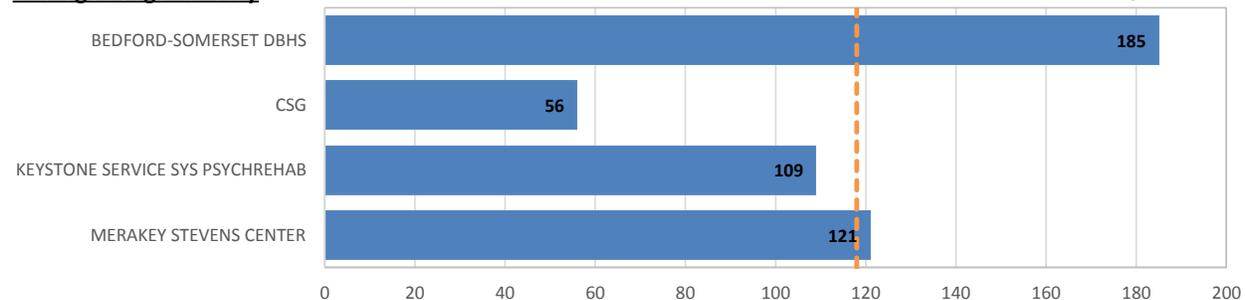
| Provider | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|---------------------------------|------------------|----------------|--------------------------|------------------------|
| Psych Rehab Utilization | | | | |
| BEDFORD-SOMERSET DBHS | 26,835 | 73 | 367 | 185 |
| CSG | 13,128 | 65 | 201 | 56 |
| KEYSTONE SERVICE SYS PSYCHREHAB | 14,047 | 51 | 275 | 109 |
| MERAKEY STEVENS CENTER | 2,565 | 36 | 71 | 121 |

Network Average Comparison

Average Units per Member



Average Length of Stay



Note:

Units and Member calculations are for the reporting period only.

Average length of stay is based on episodes and can span outside the reporting time frame.

Providers with less than 10 Members were not included due to the smaller sample of data.

Measure 4: Utilization of TCM/BCM Services

This measure is designed to summarize for the Provider community the annual utilization details by Provider for Blended Case Management, Intensive Case Management, Resource Coordination, and Targeted Case Management Services. This measure specifically draws attention to average units per Member and average length of stay in days. This measure is based on unique Members discharged during 7/1/17-6/30/18.

For the purpose of this measure, average length of stay has been defined as the first date of service for case management

Goal

PerformCare provides this measure for informational purposes.

Network Average

| | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|---------------------|------------------|----------------|--------------------------|------------------------|
| Plan-Wide | | | | |
| TCM/BCM Utilization | 136,039 | 1,958 | 69 | 179 |

Provider Breakdown

| Provider | Total Paid Units | Members Served | Average Units per Member | Average Length of Stay |
|------------------------------------|------------------|----------------|--------------------------|------------------------|
| TCM/BCM Utilization | | | | |
| BEDFORD-SOMERSET DBHS-BED. TCM | 7,649 | 120 | 63 | 171 |
| BEDFORD-SOMERSET DBHS-SOM. TCM | 8,268 | 119 | 69 | 195 |
| CMU TCM | 48,704 | 773 | 63 | 145 |
| Community Services Group, Inc. TCM | 9,245 | 116 | 79 | 234 |
| Holy Spirit Hosp-BH services TCM | 7,079 | 76 | 93 | 144 |
| Keystone Service Systems, Inc. TCM | 6,554 | 80 | 81 | 173 |
| LANCASTER CO BH & DEV SERV TCM | 12,900 | 217 | 59 | 173 |
| Lebanon County MH/ID/EI TCM | 7,929 | 93 | 85 | 208 |
| MERAKEY STEVENS CENTER TCM | 12,347 | 121 | 102 | 185 |
| Service Access and Management TCM | 15,364 | 243 | 63 | 158 |

Note:

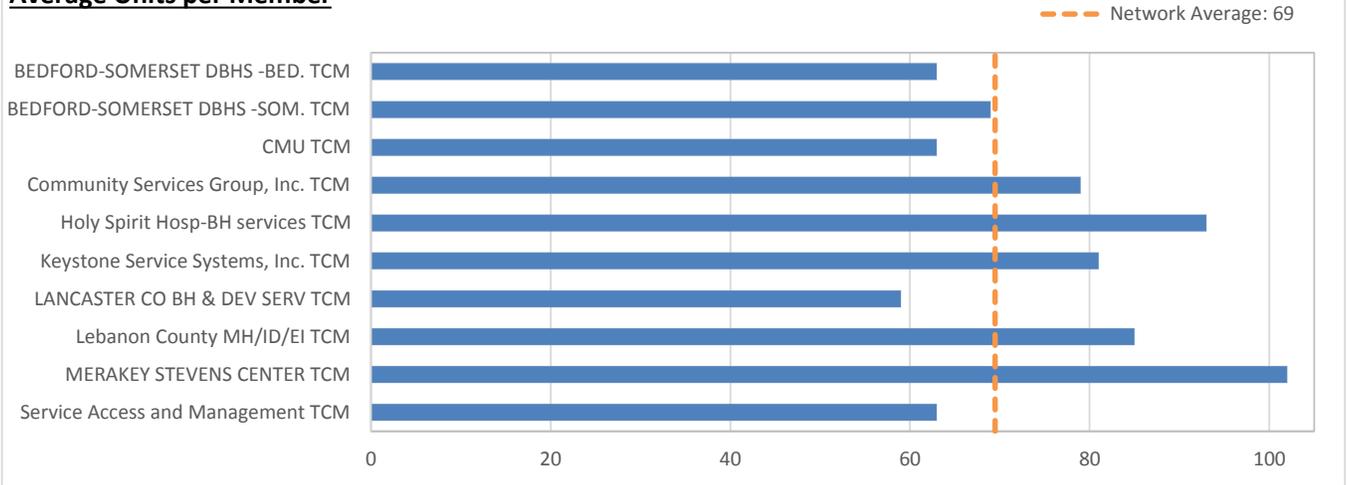
Units and Member calculations are for the reporting period only.

Average length of stay is based on episodes and can span outside the reporting time frame.

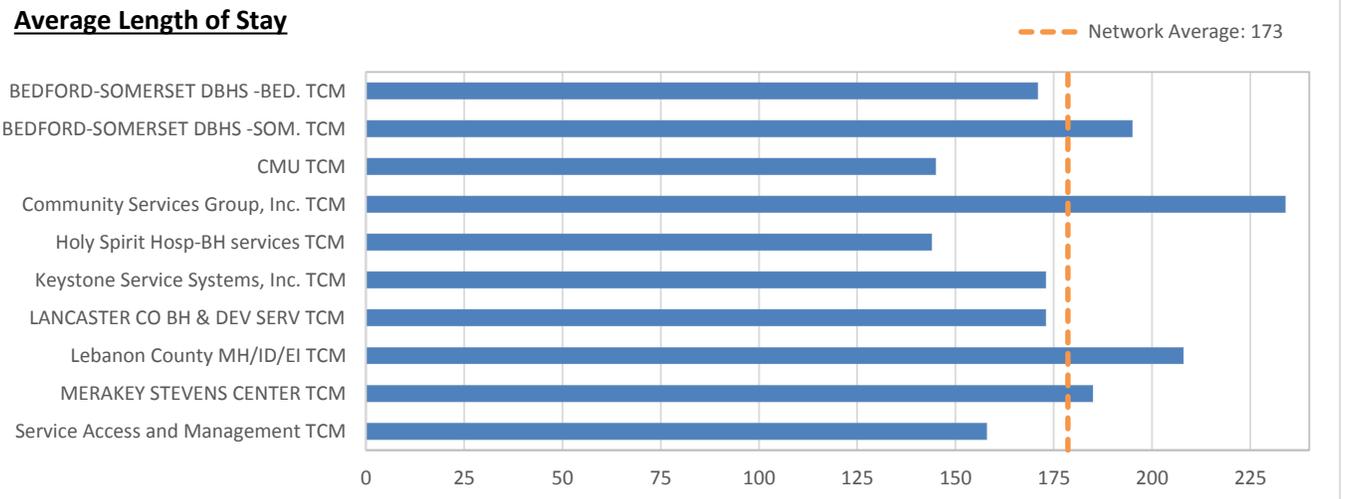
Providers with less than 10 Members were not included due to the smaller sample of data.

Network Average Comparison

Average Units per Member



Average Length of Stay



Note:

Units and Member calculations are for the reporting period only.

Average length of stay is based on episodes and can span outside the reporting time frame.

Providers with less than 10 Members were not included due to the smaller sample of data.

Measure 5: 30-Day MH IP Readmission Rates by TCM/BCM Provider

This measure compares the overall plan-wide Mental Health Inpatient (MH IP) readmission rates to the MH IP readmission rates for those Members receiving TCM/BCM services. Readmission is defined as being readmitted to an MH IP service within 30 days of discharge. This measure is based on unique Members discharged from MH IP during 7/1/17-6/30/2018, who also had a claim for TCM/BCM services in the 30 days prior to their MH IP admission.

The rates are calculated as follows:

Denominator: The count of discharges from MH IP that also had a claim for TCM/BCM in the 30 days prior to their MH IP admission. Discharges from MH IP due to death or direct transfer to another facility are excluded.

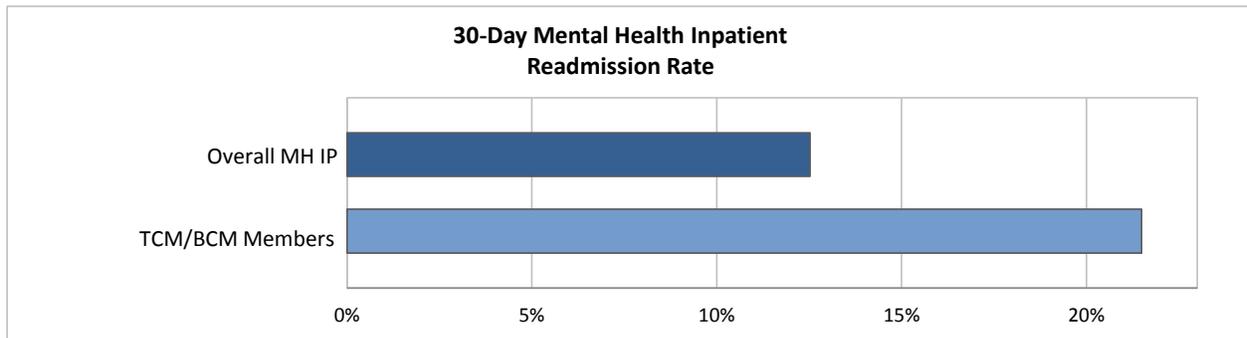
Numerator: Of the qualifying denominator discharges, the count of readmissions within 30 days of a discharge. Numerator events (readmissions) may be to the same or a different facility. Readmissions are counted through the 30 days following the end of the service range defined.

Goal

PerformCare provides this measure for informational purposes.

Network Average

30-Day Mental Health Inpatient readmission rates.



| Rate Comparison | Rate |
|--|------|
| Overall MH IP Readmission | 13% |
| TCM/BCM Members with MH IP Readmission | 21% |

Provider Breakdown

| Provider | Discharges from MHIP Facilities (counted by TCM/BCM Providers) | Readmissions to MHIP Facilities (counted by TCM/BCM Providers) | Readmission Rate |
|------------------------------------|--|--|------------------|
| BEDFORD-SOMERSET DBHS-BED. TCM | 14 | 2 | 14% |
| BEDFORD-SOMERSET DBHS-SOM. TCM | 30 | 6 | 20% |
| CMU TCM | 300 | 60 | 20% |
| Community Services Group, Inc. TCM | 62 | 13 | 21% |
| Holy Spirit Hosp-BH services TCM | 32 | 9 | 28% |
| Keystone Service Systems, Inc. TCM | 48 | 9 | 19% |
| LANCASTER CO BH & DEV SERV TCM | 95 | 24 | 25% |
| Lebanon County MH/ID/EI TCM | 37 | 7 | 19% |
| MERAKEY STEVENS CENTER TCM | 33 | 2 | 6% |
| Service Access and Management TCM | 96 | 29 | 30% |

Note:

Providers with less than 10 discharges were not included due to the smaller sample of data.

Measure 6: TCM/BCM Follow-Up Visits within 7 Days of Discharge from MH IP

Follow-up visits are important to help Members stay well and continue with treatment, without needing to return to the hospital. This measure shows the percentage of Members who were seen within 7 days by their TCM/BCM Provider after discharge from MH IP. This measure includes only Members discharged from MH IP between 7/1/17-6/30/18, who had a prior authorization for TCM/BCM and had a claim for TCM/BCM within the 30 days prior to their MH IP admission.

The rates are calculated as follows:

Denominator: Discharges from MH IP and had a TCM/BCM authorization (with at least one claim for TCM/BCM in the 30 days prior to MH IP admission) and were not readmitted within 30 days.

Numerator: Discharges resulting in a compliant follow-up visit with TCM/BCM within 7 days of discharge from MH IP.

Goal

PerformCare provides this measure for informational purposes.

Network Average

Plan-wide average of follow-up visits within 7 Days of discharge for all TCM/BCM Providers.

| | Discharges | Follow-Ups | % Follow-Ups |
|--------------------------------|------------|------------|--------------|
| Follow-Up within 7 Days | 749 | 608 | 81% |

Provider Breakdown

Percentage of follow-up visits within 7 days of discharge by TCM/BCM Provider.

| TCM/BCM Provider | Discharges | Follow-Ups | % Follow-Ups |
|------------------------------------|------------|------------|--------------|
| BEDFORD-SOMERSET DBHS-BED. TCM | 14 | 12 | 86% |
| BEDFORD-SOMERSET DBHS-SOM. TCM | 30 | 25 | 83% |
| CMU TCM | 300 | 243 | 81% |
| Community Services Group, Inc. TCM | 62 | 49 | 79% |
| Holy Spirit Hosp-BH services TCM | 32 | 29 | 91% |
| Keystone Service Systems, Inc. TCM | 48 | 36 | 75% |
| LANCASTER CO BH & DEV SERV TCM | 95 | 69 | 73% |
| Lebanon County MH/ID/EI TCM | 37 | 27 | 73% |
| MERAKEY STEVENS CENTER TCM | 33 | 26 | 79% |
| Service Access and Management TCM | 96 | 90 | 94% |

Note:

Providers with less than 10 discharges were not included due to the smaller sample of data.

C/FST Survey

The purpose of the Consumer and Family Satisfaction Team (also referred to as Individual and Family Satisfaction Team) survey is to gather feedback from adult, children, and families that have used Mental Health and/or Substance Use services funded by PerformCare. They are conducted by external agencies in each region and are mainly done through face-to-face interviews. These surveys focus on Members' satisfaction with services and ask questions related to many aspects of treatment.

While the survey tools used in each region are similar, not all questions are the same. The results noted below show results for similar questions that fall into the categories noted. The results are sorted by contract: Capital (which includes Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties), Franklin & Fulton counties, and Bedford & Somerset counties. Providers that are not listed had less than 10 surveys completed for the level(s) of care. Additionally, if a contract is not listed, it indicates that there were no surveys completed for the level(s) of care during this reporting timeframe. It is important to note that while the number of surveys is listed, a Member may not have answered all questions included in the survey.

The agencies who conduct these surveys collect this information on a quarterly basis. The data below is based on information collected during the Fiscal Year 2017-2018 (July 1, 2017 through June 30, 2018).

| Bedford/Somerset Blended Case Management (BCM) | | | | | |
|---|-------------------|---|--|--|------------------------------------|
| Provider | Number of Surveys | Member is able to get an appointment quickly. | The services provided meet the Member's needs. | Staff are respectful/sensitive to the Member's culture and background. | Member is satisfied with Provider. |
| Bedford Developmental and Behavioral Health Services | 22 | 96% | 100% | 100% | 100% |
| Somerset Developmental and Behavioral Health Services | 28 | 89% | 93% | 96% | 96% |

| Franklin/Fulton Case Management (All levels) | | | | | |
|--|-------------------|---|--|--|------------------------------------|
| Provider | Number of Surveys | Member is able to get an appointment quickly. | The services provided meet the Member's needs. | Staff are respectful/sensitive to the Member's culture and background. | Member is satisfied with Provider. |
| Service Access and Management (SAM) | 59 | 81% | 88% | 98% | 88% |