



## Provider Profiling Year-End Report

1/1/2024 - 12/31/2024

**Medically Managed Intensive Inpatient Withdrawal Management**  
**Medically Monitored Inpatient Withdrawal Management**  
**Medically Managed Intensive Inpatient Services**  
**Medically Monitored Intensive Inpatient Services**  
**Clinically Managed High-Intensity Residential Services**  
**Clinically Managed Low-Intensity Residential Services**

*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: 60-Day Readmission Rate for Substance Use

Levels of Care included in this measure are:

- Medically Managed Intensive Inpatient Withdrawal Management (4WM)
- Medically Monitored Inpatient Withdrawal Management (3.7WM)
- Medically Managed Intensive Inpatient Services (4)
- Medically Monitored Intensive Inpatient Services (3.7)
- Clinically Managed High-Intensity Residential Services (3.5)
- Clinically Managed Low-Intensity Residential Services (3.1)

Although there may be many reasons that a person readmits to Substance Use services, it has been researched and reported that effective discharge planning and education about aftercare planning can help to prevent readmissions.

This measure reports the 60-day readmission rates for the Substance Use Providers treating PerformCare Members. Readmission is defined as being readmitted to the same or higher level of care within 60 days of discharge (for Substance Use only). Readmissions may be to the same or a different facility. This measure is based on claims data from the time period of 1/1/24 through 12/31/24.

PerformCare calculates these rates using the following:

Denominator: The number of discharges from a Provider in the quarter. Discharges due to death or direct transfer to another facility are excluded.

Numerator: Of the qualifying denominator discharges, the number of admissions to the same or higher level of care within 60 days of discharge.

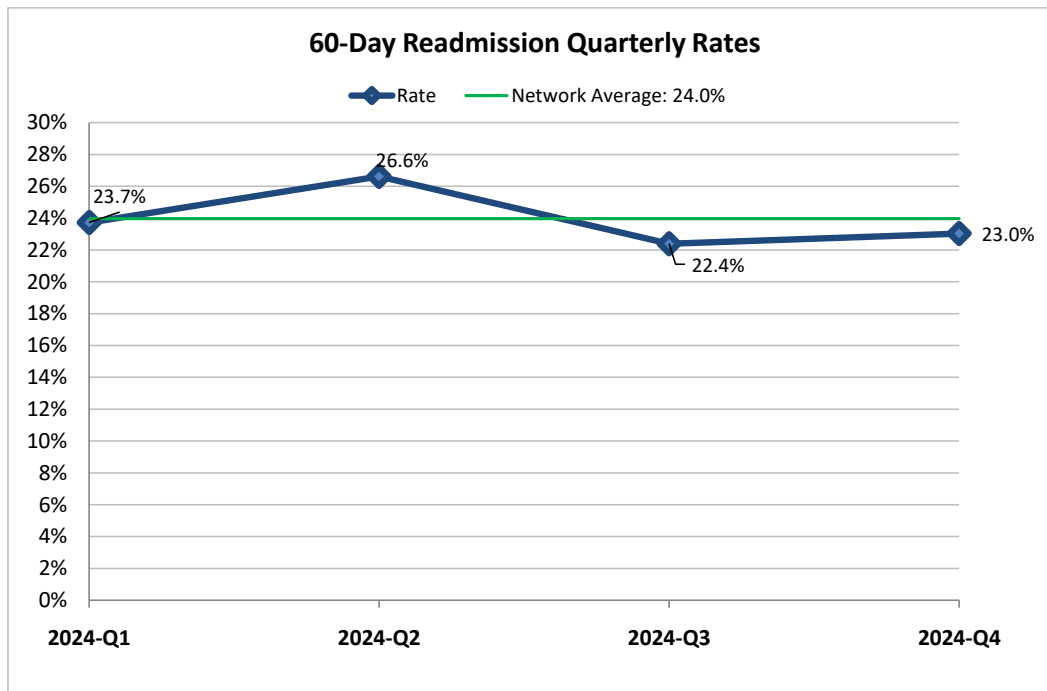
Readmissions are counted through the 60 days following the close of each quarter.

### Goal

PerformCare expects Providers to achieve a 60-day readmission rate of less than 12.5%.

### Network Average

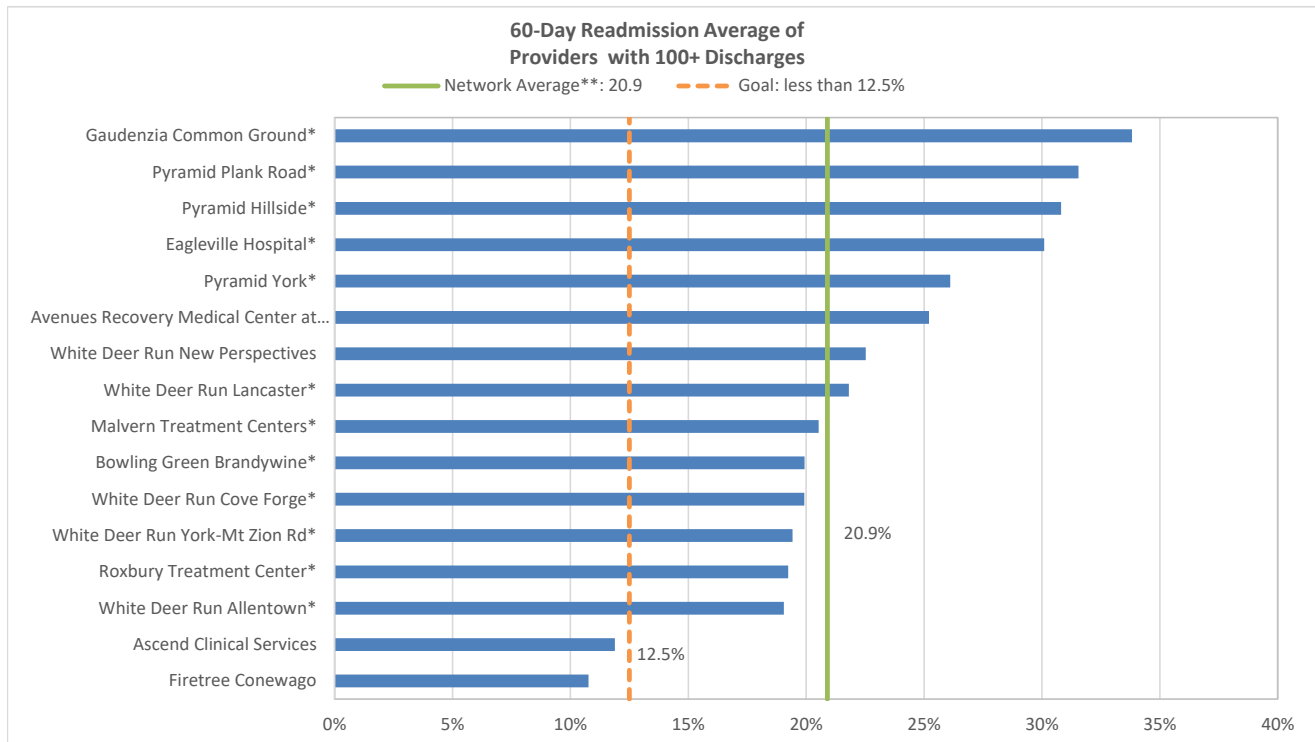
Plan-wide average 60-Day readmission rate across all Providers.



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Plan-Wide</b>					
60-Day Readmission Rate	23.7%	26.6%	22.4%	23.0%	<b>24.0%</b>

### Provider Breakdown

Percentage of discharges from Provider that readmitted within 60 days of discharge.



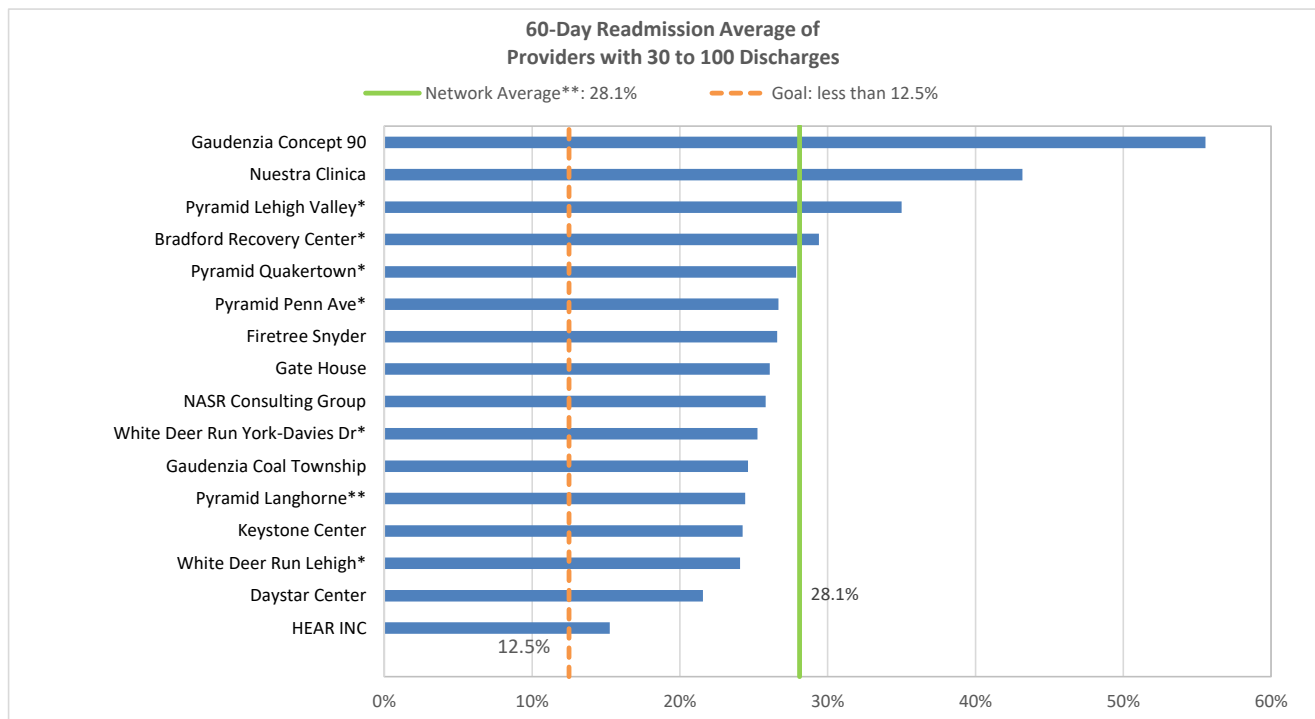
Provider	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Providers with 100+ Discharges</b>	<b>21.6%</b>	<b>22.9%</b>	<b>21.3%</b>	<b>21.4%</b>	<b>19.4%</b>
Gaudenzia Common Ground*	42.9%	36.7%	32.0%	25.0%	33.8%
Pyramid Plank Road*	30.5%	32.3%	27.3%	36.4%	31.5%
Pyramid Hillside*	25.0%	34.0%	29.8%	35.0%	30.8%
Eagleville Hospital*	24.0%	35.7%	27.3%	32.1%	30.1%
Pyramid York*	32.5%	20.7%	24.6%	29.5%	26.1%
Avenues Recovery Medical Center at Valley Forge	19.0%	26.7%	19.2%	42.9%	25.2%
White Deer Run New Perspectives	25.0%	17.8%	17.8%	28.8%	22.5%
White Deer Run Lancaster*	28.8%	11.4%	23.1%	21.7%	21.8%
Malvern Treatment Centers*	17.7%	22.0%	24.6%	16.5%	20.5%
Bowling Green Brandywine*	16.7%	16.7%	25.8%	18.7%	19.9%
White Deer Run Cove Forge*	20.0%	21.7%	17.7%	20.0%	19.9%
White Deer Run York-Mt Zion Rd*	11.1%	20.0%	25.9%	18.9%	19.4%
Roxbury Treatment Center*	20.0%	24.7%	20.0%	12.2%	19.2%
White Deer Run Allentown*	21.3%	20.2%	16.5%	17.4%	19.0%
Ascend Clinical Services	13.0%	13.3%	11.1%	10.6%	11.9%
Firetree Conewago	10.3%	21.6%	0.0%	10.0%	10.8%

\*Providers with Co-Occurring Disorder Competency

\*\*Network Average includes all Providers

### Provider Breakdown

Percentage of discharges from Provider that readmitted within 60 days of discharge.



Provider	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Providers with between 30 and 100 Discharges</b>	<b>25.9%</b>	<b>36.9%</b>	<b>22.8%</b>	<b>26.7%</b>	<b>28.1%</b>
Gaudenzia Concept 90	36.4%	72.2%	50.0%	56.3%	55.6%
Nuestra Clinica	43.5%	47.1%	0.0%	100.0%	43.2%
Pyramid Lehigh Valley*	42.9%	41.7%	23.1%	37.5%	35.0%
Bradford Recovery Center*	42.9%	30.0%	30.0%	14.3%	29.4%
Pyramid Quakertown*	46.2%	25.0%	38.5%	6.7%	27.9%
Pyramid Penn Ave*	33.3%	30.0%	18.2%	22.2%	26.7%
Firetree Snyder	28.0%	42.9%	13.0%	20.0%	26.6%
Gate House	9.5%	19.0%	47.1%	40.0%	26.1%
NASR Consulting Group	25.0%	50.0%	33.3%	8.3%	25.8%
White Deer Run York-Davies Dr*	13.3%	37.5%	18.2%	33.3%	25.3%
Gaudenzia Coal Township	33.3%	15.4%	19.0%	30.8%	24.6%
Pyramid Langhorne**	14.8%	45.5%	26.7%	13.6%	24.4%
Keystone Center	12.5%	25.0%	15.4%	50.0%	24.2%
White Deer Run Lehigh*	23.1%	35.7%	17.4%	25.0%	24.1%
Daystar Center	22.2%	16.7%	18.8%	28.6%	21.6%
HEAR INC	12.5%	40.0%	4.0%	18.8%	15.3%

\*Providers with Co-Occurring Disorder Competency

\*\*Network Average includes all Providers

Note: Individual Provider rates for Providers with less than 30 discharges were not reported due to the smaller sample of data.

## Measure 2: 60-Day Readmission Rate for SU High-Intensity Residential and Intensive Inpatient Services

Levels of Care included in this measure are:

- Clinically Managed High-Intensity Residential Services (3.5)
- Medically Monitored Intensive Inpatient Services (3.7)
- Medically Managed Intensive Inpatient Services (4)

Although there may be many reasons that a person readmits to Substance Use services, it has been researched and reported that effective discharge planning and education about aftercare planning can help to prevent readmissions.

This measure reports the 60-day readmission rates for the Substance Use Providers treating PerformCare Members. Readmission is defined as being readmitted to the same or higher level of care within 60 days of discharge (for Substance Use only). Readmissions may be to the same or a different facility. This measure is based on claims data from the time period of 1/1/24 through 12/31/24.

PerformCare calculates these rates using the following:

Denominator: The number of discharges from a Provider in the quarter. Discharges due to death or direct transfer to another facility are excluded.

Numerator: Of the qualifying denominator discharges, the number of admissions to the same or higher level of care within 60 days of discharge.

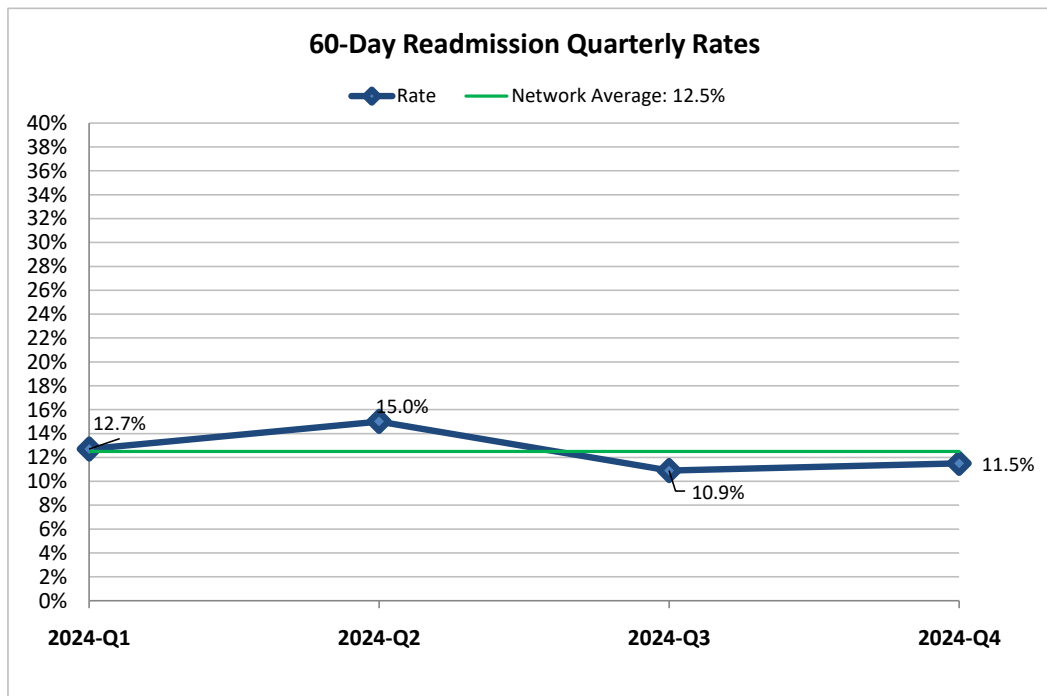
Readmissions are counted through the 60 days following the close of each quarter.

## Goal

PerformCare expects Providers to achieve a 60-day readmission rate of less than 12.5%.

## Network Average

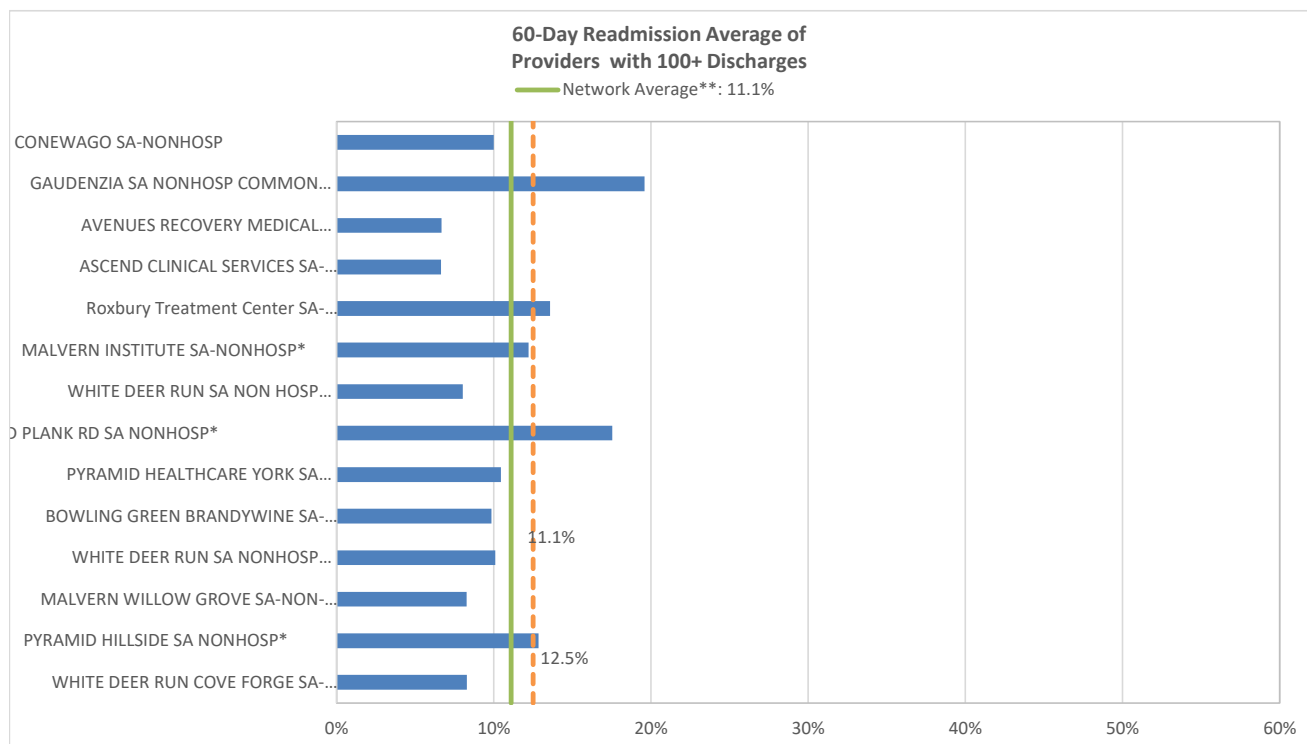
Plan-wide average 60-Day readmission rate across all Providers.



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Plan-Wide</b>					
60-Day Readmission Rate	12.7%	15.0%	10.9%	11.5%	12.5%

### Provider Breakdown

Percentage of discharges from Provider that readmitted within 60 days of discharge.



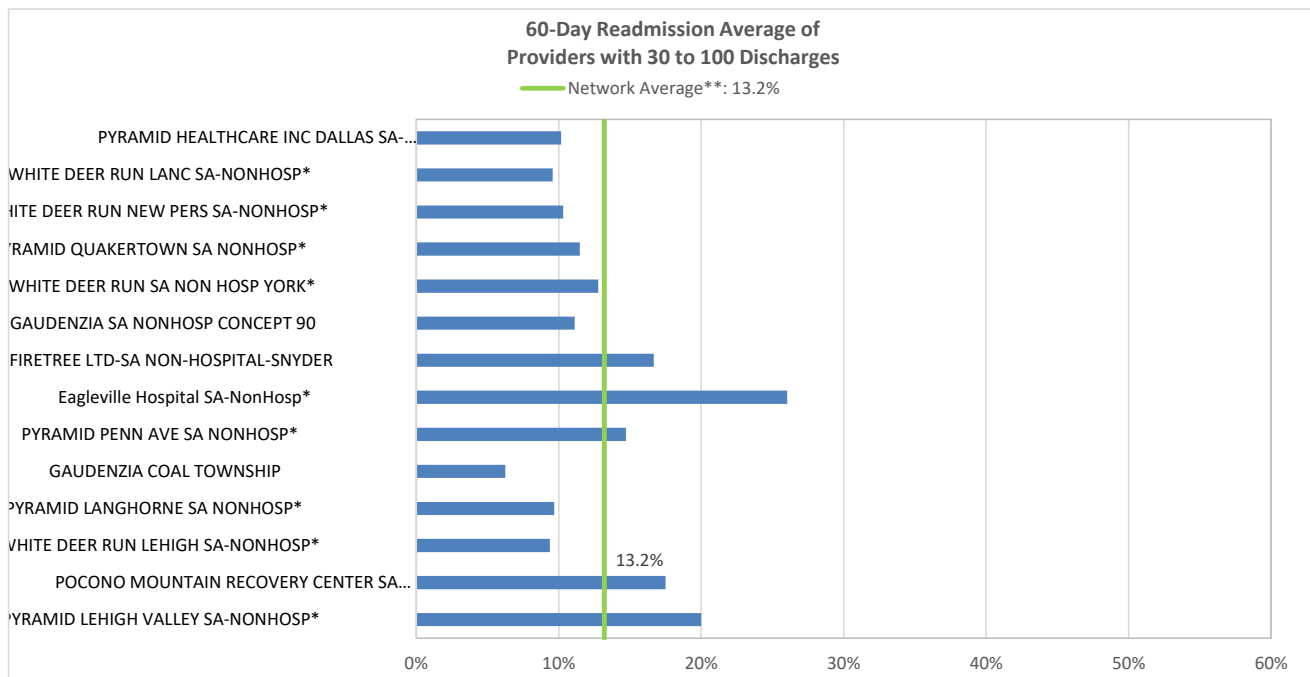
Provider	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Providers with 100+ Discharges</b>	<b>11.2%</b>	<b>13.2%</b>	<b>10.8%</b>	<b>9.6%</b>	<b>11.1%</b>
FIRETREE CONEWAGO SA-NONHOSP	10.3%	18.9%	0.0%	10.0%	10.0%
GAUDENZIA SA NONHOSP COMMON GROUND*	27.6%	21.1%	20.0%	11.1%	19.6%
AVENUES RECOVERY MEDICAL CENTER AT VALLEY FORGE	4.3%	12.1%	4.3%	3.8%	6.7%
ASCEND CLINICAL SERVICES SA-NONHOSP	11.8%	6.7%	1.7%	8.1%	6.6%
Roxbury Treatment Center SA-NonHosp*	10.1%	15.4%	16.5%	11.9%	13.6%
MALVERN INSTITUTE SA-NONHOSP*	7.4%	17.1%	14.3%	8.8%	12.2%
WHITE DEER RUN SA NON HOSP REHAB YORK*	3.8%	8.8%	5.7%	11.9%	8.0%
PYRAMID PLANK RD SA NONHOSP*	20.0%	20.7%	15.7%	13.0%	17.5%
PYRAMID HEALTHCARE YORK SA HOSP*	12.5%	8.9%	9.4%	11.3%	10.5%
BOWLING GREEN BRANDYWINE SA-NONHOSP*	10.4%	5.0%	11.3%	11.3%	9.9%
WHITE DEER RUN SA NONHOSP ALLENWOOD*	9.1%	11.9%	11.1%	6.3%	10.1%
MALVERN WILLOW GROVE SA-NON-HOSP*	8.3%	14.6%	7.0%	0.0%	8.3%
PYRAMID HILLSIDE SA NONHOSP*	11.5%	9.4%	19.2%	12.0%	12.8%
WHITE DEER RUN COVE FORGE SA-NONHOSP*	2.4%	12.8%	10.8%	7.0%	8.3%

\*Providers with Co-Occurring Disorder Competency

\*\*Network Average includes all Providers

## Provider Breakdown

Percentage of discharges from Provider that readmitted within 60 days of discharge.



Provider	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Providers with between 30 and 100 Discharges</b>	<b>13.6%</b>	<b>15.5%</b>	<b>8.7%</b>	<b>15.2%</b>	<b>13.2%</b>
PYRAMID HEALTHCARE INC DALLAS SA-NONHOSP*	5.0%	10.0%	0.0%	26.7%	10.2%
WHITE DEER RUN LANC SA-NONHOSP*	13.3%	4.8%	10.0%	8.7%	9.6%
WHITE DEER RUN NEW PERS SA-NONHOSP*	15.0%	4.2%	0.0%	21.4%	10.3%
PYRAMID QUAKERTOWN SA NONHOSP*	23.1%	15.0%	7.7%	0.0%	11.5%
WHITE DEER RUN SA NON HOSP YORK*	10.0%	5.9%	11.1%	27.3%	12.8%
GAUDENZIA SA NONHOSP CONCEPT 90	0.0%	22.2%	5.6%	12.5%	11.1%
FIRETREE LTD-SA NON-HOSPITAL-SNYDER	28.6%	30.8%	0.0%	0.0%	16.7%
Eagleville Hospital SA-NonHosp*	31.3%	28.6%	15.8%	29.4%	26.0%
PYRAMID PENN AVE SA NONHOSP*	20.0%	12.5%	12.5%	12.5%	14.7%
GAUDENZIA COAL TOWNSHIP	0.0%	0.0%	10.0%	12.5%	6.3%
PYRAMID LANGHORNE SA NONHOSP*	7.7%	12.5%	14.3%	5.3%	9.7%
WHITE DEER RUN LEHIGH SA-NONHOSP*	0.0%	12.5%	6.7%	33.3%	9.4%
POCONO MOUNTAIN RECOVERY CENTER SA NONHOSP*	0.0%	30.0%	18.8%	7.7%	17.5%
PYRAMID LEHIGH VALLEY SA-NONHOSP*	0.0%	33.3%	15.4%	25.0%	20.0%

\*Providers with Co-Occurring Disorder Competency

\*\*Network Average includes all Providers

Note: Individual Provider rates for Providers with less than 30 discharges were not reported due to the smaller sample of data.

### Measure 3: Case Mix by Provider for Substance Use

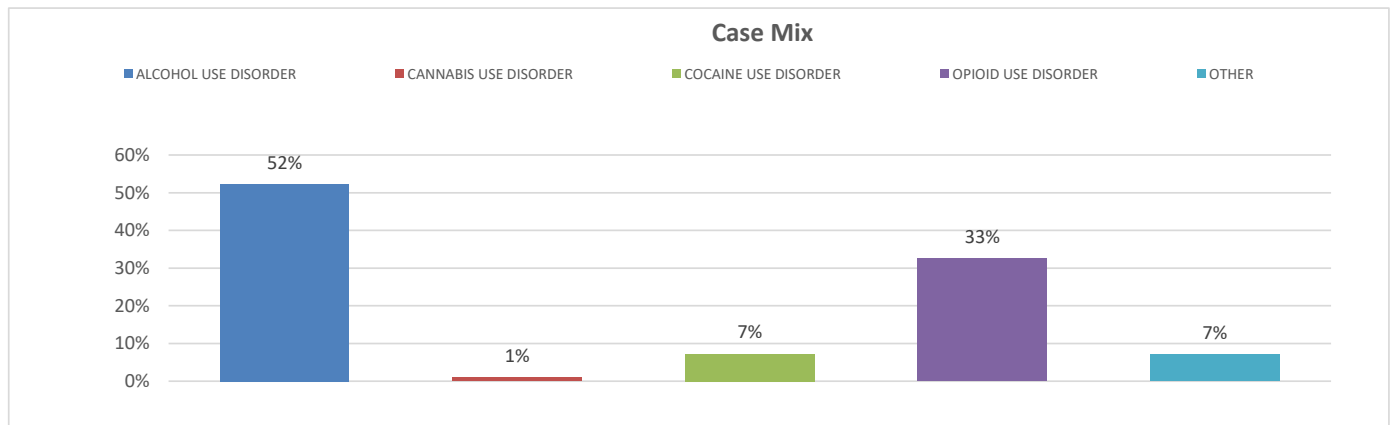
This measure shows the different disorders being treated by Substance Use Providers. The information may become useful in observing trends as PerformCare continues to report this information.

This information is based on claims data from the discharge diagnoses reported for discharges occurring from 1/1/24 through 12/31/24. The calculation is based on the primary diagnosis for the first admission per Provider per quarter; readmissions are

### Goal

PerformCare is providing this measure for informational purposes.

Plan-wide average of discharges based on the following categories of substances for all Providers.



Category	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Plan-wide</b>					
ALCOHOLISM	48.5%	52.0%	54.3%	54.4%	<b>52.3%</b>
CANNABIS ABUSE	1.3%	0.7%	1.1%	0.8%	<b>1.0%</b>
COCAINE ABUSE	8.5%	5.5%	6.6%	8.3%	<b>7.2%</b>
OPIOID DEPENDENCY	34.7%	35.0%	32.6%	27.2%	<b>32.5%</b>
OTHER	6.9%	6.8%	5.5%	9.3%	<b>7.1%</b>



Case Mix distribution of category of substances by Provider for dates of service reflected in this report.

Provider	ALCOHOL USE DISORDER	CANNABIS USE DISORDER	COCAINE USE DISORDER	OPIOID USE DISORDER	OTHER**
<b>Providers with 100+ Discharges</b>	<b>55%</b>	<b>0%</b>	<b>4%</b>	<b>34%</b>	<b>7%</b>
Avenues Recovery Medical Center at Valley Forge	39.2%	0.0%	11.8%	40.5%	8.5%
Bowling Green Brandywine*	41.1%	0.9%	1.8%	47.3%	8.9%
Malvern Treatment Centers*	58.0%	0.0%	1.3%	34.0%	6.7%
Pyramid Plank Road*	62.6%	0.8%	5.7%	25.2%	5.7%
Pyramid York*	60.8%	0.0%	2.7%	27.7%	8.8%
White Deer Run York-Mt Zion Rd*	68.9%	0.0%	0.0%	28.2%	2.9%
<b>Providers with 30 to 100 Discharges</b>	<b>55%</b>	<b>1%</b>	<b>6%</b>	<b>33%</b>	<b>6%</b>
Daystar Center	37.3%	7.8%	19.6%	15.7%	19.6%
Eagleville Hospital*	30.0%	0.0%	20.0%	46.7%	3.3%
Gate House	33.8%	2.9%	22.1%	23.5%	17.6%
Gaudenzia Common Ground*	65.5%	0.0%	0.0%	32.8%	1.7%
Gatehouse	44.8%	6.9%	22.4%	17.2%	8.6%
Pyramid Dallas*	51.7%	0.0%	3.4%	36.2%	8.6%
Pyramid Hillside*	55.4%	1.4%	2.7%	36.5%	4.1%
Roxbury Treatment Center*	66.3%	0.0%	6.7%	21.3%	5.6%
Ascend Clinical Services	54.0%	2.0%	2.0%	40.0%	2.0%
White Deer Run Allenwood*	38.8%	0.0%	3.5%	55.3%	2.4%
White Deer Run Cove Forge*	53.6%	0.0%	0.0%	45.4%	1.0%
White Deer Run Lancaster	65.9%	1.1%	1.1%	30.8%	1.1%
White Deer Run New Perspectives	67.1%	0.0%	0.0%	28.2%	4.7%
White Deer Run York-Davies Dr*	80.8%	0.0%	0.0%	13.5%	5.8%

\*Providers with Co-Occurring Disorder Competency

\*\*Other: Sedative/Hypnotic/Anxiolytic Use Disorder, Other/Unspecified Stimulant Use Disorder, Other Hallucinogen Use Disorder, Tobacco Use Disorder, Inhalant Use Disorder, Other Substance Use Disorder.

Note: Cells with a dash represent there were no discharges to measure within that category.

Due to the variation in calculating various metrics, the Provider discharge volume groupings may differ slightly from metric to metric.

**Measure 4: Co-Occurring Diagnoses**

PerformCare wants to ensure that Members with Co-Occurring diagnoses have both their Substance Use and Mental Health treatment needs addressed. This measure is designed to summarize for the Provider community the percentage of Members receiving Substance Use treatment that have a Substance Use disorder and a co-occurring Mental Health disorder. This information can be helpful to Providers for staffing and training purposes. The information may become useful in observing trends as PerformCare continues to report this information.

PerformCare calculates this measure based on claims data. This measure counts only the first admission for Members who have had 1 or more readmission(s). This measure uses data submitted from any diagnosis code from the discharge diagnoses for each Member that was discharged from services between 1/1/24 through 12/31/24.

**Goal**

PerformCare is providing this measure for informational purposes.

**Network Average**

Plan-wide average of discharges that have Co-Occurring Diagnoses for all Providers.

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Plan-Wide</b>					
Co-Occurring Diagnosis	67.8%	78.0%	78.0%	71.4%	<b>73.9%</b>

**Provider Breakdown**

Discharges that have Co-Occurring Diagnoses by Provider.

Provider	Average
Providers with 100+ Discharges	
Avenues Recovery Medical Center at Valley Forge	83.7%
Bowling Green Brandywine*	71.4%
Malvern Treatment Centers*	52.0%
Pyramid Plank Road *	77.2%
Pyramid York*	73.6%
White Deer Run York-Mt Zion Rd*	75.7%
Providers with between 30 and 100 Discharges	
Daystar Center	68.6%
Eagleville Hospital *	90.0%
Gate House	72.1%
Gaudenzia Common Ground *	79.3%
Gatehouse	79.3%
Pyramid Dallas*	79.3%
Pyramid Hillside *	83.8%
Roxbury Treatment Center*	74.2%
Ascend Clinical Services	46.0%
White Deer Run Allenwood*	92.9%
White Deer Run Cove Forge*	90.7%
White Deer Run Lancaster*	64.8%
White Deer Run New Perspectives*	76.5%
White Deer Run York-Davies Dr*	78.8%

\*Providers with Co-Occurring Disorder Competency

Note: Individual Provider rates for Providers with less than 30 discharges were not reported due to the smaller sample of data.

**Measure 5: Follow-Up Visits within 7 and 30 Days of Discharge**

Follow-up visits are important to help Members stay well and continue treatment without needing to return to a higher level of care. This measure shows the percentage of Members that are seen within 7 days and 30 days for a follow-up appointment, following a discharge from Substance Use Rehabilitation services. This measure is based on claims data with dates of discharge 1/1/24 through 12/31/24.

Compliant follow-up visits for this measure include the following:

Visits for Substance Use or Mental Health therapy, counseling or a medication check that meet the national codes for a successful follow-up visit. Entry into a partial hospitalization program, intensive outpatient program, Methadone maintenance program, or Halfway house.

The rates are calculated as follows:

Denominator: Members included in this measure were discharged and were not readmitted within 30 days.

7 Day Numerator: Members discharged resulting in a compliant follow-up visit within 7 days of discharge.

30 Day Numerator: Members discharged resulting in a compliant follow-up visit within 30 days of discharge.

Note: Compliance for a 7 day visit also counts toward the 30 day compliance rate.

**Goal**

PerformCare is providing this measure for informational purposes.

**Network Average**

Plan-wide average of follow-up visits within 7 and 30 Days of discharge for all Providers.

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Average
<b>Plan-Wide</b>					
7 Day Follow-Ups	48.3%	47.0%	46.4%	45.1%	<b>46.7%</b>
30 Day Follow-Ups	59.3%	59.7%	61.1%	59.8%	<b>60.0%</b>

**Provider Breakdown**

Mid-year average of follow-up visits within 7 and 30 days of discharge by Provider.

Provider	7 Day Follow-Ups	30 Day Follow-Ups
<b>Providers with 100+ Discharges</b>	<b>50.57%</b>	<b>63.53%</b>
Avenues Recovery Medical Center at Valley Forge	34.10%	47.98%
Bowling Green Brandywine*	50.20%	60.08%
Eagleville Hospital*	40.28%	52.78%
Firetree Conewago	18.10%	46.55%
Gaudenzia Common Ground*	45.93%	63.70%
Malvern Treatment Centers*	64.56%	72.67%
Pyramid Dallas*	55.06%	64.04%
Pyramid Hillside*	59.38%	71.88%
Pyramid Plank Road*	58.02%	67.49%
Pyramid York*	50.53%	66.08%
Roxbury Treatment Center*	44.30%	62.42%
Ascend Clinical Services	49.48%	70.93%
White Deer Run Allenwood*	61.76%	71.43%
White Deer Run Cove Forge*	62.91%	70.42%
White Deer Run Lancaster*	40.54%	50.68%
White Deer Run New Perspectives*	43.26%	52.48%
White Deer Run York-Mt Zion Rd	47.96%	57.14%
<b>Providers with between 30 and 100 Discharges</b>	<b>36.28%</b>	<b>49.85%</b>
Bradford Recovery Center*	50.00%	75.00%
Daystar Center	30.00%	40.00%
Firetree Snyder	41.38%	55.17%
Gate House	15.69%	21.57%
Gaudenzia Coal township	55.10%	67.35%
Gaudenzia Concept 90	39.29%	50.00%
HEAR INC	14.00%	38.00%
Keystone Center	32.00%	40.00%
NASR Consulting Group	34.78%	43.48%
Nuestra Clinica	12.00%	28.00%
Pyramid Langhorne	41.54%	55.38%
Pyramid Lehigh Valley*	30.77%	50.00%
Pyramid Penn Ave*	42.42%	45.45%
Pyramid Quakertown*	25.00%	47.73%
White Deer Run Lehigh	63.41%	75.61%
White Deer Run York-Davies Dr*	43.24%	55.41%

\*Providers with Co-Occurring Disorder Competency

Note: Individual Provider rates for Providers with less than 30 discharges were not reported due to the smaller sample of data.

**Measure 6: Length of Stay for SU High-Intensity Residential and Intensive Inpatient Services**

Levels of Care included in this measure are:

- Clinically Managed High-Intensity Residential Services (3.5)
- Medically Monitored Intensive Inpatient Services (3.7)
- Medically Managed Intensive Inpatient Services (4)

A length of stay is based on the individual needs of the Member and medical necessity, however it is important for PerformCare and Providers to be aware of averages and look for trends. The average length of stay in number of days for Substance Use services are reported by Provider.

PerformCare calculates these numbers by counting the number of days authorized through PerformCare for each admission from claims data. An average is then calculated from these numbers for each Provider. This measure includes any Members with an admission between 1/1/24 and 12/31/24.

**Goal**

PerformCare is providing this measure for informational purposes.

**Network Average**

Plan-wide average of length of stay in days for Residential/Intensive Inpatient Service Providers.

Plan-Wide	2024-Q1	2024-Q2	2024-Q3	2024-Q4	Overall
Average Length of Stay in Days	28	28	27	26	27

**By Age Category**

		Adult (age 18+)		Child (age 0-17)	
		Average LOS	Discharges	Average LOS	Discharges
2024-Q1		27	809	161	5
2024-Q2		27	912	96	8
2024-Q3		26	869	85	9
2024-Q4		26	772	11	1
Total		27	3,362	102	23

**Provider Breakdown**

Average of length of stay in days by Provider.

Provider	Average LOS
<b>Providers with 100+ Discharges</b>	<b>26</b>
Bowling Green Brandywine*	19
Firetree Conewago	49
Gaudenzia Common Ground*	26
Avenues Recovery Medical Center at Valley Forge	21
Pyramid Hillside*	28
Pyramid Plank Road*	28
Pyramid York*	25
Roxbury Treatment Center*	30
Ascend Clinical Services	23
White Deer Run Allenwood*	23
White Deer Run Cove Forge*	21
White Deer Run York-Mt Zion Rd*	26

Provider	Average LOS
<b>Providers with between 30 and 100 Discharges</b>	<b>26</b>
Eagleview Hospital*	20
Firetree Conewago	28
Firetree Pottsville	27
Firetree Snyder	31
Gaudenzia Coal township	23
Gaudenzia Common Ground*	27
Gaudenzia Concept 90	25
Pyramid Dallas*	20
Pyramid Hillside*	26
Pyramid Langhorne	28
Pyramid Lehigh Valley*	21
Pyramid Penn Ave*	30
Pyramid Quakertown*	32

*\*Providers with Co-Occurring Disorder Competency**Note: Individual Provider rates for Providers with less than 30 discharges were not reported 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), 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).

**Consumer/Family Satisfaction Team Survey Results****Substance Use Inpatient Services****January 2024 through December 2024**

Capital Inpatient Rehab					
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.
Bowling Green	15	100%	73%	73%	53%
Gaudenzia Common Ground	18	94%	89%	94%	83%
Pyramid Plank Road	26	100%	69%	73%	54%
Roxbury	15	100%	73%	87%	73%
WDR Cove Forge	12	83%	83%	100%	83%

Franklin/Fulton Inpatient Rehab					
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.
No providers met the threshold for reporting					