

Provider Profiling

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- ✓ Explain what Provider Profiling is and why PerformCare completes it.
- ✓ Explain how reviewing Provider Profiling reports can be helpful to Members.
- ✓ Discuss which services and treatments PerformCare completes Provider Profiling reports for.
- ✓ Review briefly the measures on the Provider Profiling reports and what information they can provide to Members.

What is Provider Profiling?

- Provider Profiling is a set of reports that PerformCare puts together for services and treatments in order to track the Providers' performances on important measures.
- Currently, PerformCare completes the following reports:
 - Behavioral Health Rehabilitation Services (BHRS)
 - Community Based Services (including Peer Support Services, Psychiatric Rehabilitation, and Case Management Services)
 - Family Based Mental Health Services (FBMHS)
 - Mental Health Inpatient (MH IP)
 - Mental Health Outpatient- Therapy and Medication Management (MH OP)
 - Mental Health Partial Hospitalization Program (MH PHP)
 - Substance Use Services (including Inpatient & Nonhospital Detoxification and Rehabilitation Programs, and Halfway Houses)

Why is Provider Profiling conducted?

- Provider Profiling is conducted in order to collect and review information on how well Providers are performing. The overall intent of Provider Profiling is to help improve the quality of care provided to PerformCare Members.
- ✓ Provider Profiling allows Providers to see how they measure up to other Providers.
- ✓ Provider Profiling allows PerformCare to identify Providers that need to make improvements.
- ✓ Provider Profiling provides Members with information that may assist them in choosing a Provider.

- As a part of Provider Profiling, PerformCare includes the Consumer & Family Satisfaction survey data. These surveys ask questions about a person's satisfaction and other important questions about services/treatment they received. PerformCare includes results for the following questions:
 - Members are 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 the Provider
- This information is reported by the individual Providers results. It may be helpful to Members in making a decision of which Provider to choose.
- Provider Profiling also includes other performance measures that Members may find helpful in knowing when making a decision on which Provider to choose. The following slides will explain the measures on the reports.

- Readmission is when a person leaves a treatment or service and then returns to the same treatment or service.
- This measure can be found on the Mental Health Inpatient, Substance Use Services and Community Based Services report.
- **Why is this important to Members?** Although there may be many reasons that a person returns to a service or treatment, it has been researched and reported that effective discharge planning and education about aftercare planning can help to prevent a readmission.

- **What is shown on the reports?** This measure shows the readmission rates for the treatment or service for PerformCare Members, within a certain time of discharge. Each measure on the report will state what timeframe (30 days or 60 days). Readmissions can be to the same Provider or a different Provider of that same service or treatment.
- **What is the goal?** The overall goal is to decrease readmissions and ensure that PerformCare Members are successfully transitioning back into the community.

- **A follow up visit is an appointment that occurs after leaving a treatment or service.**
- **This measure can be found on the Mental Health Inpatient, Substance Use Services, Mental Health Outpatient Services, and Mental Health Partial Hospitalization Program reports.**
- **Why is this important to Members?** Follow up visits are important to help Members stay well and continue with treatment, without needing to return to the same treatment or service again. The goal of follow up is to help support the Member in working on their goals of mental health wellness.

- **What is shown on the reports?** This measure shows the percentage of those who leave the treatment or service and are seen for a follow up visit within a certain timeframe. The measure will specify the certain timeframe.
- **What is the goal?** The overall goal is to increase the number of Members who are receiving a follow up treatment or service to ensure that PerformCare Members are successfully transitioning back into the community.

- **A length of stay is how long a Member stays in that treatment or service, in days.**
- **This measure can be found on the Mental Health Inpatient, Substance Use Services, Behavioral Health Rehabilitation Services, and Mental Health Partial Hospitalization Program reports.**
- **Why is this important to Members?** A length of stay is based on the individual needs of the Member, however it is important for PerformCare and Providers to be aware of averages and look for trends. It can be helpful for a Member to look at the average times when choosing a Provider.

- **What is shown on the reports?** A length of stay is how long an individual stays in that service or treatment before they are discharged. Each report will state how it is measured, but it is typically measured in days.
- **What is the goal?** As a length of stay is based on individual needs, PerformCare does not define a goal, but does look at the average number and determines if any outreach is needed with Providers who have very high or low numbers.

- **Co-occurring diagnoses means that an individual that has a mental health diagnosis also has a co-occurring substance use diagnosis.**
- **This measure can be found on the Mental Health Inpatient, Substance Use Services, and Mental Health Partial Hospitalization Program reports.**
- **Why is this important to Members?** When you are diagnosed with both a substance use diagnosis and a mental health diagnosis, PerformCare wants to ensure that all of your treatment needs will be met. Providers who cannot treat both are expected to make a referral for additional services if needed. PerformCare hopes that this information will be helpful to Providers when hiring staff as well as determining trainings for current staff.

- **What is shown in the reports?** This will show the percentage of Members receiving the service that have a Mental Health diagnosis and a co-occurring Substance Use diagnosis.
- **What is the goal?** PerformCare does not have a goal for this measure for Providers; this measure is included for information purposes for PerformCare and Providers.

- **Initial access is how quickly a Member is seen for a treatment or service after they request it.**
- **This measure can be found on the Behavioral Health Rehabilitation Services, Community Based Services, Family Based Mental Health Services, Mental Health Outpatient and Mental Health Partial Hospitalization Program reports.**
- **Why is this important to Members?** Access looks at how quickly the Provider can see a Member after they are recommended or request a service. Looking at this information may be helpful to you to review these when choosing a Provider.

- **What is shown in the reports?** The reports will show the percentage of Members that are provided with the service within the timeframe noted. This will be different dependent on the level of care being reviewed and will note it in the report.
- **What is the goal?** PerformCare has goals set based on the level of care. The individual reports will note the goal for each.

- **Utilization is how much of the time authorized for the service or treatment has been delivered by the Provider.**
- **This measure can be found on the Behavioral Health Rehabilitation Services, Community Based Services, and Family Based Mental Health Services reports.**
- **Why is this important to Members?** When PerformCare approves a service or treatment, a number of units are given to the Provider. By looking at utilization, PerformCare monitors how each Provider is using the number of units given to the Provider.

- **What is shown in the reports?** The reports will show the percentage of the units (time) that were used.
- **What is the goal?** PerformCare has a goal set for BHRS, and for other levels of care, PerformCare is monitoring this and will set a goal at a later date.

- **Is there anything else on these reports?** Yes, there may be additional measures within the individual reports. An explanation is noted within the report for every measure. Each measure on the report will note if there is a goal for Providers, or if it is for informational purposes.
- **How often will I see these reports updated?** PerformCare will be updating these reports on the website on an annual basis.
- **How can I find out more about how to find a Provider?** Visit this area on the website <http://pa.performcare.org/members/find-a-provider.aspx>, or you can call PerformCare Member Services (information on the next slide).

- If you would like a further explanation or would like someone to review the report with you, or need assistance in finding a Provider, you may call in to PerformCare Member Services and ask to speak with someone in the Quality Management Department:

Capital Area (Cumberland-Perry, Dauphin, Lancaster, and Lebanon Counties)

Member Services: 1-888-722-8646-TTY users may access Member services via PA Relay at 711 or 1-800-654-5984

NorthCentral (Bedford-Somerset and Franklin-Fulton Counties)

Member Services Bedford-Somerset: 1-866-773-7891- TTY users may access Member services via PA Relay at 711 or 1-800-654-5984

Member Services Franklin-Fulton: 1-866-773-7917- TTY users may access Member services via PA Relay at 711 or 1-800-654-5984

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