



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

1/1/2022 - 12/31/2022

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

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 1/1/22 through 12/31/22.

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.

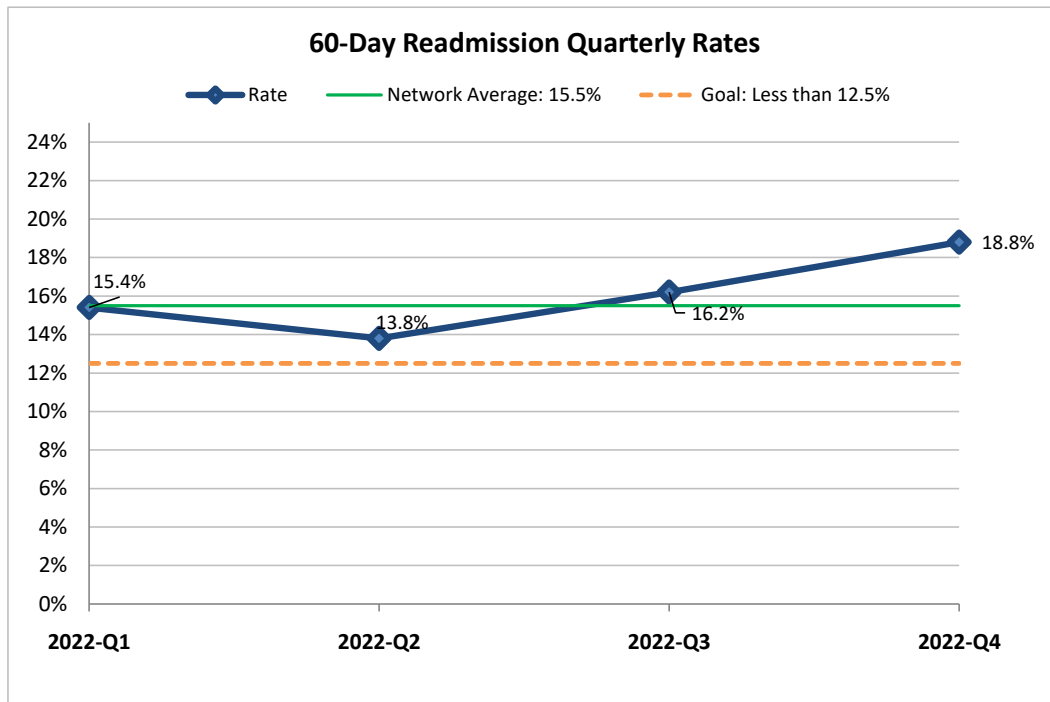
Readmissions are counted through the 60 days following the close of each quarter.

Goal

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

Network Average

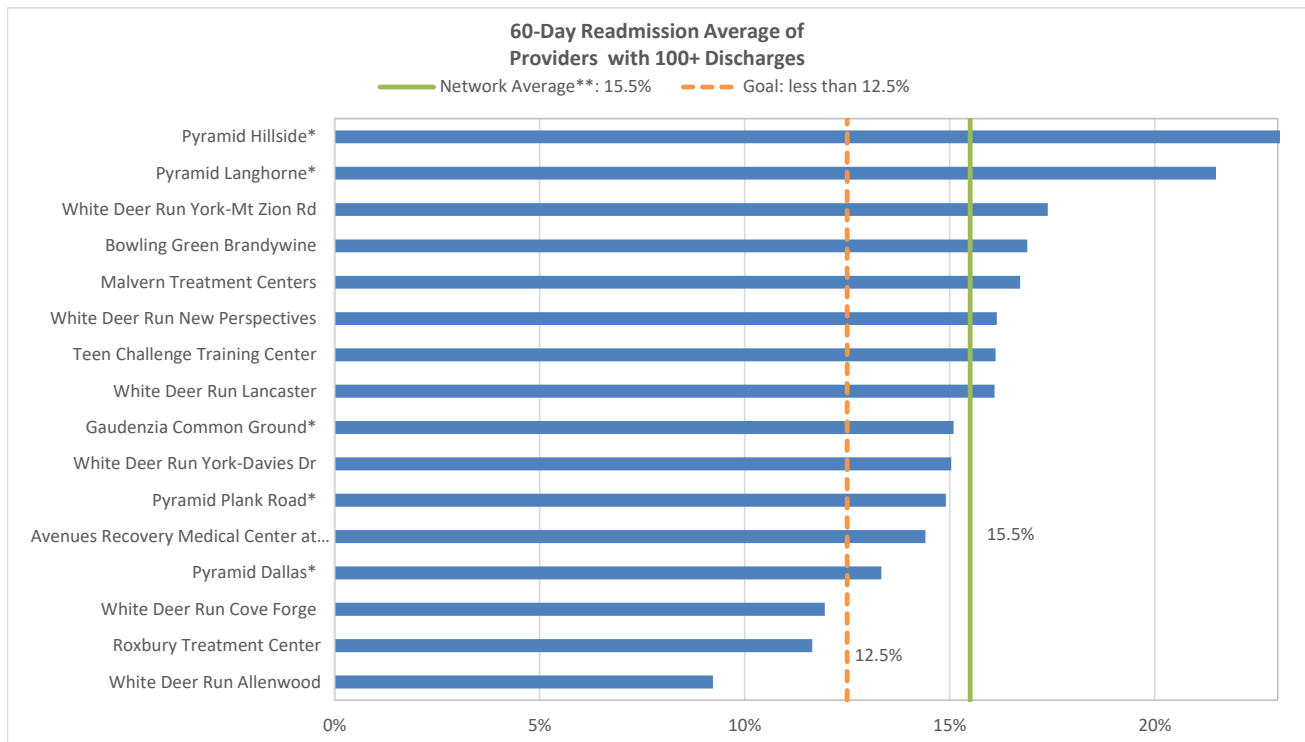
Plan-wide average 60-Day readmission rate across all Providers.



	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Plan-Wide					
60-Day Readmission Rate	15.4%	13.8%	16.2%	18.8%	15.5%

Provider Breakdown

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



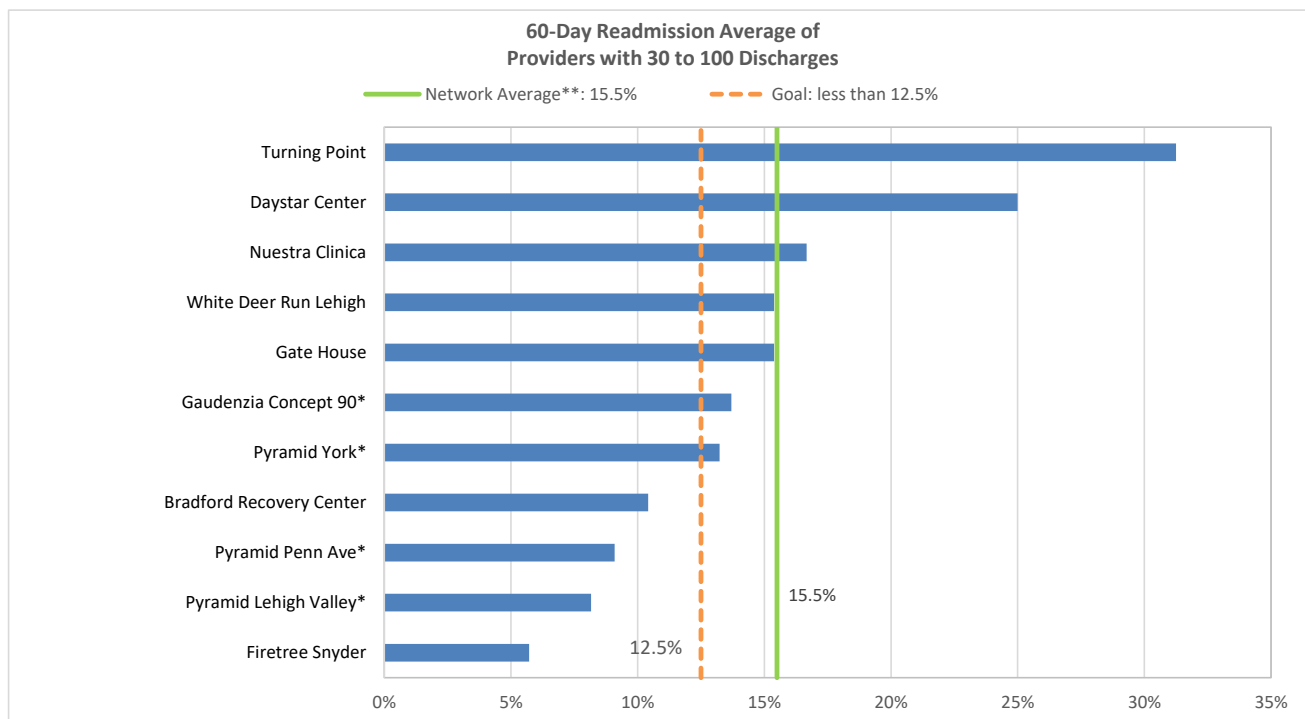
Provider	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Providers with 100+ Discharges	14.3%	12.5%	16.6%	21.3%	15.2%
Pyramid Hillside*	20.9%	24.0%	22.7%	37.0%	25.4%
Pyramid Langhorne*	15.4%	21.1%	23.5%	38.5%	21.5%
White Deer Run York-Mt Zion Rd	16.4%	20.9%	15.2%	13.8%	17.4%
Bowling Green Brandywine	17.2%	12.6%	17.7%	25.8%	16.9%
Malvern Treatment Centers	15.1%	12.9%	21.7%	23.5%	16.7%
White Deer Run New Perspectives	14.8%	10.9%	29.4%	11.1%	16.1%
Teen Challenge Training Center	16.9%	8.4%	18.3%	26.5%	16.1%
White Deer Run Lancaster	8.9%	18.0%	26.5%	5.3%	16.1%
Gaudenzia Common Ground*	17.3%	7.1%	6.3%	30.3%	15.1%
White Deer Run York-Davies Dr	5.9%	11.1%	36.0%	13.8%	15.0%
Pyramid Plank Road*	15.7%	14.2%	16.1%	13.0%	14.9%
Avenues Recovery Medical Center at Valley Forge	0.0%	14.7%	14.3%	21.9%	14.4%
Pyramid Dallas*	17.0%	2.9%	16.7%	20.0%	13.3%
White Deer Run Cove Forge	12.9%	9.9%	4.9%	27.3%	12.0%
Roxbury Treatment Center	12.2%	10.2%	10.7%	18.5%	11.7%
White Deer Run Allenwood	10.2%	7.4%	10.0%	10.7%	9.2%

*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	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Providers with between 30 and 100 Discharges	10.9%	18.8%	16.8%	13.0%	15.2%
Turning Point	5.0%	58.6%	9.1%	25.0%	31.3%
Daystar Center	13.3%	23.5%	62.5%	12.5%	25.0%
Nuestra Clinica	17.6%	9.1%	18.8%	18.8%	16.7%
White Deer Run Lehigh	11.8%	25.0%	22.2%	0.0%	15.4%
Gate House	9.5%	12.0%	25.0%	27.3%	15.4%
Gaudenzia Concept 90*	5.9%	21.2%	6.3%	14.3%	13.7%
Pyramid York*	14.8%	9.1%	16.7%	14.3%	13.2%
Bradford Recovery Center	16.7%	7.1%	0.0%	-	10.4%
Pyramid Penn Ave*	33.3%	5.6%	10.0%	0.0%	9.1%
Pyramid Lehigh Valley*	8.3%	14.3%	0.0%	9.1%	8.2%
Firetree Snyder	0.0%	0.0%	18.2%	0.0%	5.7%

*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 1/1/22 through 12/31/22.

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.

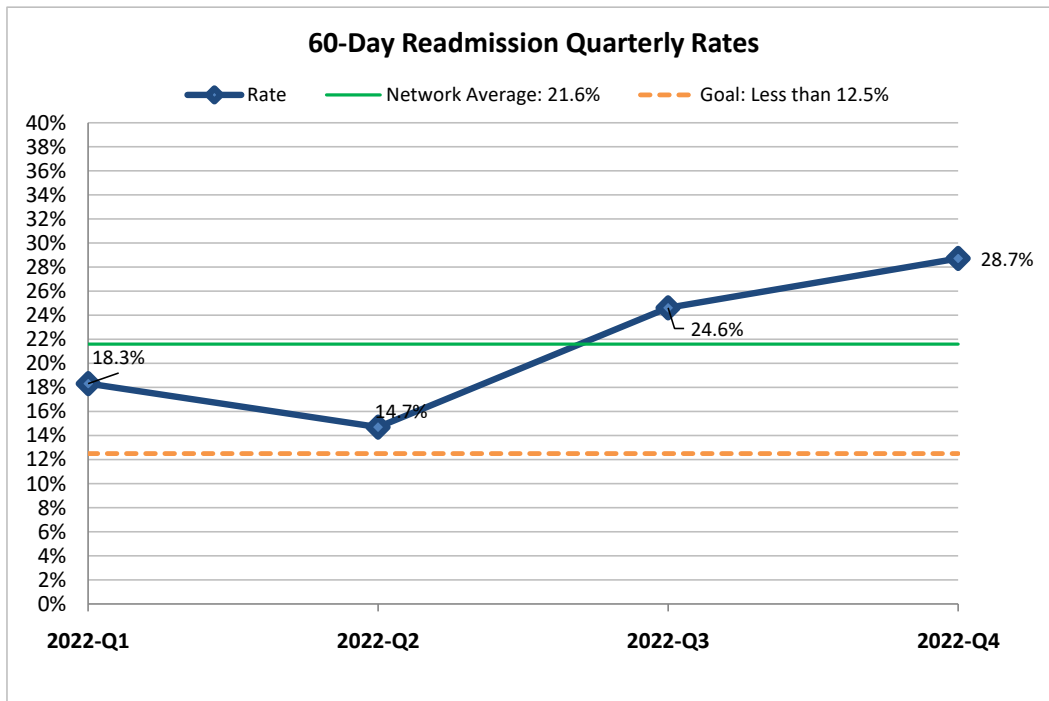
Readmissions are counted through the 60 days following the close of each quarter.

Goal

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

Network Average

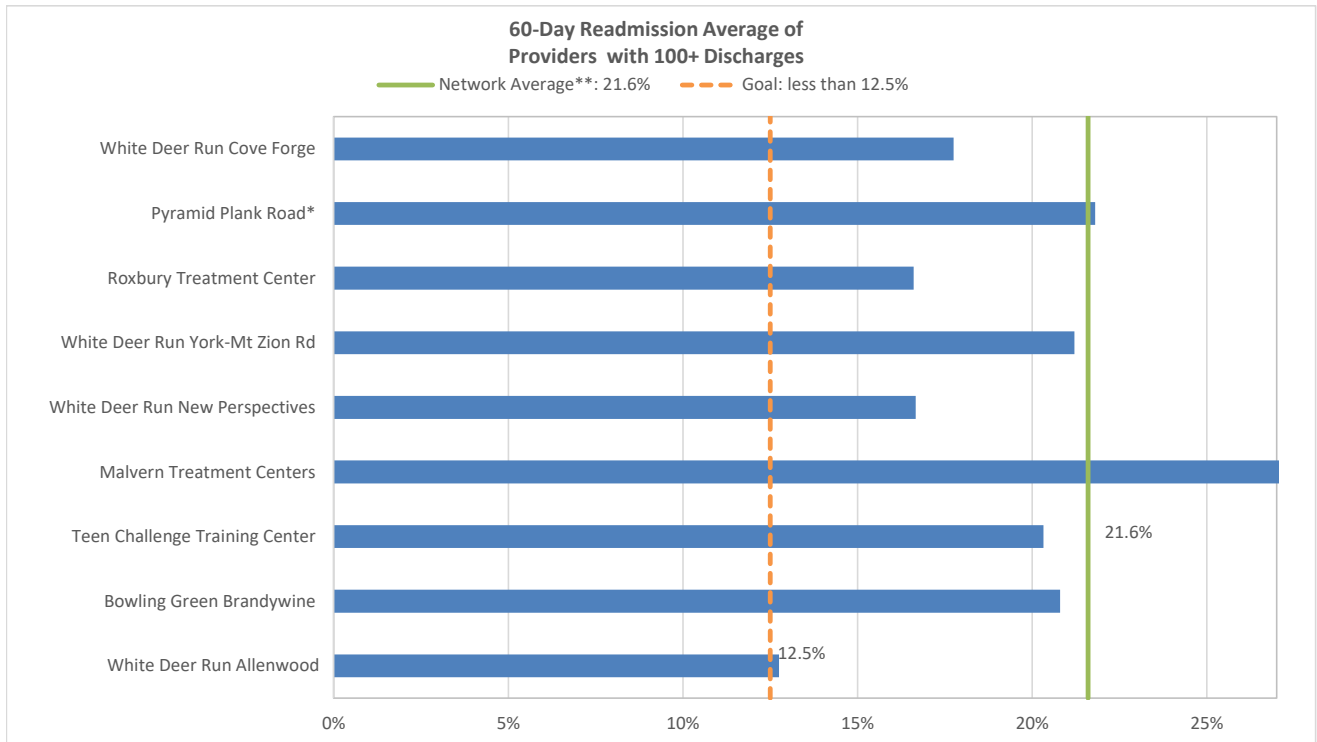
Plan-wide average 60-Day readmission rate across all Providers.



	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Plan-Wide					
60-Day Readmission Rate	18.3%	14.7%	24.6%	28.7%	21.6%

Provider Breakdown

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



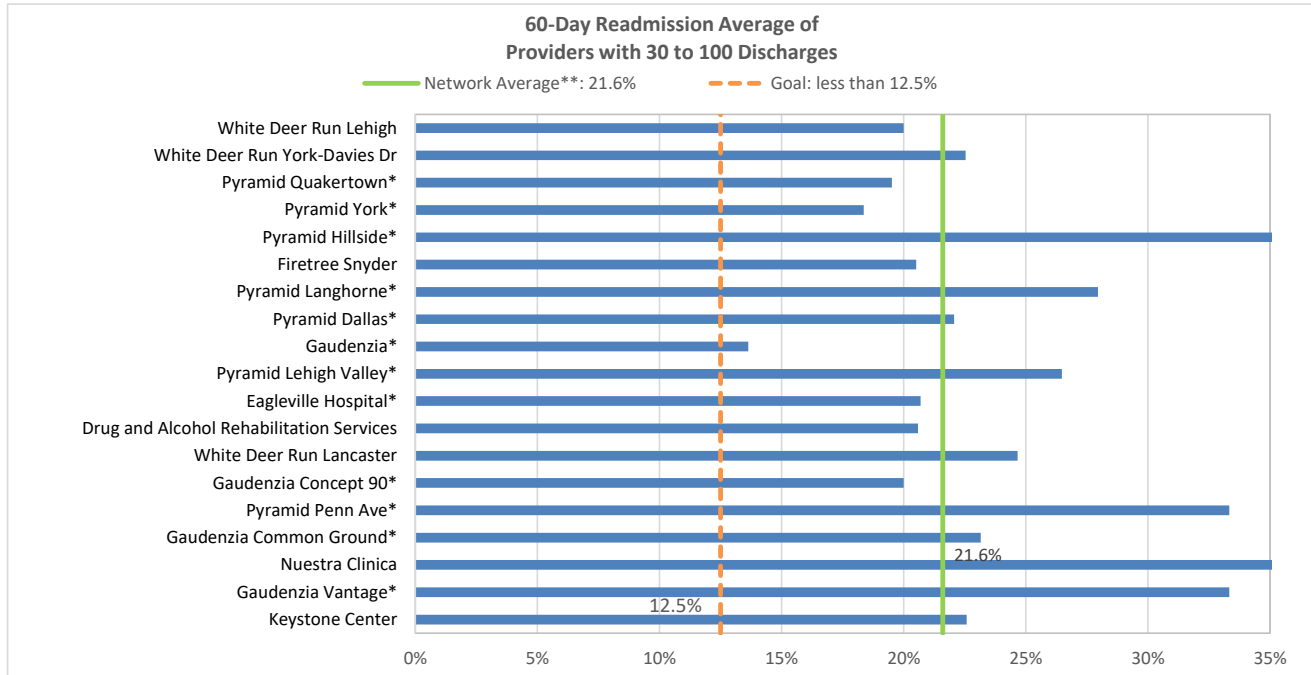
Provider	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Providers with 100+ Discharges	17.8%	13.2%	21.6%	26.8%	19.8%
White Deer Run Cove Forge	17.9%	8.3%	16.1%	26.2%	17.7%
Pyramid Plank Road*	16.0%	11.8%	28.2%	32.3%	21.8%
Roxbury Treatment Center	13.8%	14.5%	15.4%	23.1%	16.6%
White Deer Run York-Mt Zion Rd	19.2%	25.6%	18.5%	19.4%	21.2%
White Deer Run New Perspectives	13.8%	8.3%	22.2%	22.7%	16.7%
Malvern Treatment Centers	23.3%	17.1%	34.9%	40.9%	28.7%
Teen Challenge Training Center	20.8%	8.2%	23.4%	30.2%	20.3%
Bowling Green Brandywine	21.3%	15.7%	15.4%	32.7%	20.8%
White Deer Run Allenwood	14.3%	6.8%	18.2%	11.4%	12.7%

*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	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Providers with between 30 and 100 Discharges	18.2%	17.4%	30.4%	32.5%	24.5%
White Deer Run Lehigh	9.1%	14.3%	27.3%	33.3%	20.0%
White Deer Run York-Davies Dr	5.0%	23.8%	40.0%	26.7%	22.5%
Pyramid Quakertown*	22.2%	9.1%	21.4%	28.6%	19.5%
Pyramid York*	16.7%	7.1%	25.9%	24.0%	18.4%
Pyramid Hillside*	25.0%	30.0%	47.4%	40.0%	35.7%
Firetree Snyder	33.3%	5.9%	18.2%	50.0%	20.5%
Pyramid Langhorne*	25.0%	28.6%	11.1%	43.5%	28.0%
Pyramid Dallas*	19.0%	6.3%	37.5%	26.7%	22.1%
Gaudenzia*	8.3%	7.7%	27.3%	12.5%	13.6%
Pyramid Lehigh Valley*	14.3%	0.0%	33.3%	41.7%	26.5%
Eagleville Hospital*	8.3%	26.9%	19.2%	21.7%	20.7%
Drug and Alcohol Rehabilitation Services	16.7%	16.7%	28.6%	22.2%	20.6%
White Deer Run Lancaster	9.1%	11.1%	52.9%	31.3%	24.7%
Gaudenzia Concept 90*	28.6%	0.0%	25.0%	27.3%	20.0%
Pyramid Penn Ave*	25.0%	11.1%	30.4%	43.8%	33.3%
Gaudenzia Common Ground*	26.7%	4.8%	23.5%	33.3%	23.2%
Nuestra Clinica	12.5%	60.0%	16.7%	80.0%	44.1%
Gaudenzia Vantage*	25.0%	11.1%	83.3%	30.0%	33.3%
Keystone Center	27.3%	28.6%	33.3%	0.0%	22.6%

*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

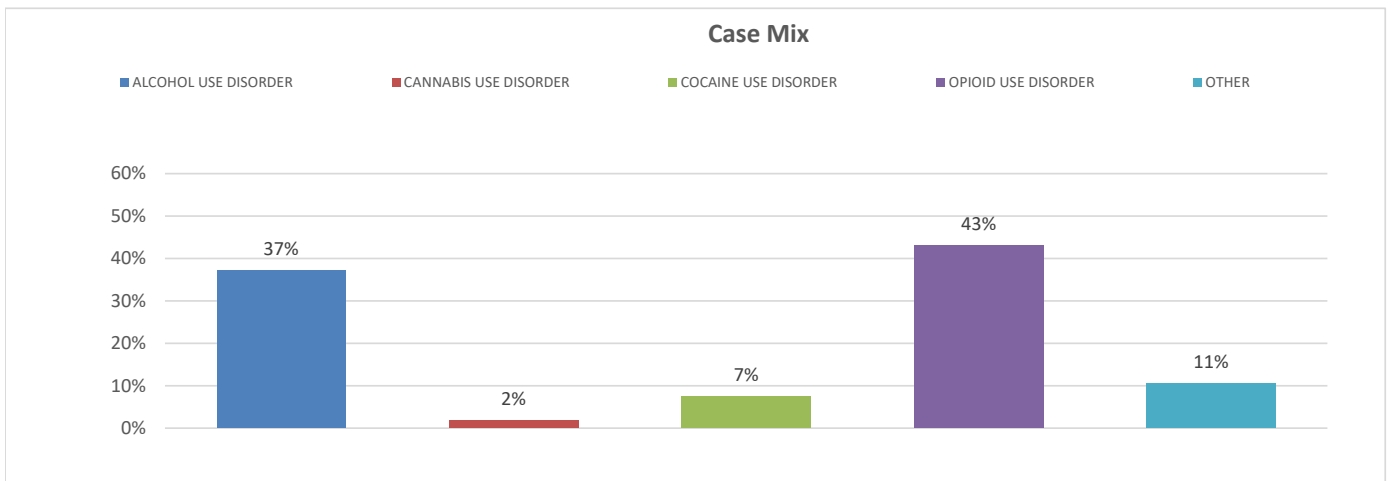
This measure shows the different disorders being treated by Substance Use Providers. The information may become useful in observing trends as PerformCare continues to report this information.

This information is based on claims data from the discharge diagnoses reported for discharges occurring from 1/1/22 through 12/31/22. 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.



Category	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Plan-wide					
ALCOHOL USE DISORDER	32.0%	34.6%	42.0%	45.7%	37.1%
CANNABIS USE DISORDER	1.6%	2.6%	1.7%	0.5%	1.8%
COCAINE USE DISORDER	9.2%	9.6%	5.0%	3.3%	7.5%
OPIOID USE DISORDER	44.8%	39.3%	44.4%	45.2%	43.0%
OTHER	12.4%	14.0%	6.9%	5.3%	10.6%

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	38%	1%	6%	46%	9%
Bowling Green Brandywine	24.4%	0.4%	4.9%	62.2%	8.1%
Eagleville Hospital *	39.2%	0.0%	8.1%	46.6%	6.1%
Gaudenzia Common Ground *	34.1%	0.4%	5.7%	44.3%	15.5%
Malvern Treatment Centers	45.7%	0.0%	1.9%	41.0%	11.4%
Pyramid Dallas*	45.7%	0.0%	3.9%	44.2%	6.2%
Pyramid Hillside *	40.0%	1.2%	11.5%	40.6%	6.8%
Pyramid Langhorne *	53.6%	2.7%	13.4%	18.0%	12.3%
Pyramid Plank Road *	41.3%	2.0%	4.9%	42.5%	9.3%
Roxbury Treatment Center	21.3%	0.9%	2.7%	67.0%	8.1%
Teen Challenge Training Center	32.6%	0.4%	4.5%	58.0%	4.5%
White Deer Run Allenwood	40.5%	0.0%	3.2%	52.5%	3.8%
White Deer Run Cove Forge	30.9%	0.0%	4.7%	51.7%	12.8%
White Deer Run Lancaster	41.5%	0.0%	5.1%	44.1%	9.3%
White Deer Run New Perspectives	47.0%	0.0%	7.8%	38.0%	7.2%
Providers with 30 to 100 Discharges	39%	1%	8%	38%	13%
Bradford Recovery Center	55.6%	0.0%	6.2%	35.8%	2.5%
Daystar Center	35.6%	1.7%	10.2%	40.7%	11.9%
Firetree Pottsville	59.4%	1.6%	4.7%	26.6%	7.8%
Firetree Snyder	30.3%	6.1%	6.1%	33.3%	24.2%
Gate House	28.8%	0.0%	5.1%	55.9%	10.2%
Gaudenzia *	28.6%	6.1%	14.3%	38.8%	12.2%
Gaudenzia Concept 90 *	22.2%	0.0%	13.0%	57.4%	7.4%
Nuestra Clinica	39.6%	2.2%	5.5%	36.3%	16.5%
Pyramid Lehigh Valley *	34.0%	2.1%	4.3%	38.3%	21.3%
Pyramid Penn Ave *	31.8%	0.0%	4.5%	45.5%	18.2%
Pyramid Quakertown *	31.3%	0.0%	18.8%	29.2%	20.8%
Pyramid York*	39.3%	0.0%	10.7%	32.1%	17.9%

*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 1/1/22 through 12/31/22.

Goal

PerformCare is providing this measure for informational purposes.

Network Average

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

	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Plan-Wide					
Co-Occurring Diagnoses	70.5%	73.4%	72.5%	71.2%	72.0%

Provider Breakdown

Discharges that have Co-Occurring Diagnoses by Provider.

Provider	Average
Providers with 100+ Discharges	73.7%
Bowling Green Brandywine	78.9%
Gaudenzia Common Ground *	47.3%
Malvern Treatment Centers	71.2%
Pyramid Dallas*	61.0%
Pyramid Hillside *	83.7%
Pyramid Plank Road *	79.4%
Roxbury Treatment Center	75.1%
Teen Challenge Training Center	46.3%
White Deer Run Allenwood	87.3%
White Deer Run Cove Forge	88.4%
White Deer Run Lancaster	77.2%
White Deer Run New Perspectives	75.2%
White Deer Run York-Davies Dr	81.4%
White Deer Run York-Mt Zion Rd	74.1%
Providers with between 30 and 100 Discharges	68.7%
Avenues Recovery Medical Center at Valley Forge	85.2%
Bradford Recovery Center	80.6%
Daystar Center	42.4%
Eagleville Hospital *	85.9%
Firetree Snyder	24.2%
Gaudenzia *	33.9%
Gate House	67.3%
Nuestra Clinica	79.6%
Pyramid Langhorne *	73.6%
Pyramid Lehigh Valley *	63.8%
Pyramid Penn Ave *	70.5%
Pyramid York*	79.2%
White Deer Run Lehigh	85.7%

*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 1/1/22 through 12/31/22.

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.

	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Average
Plan-Wide					
7 Day Follow-Ups	55.1%	50.4%	47.0%	46.7%	50.0%
30 Day Follow-Ups	66.0%	63.7%	59.3%	57.2%	62.0%

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	53.88%	64.85%
Avenues Recovery Medical Center at Valley Forge	30.39%	52.94%
Bowling Green Brandywine	59.12%	65.88%
Eagleville Hospital *	42.00%	59.00%
Gaudenzia Common Ground *	58.24%	66.47%
Malvern Treatment Centers	63.64%	72.99%
Pyramid Dallas*	59.84%	70.49%
Pyramid Hillside *	59.09%	66.67%
Pyramid Langhorne *	49.55%	66.67%
Pyramid Penn Ave *	47.22%	62.50%
Pyramid Plank Road *	54.35%	65.22%
Roxbury Treatment Center	44.79%	59.51%
Teen Challenge Training Center	51.95%	65.26%
White Deer Run Allenwood	54.44%	64.50%
White Deer Run Cove Forge	58.63%	64.88%
White Deer Run Lancaster	50.91%	60.61%
White Deer Run New Perspectives	50.29%	60.12%
White Deer Run York-Davies Dr	51.88%	66.17%
White Deer Run York-Mt Zion Rd	53.43%	65.20%
Providers with between 30 and 100 Discharges	39.49%	53.40%
Allegiance Rehabilitation Inc	61.11%	63.89%
Bradford Recovery Center	58.70%	73.91%
Daystar Center	8.51%	14.89%
Drug and Alcohol Rehabilitation Services	7.41%	51.85%
Firetree Snyder	51.43%	62.86%
Gaudenzia *	50.00%	59.46%
Gaudenzia Concept 90 *	41.67%	66.67%
Gaudenzia Vantage *	36.36%	50.00%
Gate House	20.93%	34.88%
Keystone Center	34.48%	48.28%
Nuestra Clinica	20.45%	47.73%
Pyramid Lehigh Valley *	50.00%	55.77%
Pyramid Quakertown *	39.39%	51.52%
Pyramid York*	32.50%	46.25%
White Deer Run Lehigh	57.97%	71.01%

*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

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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 1/1/22 and 12/31/22.

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.

	2022-Q1	2022-Q2	2022-Q3	2022-Q4	Overall
Plan-Wide					
Average Length of Stay in Days	29	29	26	29	28

By Age Category

	Adult (age 18+)		Child (age 0-17)	
	Average LOS	Discharges	Average LOS	Discharges
2022-Q1	28	811	108	8
2022-Q2	28	842	79	15
2022-Q3	25	839	116	10
2022-Q4	28	851	74	16
Total	27	3,343	90	49

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	24
Bowling Green Brandywine	18
Malvern Treatment Centers	20
Pyramid Plank Road*	29
Roxbury Treatment Center	28
Teen Challenge Training Center	22
White Deer Run Allenwood	24
White Deer Run Cove Forge	19
White Deer Run New Perspectives	25
White Deer Run York-Mt Zion Rd	29

Provider	Average LOS
Providers with between 30 and 100 Discharges	34
Drug and Alcohol Rehabilitation Services	55
Eagleville Hospital*	25
Firetree Snyder	41
Gaudenzia*	26
Gaudenzia Common Ground*	36
Gaudenzia Concept 90*	56
Gaudenzia Vantage*	85
Keystone Center	22
Nuestra Clinica	43
Pyramid Dallas*	35
Pyramid Hillside*	35
Pyramid Langhorne*	30
Pyramid Lehigh Valley*	31
Pyramid Penn Ave*	31
Pyramid Quakertown*	32
Pyramid York*	31
White Deer Run Lancaster	34
White Deer Run Lehigh	25
White Deer Run York-Davies Dr	28

*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.