



Mental Health Outpatient Services

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 24-hour-a-day basis.

Overall, fifteen MH OP providers were profiled based on high volume criteria specifically for evaluations, medications checks and therapy. The high volume criterion for Capital Region providers was those facilities that saw greater than 800 Members for the period. For the North Central Regions, high volume was defined as those facilities that saw the greatest number of Members per region for the period. It is important to note that some providers served Members from both the Capital and North Central Regions, and these providers are profiled distinctly for each region.

Capital Profiled Providers

1. Community Services Group
2. Edgewater Psychiatric Center – NHS, Inc.
3. Holy Spirit Hospital – Behavioral Health Services
4. Pennsylvania Counseling Services
5. Philhaven
6. Pinnacle Health Hospitals, Inc.
7. T.W. Ponessa & Associates, Inc.

Blair Profiled Providers

1. Altoona Regional Health System
2. Home Nursing Agency

Bedford/Somerset Profiled Providers

1. Bedford-Somerset MH/MR
2. Nulton Diagnostic & Treatment Center

Franklin Fulton Profiled Providers

1. Keystone Rural Health Center
2. Franklin Family Services

Lycoming/Clinton Profiled Providers

1. Community Services Group
2. Diakon Family Life Services

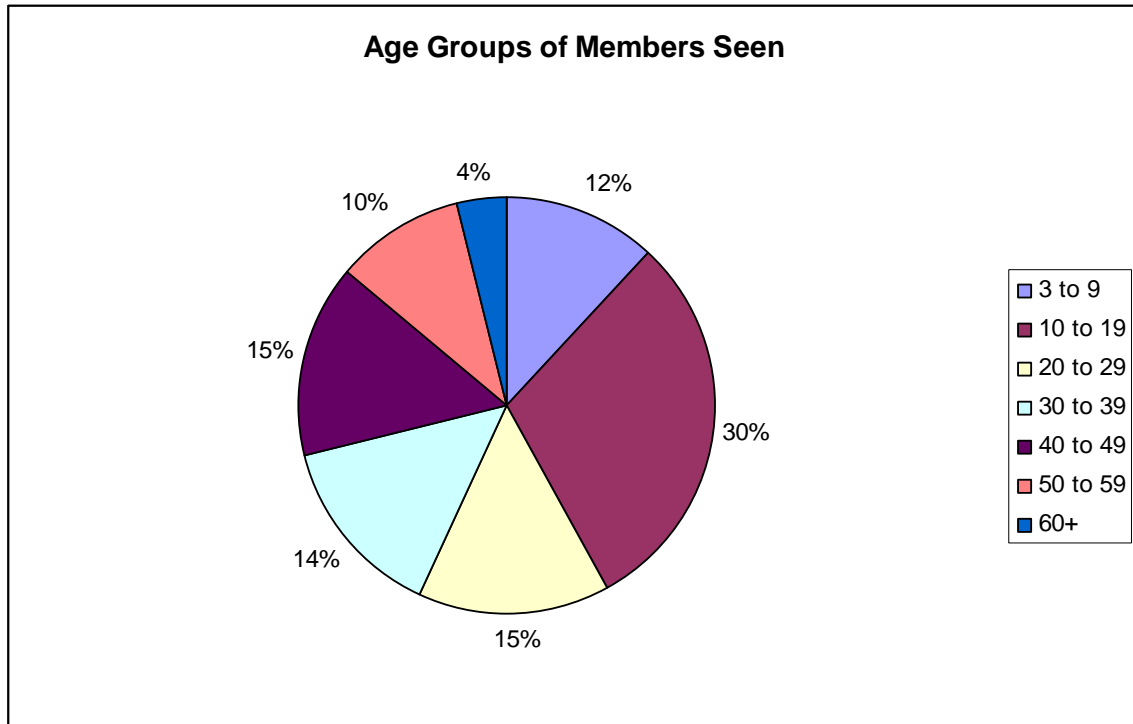
Profiled indicators include demographics, utilization, cost, quality, performance, compliance and satisfaction.

Demographics

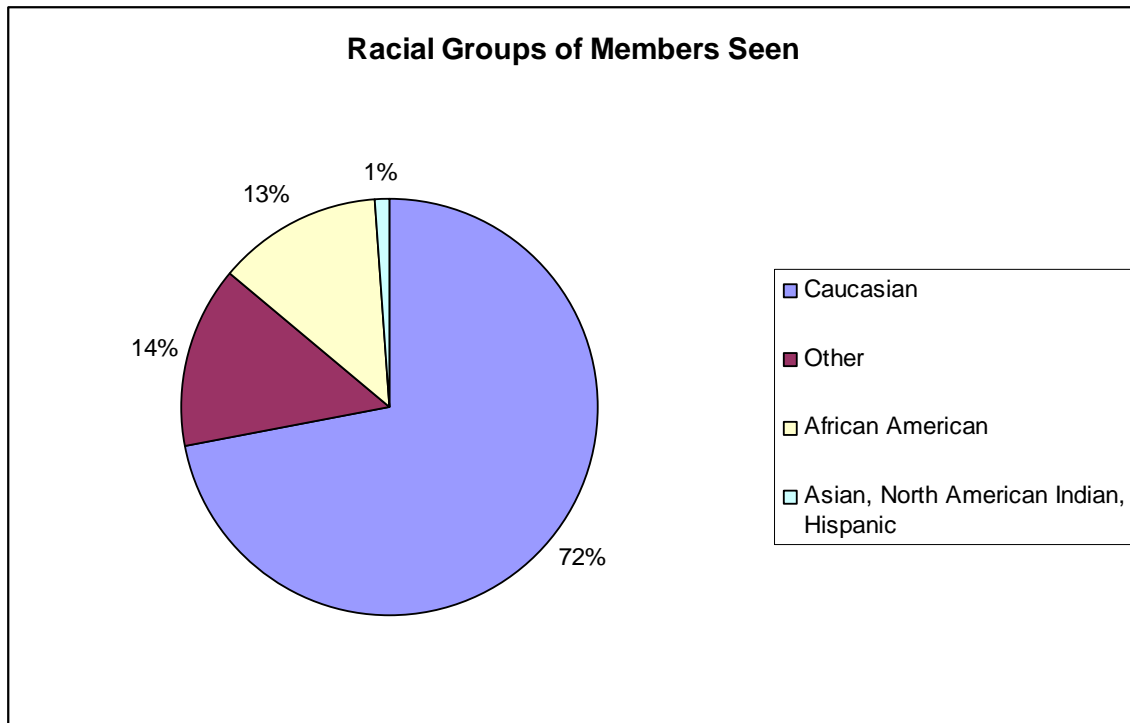
Demographic information available for Members receiving MH OP includes age, gender, race and diagnostic data.

Overall, 12% of the Members were between the ages of three and nine, 30% were between ten and nineteen, 15% were between twenty and twenty-nine, 14% were

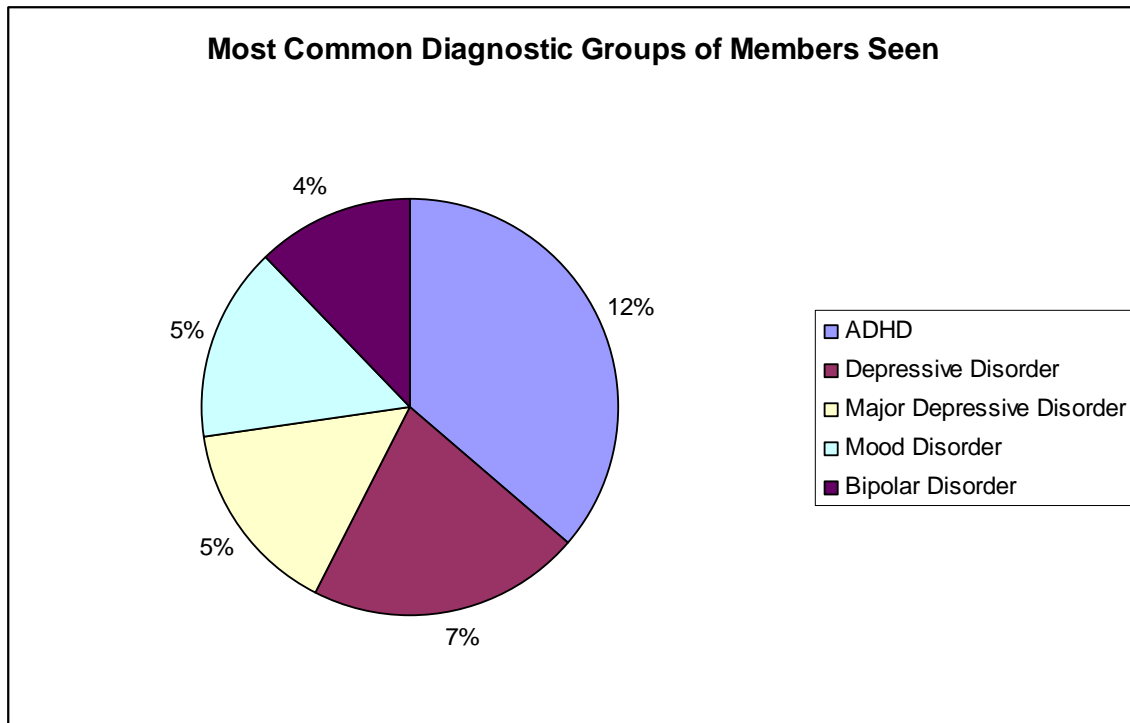
between thirty and thirty-nine, 15% were between forty and forty-nine, 10% were between fifty and fifty-nine, and 4% were sixty years of age and older.



Fifty-four percent of the Members were female, and forty-six percent were male. Seventy-two percent of these Members were Caucasian, 14% were Other, 13% were African American and less than one percent were Asian, Hispanic and North American Indian.



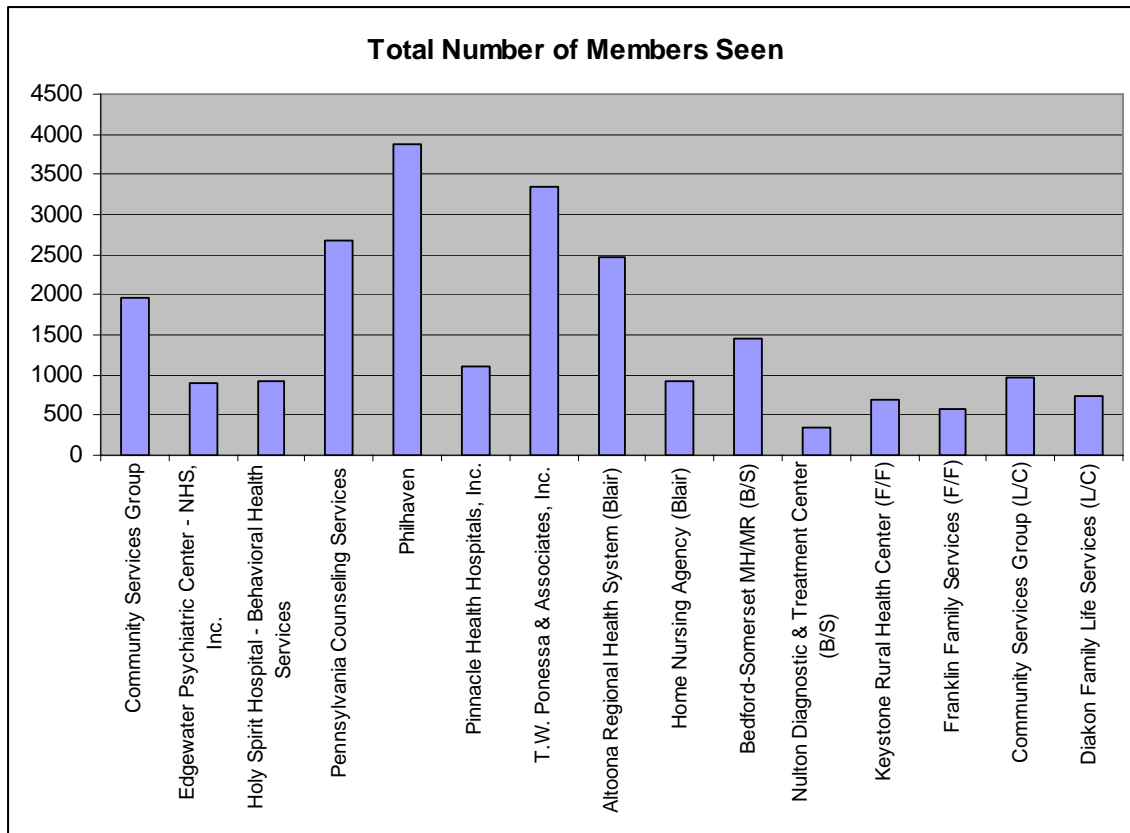
The most common diagnoses of Members receiving Mental Health Outpatient Services were Attention Deficit Hyperactivity Disorder – 314.01 at 12%, Depressive Disorder – 311 at 7%, Major Recurrent Depressive Disorder – 296.32 at 5%, Unspecified Episodic Mood Disorder – 296.90 at 5%, and Bipolar Disorder – 296.80 at 4%.



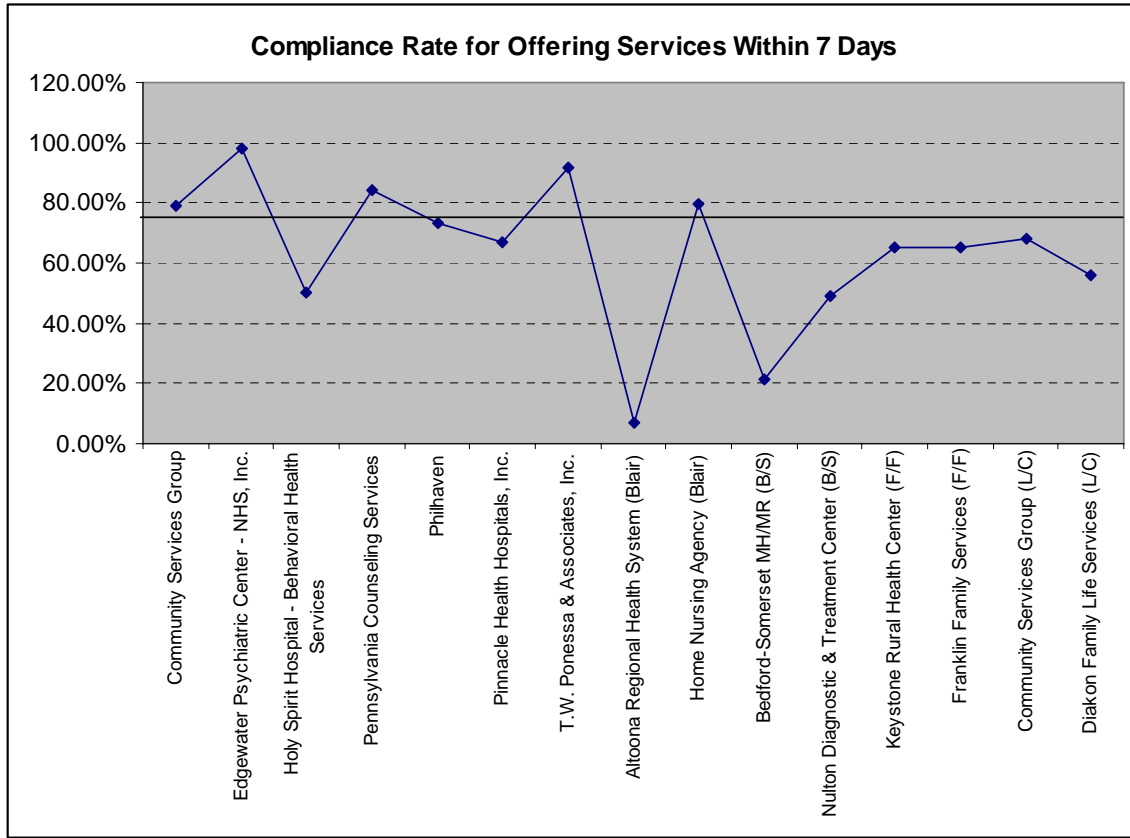
Utilization

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

The total number of Members seen across the Network was 35,140, with the range of profiled providers of 337 to 3,874 Members.

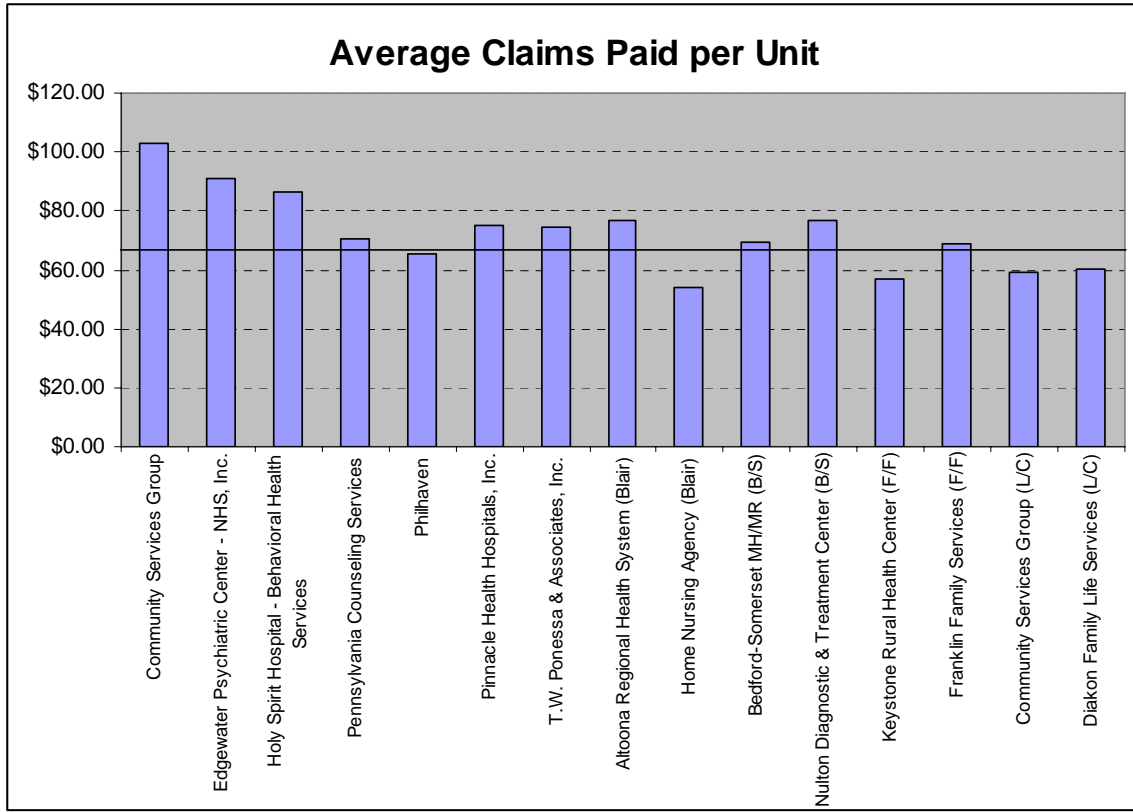


Utilization was also measured using the compliance rate for offering services within seven days of the request. The Network average was 73.70%, as indicated by the solid black line in the chart below, compliant. Five of the fifteen providers were above the Network average for compliance.

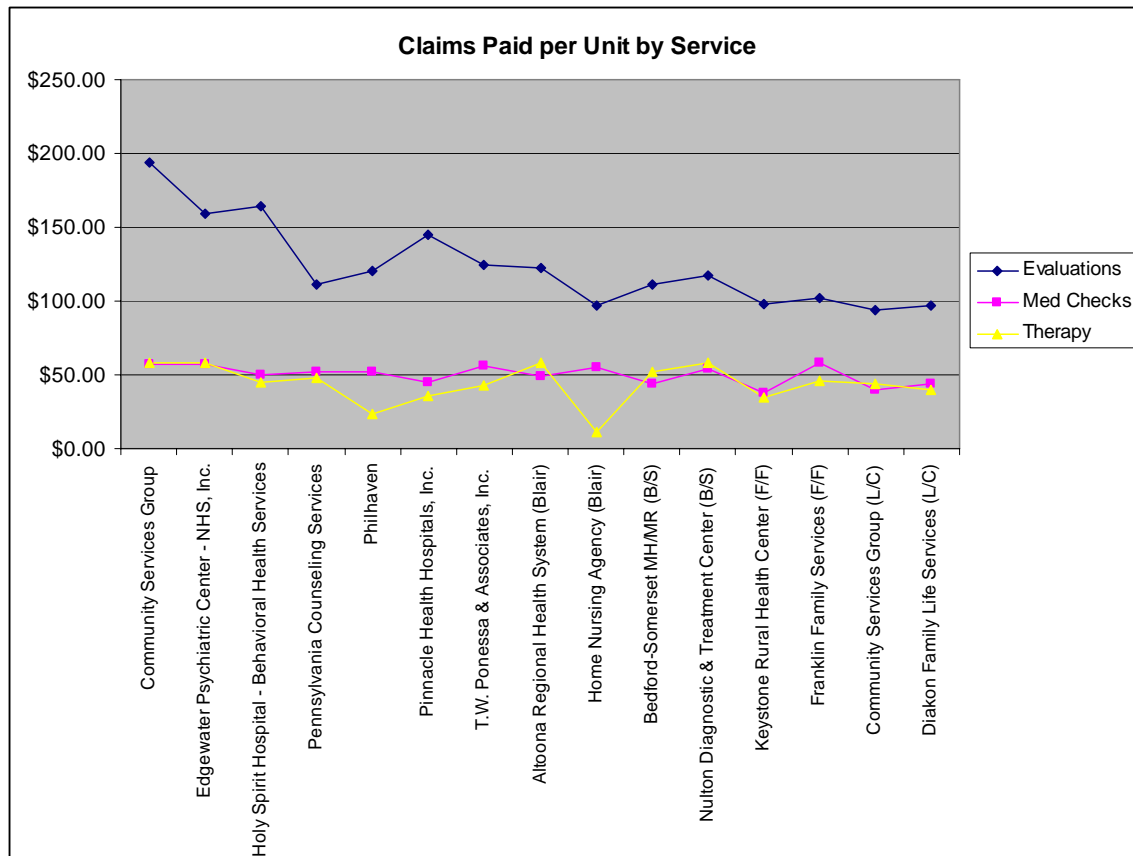


Cost

The total claims paid for the profiled MH OP services during this time period was \$14,925,427.19 with a corresponding 358,739 paid units. It is important to note that cost is a reflection of the claims paid by CBHNP only and may not reflect the total cost of services for each provider. The average claims paid per unit was \$68.58, as indicated by the solid black line in the chart below, and the five providers with a unit cost below the Network average met one of the target criteria for overall performance.



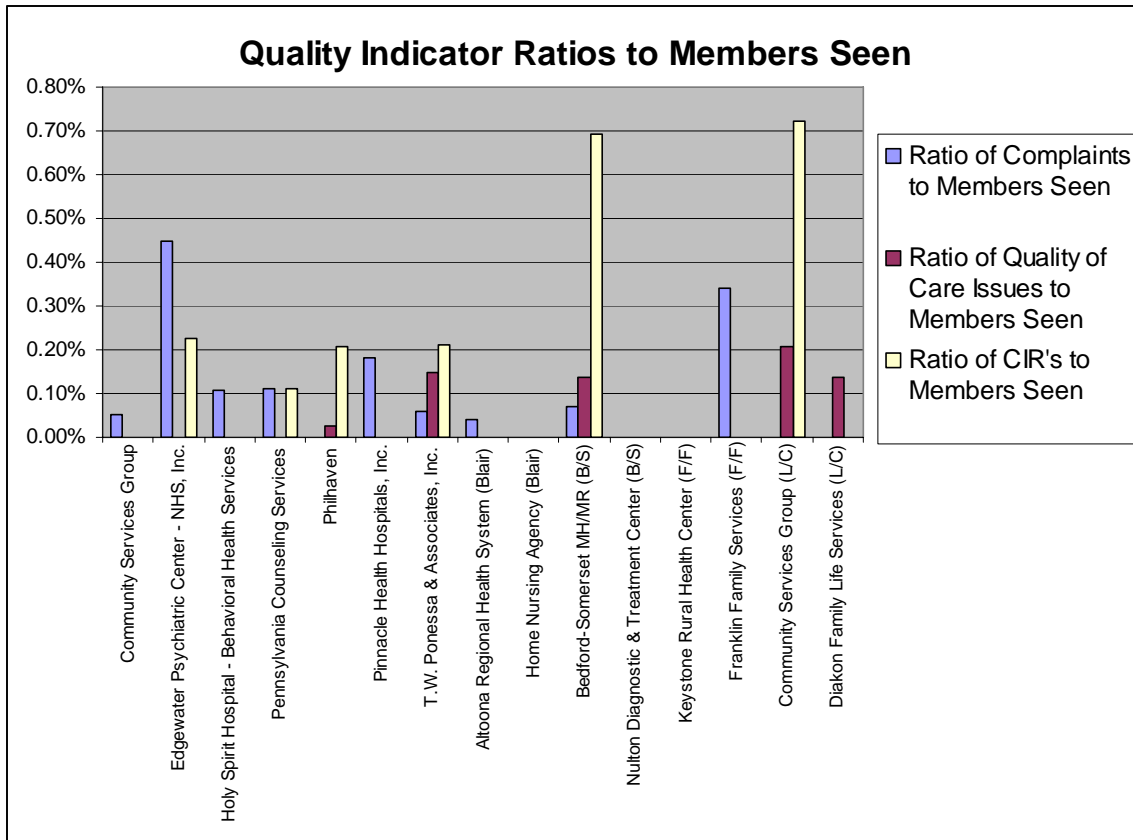
The Network average claims paid per unit for each profiled service was \$119.61 for evaluations, \$51.36 for medication checks and \$34.76 for therapy. A unit for an evaluation and a medication check is defined as an individual event. A unit for therapy is defined by a specific timeframe based on the type of therapy that is provided.



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 only eight complaints filed against five different providers for the period, resulting in a negligible 0.47% ratio of complaints to Members served.

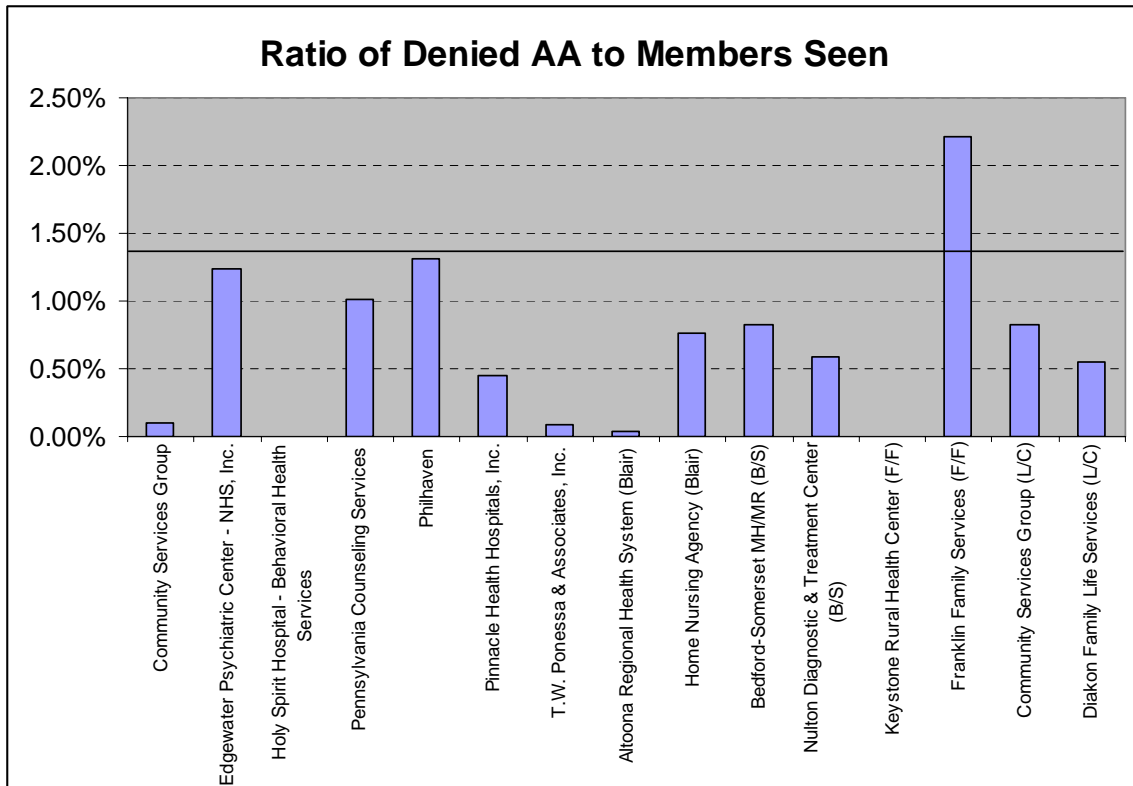
There were a total of thirty-four complaints filed against RTF providers across the Network, with a negligible corresponding ratio of complaints to Members seen of 0.10%. The number of complaints filed against the profiled providers ranged from zero to four with ratios all below one percent. The number of quality of care issues was similarly low with a range from zero to five, again with all ratios below one percent. Across the Network there were reported twenty-three quality of care issues, resulting in a 0.07% ratio of issues to Members served. Finally, the number of critical incident reports across the Network was slightly higher at 115, but still with a low corresponding ratio of critical incident reports to Members seen of 0.33%. The range of reports filed for the profiled providers was zero to three, with all ratios falling below one percent.



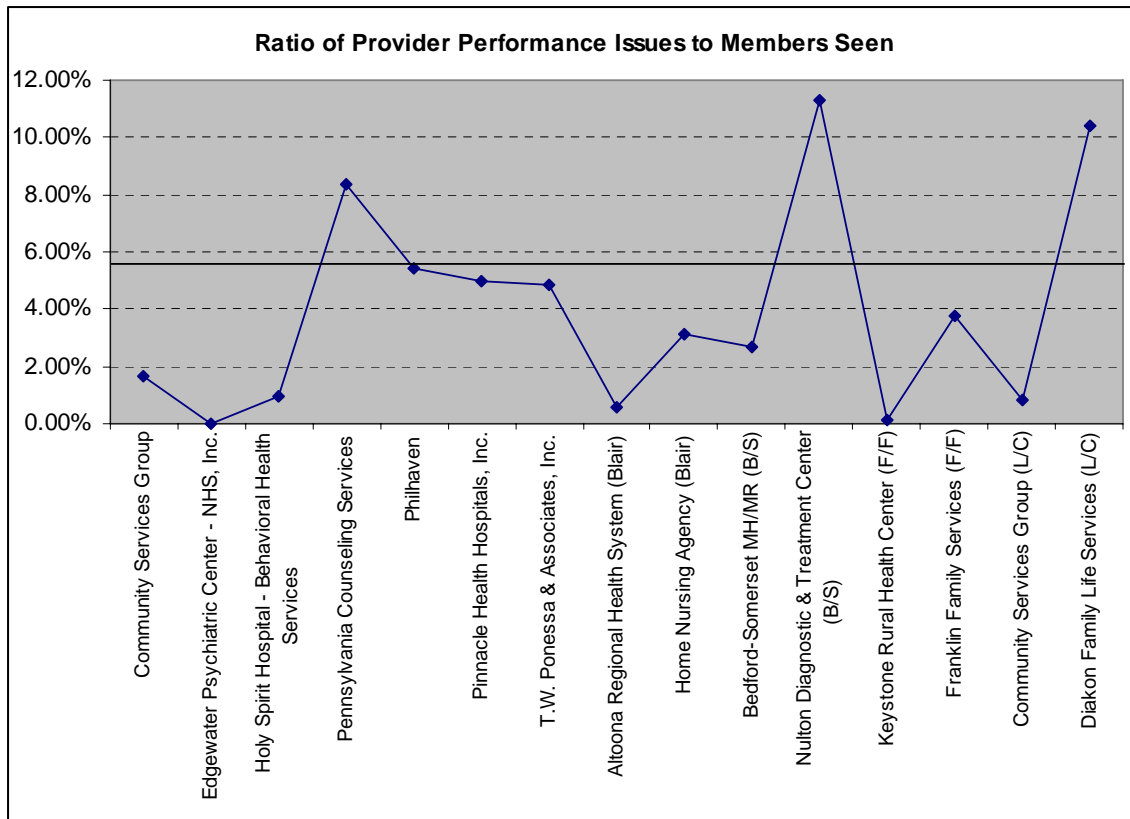
Compliance

Compliance indicators were measured using the number of denied administrative appeals and the number of provider performance issues reported for each provider.

There were 486 denied administrative appeals across the Network for the profiled period, which is a 1.38% ratio of denied appeals to Members served, as indicated by the solid black line in the chart below. All providers but Franklin Family Services (F/F) fell below the Network average.



Although provider performance measures are taken using a variety of provider issues, profiling was completed using the issue with the highest volume of documented instances. This issue was late treatment request or incomplete/incorrect information. Across the Network there were 2,019 documented issues, resulting in a ratio of provider performance issues to Members served of 5.75%, as indicated by the solid black line in the chart below. A ratio of provider performance issues to Members served of less than the Network average was another of the target criterion for MH OP providers. Twelve of the fifteen profiled providers met this goal.



Satisfaction

Six of the fifteen profiled providers participated in a consumer satisfaction survey process. Those providers included Community Services Group, Edgewater Psychiatric Center – NHS, Inc., Holy Spirit Hospital – Behavioral Health Services, Pennsylvania Counseling Services, Philhaven and T.W. Ponessa & Associate, Inc. All providers responded accordingly to the comments made by consumers who participated in the survey. Negative reports related to service were documented for each provider. The total number of negative reports ranged from one to eight.

Provider	Negative Reports
T.W. Ponessa & Associates, Inc.	8
Philhaven	4
Pennsylvania Counseling Services	3
Edgewater Psychiatric Center - NHS, Inc.	2
Community Services Group	1
Holy Spirit Hospital - Behavioral Health Services	1

Target Criteria

Four of the fifteen profiled providers met both target criteria for overall performance. These providers include Philhaven, Home Nursing Agency (Blair), Keystone Rural



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Health Center (F/F) and Community Services Group (L/C). Although all aspects of performance are important, these specific targets of a total average claims paid per unit of less than the Network average and a provider performance ratio to Members seen below the Network average, are goals that all providers should strive to achieve.