



Partial Hospitalization Programs

Partial Hospitalization Programs (PHP) are active outpatient psychiatric day or evening treatment sessions that include medical, psychiatric, psychological, and psychosocial treatment. This service is provided in a supervised, protective setting for a minimum of 3 hours and a maximum of 6 hours in a 24-hour period. The session is provided by a psychiatrist or by psychiatric partial hospitalization personnel under the supervision of a psychiatrist.

Overall, fifteen PHP providers were profiled based on high volume criteria. The high volume criterion for Capital Region providers was those facilities that saw greater than forty unique Members for the period. For the North Central Regions, high volume was defined as those facilities that saw the greatest number of unique Members for each region. It is important to note that some providers serve Members from both the Capital and the North Central Regions, and these providers are profiled distinctly for each region.

Capital Profiled Providers

1. Capital Area Intermediate Unit
2. Catholic Charities, Inc.
3. Community Services Group, Inc.
4. Edgewater Psychiatric Center
5. Philhaven
6. Pinnacle Health Hospitals
7. Stevens Center – Northwestern Human Services, Inc.

Blair Profiled Providers

1. Home Nursing Agency
2. Pyramid Healthcare, Inc.

Bedford/Somerset Profiled Providers

1. Bedford-Somerset MH/MR
2. Children’s Aid Home Program

Franklin Fulton Profiled Providers

1. Nulton Diagnostic Treatment Center
2. Universal Community Behavioral Health

Lycoming/Clinton Profiled Providers

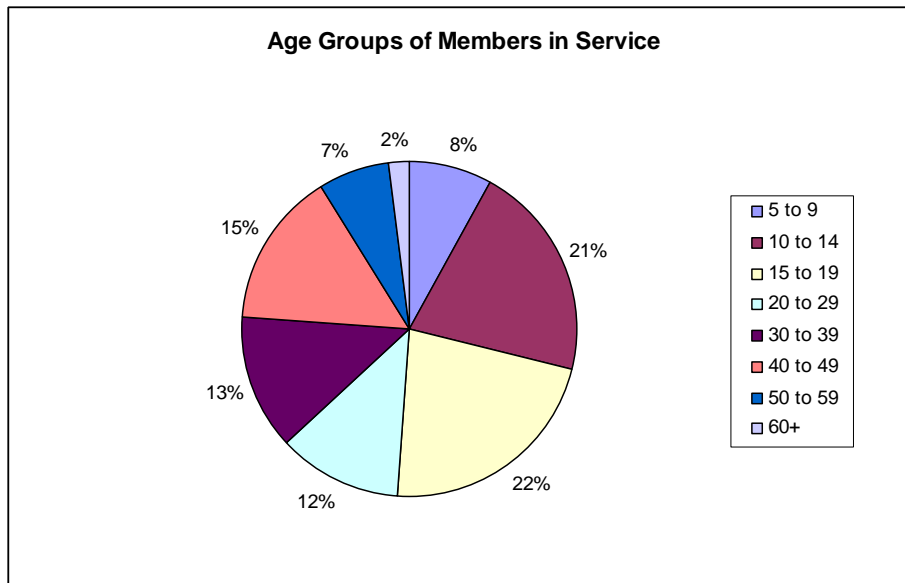
1. Community Services Group
2. Universal Community Behavioral Health

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

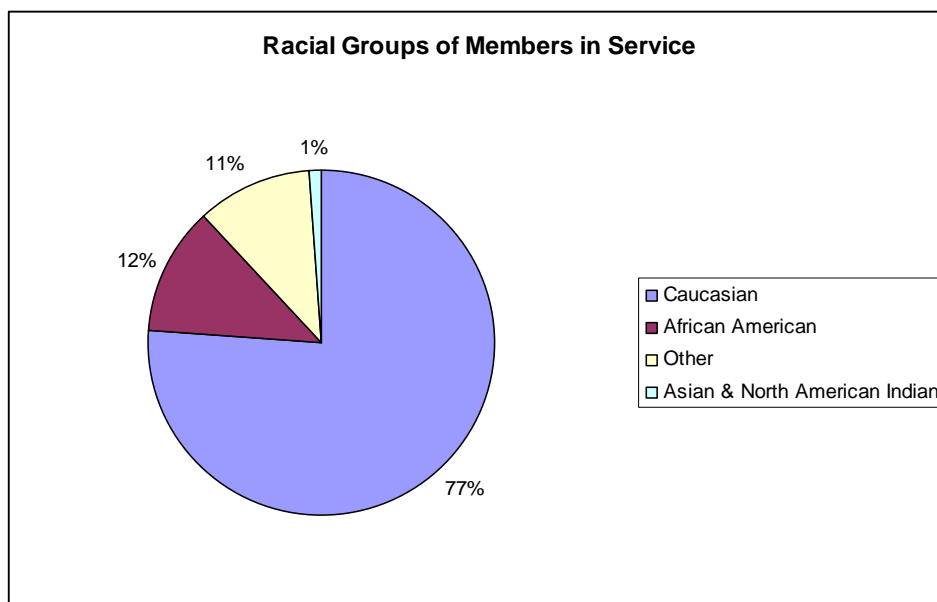
Demographics

Demographic information available for Members receiving PHP services includes age, gender, race and diagnostic data.

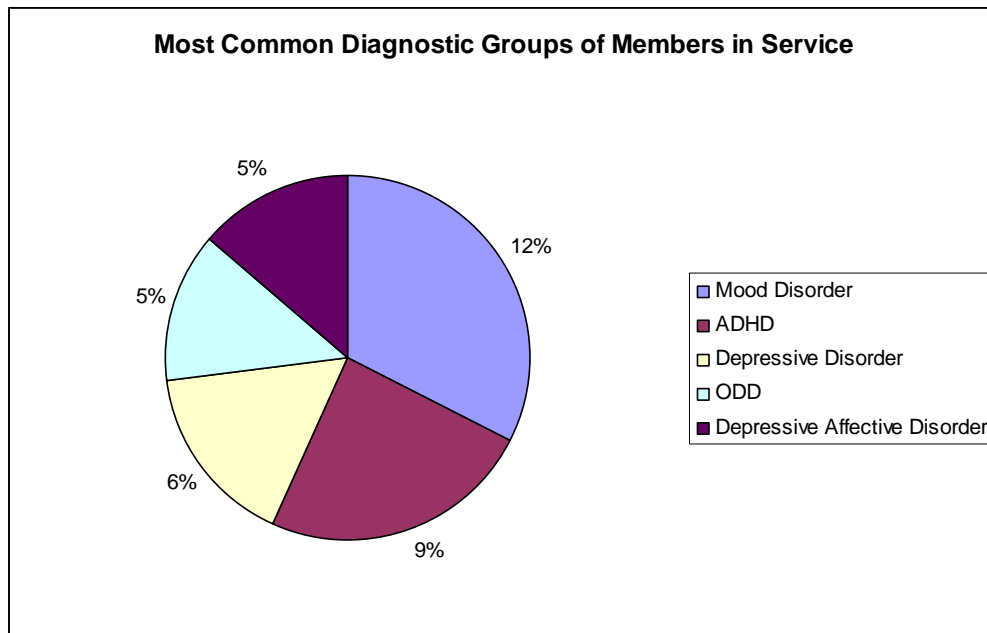
Overall, 8% of the Members were between the ages of five and nine, 21% were between ten and fourteen, 22% were between fifteen and nineteen, 12% were between twenty and twenty-nine, 13% were between thirty and thirty-nine, 15% were between forty and forty-nine, 7% were between fifty and fifty-nine, and 2% were over the age of sixty.



Fifty-five percent of Members receiving this service were male and 45% were female. Seventy-seven percent of these Members were Caucasian, 12% were African American, 11% were Other, and less than one percent were Asian and North American Indian.



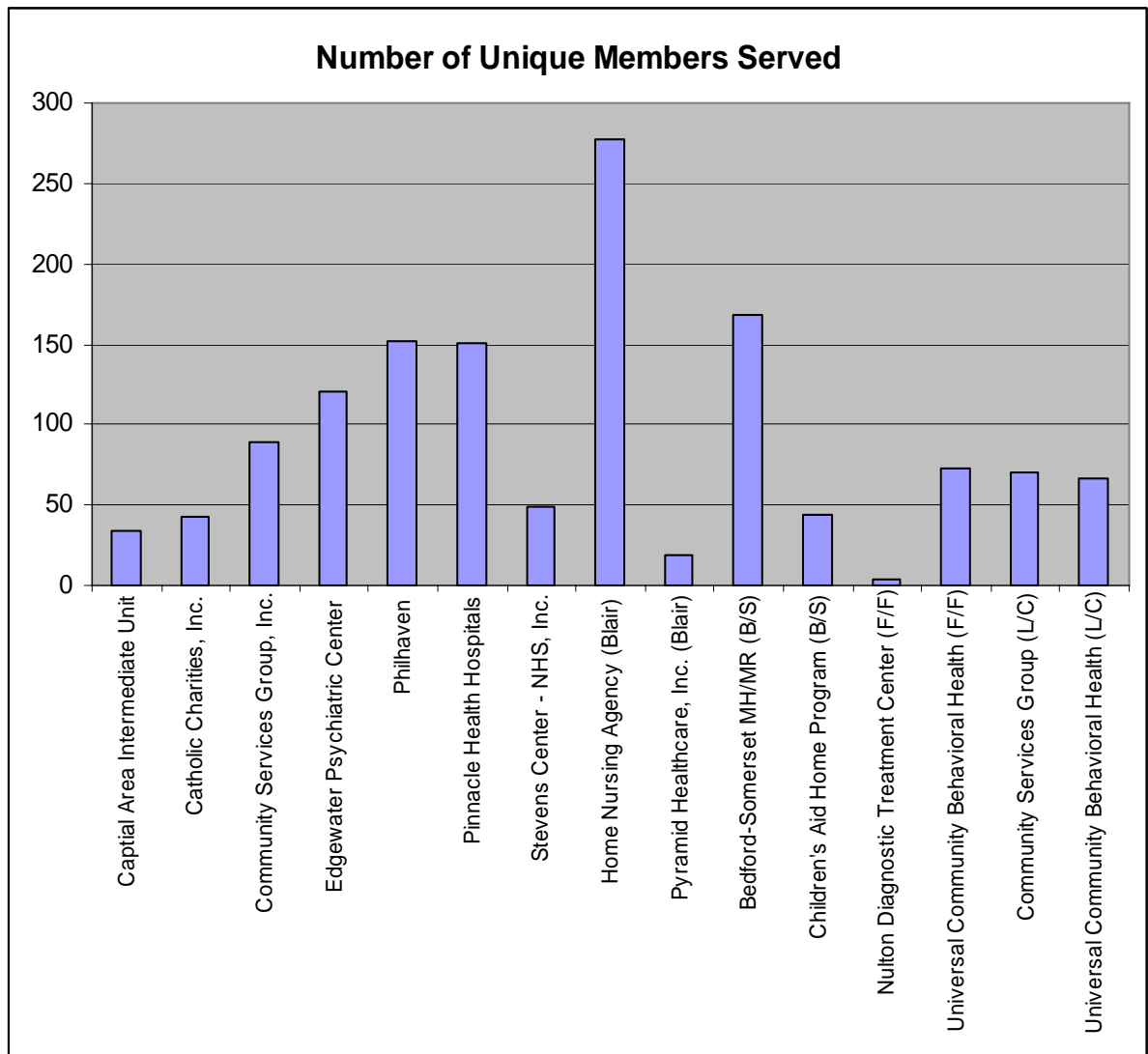
The most common diagnoses of Members receiving Partial Hospitalization Services were Unspecified Episodic Mood Disorder – 296.90 at 12%, Attention Deficit Hyperactivity Disorder – 314.01 at 9%, Depressive Disorder Not Otherwise Specified– 311 at 6%, Oppositional Defiant Disorder – 313.81 at 5% and Major Depressive Affective Disorder – 296.33 at 5%.



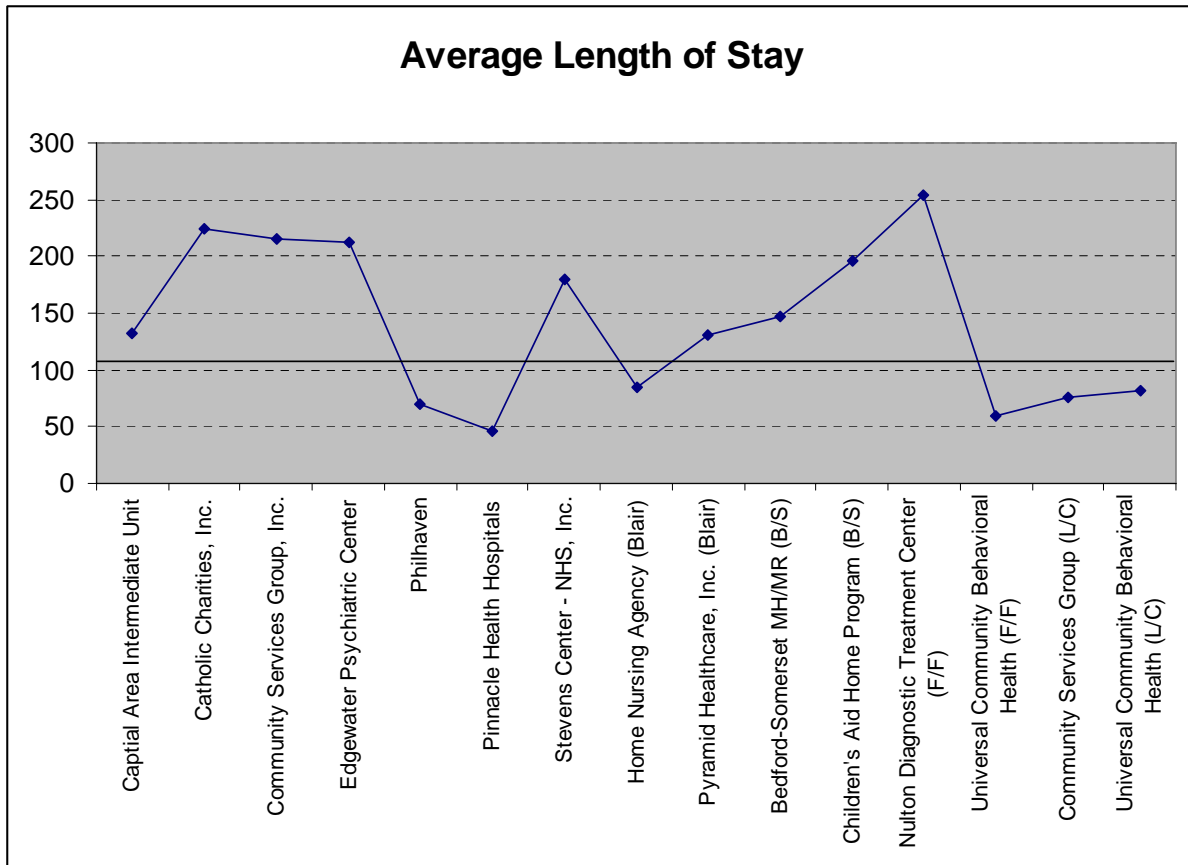
Utilization

Utilization information available for Members receiving PHP services includes the number of unique Members and the average length of stay, which is limited to data for discharged treatments only.

The total number of unique Members served across the Network was 1529. The number of unique Members served by the profiled providers ranged from four to 278.

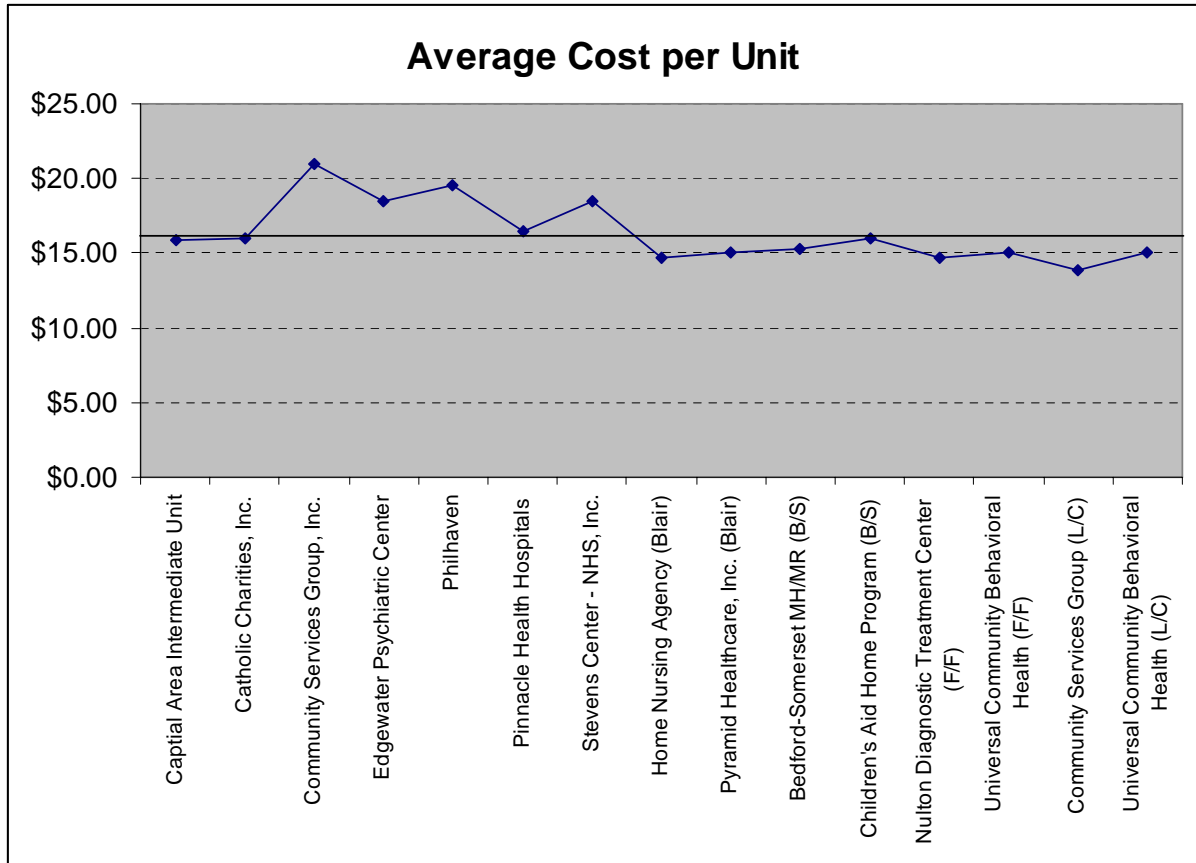


The average length of stay across the Network was 114.40 days, as indicated by the solid black line in the chart below. Providers that had an average length of stay below the Network average met one of the four target criteria for overall performance. Six of the fifteen profiled providers met this criterion.

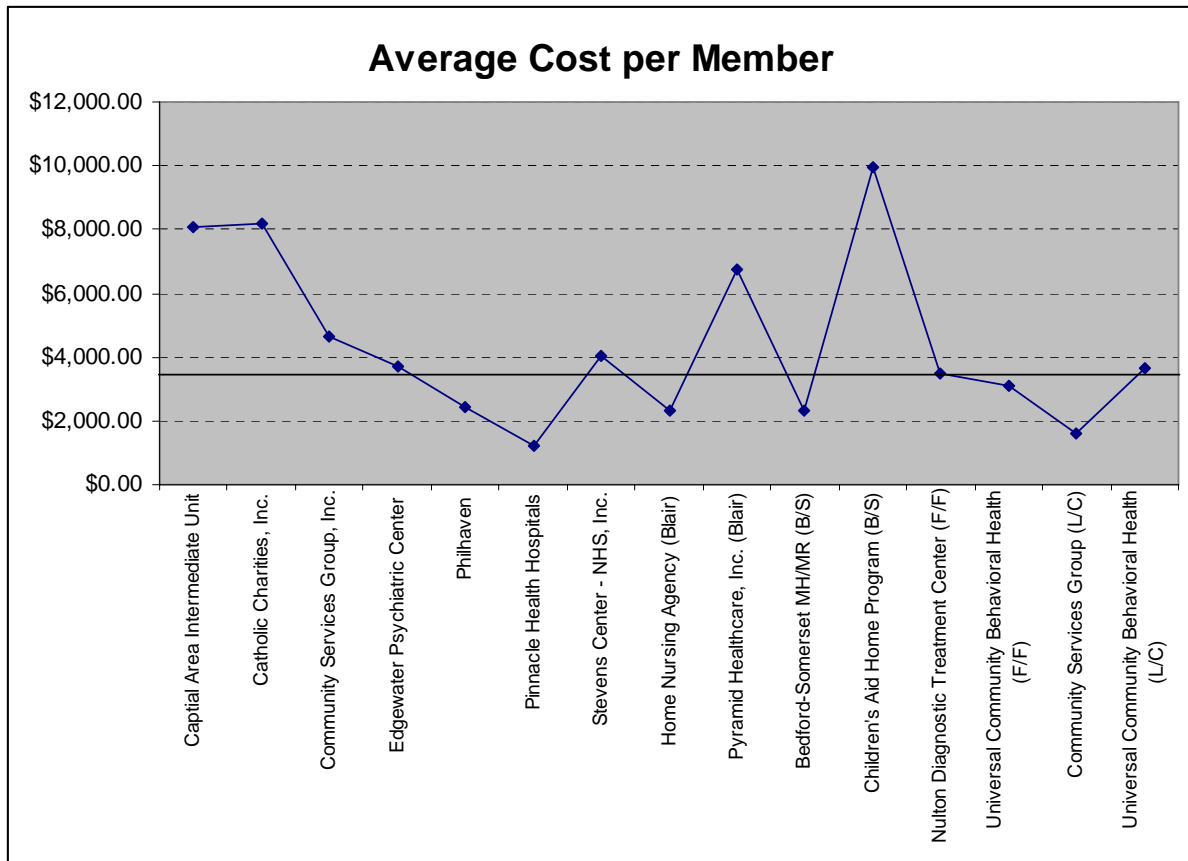


Cost

The amount paid across the Network for PHP services during the period was \$5,546,275.08, with a total of 342,446 paid units. The average cost per unit across the Network was \$16.20, as indicated by the solid black line in the chart below. Providers with an average cost per unit below the Network average met another criterion for performance. This included ten PHP providers.



The average cost per Member across the Network was \$3,627.39, as indicated by the solid black line in the chart below. Providers with an average cost per Member less than the Network average met the third criterion for performance. Seven providers met this goal.



Quality

The quality indicators for PHP services were measured by the total number of complaints, quality of care issues and critical incident reports submitted by the provider. Across the Network there were a total of eighteen complaints and quality of care issues reported, resulting in a negligible 1% ratio of complaints/quality of care issues to Members served.

There were a total of 203 critical incident reports submitted and a 13% ratio of critical incidents to Members served. Seven of the profiled providers did not submit any critical incident reports for the period, and six providers were under 10% of the total submitted reports. One provider, Philhaven, submitted 10.34% of the reports, while another provider, Capital Area Intermediate Unit, submitted 61.58% of the overall critical incident reports.

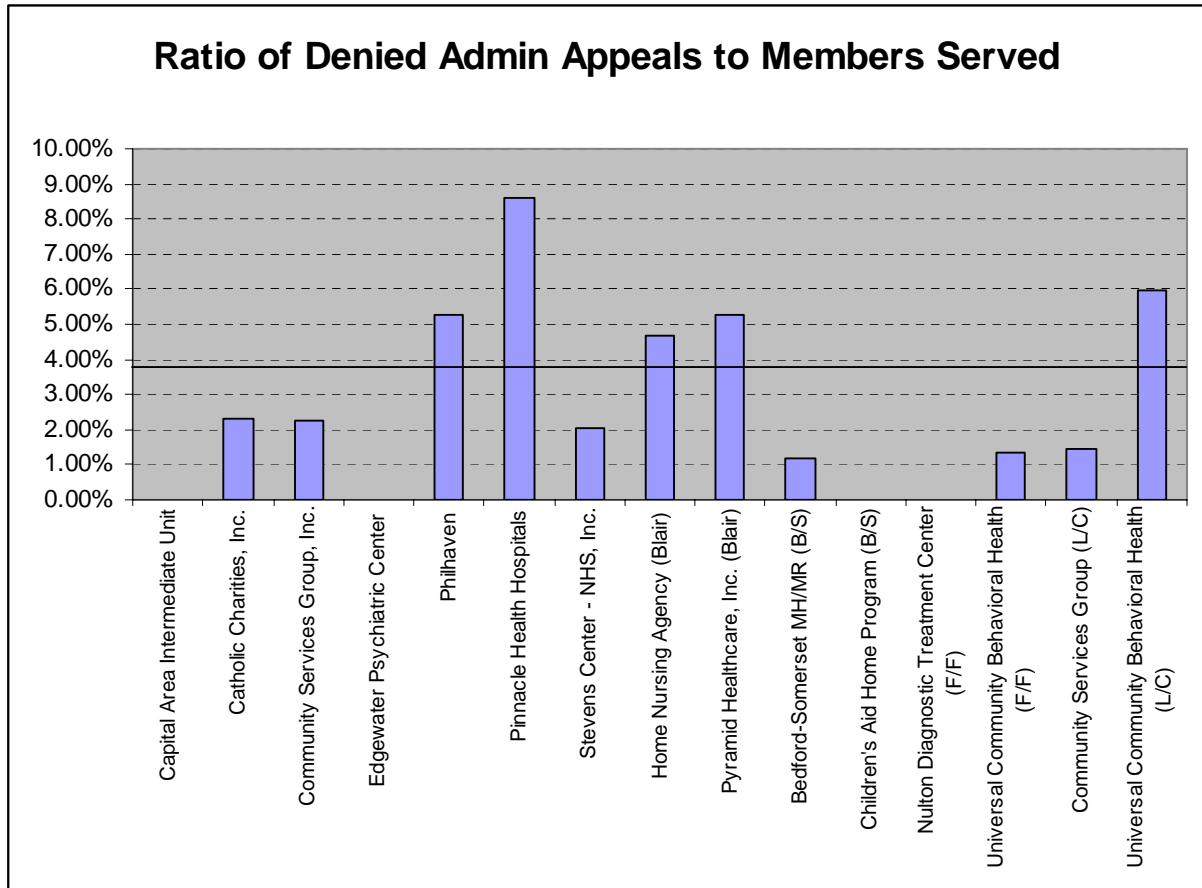
Provider	# CIR's	Percentage
Capital Area Intermediate Unit	125	61.58%
Philhaven	21	10.34%
Children's Aid Home Program (B/S)	7	3.45%
Home Nursing Agency (Blair)	6	2.96%



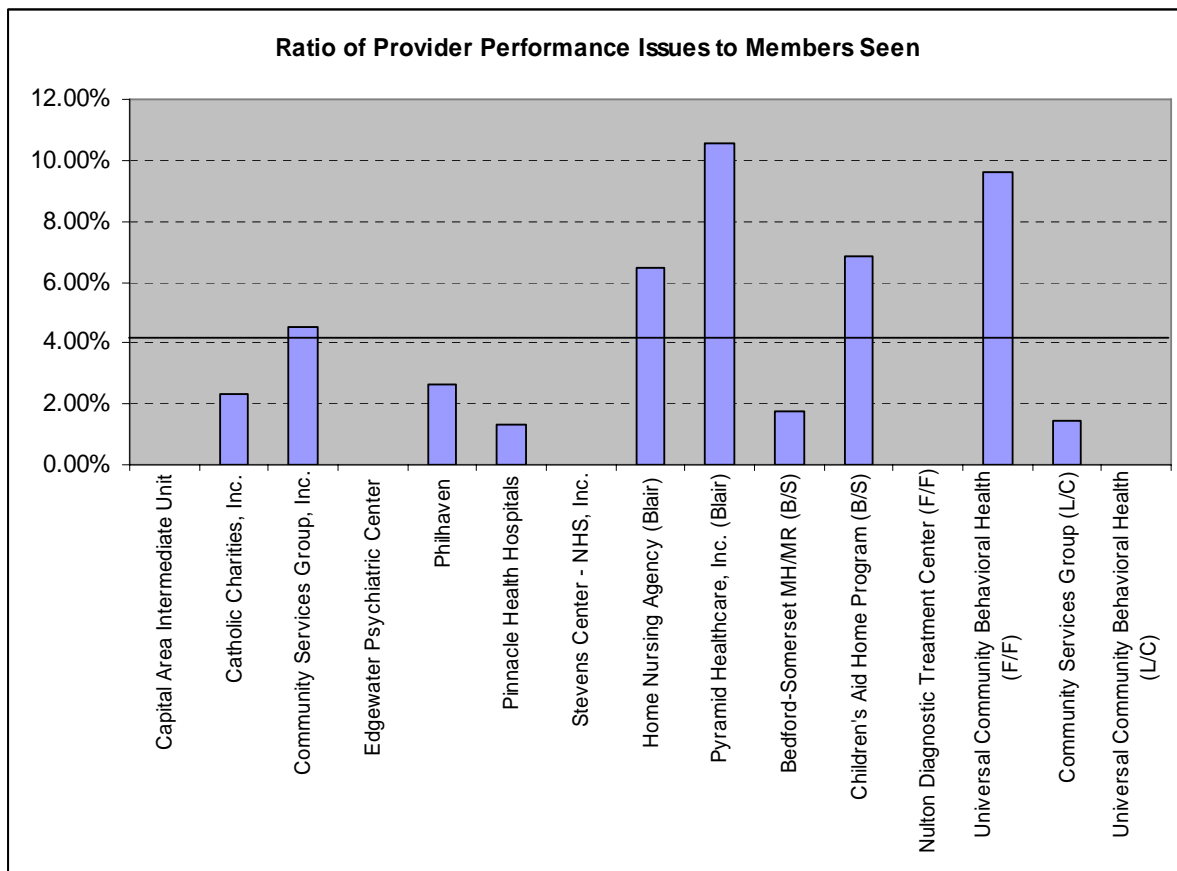
Community Services Group (L/C)	4	1.97%
Catholic Charities, Inc.	2	0.99%
Pinnacle Health Hospitals	1	0.49%
Bedford-Somerset MH/MR (B/S)	1	0.49%
Community Services Group, Inc.	0	0.00%
Edgewater Psychiatric Center	0	0.00%
Stevens Center - NHS, Inc.	0	0.00%
Pyramid Healthcare, Inc. (Blair)	0	0.00%
Nulton Diagnostic Treatment Center (F/F)	0	0.00%
Universal Community Behavioral Health (F/F)	0	0.00%
Universal Community Behavioral Health (L/C)	0	0.00%

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 fifty-seven denied administrative appeals across the Network, with an average ratio of administrative appeals to Members seen of 3.73%, as indicated by the solid black line in the chart below. The ten providers that had a ratio of denied administrative appeals to Members seen less than the 3.73% Network average met the final target criteria for performance.



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. The issue was the provider did not complete the discharge review within the designated timeframe. Across the Network there were sixty-two documented issues, resulting in a 4.05% ratio of provider performance issues to Members served, as indicated by the solid black line in the chart below. Although not a target criterion for performance, ten providers fell below the Network average ratio of 4.05%.



Target Criteria

Two providers, Universal Community Behavioral Health (F/F) and Community Services Group (L/C), met all four target criteria for overall performance. Although all aspects of performance are important, these specific targets of an average length of stay less than the Network average, a cost per unit less than the Network average, a cost per member less than the Network average and the number of denied administrative appeals less than the Network average, are goals that all providers should strive to achieve.