

Provider Profiling Year-End Report

Community Based Mental Health Services

Peer Support Services (PSS)

Psychiatric Rehabilitation Services (Psych Rehab)

Targeted Case Management (TCM) (includes Intensive Case Management,

Resource Coordination, and Blended Case Management)

1/1/2023 - 12/31/2023

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 January, and will provide measures on the first two quarters of the calendar year (Provider Profiling Mid-Year Report). The second report will be distributed in July, and will provide measures on the entire calendar year (Provider Profiling Year-End 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 Members discharged during 1/1/23-12/31/2023.

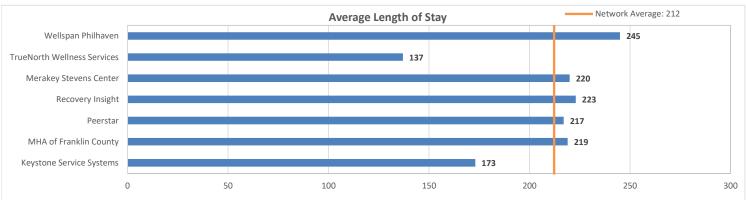
Goal

PerformCare provides this measure for informational purposes.

Network Average	
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	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Plan-Wide				
Peer Support Utilization	59,446	374	159	212
Provider Breakdown				
Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Peer Support Utilization				
Keystone Service Systems	5,711	71	80	173
MHA of Franklin County	3,811	41	92	219
Peerstar	20,295	67	302	217
Recovery Insight	7,933	61	130	223
Merakey Stevens Center	1,665	24	69	220
TrueNorth Wellness Services	874	10	87	137
Wellspan Philhaven	19,157	57	336	245





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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

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 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 1/1/23-12/31/2023.

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	2023-Q1	2023-Q2	2023-Q3	2023-Q4	% In Standard
Plan Wide								
Peer Support Access	234	150	11	57%	58%	67%	78%	64%

Provider Breakdown

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

	Total Records	In Standard	Average Days	2023-Q1	2023-Q2	2023-Q3	2023-Q4	% In Standard
Keystone Service Systems PSS	73	50	7	63%	54%	75%	100%	68%
Merakey Stevens Center Peer Support	16	5	16	20%	0%	50%	50%	31%
MHA of Franklin County PSS	30	24	3	55%	83%	100%	100%	80%
Recovery Insight INC PSS	77	40	20	54%	33%	63%	50%	52%
TrueNorth Wellness PSS	12	7	12	-	100%	20%	50%	58%
Wellspan Philhaven PSS	19	18	1	100%	100%	100%	86%	95%

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 Psych Rehab Services

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 Members discharged during 1/1/23-12/31/23.

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.

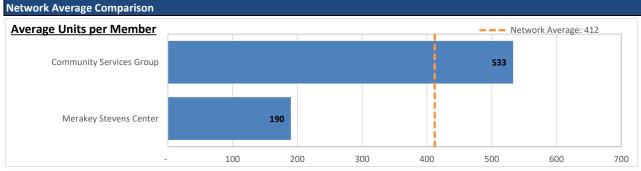
Network Average

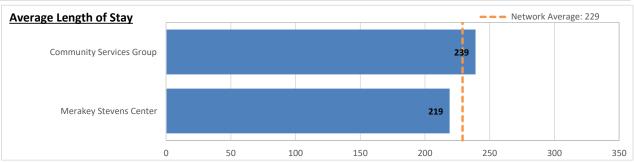
Plan-wide Psych Rehab utilization data.

	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Plan-Wide				
Psych Rehab Utilization	72,878	177	412	229

Provider Breakdown

Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Psych Rehab Utilization				
Community Services Group	61,831	116	533	239
Merakey Stevens Center	10,854	57	190	219





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 Services

Measure 4: Utilization of TCM Services

This measure is designed to summarize for the Provider community the annual utilization details by Provider for Targeted Case Management Services, which includes Intensive Case Management, Resource Coordination, and Blended 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 Members discharged during 1/1/23-12/31/23.

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

	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Plan-Wide				
TCM Utilization	199,044	1,405	159	361

Provider Breakdown

Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
TCM Utilization				
СМИ	60,762	513	118	272
Community Services Group	19,944	112	178	412
Holy Spirit Hospital	6,198	89	69	153
Keystone Service Systems	26,618	110	241	382
Lancaster Co BH and DS	29,720	165	180	524
Merakey Stevens Center	12,612	62	203	495
Service Access and Management	43,190	354	122	291

Note:

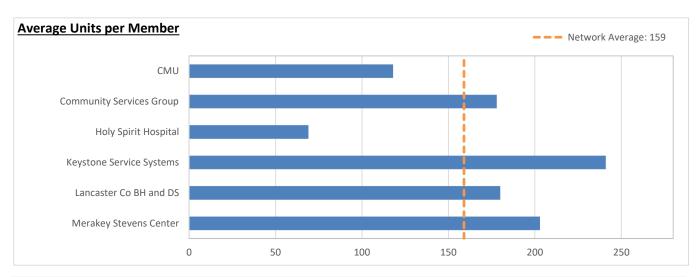
Units and Member calculations are for the reporting period only.

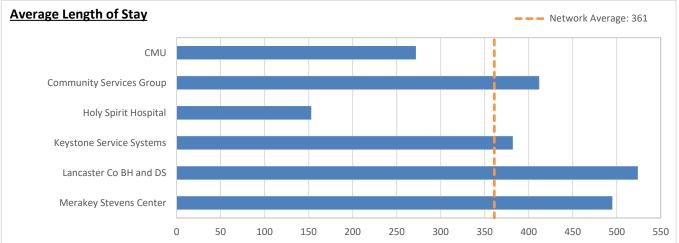
Average length of stay is based on episodes and can span outside the reporting time frame.

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



Network Average Comparison





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 Provider

Measure 5: 30-Day MH IP Readmission Rates by TCM 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 services. Readmission is defined as being readmitted to an MH IP service within 30 days of discharge. This measure is based on Members discharged from MH IP during 1/1/23-12/31/23, who also had a claim for TCM 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 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.

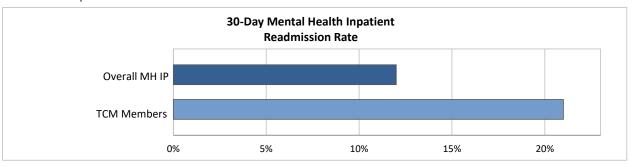
Numerator: Of the qualifying denominator discharges, the count of readmissions within 30 days of a discharge. Numerator events (readmissions) may be to the same or a different facility. Readmissions are counted through the 30 days following the end of the service range defined.

Goal

PerformCare provides this measure for informational purposes.

Network Average

30-Day Mental Health Inpatient readmission rates.



Rate Comparison	Rate
Overall MH IP Readmission	12%
TCM Members with MH IP Readmission	21%

Provider Breakdown

Provider	Discharges from MHIP Facilities (counted by TCM Providers)	Readmissions to MHIP Facilities (counted by TCM Providers)	Readmission Rate
CMU TCM	62	10	16%
Community Services Group, Inc. TCM	24	4	17%
Holy Spirit Hosp-BH Services TCM	16	3	19%
Keystone Service Systems, Inc. TCM	12	1	8%
Lancaster Co BH & Dev Serv TCM	51	17	33%
Merakey Stevens Center TCM	23	7	30%
Service Access and Management TCM	61	10	16%

Note

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

This measure reports the number of discharges/readmissions and not unique Members. A single Member can have more than one discharge/readmission counted in this measure.



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

Measure 6: TCM 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 Provider after discharge from MH IP. This measure includes only Members discharged from MH IP between 1/1/23-12/31/2023, who had a prior authorization for TCM and had a claim for TCM 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 authorization (with at least one claim for TCM 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 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 Providers.

	Discharges	Follow-Ups	% Follow-Ups
Follow-Up within 7 Days	422	324	77%

Provider Breakdown

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

TCM/BCM Provider	Discharges	Follow-Ups	% Follow-Ups
CMU TCM	155	124	80%
Community Services Group, Inc. TCM	59	41	69%
Holy Spirit Hosp-BH Services TCM	27	18	67%
Keystone Service Systems, Inc. TCM	33	22	67%
Lancaster Co BH & Dev Serv TCM	34	29	85%
Merakey Stevens Center TCM	34	31	91%
Service Access and Management TCM	80	59	74%

Note:

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



C/FST Survey

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 adults, 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), and Franklin & Fulton 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 Calendar Year 2023 (January 1, 2023 through December 31, 2023).

Capital Targeted Case Management							
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.		
CMU	54	91%	83%	96%	87%		
Community Services Group	52	90%	81%	94%	92%		
Holy Spirit Hospital	29	72%	62%	100%	86%		
NHS Stevens Center	37	70%	62%	95%	89%		
Lancaster County BH/DS	63	92%	78%	100%	98%		
Service Access & Management	66	77%	70%	95%	85%		

Capital Psych Rehab Services								
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.			
Community Services Group	50	96%	74%	94%	96%			
Merakey Stevens Center	25	88%	80%	86%	92%			

Franklin/Fulton Blended Case Management								
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 & Management	116	88%	87%	91%	94%			

*Service Access & Management had 40 surveys for Question 1; 116 surveys for Question 2; 115 surveys for Question 3; 112 surveys for Question 4.