Provider Profiling

Mental Health Outpatient Services

01/01/12 to 12/31/12
Mental Health Outpatient Services

CBHNP utilizes a provider profiling process that is an important provider-level quality improvement activity, as well as an opportunity to internally track and trend data over a set period of time to identify possible areas of improvement. It is also a tool to make meaningful comparisons based on a varied data set including claims data, authorization data, quality reports and demographic information. Provider profiling results have been compiled using data from January 1, 2012 to December 31, 2012.

Mental Health Outpatient Services (MH OP) are psychiatric services provided at an approved or licensed outpatient psychiatric clinic that is not providing room and board and professional services on a continuous twenty-four hour per day basis to individuals exhibiting reduced levels of functioning; exhibiting signs or symptoms of a psychiatric illness; or have a history of psychiatric illness and present in remission or with a residual state of a psychiatric illness, and without treatment there is significant potential for serious regression.

High volume providers were identified for each Contract based on the total number of Members in service for each provider. The profiled providers and the high volume criteria are as follows alphabetically:

Bedford/Somerset Profiled Providers - >20 Members
  Alternative Community Resource Program
  Beal Counseling and Consulting
  Bedford-Somerset MH/MR
  Chestnut Ridge Counseling Services
  Conemaugh Counseling Associate
  Family Behavioral Resources
  Nulton Diagnostic and Treatment Center
  Pediatric Care Specialists
  Pile Psychological and Counseling Services
  Primary Health Network
  Western Psychiatric Institute (OON)

Blair Profiled Providers - >20 Members
  Alternative Community Resource Program
  Altoona Regional Health Systems BHS
  Bedford-Somerset MH/MR
  Blair Family Solutions, LLC
  Cen-Clear Child Services, Inc.
  Home Nursing Agency
  Integrated Behavioral HealthCare Management Services
  Midstep Center for Child Development
Nulton Diagnostic and Treatment Center
Primary Health Network
Universal Community Behavioral Health

Franklin/Fulton Profiled Providers - >100 Members
Adams Hanover Counseling Services
Chambersburg Hospital
Franklin Family Services
Keystone Rural Health Center
Laurel Life Services
Momentum Services, LLC
Pathways Counseling Service
Pennsylvania Counseling Services, Inc.
Spectrum Health and Wellness, LTD
Summit Physicians Services

Lycoming/Clinton Profiled Providers - >10 Members
Behavioral Specialist, Inc.
Community Services Group, Inc.
Concern
Crossroads Counseling, Inc.
Diakon Family Life Services
Geisinger Clinic
Lycoming County Crippled Children’s Society, Inc.
Lycoming Therapeutic Wrap Around Services
Northwestern Human Services of PA, Inc.
Susquehanna Physician Services
Universal Community Behavioral Health

Capital Profiled Providers - >500 Members
Community Services Group, Inc.
Diakon Family Life Services
Franklin Family Services
Holy Spirit Hospital – Behavioral Health Services
Northwestern Human Services of PA, Inc.
Nuestra Clinica of SACA, Inc.
Pennsylvania Counseling Services, Inc.
Pennsylvania Psychiatric Institute
Philhaven
Pressley Ridge Schools
Stevens Center – Northwestern Human Services, Inc.
T.W. Ponessa & Associates, Inc.
TEAMCare Behavioral Health, LLC
Youth Advocate Programs, Inc.
Profiled indicators include demographics, utilization, quality, compliance and satisfaction.

Demographics

Demographic information available for Members receiving MH OP includes age, gender, race and diagnostic data. Demographic mix is consistent with previous years with no developing change in trend.

Overall, thirteen percent of the Members were between the ages of three and nine, thirty-three percent were between ten and nineteen, fourteen percent were between twenty and twenty-nine, fourteen percent were between thirty and thirty-nine, thirteen percent were between forty and forty-nine, ten percent were between fifty and fifty-nine, and three percent were sixty years of age and older.

Fifty-six percent of the Members were female, and forty-four percent were male.
Sixty-eight percent of these Members were Caucasian, sixteen percent were categorized as Other, fifteen percent were African American and one percent were Asian.

The most common diagnoses of Members receiving Mental Health Outpatient Services were Attention-Deficit/Hyperactivity Disorder – 314.01 at eleven percent, Depressive Disorder, Not Otherwise Specified – 311 at eight percent, Mood Disorder, Not Otherwise Specified– 296.90 at six percent, Major Depressive Disorder – 296.32 at six percent, and Adjustment Disorder – 309.4 at five percent.
Utilization

Utilization information available for Members receiving MH OP services includes the total number of Members in service and the compliance rate for offering services within seven days of a request.

The total number of Members in service across the Network was 58,070. Contract totals ranged from 4,145 to 37,579.
Utilization was also measured using the compliance rate for offering services within seven days of the request, and the Network average was 60.50%. The Bedford/Somerset, Blair and Franklin/Fulton Contracts had an average compliance rate greater than the Network average. Providers that had a compliance rate greater than the Network average met one of the target criteria for performance.

**MH OP Utilization Multi-Year Comparison**

The total number of Members receiving MH OP services has increased significantly since 2009. The compliance rate for offering services within 7 days remained steady from 2009 to 2011, but has shown an increase in 2012.

**Quality**

The quality indicators for MH OP were measured by the total number of complaints filed against each provider, the total number of quality of care issues, and the total number of critical incident reports submitted by the provider.
Across the Network, there were a total of sixteen complaints filed, resulting in an average of 0.0060 complaints per 1000 Members. The Capital Contract had an average less than the Network.

The total number of quality of care issues across the Network was 152, with an average of 0.0567 quality of care issues per 1000 Members. The Blair, Lycoming/Clinton and Capital Contracts had averages less than the Network.
The number of critical incident reports submitted across the Network was 292. Forty-three of the submitted reports resulted in a quality of care or safety issue. The average of critical incident reports resulting in a quality of care or safety issue per 1000 Members was 0.0160 across the Network. The Franklin/Fulton Contract had zero critical incident reports resulting in quality of care or safety issues.

Compliance

Compliance indicators were measured using the number of denied administrative appeals, the number of provider performance issues reported for each provider, treatment record review scores and the percentage of attendance at provider trainings.

There were 337 denied administrative appeals across the Network for the profiled period, which is an average of 0.127 denied appeals per 1000 Members. The Blair and Capital Contracts fell below the Network average.
The total number of provider performance issues across the Network was ninety-seven, with an average of 0.0362 issues per 1000 Members. The Bedford/Somerset Contract had zero provider performance issues.

The average treatment record review score for the Network was sixty-five percent. The Lycoming/Clinton Contract scored above the Network average. Additionally, providers in the Bedford/Somerset and Blair Contracts did not participate in the treatment record review process in 2012. This was likely due to changing the Treatment record review process to coordinate with the credentialing schedule. However, both Bedford/Somerset and Blair scored ninety percent on the self audits in 2011.
Providers have the opportunity to attend provider trainings offered by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and all providers are encouraged to attend. The Network average of provider training attendance was thirty-four percent. The Capital Contract had a training attendance average greater than the Network, and there were no trainings offered to providers in the Lycoming/Clinton Contract.
Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Overall satisfaction with MH OP complaints across the Network was 100%.

**Target Criteria**

Although all aspects of performance are important, the specific targets of a compliance rate above the Network average for offering services within seven days and zero Credentialing Corrective Actions since 01/01/12 are goals that all providers should strive to achieve. Several providers from each Contract met the target criteria for performance. These providers are as follows:

**Bedford/Somerset Providers:**
- Alternative Community Resource Program
- Beal Counseling and Consulting
- Bedford-Somerset MH/MR
- Nulton Diagnostic and Treatment Center
- Pediatric Care Specialists
- Pile Psychological and Counseling Services

**Blair Providers:**
- Alternative Community Resource Program
- Bedford-Somerset MH/MR
- Blair Family Solutions, LLC
- Nulton Diagnostic and Treatment Center

**Franklin/Fulton Providers:**
- Franklin Family Services
- Momentum Services, LLC

**Lycoming/Clinton Providers:**
- Universal Community Behavioral Health

**Capital Providers:**
- Franklin Family Services
- Northwestern Human Services of PA, Inc.
- TEAMCare Behavioral Health, LLC

**Network Recommendations**

When summarizing the information contained above, several strategies for impacting Mental Health Outpatient provider performance should be considered.
- Establish an active treatment culture and focus, whereby current treatment goals are continually assessed and adjusted.
- Encourage MH OP therapists to discuss discharge planning at each encounter.
- Emphasize the need for empirically based treatments on the most common diagnoses presenting for Outpatient Therapy.
- Consider training opportunities that relate to overall quality of care.
- Encourage therapists to estimate and document length of treatment.
- Encourage therapists to disseminate empirically based treatment recommendations to treatment teams and Members.
- MH OP providers should consider implementing mental health treatments that are efficacious for specific diagnoses.
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports.
- Develop a consortium of MH OP providers in order to share information and collectively address difficulties.
- Provide enhanced training to clinical staff in order to provide more active mental health treatment to Members.
- Distribute and discuss CBHNP and other Best Practice guidelines in order to provide an educational resource to staff.
- Consider parent education, support groups, and trainings that can enhance MH OP treatment.