Provider Profiling Reports Presentation

Presented by Susan Ferry, LCSW, Quality Performance Specialist

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Delivering High-Quality Service and Support

Agenda

- Review the purpose of Provider Profiling.
- Review updates and improvements made to Provider Profiling Reports.
- Provide an overview of Provider Profiling reports to be distributed.
- Present information on the distribution and review of Provider Profiling reports..
- State future plans for Provider Profiling.

Objectives

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Providers will:

- Understand the purpose of Provider Profiling.
- Be informed of the improvements to Provider Profiling.
- Become familiar with what is contained in Provider Profiling reports.
- Know when to expect to receive Provider Profiling reports.

Purpose of Provider Profiling

- Provider Profiling is conducted twice a year in order to collect and trend data which provides an evaluation of Provider performance, with the overall intent of improving quality of care given to PerformCare Members.
- PerformCare monitors and assesses Provider performance based on level of care metrics with Provider Profiling reports.
- PerformCare shares Provider Profiling results with Providers. This can help Providers see how they compare to peers.
- PerformCare makes Provider Profiling reports available to Members on the PerformCare website. The information can help Members in choosing a Provider.
- Provider Profiling reports are shared with the appropriate Primary Contractors, and are made available on the PerformCare website for Providers and Members to review.

Making Improvements to Provider Profiling

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PerformCare is continually looking for ways to refine and improve the Provider Profiling process.

PerformCare strives to ensure that:

- Provider Profiling reports meet all requirements.
- Reports and metrics are relevant to the level(s) of care targeted in the reports.
- Reports allow Providers to compare themselves to peers.
- Reports provide Members with information that may assist them in choosing a Provider.
- Reports allow PerformCare to identify Providers that need to make improvements.
- Providers are able to understand information in the reports, and make improvements to their programs as needed.

Research and Development

PerformCare examined minimum requirements for Provider Profiling:

- PEPS for County Standard #108.0: Consumer/Family Satisfaction
- PEPS for MCO Standard #99.0 Provider Performance
- Program Standards and Requirements (PSR), including Appendix L.

A gap analysis was completed of reports being utilized at PerformCare compared to the future ideal state for Provider Profiling to determine what mandatory requirements were missing.

Interdepartmental workgroup meetings were held to discuss the findings of the gap analysis and obtain input as to what Provider Profiling should look like in the future. The PerformCare interdepartmental workgroup reviewed research materials and requirements and determined:

- The frequency of Provider Profiling reports and the timeframe for the reports.
- The format and presentation of Provider Profiling reports.
- The levels of care to be included in Provider Profiling reports.
- The metrics for each level of care included in the Provider Profiling reports.
- How Provider Profiling reports are reviewed with Providers.
- The follow up that could be completed with Providers if concerns were noted from Provider Profiling.

PerformCare utilizes data based on a Fiscal Year for Provider Profiling Reports.

Provider Profiling reports are distributed to Providers semiannually:

- Mid-Year Provider Profiling Reports are distributed in July, and include data from the first two quarters of the previous fiscal year.
- Year-End Provider Profiling Reports are distributed in January, and include data from the full previous fiscal year.

Format and Presentation of Reports

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- Provider Profiling reports are not de-identified, allowing Providers to see how their performance compared to others in the network.
- PerformCare will include several levels of care grouped into one report, if they are in a similar category.
- PerformCare will make the reports available on the website, to allow Providers and Members to review the reports.

Currently, PerformCare profiles eight levels of care:

- Behavioral Health Rehabilitation Services
- Community Based Mental Health Services (Peer Support, Psychiatric Rehabilitation, Targeted and Blended Case Management)
- Family Based Mental Health Services
- Mental Health Inpatient
- Mental Health Outpatient (Mental Health Outpatient Therapy and Psychiatric Medication Management)
- Mental Health Partial Hospitalization
- Substance Use Inpatient (Inpatient Detoxification, Non-Hospital Detoxification, Inpatient Rehabilitation, Non-Hospital Rehabilitation (Levels 3B and 3C), NH Half Way House)
- Substance Use Outpatient and Partial Hospitalization

Metrics

Metrics vary by Level of Care; some of the metrics which Provider Profiling reports examines include:

- Length of stay/duration of services/number of unique Members served
- Readmission rates
- Follow-up rates
- Access data
- Utilization data
- Consumer/ Family Satisfaction Team Data
- Any other agreed-upon metric which is appropriate to the level of care

Each metric includes an explanation of the purpose and method of data collection.

Some metrics contain a performance goal and some are included for informational purposes.

PerformCare clearly identifies the metrics which contain a performance goal.

For these identified metrics, PerformCare will monitor individual Provider performance.

Reviewing Provider Profiling Reports

- Provider Profiling reports are distributed twice a year. Providers are encouraged to contact PerformCare with any questions or concerns with the reports.
- Provider Profiling reports will also be posted on the PerformCare website for Providers and Members to access.
- An informational webinar will be recorded and posted online for Providers to review when any new level of care is added to the Provider Profiling reports.

PerformCare will identify Providers who do not meet the performance goal on two consecutive year-end reports for one or more metrics.

PerformCare will send the Provider a letter notifying the Provider that they are required to submit a response as to how they plan to improve the identified metric(s).

• The Provider response is required within thirty (30) days of receipt of the letter.

Future Directions in Provider Profiling

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PerformCare reviews Provider Profiling reports on an ongoing basis to determine if additional levels of care can be profiled, and to determine if changes are needed to current Provider Profiling metrics.

PerformCare gathers feedback from Providers, Members, and Stakeholders in an effort to continually improve Provider Profiling reports. Questions, Comments, Feedback?

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Any questions, comment, or feedback related to Provider Profiling Reports or the Provider Profiling process can be submitted to:

Susan Ferry, LCSW, Quality Performance Specialist

sferry@performcare.org

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