		<h2>Policy and Procedure</h2>
Name of Policy:	Provider Profiling Reports	
Policy Number:	QI-019	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement	
Related Stakeholder(s):	All Departments	
Applies to:	Associates & Providers	
Original Effective Date:	10/01/01	
Last Revision Date:	11/15/17	
Last Review Date:	08/07/18	
Next Review Date:	08/01/19	

Policy: PerformCare will monitor and assess Provider performance through the use of Provider Profiling reports. Provider Profiling reports will address Provider performance based on level of care measures. PerformCare will share Provider Profiling results with the Providers and Primary Contractors.

Purpose: Provider Profiling is conducted in order to collect and trend data to provide an evaluation of Provider performance, with the overall intent of improving the quality of care rendered to PerformCare’s Members.

Definitions: **Provider Profiling:** A performance tool that PerformCare will distribute semiannually to network Providers of designated levels of care, with the purpose of informing providers of their performance for specific measures, compared to their peers.

Acronyms: None

Procedure:

1. PerformCare has designed a provider monitoring and performance tool for Providers. Data are collected and trended to provide realistic evaluation of Provider performance over time. PerformCare Provider Profiling results will be shared with Providers to serve as training and feedback for improving performance.
2. The reports will be generated on a semiannual basis and will provide information on clinical and quality-related measures. The Provider Profiling reports will not be de-identified, allowing Providers to see how their performance compares to others in the network.
3. PerformCare will use the fiscal year (July-June) for the Provider Profiling reports. Providers will receive a mid-year report in July that

provides information on the first two quarters in the fiscal year (referred to as Provider Profiling Mid-Year Reports). Providers will receive a full fiscal year report in January that provides information on the Provider's performance for the previous fiscal year (referred to as the Provider Profiling Year-End Final Report).

4. PerformCare may provide semiannual reports for the following levels of care (may include but not limited to):
 - 4.1. Substance Use Services (Inpatient Detoxification, Non-Hospital Detoxification, Inpatient Rehabilitation Programs, Non-Hospital Rehabilitation Programs (Levels 3B and 3C), NH Half Way House)
 - 4.2. Community-Based Mental Health Services (Peer Support Services, Psychiatric Rehabilitation, Targeted Case Management/Blended Case Management)
 - 4.3. Mental Health Inpatient Hospital (MH IP)
 - 4.4. Mental Health Outpatient Services (Mental Health Outpatient Therapy and Psychiatric Medication Management)
 - 4.5. Behavioral Health Rehabilitation Services (BHRS)
 - 4.6. Mental Health Partial Hospitalization Program
 - 4.7. Family Based Mental Health Services
5. These reports will examine the following:
 - 5.1. Length of stay/duration of services/number of unique Members served, if appropriate by level of care
 - 5.2. Readmission rates, if applicable
 - 5.3. Follow-up rates, if applicable
 - 5.4. Access data, if applicable
 - 5.5. Utilization data, if applicable
 - 5.6. Consumer/ Family Satisfaction Team Data
 - 5.7. Any other agreed upon measures, as determined appropriate by level of care
6. The purpose and expectation of each measure will be clearly defined in the description.
7. Most of the measures included in the reports have a goal that is based on regulations, standards, or best practices for the specific level of care.
8. For providers who continuously do not meet the defined goal (as defined by not meeting the goal at both the Mid-Year Report and Year-End Report), PerformCare will send the Provider a letter notifying the provider that they are required to submit a response as to how they plan to improve the identified measures.
 - 8.1. The Provider response is required within thirty (30) days of receipt of the letter.
9. Provider Profiling reports will be presented annually to the Credentialing Committee and semiannually to the Quality Improvement and Utilization Management (QI/UM) Committee, for

review. An annual summary will also be presented in the PerformCare Program Evaluation.

10. PerformCare will review Provider Profiling on an annual basis to determine if additional levels of care can be profiled and determine if changes are needed to current Provider Profiling measures.

11. Range of Actions Available to PerformCare:

11.1. Send letter to Provider requesting response for those measures not meeting the goal (30 day response time).

11.2. Other progressive disciplinary action as outlined in *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*.

Related Policies: *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*


Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:



Primary Stakeholder