

2010 PROVIDER PROFILING RESIDENTIAL TREATMENT FACILITIES (RTF)

OVERVIEW

Value Behavioral Health of Pennsylvania (VBH-PA) utilizes a provider profiling system to focus on the assessment of health care delivery and to examine patterns and trends in care. A comprehensive provider profiling system serves as a quality management tool to support administrative and clinical processes, particularly when opportunities for improvement are identified. Provider profiling can further be described as the process of identifying those providers who consistently meet established VBH-PA clinical and administrative standards based upon performance indicators and routine data analysis.

VBH-PA utilizes profiling as an analytical process in order to compare practice patterns of similar providers based on a standard set of measures. Profiling is a source for obtaining comparative data among providers. These and other provider profiling data may be used to develop initiatives such as performance-based contracting or preferred provider processes. Provider profiles are reviewed by a multi-department committee at VBH-PA for development of performance improvement plans.

For the year 2010, provider profiling information for Residential Treatment Facilities (RTF's) includes the following indicators:

- Average Length of Stay (ALOS)
- Inpatient Hospitalization Rate
- Demographic Information (Gender, Age)
- Average Cost per Discharge for Accredited and Non-accredited Facilities
- Diagnostic Categories by Cost for Accredited and Non-accredited Facilities
- Peer Review, Grievance Level I, Grievance Level II, Complaints, and Critical Incidents
- Follow-up Levels of Care

Also included in the profile are Out of Network provider information and Provider Report Cards. **The providers represented in the RTF Provider Profile receive blinded copies of the provider profile and any resulting action plans identified for them.**

METHODOLOGY

Members:

The profile includes all 14-county members (Armstrong, Beaver, Butler, Cambria, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, Mercer, Venango, Washington, and Westmoreland) with discharges in 2010 that were in an RTF for at least seven days and continuously enrolled in HealthChoices during the entire period. (Successive encounters more than two days apart are counted as different discharges except for an episode of inpatient hospitalization.)

Providers:

Queries were run based on all RTF's in the VBH-PA provider network. Facilities having 5 or more discharges were used for comparisons. **Twelve (12) providers were included for 2010.**

Procedures:

Cost information is derived from all RTF discharges occurring in the year 2010 based upon paid claims. Data used for the Average Length of Stay (ALOS) analyses and Average Cost per Discharge are based on the first paid claim date to the last paid claim. A lag of three months is necessary to insure that all claims have been finalized and paid. Outlier analysis is based on standard deviations (SD). A provider is identified as an outlier if they are one or more standard deviations above or below the mean.

PROVIDER PROFILE INDICATORS AT A GLANCE

- 12 Providers with 5 or more Discharges in 2010
- 2010 Discharges = 283
- Overall Average Length of Stay = 239 days
- Overall Inpatient Hospitalization Rate = 11%
- Average Cost Per Discharge for Accredited Facilities = \$65,344
- Average Cost Per Discharge for Non-accredited Facilities = \$61,176

AVERAGE LENGTH OF STAY (ALOS)

The ALOS is calculated by taking the total number of days divided by the total number of discharges per facility. The length of stay does not include any inpatient admission days. **The overall ALOS for 2010 was 239 days or approximately 8 months, a 6% increase from the 7.5 months for 2009.** Table 1 indicates the Number of Discharges, Length of Stay, ALOS, the minimum and maximum length of stay at each provider, the standard deviation of the Average Length of Stay, and comparisons to 2009 where applicable. The outliers for ALOS are highlighted. Data include both Accredited and Non-accredited facilities.

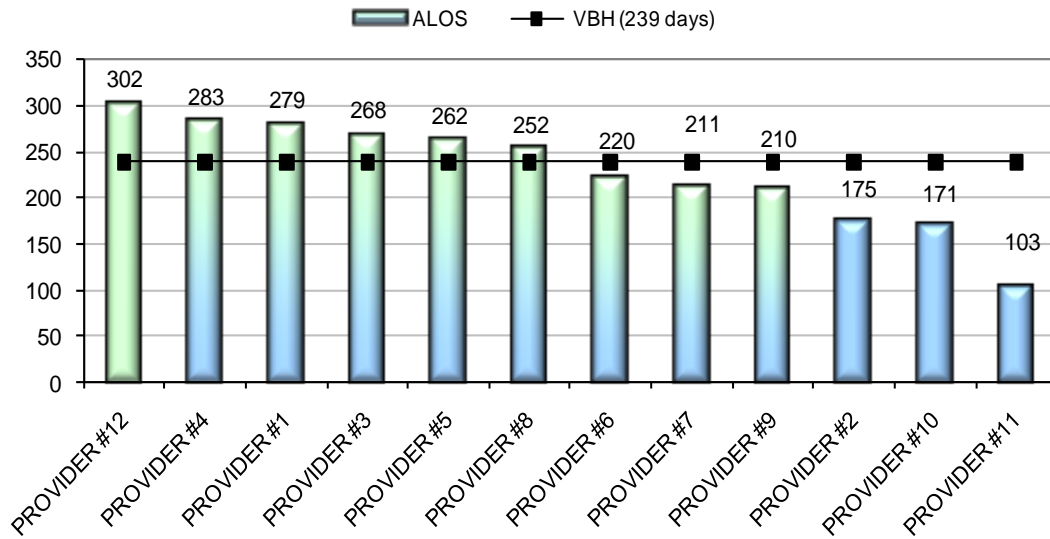
Facility		Discharges	LOS	ALOS	MIN	MAX	ALOS Outlier	2009 ALOS
PROVIDER #12	Accredited	16	4825	302	111	645	1.09	255
PROVIDER #4	Accredited	14	3957	283	164	548	0.76	257
PROVIDER #1	Accredited	38	10583	279	65	1019	0.69	245
PROVIDER #3	Non-accredited	13	3486	268	73	541	0.51	284
PROVIDER #5	Accredited	26	6801	262	75	724	0.39	257
PROVIDER #8	Accredited	71	17912	252	8	580	0.23	245
PROVIDER #6	Accredited	26	5731	220	111	377	-0.32	170
PROVIDER #7	Accredited	9	1899	211	101	408	-0.48	230
PROVIDER #9	Accredited	20	4204	210	7	619	-0.50	274
PROVIDER #2	Accredited	25	4374	175	12	504	-1.11	156
PROVIDER #10	Accredited	18	3085	171	73	472	-1.17	211
PROVIDER #11	Accredited	7	720	103	7	180	-2.36	
VBH		283	67577	239	7	1019		225

Minimum (MIN) = The shortest length of stay at the provider

Maximum (MAX) = The longest length of stay at the provider

Figure 1 illustrates the RTF average length of stay by facility compared to the VBH-PA ALOS.

Figure 1: 2010 RTF Average Length of Stay



INPATIENT HOSPITALIZATION RATES

Table 2 compares the facilities that had members who had an inpatient hospitalization during their RTF stay. The rate was calculated based on the number of discharges who had inpatient hospitalizations divided by the total number of discharges. Please note that the number of discharges for some of the facilities is small, and this may artificially inflate the rate. The 2009 inpatient rates are also shown for comparison where applicable. **The overall 2010 inpatient hospitalization rate is 11%, the same as 2009.**

Facility		Discharges	Admitted Inpatient	Inpatient Rate	2009 IP Rate
PROVIDER #11	Accredited	7	2	28%	
PROVIDER #12	Accredited	16	4	25%	11%
PROVIDER #10	Accredited	18	4	22%	0%
PROVIDER #5	Accredited	26	5	19%	19%
PROVIDER #4	Accredited	14	2	14%	23%
PROVIDER #2	Accredited	25	3	12%	7%
PROVIDER #8	Accredited	71	7	10%	14%
PROVIDER #3	Non-Accredited	13	1	8%	0%
PROVIDER #9	Accredited	20	1	5%	18%
PROVIDER #1	Accredited	38	2	5%	6%
PROVIDER #6	Accredited	26	1	4%	7%
PROVIDER #7	Accredited	9	0	0%	0%
VBH		283	32	11%	11%

DEMOGRAPHIC INFORMATION

There were a total of 283 discharges from RTF in 2010. Males utilized 60% of the services, while females utilized 40%; the highest utilizing age group was 13-17 at 64% (see Table 3). These utilization patterns are consistent to 2009, where more males (66%) used this LOC than females (34%) and the highest utilizing age group was 13-17 (75%).

Table 3: Gender and Age (sorted alphabetically by Accreditation)

Facility		Discharges	Gender		Age		
			% Female	% Male	% 6-12	% 13-17	% 18-20
PROVIDER #10	Accredited	18	39%	61%	0%	61%	39%
PROVIDER #4	Accredited	14	43%	57%	29%	50%	21%
PROVIDER #11	Accredited	7	43%	57%	43%	57%	0%
PROVIDER #9	Accredited	20	75%	25%	15%	75%	10%
PROVIDER #8	Accredited	71	46%	54%	17%	72%	11%
PROVIDER #12	Accredited	16	0%	100%	0%	69%	31%
PROVIDER #6	Accredited	26	50%	50%	8%	85%	8%
PROVIDER #2	Accredited	25	68%	32%	0%	76%	24%
PROVIDER #1	Accredited	38	26%	74%	71%	29%	0%
PROVIDER #5	Accredited	26	0%	100%	15%	58%	27%
PROVIDER #7	Accredited	9	22%	78%	11%	78%	11%
PROVIDER #3	Non-Accredited	13	46%	54%	0%	62%	38%
VBH		283	40%	60%	20%	64%	16%

AVERAGE COST PER DISCHARGE FOR ACCREDITED FACILITIES

Accredited and non-accredited facilities have different contractual payment arrangements and are reviewed separately.

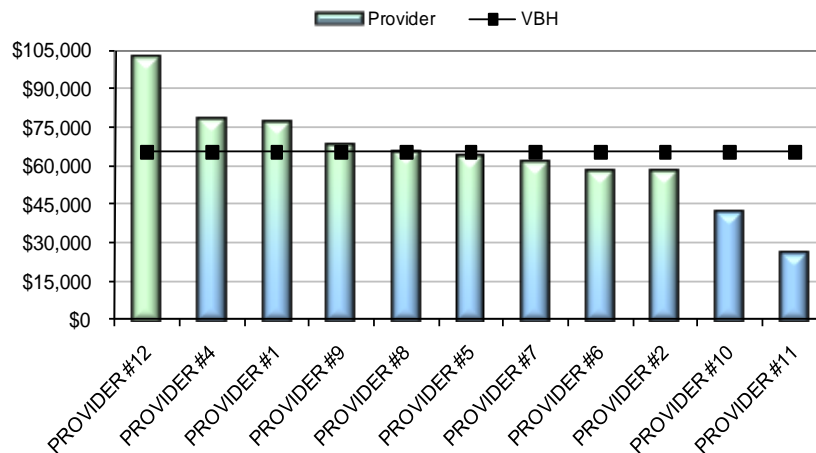
The overall 2010 VBH-PA average cost per discharge was \$65,344 for the accredited facilities (see Table 4). The average cost per discharge was calculated by total costs, divided by the number of discharges in 2010 per facility.

Table 4 shows the total paid amount and average cost per discharge by facility. The average cost per discharge outliers are the same outliers as identified for ALOS. The 2009 average cost per discharge rates are also listed where applicable. **The 2010 VBH-PA average cost per discharge increased 5% from 2009 for accredited facilities.**

Table 4: Accredited Average Cost per Discharge (sorted from highest average cost to lowest)						
Provider	Discharges	Cost	Average Cost per dc	Cost Outlier	2009 Avg Cost per dc	
PROVIDER #12	16	\$1,628,927	\$101,808	1.86	\$82,647	
PROVIDER #4	14	\$1,092,914	\$78,065	0.65	\$71,789	
PROVIDER #1	38	\$2,894,069	\$76,160	0.55	\$67,905	
PROVIDER #9	20	\$1,354,925	\$67,746	0.12	\$88,755	
PROVIDER #8	71	\$4,614,666	\$64,995	-0.02	\$61,699	
PROVIDER #5	26	\$1,639,038	\$63,040	-0.12	\$61,888	
PROVIDER #7	9	\$553,155	\$61,462	-0.20	\$66,738	
PROVIDER #6	26	\$1,495,561	\$57,522	-0.40	\$36,085	
PROVIDER #2	25	\$1,436,739	\$57,470	-0.40	\$44,880	
PROVIDER #10	18	\$751,977	\$41,776	-1.20	\$57,974	
PROVIDER #11	7	\$180,806	\$25,829	-2.02		
VBH	270	\$17,642,777	\$65,344		\$61,948	

Figure 2 illustrates the average cost per discharge for accredited facilities for 2010 discharges.

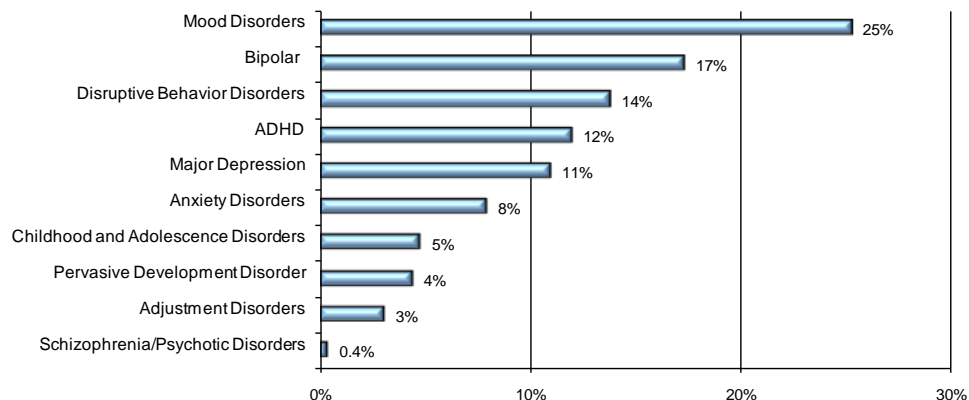
Figure 2: 2010 RTF Accredited Average Cost per Discharge



DIAGNOSTIC CATEGORIES FOR ACCREDITED FACILITIES

Diagnoses of members in accredited facilities fell into ten diagnostic categories (see Figure 3). The diagnosis used was the diagnosis submitted on the last paid claim received. Mood Disorder diagnoses represent 25% of the total accredited facility costs for 2010 discharges.

Figure 3: Percentage of Accredited Facility Costs by Diagnosis



In Table 5, the outlier analysis was calculated by normalizing the data by cost for each diagnostic category. A facility is identified as an outlier if the average cost is one or more standard deviations from the mean.

Table 5: Accredited Facilities (sorted by Average Cost per Discharge)					
PROVIDER #10	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Disruptive Behavior Disorders	5	1096	\$287,771	\$57,554	-0.30
ADHD	3	584	\$123,158	\$41,053	-0.85
Mood Disorders	6	994	\$232,071	\$38,679	-1.18
Childhood and Adolescence Disorders	1	145	\$37,466	\$37,466	-1.10
Bipolar	1	109	\$36,027	\$36,027	-1.15
Anxiety Disorders	1	73	\$21,859	\$21,859	-1.81
Schizophrenia/Psychotic Disorders	1	84	\$13,624	\$13,624	-0.71
Total	18	3085	\$751,977	\$41,776	
PROVIDER #4	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
ADHD	2	864	\$242,447	\$121,224	1.29
Childhood and Adolescence Disorders	1	403	\$112,805	\$112,805	0.11
Pervasive Development Disorder	1	398	\$102,515	\$102,515	0.18
Anxiety Disorders	1	287	\$80,254	\$80,254	0.08
Mood Disorders	5	1204	\$333,412	\$66,682	0.41
Disruptive Behavior Disorders	2	439	\$121,297	\$60,649	-0.11
Adjustment Disorders	2	362	\$100,183	\$50,092	-0.24
Total	14	3957	\$1,092,914	\$78,065	
PROVIDER #11	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Bipolar	3	395	\$101,606	\$33,869	-1.22
Mood Disorders	4	325	\$79,200	\$19,800	-2.25
Total	7	720	\$180,806	\$25,829	
PROVIDER #9	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Anxiety Disorders	3	810	\$261,625	\$87,208	0.31
Adjustment Disorders	1	229	\$73,775	\$73,775	1.12
Mood Disorders	11	2290	\$738,075	\$67,098	0.43
Bipolar	3	553	\$178,100	\$59,367	-0.31
Disruptive Behavior Disorders	2	322	\$103,350	\$51,675	-0.65
Total	20	4204	\$1,354,925	\$67,746	

PROVIDER #8	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Adjustment Disorders	2	602	\$159,208	\$79,604	1.45
Bipolar	20	5519	\$1,418,922	\$70,946	0.10
Disruptive Behavior Disorders	12	3070	\$783,353	\$65,279	0.16
Mood Disorders	13	3228	\$831,098	\$63,931	0.25
ADHD	7	1687	\$435,454	\$62,208	-0.29
Anxiety Disorders	3	698	\$184,208	\$61,403	-0.53
Major Depression	13	2921	\$752,519	\$57,886	0.21
Schizophrenia/Psychotic Disorders	1	187	\$49,905	\$49,905	0.71
Total	71	17912	\$4,614,666	\$64,995	
PROVIDER #12	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
ADHD	4	1579	\$565,090	\$141,272	1.83
Bipolar	2	680	\$229,925	\$114,963	1.68
Childhood and Adolescence Disorders	1	327	\$106,221	\$106,221	0.01
Disruptive Behavior Disorders	1	282	\$88,276	\$88,276	1.53
Mood Disorders	7	1786	\$581,105	\$83,015	1.34
Major Depression	1	171	\$58,310	\$58,310	0.25
Total	16	4825	\$1,628,927	\$101,808	
PROVIDER #6	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Anxiety Disorders	1	377	\$99,855	\$99,855	0.72
Disruptive Behavior Disorders	4	1,116	\$292,480	\$73,120	0.63
ADHD	4	960	\$247,820	\$61,955	-0.29
Major Depression	8	1,786	\$456,131	\$57,016	0.14
Mood Disorders	2	398	\$108,900	\$54,450	-0.28
Bipolar	1	215	\$53,990	\$53,990	-0.50
Pervasive Development Disorder	2	330	\$90,200	\$45,100	-0.47
Adjustment Disorders	4	549	\$146,185	\$36,546	-1.01
Total	26	5731	\$1,495,561	\$57,522	
PROVIDER #2	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Pervasive Development Disorder	1	504	\$271,573	\$271,573	2.11
Childhood and Adolescence Disorders	3	525	\$188,986	\$62,995	-0.69
Adjustment Disorders	1	210	\$62,798	\$62,798	0.49
Mood Disorders	4	611	\$222,292	\$55,573	-0.22
Major Depression	8	1,345	\$390,306	\$48,788	-0.55
Bipolar	5	756	\$201,236	\$40,247	-0.99
ADHD	1	170	\$40,056	\$40,056	-0.88
Disruptive Behavior Disorders	2	253	\$59,492	\$29,746	-1.95
Total	25	4374	\$1,436,739	\$57,470	

PROVIDER #1	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Childhood and Adolescence Disorders	2	1426	\$400,325	\$200,163	1.52
Bipolar	2	690	\$191,458	\$95,729	0.99
Anxiety Disorders	8	2244	\$633,267	\$79,158	0.04
Mood Disorders	16	3984	\$1,059,125	\$66,195	0.38
Major Depression	2	475	\$131,021	\$65,510	0.86
ADHD	3	668	\$186,844	\$62,281	-0.29
Disruptive Behavior Disorders	4	940	\$245,965	\$61,491	-0.06
Pervasive Development Disorder	1	156	\$46,065	\$46,065	-0.46
Total	38	10583	\$2,894,069	\$76,160	
PROVIDER #5	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Bipolar	4	1565	\$387,072	\$96,768	1.03
Pervasive Development Disorder	3	872	\$216,470	\$72,157	-0.16
Disruptive Behavior Disorders	6	1653	\$418,628	\$69,771	0.43
Major Depression	2	489	\$119,610	\$59,805	0.38
ADHD	5	1163	\$275,006	\$55,001	-0.48
Mood Disorders	6	1059	\$222,252	\$37,042	-1.27
Total	26	6801	\$1,639,038	\$63,040	
PROVIDER #7	Discharges	Days	Paid Amount	Avg. Cost per Discharge	Diagnostic Cost Outlier
Anxiety Disorders	1	211	\$119,308	\$119,308	1.35
Bipolar	4	1101	\$263,826	\$65,957	-0.07
Mood Disorders	1	170	\$52,472	\$52,472	-0.40
Pervasive Development Disorder	1	181	\$49,541	\$49,541	-0.42
Disruptive Behavior Disorders	1	135	\$38,694	\$38,694	-1.42
Major Depression	1	101	\$29,314	\$29,314	-2.19
Total	9	1899	\$553,155	\$61,462	

Provider Profiling Advisory Committee Action Item:

Identified Issue – A diagnosis of Adjustment Disorder is not appropriate for a member to receive this intensive level of care.

Response – The 2006 RTF Provider Profiling Advisory Committee developed an action plan whereby the Quality Director provided feedback via letter to evaluators at facilities who submitted claims under this diagnosis. As a result, claims with Adjustment Disorder dropped below 1% and remained low until this year.

AVERAGE COST PER DISCHARGE NON-ACCREDITED FACILITIES

There was only one non-accredited facility with discharges in 2010. The overall 2010 VBH-PA average cost per discharge for the non-accredited facility was \$61,176. Average cost per discharge was calculated by taking the total costs, divided by the number of discharges in 2010 per facility. It should be noted that when CYS/JPO place a member in a non-accredited facility, CYS/JPO pays for the room and board. This would contribute to the low average cost per discharge for ICSI facilities.

The 2010 VBH-PA non-accredited average cost per discharge has shown a 67% increase from 2009.

Table 6: Non-accredited Average Cost per Discharge

Facility	Discharges	Cost	Average Cost per dc	Cost Outlier	2009 Avg Cost per dc
PROVIDER #3	13	\$795,292	\$61,176		\$60,816
VBH	13	\$795,292	\$61,176		\$36,679

DIAGNOSTIC CATEGORIES FOR NON-ACCREDITED FACILITIES

Diagnoses of members in the non-accredited facility fell into six diagnostic categories illustrated in Figure 5 and Table 6. The diagnosis used was the diagnosis submitted on the last paid claim received. ADHD represent 51% of the total cost for non-accredited discharges followed by Mood Disorders at 16%.

Figure 4: Percentage of Non-accredited Facility Costs by Diagnosis

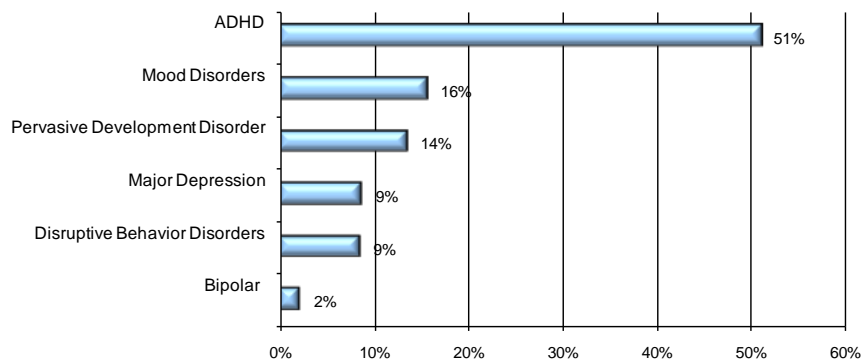


Table 6: Non-accredited Facility (sorted by Average Cost per Discharge)

PROVIDER #3	Discharges	Days	Paid Amount	Avg. Cost per Discharge
Pervasive Development Disorder	1	541	\$107,968	\$107,968
ADHD	5	1690	\$406,199	\$81,240
Major Depression	1	281	\$69,983.20	\$69,983
Mood Disorders	3	554	\$124,967	\$41,656
Disruptive Behavior Disorders	2	347	\$68,180	\$34,090
Bipolar	1	73	\$17,996	\$17,996
Total	13	3486	\$795,292	\$61,176

PEER REVIEW, GRIEVANCES, COMPLAINTS, AND CRITICAL INCIDENTS

Table 7 indicates the number of Peer Reviews, Grievance Level I's, Grievance Level II's, DPW Fair Hearings, Complaints, and Critical Incidents that occurred during 2010. **This information does not necessarily only pertain to the members who were discharged in 2010; therefore, no accurate comparisons can be made by comparing these numbers with the number of discharges in 2010.**

- **Peer Reviews** – Eighty-six percent (86%) were non-certified.
- **Grievances** – Eighty percent (80%) of the Grievance Level I's were upheld and 56% of Grievance Level II's were upheld.
- **DPW Fair Hearings**- None in 2010 for the providers profiled.

The results demonstrate a high rate of reliability and consistency in the review process.

- **Complaints** - There were five Level I member complaints regarding RTF services from January 1, 2010 to December 31, 2010 and no Level II member complaints for the profiled providers.

Critical Incidents are reviewed for the purpose of risk reduction within the provider network. All reported incidents are tracked and trended by volume and various demographics by provider. Results are presented at the Quality Management Committee meetings. **Network providers are contracted to report all incidents to VBH-PA for triage as critical events. Table 7 also shows the critical incidents reported by the RTF providers in 2010. All of the profiled providers have reported incidents. VBH-PA would expect that most providers would have critical incidents to report, although most are unfounded. A provider with a high number of incidents often indicates that the provider is a good reporter.**

Provider	Peer Reviews	GL I	GL II	Level I Complaint	Level II Complaint	Critical Incidents
PROVIDER #4	33	5	1	0	0	11
PROVIDER #1	27	4	2	1	0	46
PROVIDER #8	18	5	2	0	0	90
PROVIDER #5	16	7	4	0	0	67
PROVIDER #12	14	2	0	0	0	11
PROVIDER #2	14	3	0	0	0	6
PROVIDER #9	6	1	0	0	0	16
PROVIDER #3	6	2	0	2	0	64
PROVIDER #6	4	0	0	1	0	28
PROVIDER #10	3	0	0	0	0	3
PROVIDER #7	3	0	0	1	0	10
PROVIDER #11	2	1	0	0	0	2
Total	146	30	9	5	0	354

Provider Profiling Advisory Committee Action Item:

Identified Issue - It was the consensus of the Committee that, in general, incident reporting for this level of care would be expected to be higher.

FOLLOW-UP LEVELS OF CARE WITHIN 90 DAYS OF DISCHARGE

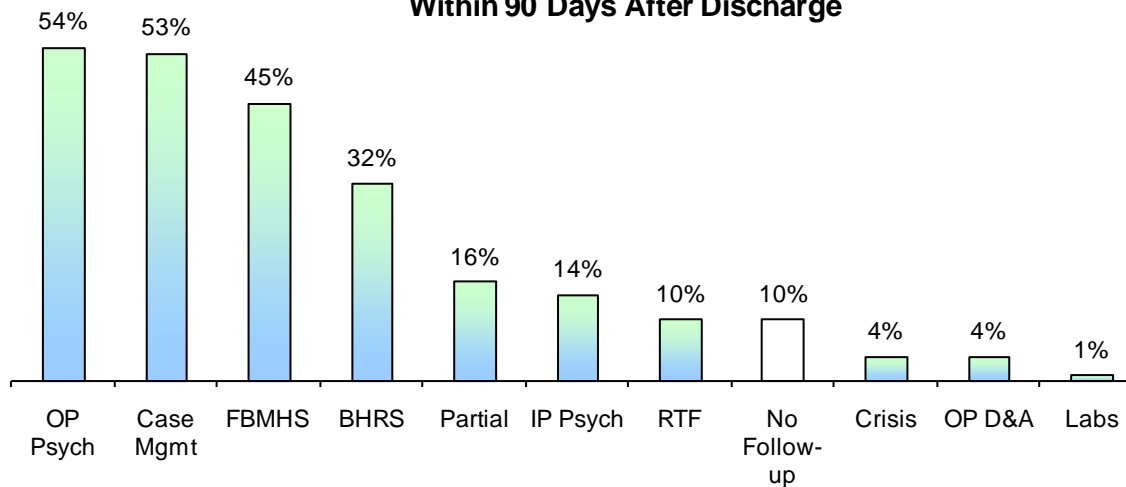
Figure 5 represents the total follow-up LOCs in descending order. **Ten percent (10%) of the discharges that occurred in 2010 accessed no follow-up services (27 out of 283) and 10% returned to an RTF program within 90 days. In the 2009 profile, 9% had no follow-up services and 10% returned into RTF within 90 days.** Table 8 indicates the follow-up levels of care (LOC) utilized after discharge in 2010 for each profiled provider. Results were determined by obtaining all the claims submitted within 90-days from discharge. The rate was calculated by dividing the number of discharges utilizing that LOC from the total RTF discharges for each provider and overall.

Provider Profiling Advisory Committee Action Item:

Identified Issue – Two providers were identified as having 100% follow up rates in both the 2008 and 2009 profiles.

Response - The two providers who had 100% follow up rates in both the 2008 and 2009 profiles were contacted by QM staff to ascertain their process for achieving the 100%. The information obtained from these providers was included in the January 2011 *ValueAdded* and the Annual Summary.

Figure 5: All Follow-up Levels of Care Utilized Within 90 Days After Discharge



Provider	Discharges	with Follow-up		CaseMgmt		OP Psych		FBMHs		BHRS		RTF		IP Psych		Partial		OP D&A		Crisis		Labs	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
PROVIDER #10	18	18	100%	8	44%	12	67%	5	28%	5	28%	2	11%	5	28%	3	17%	1	6%		0%	1	6%
PROVIDER #11	7	7	100%	5	71%	3	43%		0%	3	43%	2	29%	2	29%	1	14%		0%		0%		0%
PROVIDER #6	26	26	100%	21	81%	19	73%	21	81%	7	27%	2	8%	3	12%	2	8%	1	4%	1	4%		0%
PROVIDER #9	20	19	95%	12	60%	10	50%	9	45%	8	40%	3	15%	2	10%	5	25%		0%		0%	1	5%
PROVIDER #8	71	66	93%	44	62%	43	61%	42	59%	20	28%	5	7%	13	18%	11	15%	5	7%	3	4%		0%
PROVIDER #5	26	24	92%	14	54%	15	58%	9	35%	9	35%	4	15%	4	15%	2	8%	1	4%	2	8%		0%
PROVIDER #1	38	34	89%	18	47%	15	39%	18	47%	18	47%		0%	2	5%	14	37%		0%	1	3%		0%
PROVIDER #4	14	12	86%	2	14%	8	57%	6	43%	5	36%	1	7%		0%		0%		0%		0%		0%
PROVIDER #3	13	11	85%	9	69%	7	54%	5	38%	2	15%	2	15%	2	15%	2	15%	1	8%		0%		0%
PROVIDER #2	25	20	80%	11	44%	10	40%	7	28%	7	28%	3	12%	3	12%	6	24%	2	8%	3	12%		0%
PROVIDER #7	9	7	78%		0%	6	67%	4	44%	2	22%	1	11%	1	11%		0%		0%		0%		0%
PROVIDER #12	16	12	75%	5	31%	5	31%	1	6%	5	31%	2	13%	2	13%		0%		0%		0%		0%
VBH	283	256	90%	149	53%	153	54%	127	45%	91	32%	27	10%	39	14%	46	16%	11	4%	10	4%	2	1%

OUT OF NETWORK PROVIDERS

Table 9 indicates the three RTF facilities that provided treatment for a member out of network who was discharged in 2010. Two facilities had two members discharged in 2010.

Provider		Location	LOS	Paid Amount	Age at Discharge	County
PROVIDER A	Accredited	SAINT CLAIRSVILLE, OH	349	\$144,835	10	WE
PROVIDER B	Accredited	FORT WALTON BEACH, FL	304	\$101,840	17	WE
PROVIDER C	Accredited	CLEVELAND HEIGHT, OH	91	\$43,311	14	BE
PROVIDER C	Accredited	CLEVELAND HEIGHT, OH	90	\$42,835	13	WS
PROVIDER A	Accredited	SAINT CLAIRSVILLE, OH	86	\$35,690	13	WE