PerformCARE®

Provider Profiling
Year-End Report

Substance Use Services

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

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: 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 1/1/23 through 12/31/23.

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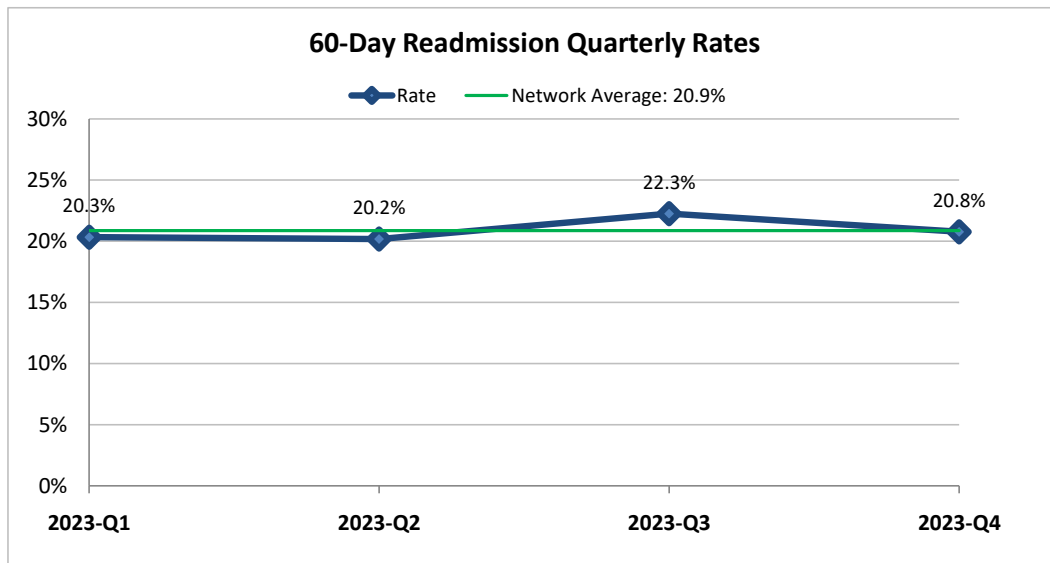
Readmissions are counted through the 60 days following the close of each quarter.

Goal
PerformCare is providing this measure for informational purposes.

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

60-Day Readmission Quarterly Rates

	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Plan-Wide					
60-Day Readmission Rate	20.3%	20.2%	22.3%	20.8%	**20.9%**

Provider Breakdown

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

60-Day Readmission Average of Providers with 100+ Discharges

— Network Average**: 20.9%
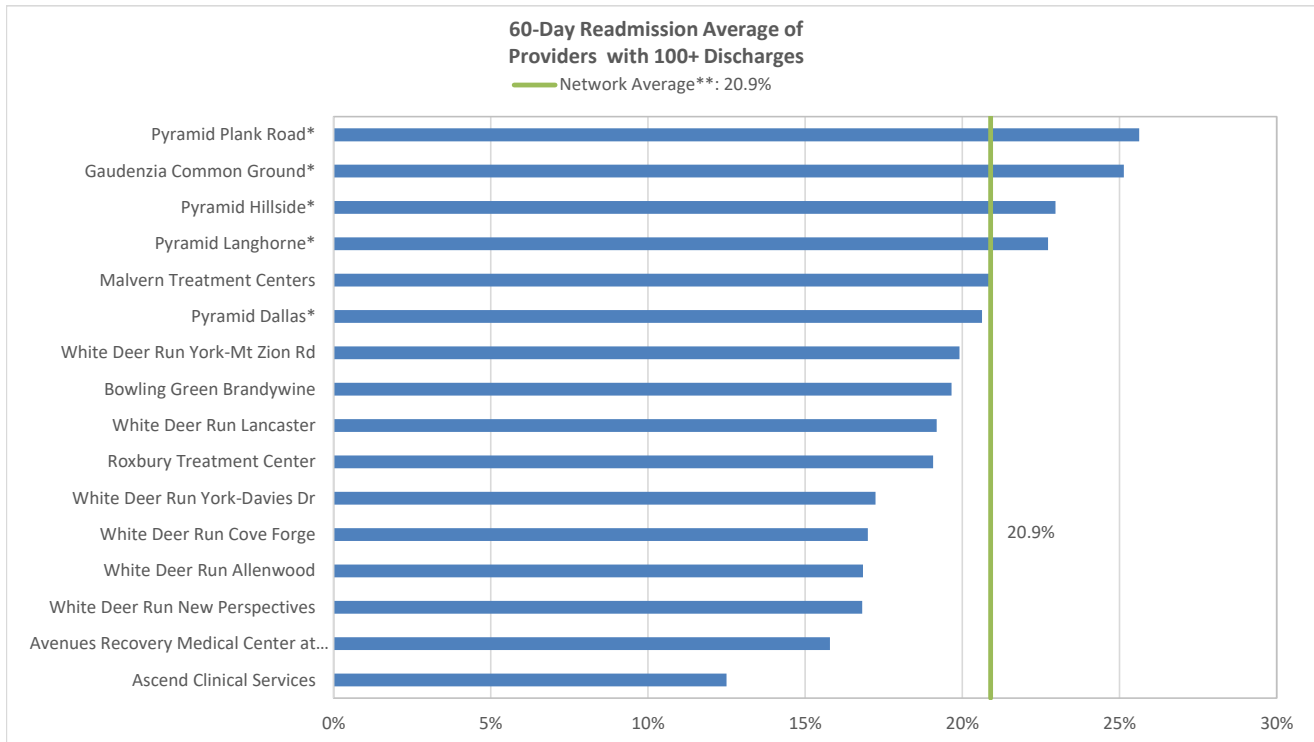
Provider	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Providers with 100+ Discharges	**20.1%**	**18.5%**	**20.4%**	**18.6%**	**19.4%**
Pyramid Plank Road*	25.0%	24.6%	28.6%	24.2%	25.6%
Gaudenzia Common Ground*	20.0%	22.0%	35.8%	20.5%	25.1%
Pyramid Hillside*	30.6%	19.2%	23.7%	16.7%	23.0%
Pyramid Langhorne*	36.0%	21.9%	15.6%	19.0%	22.7%
Malvern Treatment Centers	18.5%	21.4%	24.0%	20.0%	20.9%
Pyramid Dallas*	17.6%	18.2%	21.4%	25.0%	20.6%
White Deer Run York-Mt Zion Rd	27.0%	16.1%	16.7%	19.1%	19.9%
Bowling Green Brandywine	21.4%	23.1%	15.5%	15.7%	19.7%
White Deer Run Lancaster	23.8%	21.7%	21.3%	8.1%	19.2%
Roxbury Treatment Center	20.4%	17.4%	20.7%	18.4%	19.1%
White Deer Run York-Davies Dr	15.8%	20.6%	24.0%	5.3%	17.2%
White Deer Run Cove Forge	16.7%	17.2%	11.8%	22.8%	17.0%
White Deer Run Allenwood	15.9%	14.0%	20.7%	18.3%	16.8%
White Deer Run New Perspectives	10.0%	14.8%	26.0%	16.9%	16.8%
Avenues Recovery Medical Center at Valley Forge	20.0%	18.2%	16.1%	9.5%	15.8%
Ascend Clinical Services	16.5%	7.9%	7.8%	19.3%	12.5%

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.

60-Day Readmission Average of Providers with 30 to 100 Discharges

—— Network Average**: 20.9%

20.9%
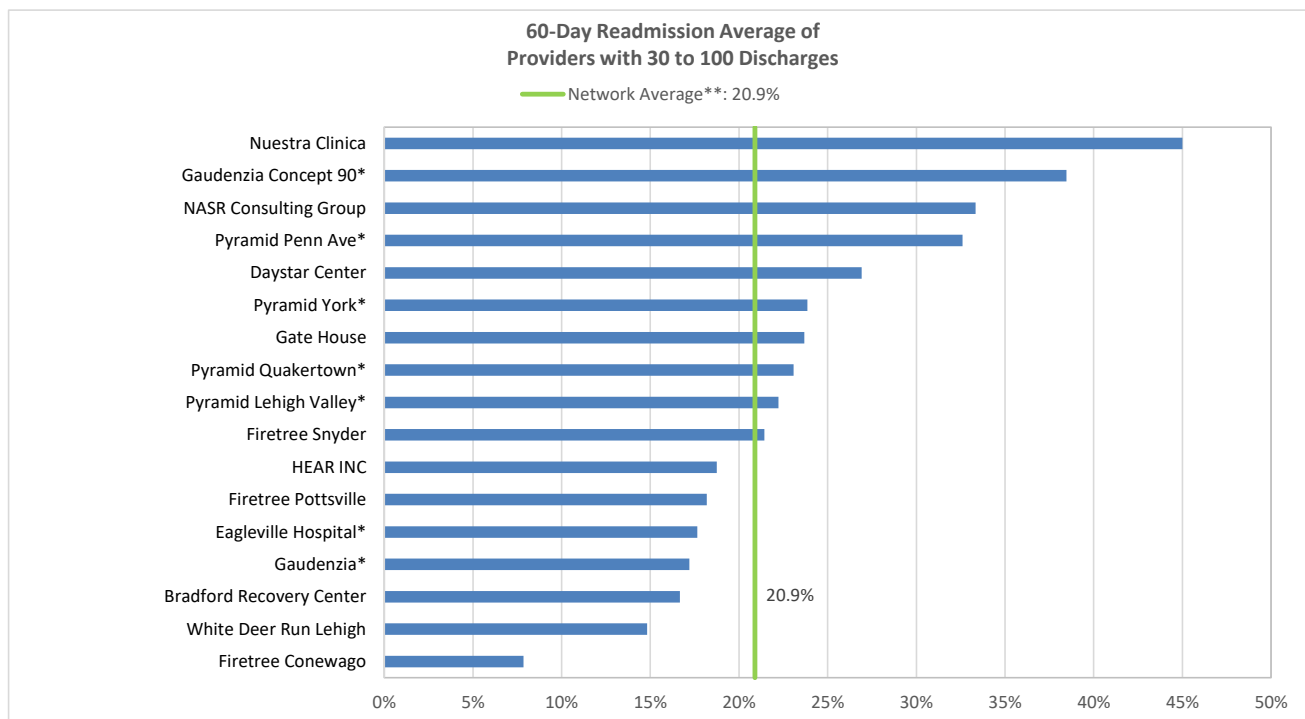
Provider	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Providers with between 30 and 100 Discharges	**20.1%**	**26.0%**	**25.8%**	**22.7%**	**23.7%**
Nuestra Clinica	42.9%	47.6%	50.0%	36.4%	45.0%
Gaudenzia Concept 90*	10.0%	40.0%	56.3%	37.5%	38.5%
NASR Consulting Group	20.0%	33.3%	41.7%	37.5%	33.3%
Pyramid Penn Ave*	29.2%	13.0%	39.1%	50.0%	32.6%
Daystar Center	7.7%	35.7%	40.0%	26.7%	26.9%
Pyramid York*	21.7%	26.9%	35.3%	13.6%	23.9%
Gate House	22.2%	27.3%	12.5%	30.0%	23.7%
Pyramid Quakertown*	18.8%	20.0%	25.0%	30.8%	23.1%
Pyramid Lehigh Valley*	19.2%	20.0%	60.0%	0.0%	22.2%
Firetree Snyder	25.0%	30.0%	22.2%	6.7%	21.4%
HEAR INC	33.3%	10.0%	4.5%	28.6%	18.8%
Firetree Pottsville	11.1%	0.0%	0.0%	40.0%	18.2%
Eagleville Hospital*	8.3%	28.6%	12.0%	15.0%	17.6%
Gaudenzia*	15.6%	19.2%	29.4%	5.6%	17.2%
Bradford Recovery Center	0.0%	30.8%	18.2%	0.0%	16.7%
White Deer Run Lehigh	23.1%	12.5%	7.7%	16.7%	14.8%
Firetree Conewago	0.0%	100.0%	4.5%	8.3%	7.8%

*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.

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Substance Use Provider Profiling Report
Measure 2: 60-Day Readmission Rate for SU High-Intensity Residential and Intensive Inpatient Services

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 1/1/23 through 12/31/23.

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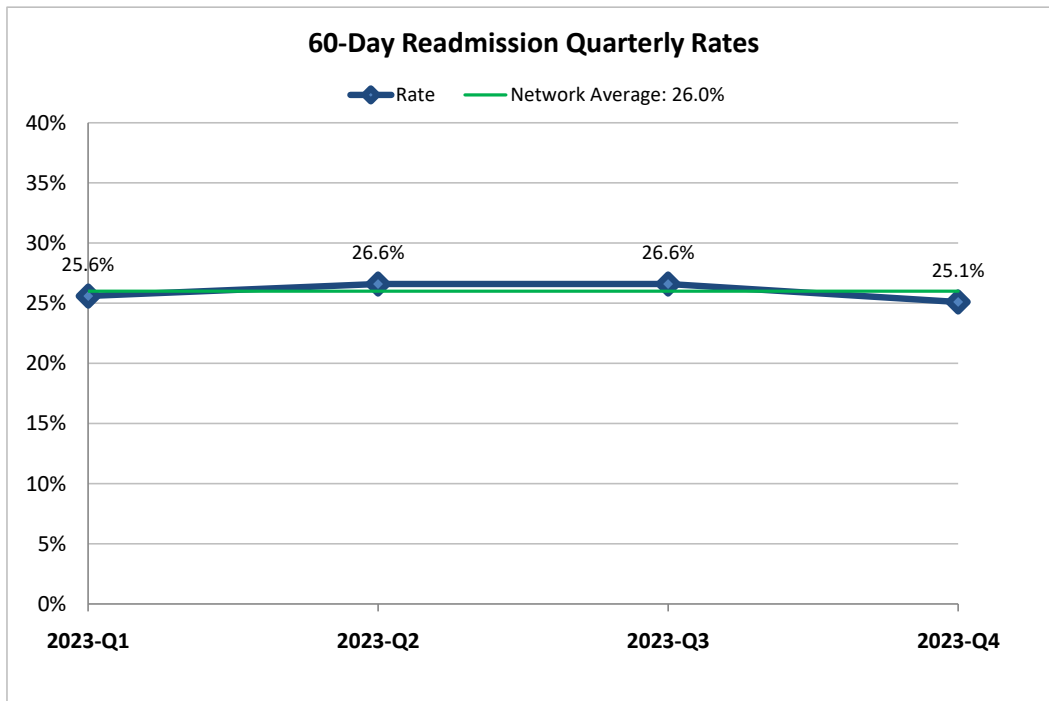
Readmissions are counted through the 60 days following the close of each quarter.

Goal
PerformCare is providing this measure for informational purposes.

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

60-Day Readmission Quarterly Rates

	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Plan-Wide					
60-Day Readmission Rate	25.6%	26.6%	26.6%	25.1%	**26.0%**

![PerformCARE®]

Substance Use Provider Profiling Report
Measure 2: 60-Day Readmission Rate for SU High-Intensity Residential and Intensive Inpatient Services

Provider Breakdown

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

60-Day Readmission Average of Providers with 100+ Discharges
Network Average**: 26.0%
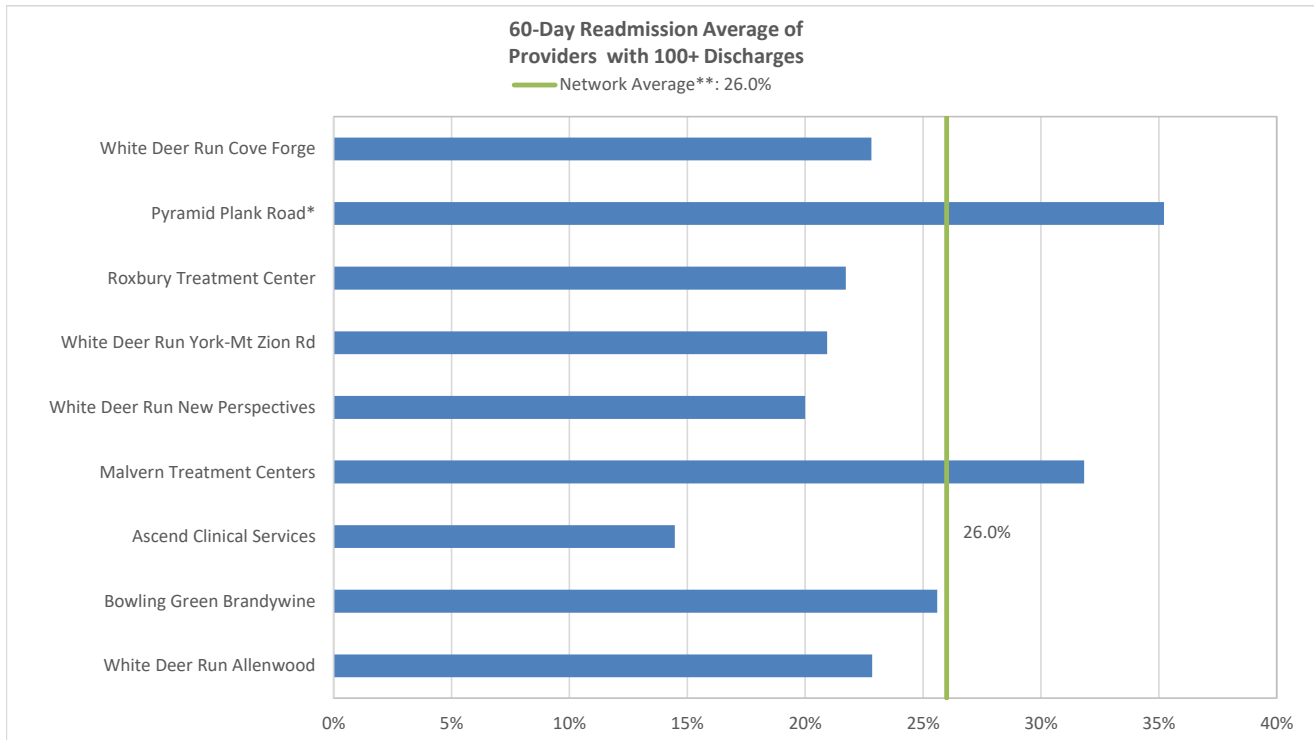
Provider	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Providers with 100+ Discharges	**25.3%**	**23.8%**	**24.0%**	**24.5%**	**24.4%**
White Deer Run Cove Forge	25.5%	21.0%	14.3%	30.9%	22.8%
Pyramid Plank Road*	30.2%	38.7%	38.5%	31.5%	35.2%
Roxbury Treatment Center	25.0%	17.3%	23.9%	21.5%	21.7%
White Deer Run York-Mt Zion Rd	20.0%	17.1%	17.2%	30.0%	20.9%
White Deer Run New Perspectives	13.6%	14.8%	33.3%	17.6%	20.0%
Malvern Treatment Centers	25.6%	36.9%	32.3%	33.9%	31.8%
Ascend Clinical Services	21.2%	8.5%	10.6%	19.0%	14.5%
Bowling Green Brandywine	35.4%	30.0%	21.4%	12.8%	25.6%
White Deer Run Allenwood	24.0%	20.2%	24.6%	23.3%	22.8%

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.

60-Day Readmission Average of Providers with 30 to 100 Discharges — Network Average**: 26.0%
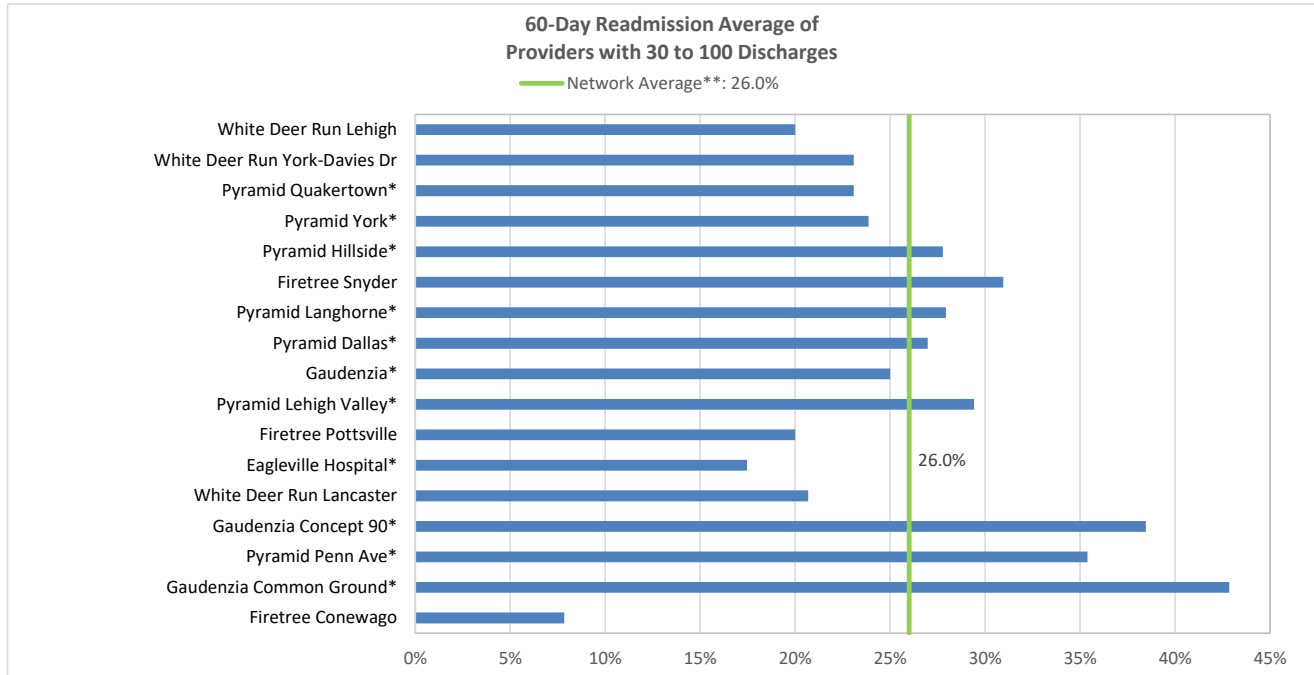
Provider	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Providers with between 30 and 100 Discharges	**25.7%**	**30.3%**	**28.3%**	**22.9%**	**26.9%**
White Deer Run Lehigh	37.5%	12.5%	11.1%	20.0%	20.0%
White Deer Run York-Davies Dr	15.4%	40.0%	25.0%	0.0%	23.1%
Pyramid Quakertown*	18.8%	20.0%	25.0%	30.8%	23.1%
Pyramid York*	21.7%	26.9%	35.3%	13.6%	23.9%
Pyramid Hillside*	33.3%	29.6%	26.7%	20.0%	27.8%
Firetree Snyder	33.3%	35.7%	35.3%	12.5%	31.0%
Pyramid Langhorne*	37.5%	29.4%	25.0%	20.0%	27.9%
Pyramid Dallas*	41.7%	18.8%	17.6%	33.3%	27.0%
Gaudenzia*	27.3%	30.8%	30.0%	10.0%	25.0%
Pyramid Lehigh Valley*	31.3%	22.2%	60.0%	0.0%	29.4%
Firetree Pottsville	13.3%	0.0%	0.0%	40.0%	20.0%
Eagleville Hospital*	11.1%	35.3%	9.1%	13.3%	17.5%
White Deer Run Lancaster	13.3%	45.5%	15.8%	15.4%	20.7%
Gaudenzia Concept 90*	10.0%	40.0%	56.3%	37.5%	38.5%
Pyramid Penn Ave*	36.8%	21.4%	35.7%	44.4%	35.4%
Gaudenzia Common Ground*	33.3%	50.0%	52.9%	32.0%	42.9%
Firetree Conewago	0.0%	100.0%	4.5%	8.3%	7.8%

*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 1/1/23 through 12/31/23. The calculation is based on the primary diagnosis for the first admission per Provider per quarter; readmissions are excluded so as not to skew the data.

Goal

PerformCare is providing this measure for informational purposes.

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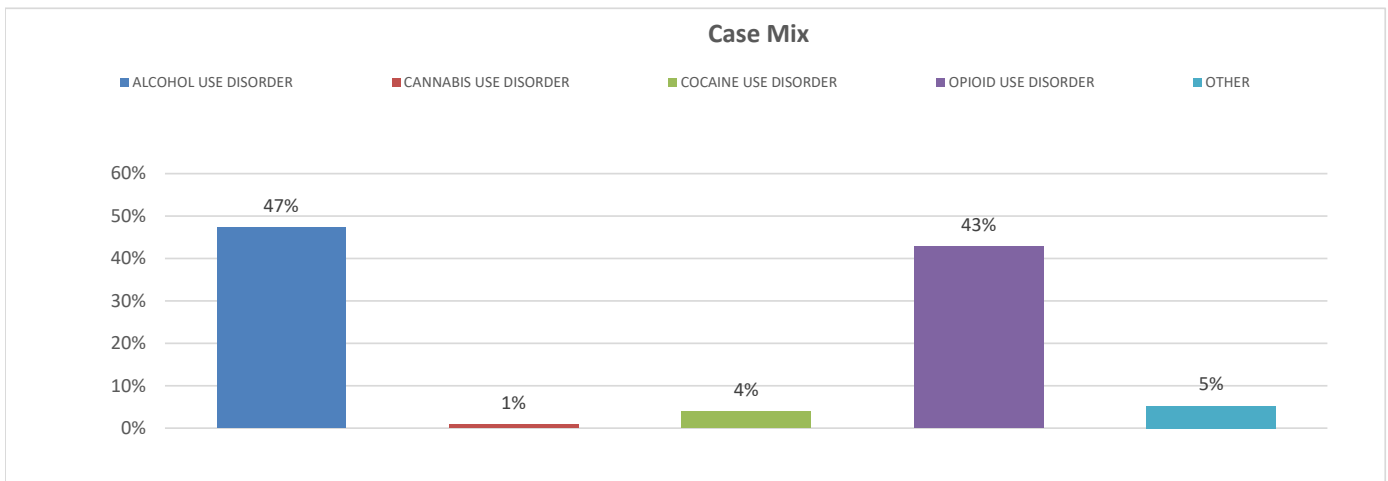
Case Mix

Category	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Plan-wide					
ALCOHOL USE DISORDER	44.4%	46.7%	48.3%	50.8%	**47.4%**
CANNABIS USE DISORDER	0.9%	0.4%	1.1%	0.8%	**0.8%**
COCAINE USE DISORDER	3.3%	4.0%	3.1%	5.3%	**3.9%**
OPIOID USE DISORDER	46.9%	43.2%	41.4%	38.6%	**42.8%**
OTHER	4.4%	5.7%	6.1%	4.5%	**5.2%**

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**
Providers with 100+ Discharges	**48%**	**1%**	**2%**	**46%**	**4%**
Avenues Recovery Medical Center at Valley Forge	58.2%	0.9%	10.9%	23.6%	6.4%
Bowling Green Brandywine	37.7%	0.0%	0.7%	58.7%	2.9%
Malvern Treatment Centers	46.4%	0.0%	1.8%	47.6%	4.2%
Pyramid Hillside *	53.3%	0.0%	1.9%	39.0%	5.7%
Pyramid Plank Road *	49.5%	0.5%	1.0%	45.8%	3.1%
Roxbury Treatment Center	63.7%	0.9%	7.1%	22.1%	6.2%
Ascend Clinical Services	52.2%	2.2%	0.7%	41.2%	3.7%
White Deer Run Allenwood	29.6%	1.6%	1.6%	64.8%	2.4%
White Deer Run Cove Forge	43.8%	0.0%	0.0%	55.4%	0.8%
White Deer Run Lancaster	53.1%	0.0%	0.0%	45.1%	1.8%
White Deer Run New Perspectives	45.4%	0.0%	0.0%	50.9%	3.7%
Providers with 30 to 100 Discharges	**49%**	**1%**	**5%**	**38%**	**7%**
Daystar Center	44.0%	0.0%	18.0%	28.0%	10.0%
Gate House	52.6%	7.9%	7.9%	15.8%	15.8%
Gaudenzia *	51.1%	0.0%	0.0%	46.8%	2.1%
Gaudenzia Common Ground *	61.9%	0.0%	0.0%	35.7%	2.4%
HEAR INC	46.9%	3.1%	3.1%	31.3%	15.6%
NASR Consulting Group	47.1%	0.0%	17.6%	29.4%	5.9%
Nuestra Clinica	22.6%	6.5%	25.8%	29.0%	16.1%
Pyramid Dallas*	43.6%	1.1%	2.1%	46.8%	6.4%
Pyramid Langhorne *	45.0%	0.0%	5.0%	45.0%	5.0%
White Deer Run York-Davies Dr	55.8%	0.0%	0.0%	40.3%	3.9%
White Deer Run York-Mt Zion Rd	50.0%	0.0%	2.1%	45.8%	2.1%

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 1/1/23 through 12/31/23.

Goal
PerformCare is providing this measure for informational purposes.

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

	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Average
Plan-Wide					
Co-Occurring Diagnoses	69.9%	72.0%	71.9%	70.5%	**71.1%**

Provider Breakdown
Discharges that have Co-Occurring Diagnoses by Provider.

Provider	Average
Providers with 100+ Discharges	**72.3%**
Avenues Recovery Medical Center at Valley Forge	78.9%
Bowling Green Brandywine	77.5%
Malvern Treatment Centers	74.4%
Pyramid Hillside *	82.9%
Pyramid Plank Road *	67.2%
Roxbury Treatment Center	62.8%
Ascend Clinical Services	47.8%
White Deer Run Allenwood	88.8%
White Deer Run Cove Forge	89.2%
White Deer Run Lancaster	67.3%
White Deer Run New Perspectives	62.0%
Providers with between 30 and 100 Discharges	**67.2%**
Daystar Center	48.0%
Gate House	76.3%
Gaudenzia *	65.2%
Gaudenzia Common Ground *	66.7%
HEAR INC	73.4%
NASR Consulting Group	79.4%
Nuestra Clinica	77.4%
Pyramid Dallas*	66.0%
Pyramid Langhorne *	70.0%
White Deer Run York-Davies Dr	63.6%
White Deer Run York-Mt Zion Rd	66.7%

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 1/1/23 through 12/31/23.

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 <u>not</u> 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.

	2023-Q1	2023-Q2	2023-Q3	2023-Q4	**Average**
Plan-Wide					
7 Day Follow-Ups	48.7%	49.7%	48.2%	45.3%	**48.1%**
30 Day Follow-Ups	61.0%	61.4%	59.7%	57.6%	**59.9%**

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
Providers with 100+ Discharges	**52.44%**	**62.93%**
Avenues Recovery Medical Center at Valley Forge	27.78%	47.62%
Bowling Green Brandywine	53.60%	61.87%
Gaudenzia Common Ground *	48.91%	56.20%
Malvern Treatment Centers	60.34%	68.97%
Pyramid Dallas*	53.54%	62.20%
Pyramid Hillside *	60.93%	66.23%
Pyramid Langhorne *	44.71%	52.94%
Pyramid Plank Road *	51.83%	61.28%
Roxbury Treatment Center	50.57%	64.94%
Ascend Clinical Services	56.53%	70.21%
White Deer Run Allenwood	57.98%	67.18%
White Deer Run Cove Forge	57.05%	67.11%
White Deer Run Lancaster	48.92%	61.15%
White Deer Run New Perspectives	44.81%	53.01%
White Deer Run York-Davies Dr	46.88%	60.42%
White Deer Run York-Mt Zion Rd	44.20%	55.25%
Providers with between 30 and 100 Discharges	**37.00%**	**53.30%**
Bradford Recovery Center	56.67%	76.67%
Daystar Center	7.89%	21.05%
Eagleville Hospital *	42.86%	47.14%
Firetree Conewago	8.51%	48.94%
Firetree Pottsville	44.44%	74.07%
Firetree Snyder	52.73%	61.82%
Gate House	37.93%	55.17%
Gaudenzia *	52.63%	64.47%
Gaudenzia Concept 90 *	37.50%	56.25%
HEAR INC	17.31%	34.62%
NASR Consulting Group	16.67%	58.33%
Nuestra Clinica	21.21%	27.27%
Pyramid Lehigh Valley *	54.29%	71.43%
Pyramid Penn Ave *	35.48%	50.00%
Pyramid Quakertown *	28.00%	46.00%
Pyramid York*	34.33%	49.25%
White Deer Run Lehigh	65.22%	76.09%

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.

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Substance Use Provider Profiling Report
Measure 6: Length of Stay for SU High-Intensity Residential and Intensive Inpatient Services

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 1/1/23 and 12/31/23.

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.

	2023-Q1	2023-Q2	2023-Q3	2023-Q4	Overall
Plan-Wide					
Average Length of Stay in Days	28	27	27	28	**27**

By Age Category

		Adult (age 18+)		Child (age 0-17)	
		Average LOS	Discharges	Average LOS	Discharges
2023-Q1		27	805	138	6
2023-Q2		26	892	86	8
2023-Q3		26	864	140	8
2023-Q4		28	805	108	7
Total		**27**	**3,366**	**117**	**29**

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Substance Use Provider Profiling Report
Measure 6: Length of Stay for SU High-Intensity Residential and Intensive Inpatient Services

Provider Breakdown

Average of length of stay in days by Provider.

Provider	Average LOS
Providers with 100+ Discharges	**23**
Bowling Green Brandywine	18
Malvern Treatment Centers	21
Pyramid Plank Road*	26
Roxbury Treatment Center	26
Ascend Clinical Services	23
White Deer Run Allenwood	24
White Deer Run Cove Forge	21
White Deer Run New Perspectives	26
White Deer Run York-Mt Zion Rd	26

Provider	Average LOS
Providers with between 30 and 100 Discharges	**30**
Eagleville Hospital*	24
Firetree Conewago	51
Firetree Pottsville	30
Firetree Snyder	34
Gaudenzia*	30
Gaudenzia Common Ground*	23
Gaudenzia Concept 90*	41
Pyramid Dallas*	24
Pyramid Hillside*	31
Pyramid Langhorne*	30
Pyramid Lehigh Valley*	29
Pyramid Penn Ave*	30
Pyramid Quakertown*	29
Pyramid York*	25
White Deer Run Lancaster	29
White Deer Run Lehigh	27
White Deer Run York-Davies Dr	35

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 2023 (January 1, 2023 through December 31, 2023).

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.
Cove Forge	20	90%	80%	95%	85%
Gaudenzia Common Ground	11	91%	91%	91%	91%
Gaudenzia Vantage House	11	82%	82%	82%	64%
PA Teen Challenge	17	94%	100%	94%	71%
Pyramid Plank Road	28	89%	71%	71%	57%
Roxbury	19	95%	84%	95%	79%
WDR Allenwood	29	100%	90%	100%	90%
WDR New Perspectives	10	90%	90%	90%	80%
WDR York Mt. Zion	19	90%	79%	100%	89%

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.
Avenues Recovery	11	11%	9%	9%	10%
Cove Forge Behavioral	11	11%	9%	18%	10%
Gaudenzia	11	11%	9%	0%	0%
Pyramid	11	22%	9%	9%	10%
Roxbury	11	22%	18%	9%	10%

*All providers had 9 surveys for Question 1, 11 surveys for Questions 2 and 3, and 10 surveys for Question 4.