

PerformCARE®		Policy and Procedure
Name of Policy:	Provider Profiling Reports	
Policy Number:	PR-035	
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates & Providers	
Original Effective Date:	10/01/01	
Last Revision Date:	12/16/24	
Last Review Date:	11/03/25	
OMHSAS Approval Date:	12/27/24	
Next Review Date:	11/01/26	

Policy: PerformCare monitors and assesses provider performance through the use of Provider Profiling reports. Provider Profiling reports address provider performance based on level of care measures. PerformCare shares Provider Profiling results with providers and Primary Contractors.

Purpose: Provider Profiling is conducted in order to collect and trend data to provide an evaluation of provider performance, with the overall intent of improving the quality of care rendered to PerformCare Members.

Definitions: **Provider Profiling:** A performance tool that PerformCare distributes semiannually to network providers of designated levels of care, with the purpose of informing providers of their performance for specific measures, compared to their peers.

Acronyms: None

Procedure:

1. PerformCare has designed a provider monitoring and performance tool for providers. Data are collected and trended to provide realistic evaluation of provider performance over time. PerformCare Provider Profiling results will be shared with providers to serve as training and feedback for improving performance.
2. The reports are generated on a semiannual basis and provide information on clinical and quality-related measures. Provider Profiling reports are not de-identified, allowing providers to see how their performance compares to others in the network.
3. PerformCare uses the calendar year (January-December) for Provider Profiling reports. Providers receive mid-year reports in January that provide information on the first two quarters of the previous calendar

year (referred to as Provider Profiling Mid-Year Reports). Providers receive year-end reports in July that provide information on the entire previous calendar year (referred to as Provider Profiling Year-End Reports).

4. PerformCare may provide semiannual reports for the following levels of care (may include but not limited to):
 - 4.1. Substance Use Services (Medically Managed Intensive Inpatient Withdrawal Management (ASAM 4.0 WM), Medically Monitored Inpatient Withdrawal Management (ASAM 3.7 WM), Medically Managed Intensive Inpatient Services (ASAM 4.0), Medically Monitored Intensive Inpatient Services (ASAM 3.7), Clinically Managed High-Intensity Residential Services (ASAM 3.5), Clinically Managed Low-Intensity Residential Services (ASAM 3.1))
 - 4.2. Substance Use Outpatient Services (Outpatient (ASAM 1.0), Intensive Outpatient (ASAM 2.1), Partial Hospitalization (ASAM 2.5))
 - 4.3. Community-Based Mental Health Services (Peer Support Services, Psychiatric Rehabilitation, Targeted Case Management)
 - 4.4. Mental Health Inpatient Services
 - 4.5. Mental Health Outpatient Services (Outpatient Therapy and Psychiatric Medication Management)
 - 4.6. Residential Treatment Facility (annual report)
 - 4.7. Mental Health Partial Hospitalization Program
 - 4.8. Family Based Mental Health Services
5. These reports examine the following:
 - 5.1. Length of stay/duration of services/number of unique Members served, if appropriate by level of care
 - 5.2. Readmission rates, if applicable
 - 5.3. Follow-up rates, if applicable
 - 5.4. Access data, if applicable
 - 5.5. Utilization data, if applicable
 - 5.6. Consumer/Family Satisfaction Team Data
 - 5.7. Any other agreed-upon measures, as determined appropriate by level of care
6. The purpose and expectation of each measure are clearly defined in the description.
7. Several measures included in the reports have a goal that is based on regulations, standards, or best practices for the specific level of care.
8. PerformCare reviews results for measures with an established goal annually in order to identify the need for provider follow-up. For providers who do not meet the goal in two consecutive year-end reports, PerformCare may request that the provider respond with a plan to improve the identified measure(s).

9. Provider Profiling reports are presented annually to the Credentialing Committee and semiannually to the Quality Improvement and Utilization Management (QI/UM) Committee, for review. An annual summary is also presented in the PerformCare Program Evaluation.
10. PerformCare reviews Provider Profiling on an annual basis to determine if additional levels of care can be profiled and determine if changes are needed to current Provider Profiling measures.
11. Range of Actions Available to PerformCare:
 - 11.1. Outreach to providers to request a response for measures not meeting the goal.
 - 11.2. Other progressive disciplinary action as outlined in *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*.

Related Policies: *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*

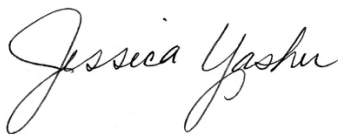
Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** *QI-019 Provider Profiling Reports*

Attachments: None

Approved by:



Primary Stakeholder