



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)

1/1/2024 - 12/31/2024

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

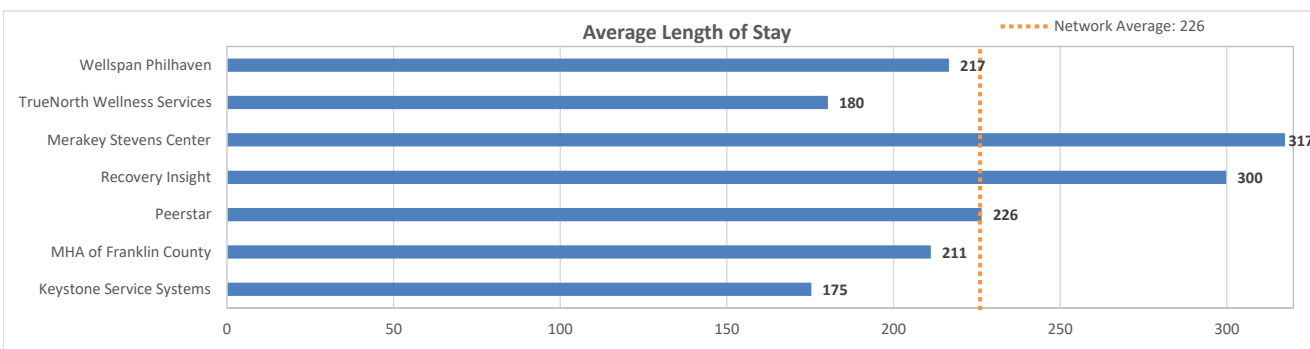
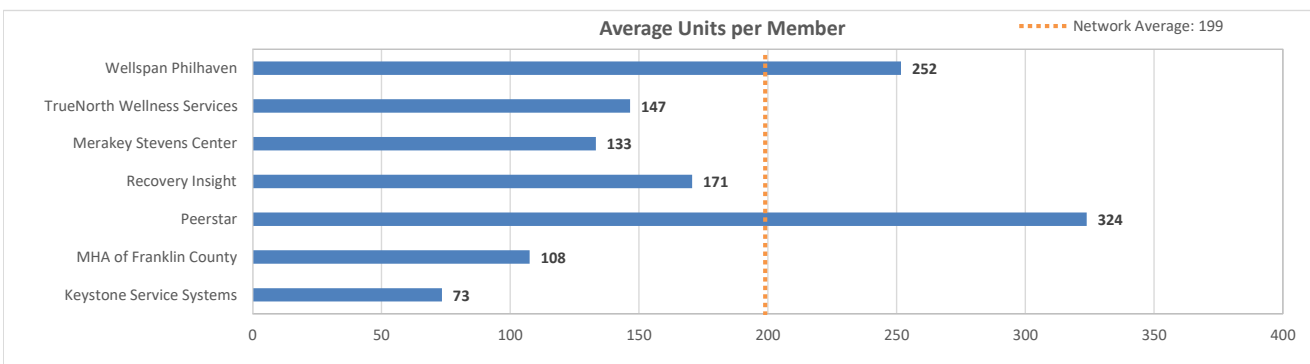
This measure is designed to summarize for the Provider community the annual utilization details by Provider for Peer Support Services. The measure specifically draws attention to average units per Member and the length of stay in days. This measure is based on Members discharged during 1/1/24-12/31/2024.

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				
Peer Support Utilization	89,039	447	199	226
Provider Breakdown				
Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Peer Support Utilization				
Keystone Service Systems	7,128	97	73	175
MHA of Franklin County	4,410	41	108	211
Peerstar	38,859	120	324	226
Recovery Insight	10,581	62	171	300
Merakey Stevens Center	3,331	25	133	317
TrueNorth Wellness Services	1,319	9	147	180
Wellspan Philhaven	23,411	93	252	217



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 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 1/1/24 - 12/31/2024.

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	2024-Q1	2024-Q2	2024-Q3	2024-Q4	% In Standard
---------------	-------------	--------------	---------	---------	---------	---------	---------------

Plan Wide

Peer Support Access	161	134	5	79%	96%	82%	81%	83%
---------------------	-----	-----	---	-----	-----	-----	-----	-----

Provider Breakdown

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

Total Records	In Standard	Average Days	2024-Q1	2024-Q2	2024-Q3	2024-Q4	% In Standard
---------------	-------------	--------------	---------	---------	---------	---------	---------------

Keystone Service System	66	55	6	82%	92%	83%	75%	83%
Merakey Stevens Center	17	13	6	-	100%	57%	80%	76%
MHA of Franklin County	25	23	2	83%	100%	100%	100%	92%
Peerstar	18	17	1	100%	100%	50%	100%	94%
Recovery Insight	16	11	7	17%	-	100%	100%	69%
Wellspan Philhaven	10	9	16	100%	100%	100%	100%	90%

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 Members discharged during 1/1/24-12/31/24.

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.

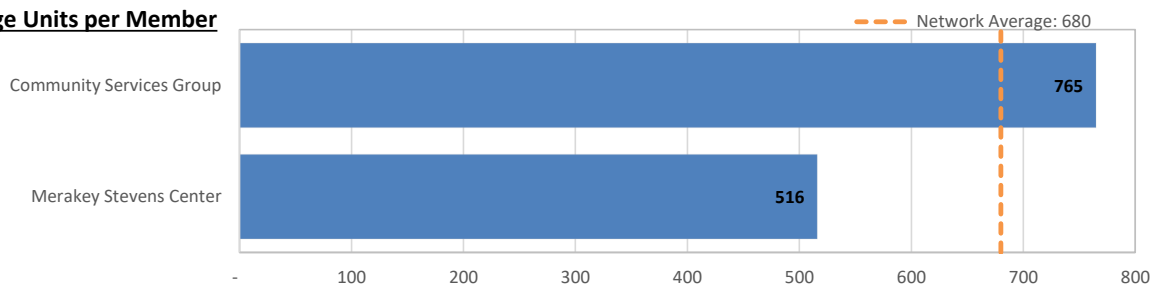
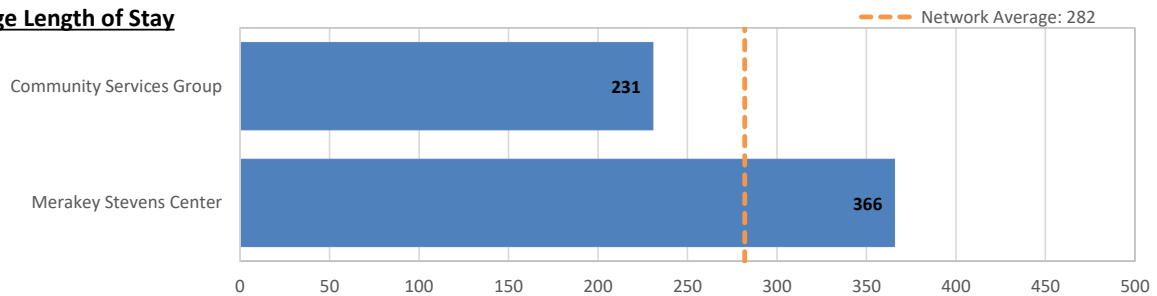
Network Average

Plan-wide Psych Rehab utilization data.

	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Plan-Wide				
Psych Rehab Utilization	120,476	177	680	282

Provider Breakdown

Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
Psych Rehab Utilization				
Community Services Group	86,426	111	765	231
Merakey Stevens Center	34,050	66	516	366

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 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 1/1/24-12/31/24.

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	159,296	1,361	117	309

Provider Breakdown

Provider	Total Paid Units	Members Served	Average Units per Member	Average Length of Stay
TCM Utilization				
CMU	52,383	549	95	249
Community Services Group	16,686	132	126	408
Holy Spirit Hospital	11,101	100	111	275
Keystone Service Systems	9,579	62	155	279
Lancaster Co BH and DS	7,542	86	88	342
Merakey Stevens Center	7,950	55	145	464
Service Access and Management	53,778	372	145	350

Note:

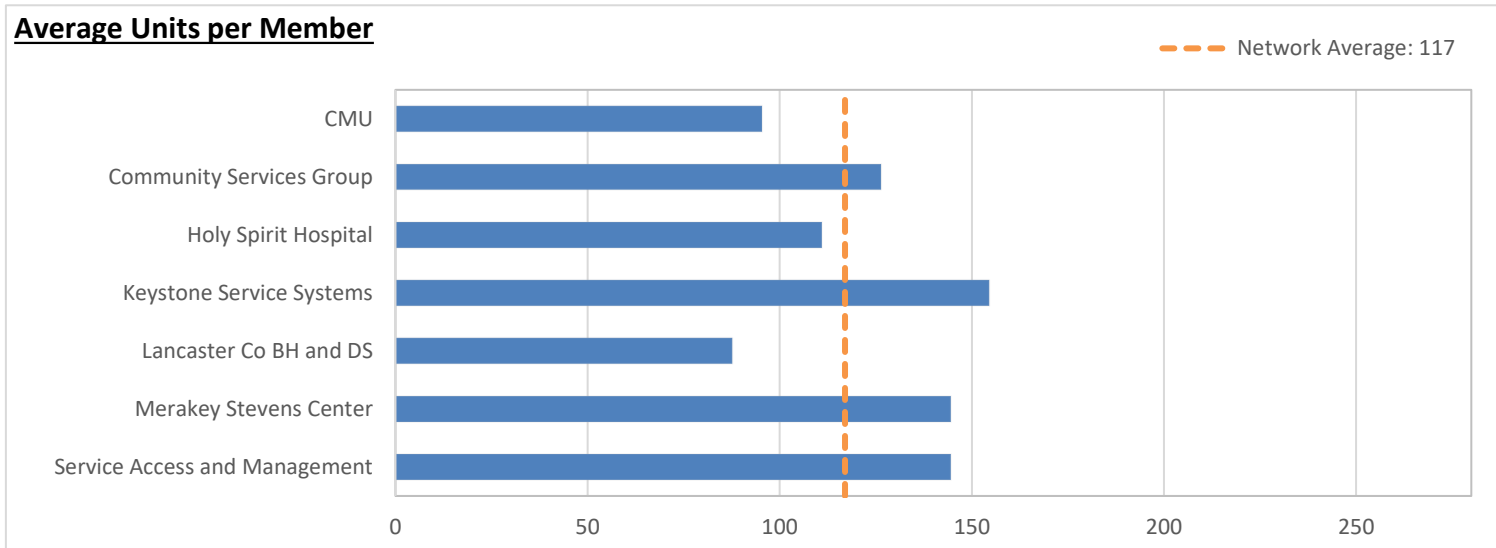
Units and Member calculations are for the reporting period only.

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

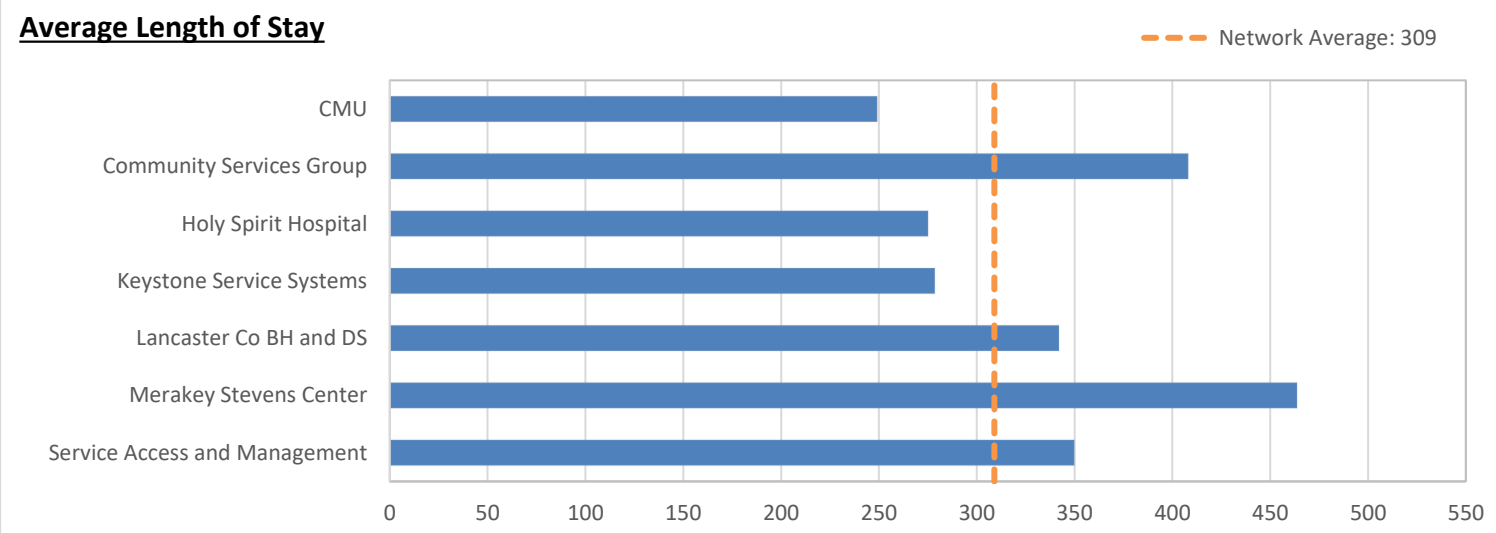
Providers with less than 10 Members were not included due to the smaller sample of data.

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 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 1/1/24-12/31/24, 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.

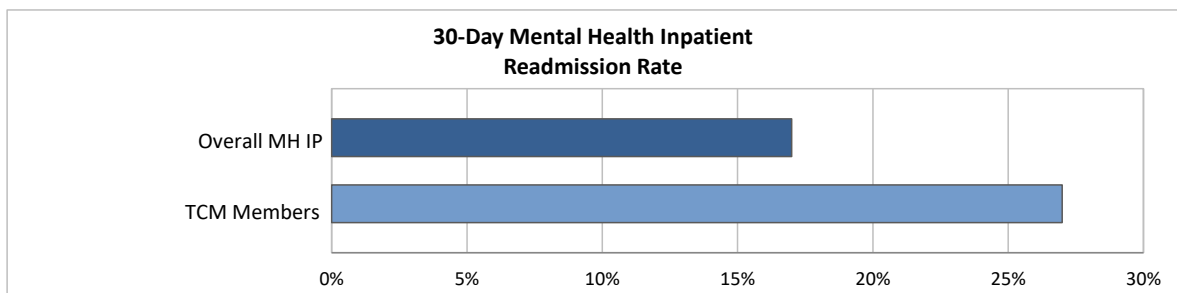
Numerator: Of the qualifying denominator discharges, the count of readmissions within 30 days of a discharge. Numerator events (readmissions) may be to the same or a different facility. Readmissions are counted through the 30 days following the end of the service range defined.

Goal

PerformCare provides this measure for informational purposes.

Network Average

30-Day Mental Health Inpatient readmission rates.



Rate Comparison		Rate
Overall MH IP Readmission		17%
TCM Members with MH IP Readmission		27%

Provider Breakdown

Provider	Discharges from MHIP Facilities (counted by TCM Providers)	Readmissions to MHIP Facilities (counted by TCM Providers)	Readmission Rate
CMU	81	18	22%
Community Services Group	19	2	11%
Holy Spirit Hospital	16	5	31%
Keystone Service Systems	17	4	24%
Lancaster Co BH and DS	11	0	0%
Merakey Stevens Center	27	11	41%
Service Access and Management	48	19	40%

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

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 1/1/24-12/31/2024, 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	426	320	75%

Provider Breakdown

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

TCM/BCM Provider	Discharges	Follow-Ups	% Follow-Ups
CMU	161	113	70%
Community Services Group	38	26	68%
Holy Spirit Hospital	32	25	78%
Keystone Service Systems	38	33	87%
Lancaster Co BH and DS	30	23	77%
Merakey Stevens Center	43	39	91%
Service Access and Management	83	60	72%

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 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 2024 (January 1, 2024 through December 31, 2024).

Capital Peer Support 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.
Keystone	16	94%	81%	88%	94%
Recovery Insight	13	85%	85%	100%	100%
Wellspan	13	92%	69%	100%	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 and Management	12	92%	90%	91%	94%