

PROVIDER PROFILING CASE MANAGEMENT 2010

OVERVIEW

Value Behavioral Health of Pennsylvania (VBH-PA) utilizes a provider profiling system to focus on the assessment of behavioral 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.

Case management services are designed to assist adults and children with serious mental illnesses to gain access to needed resources such as medical, social, and educational services. There are two levels of case management services: Intensive Case Management (ICM), for individuals with more significant needs who are seen on a more frequent basis; and Resource Coordination (RC), for those with fewer needs who do not need to be seen as often. In this two-tiered system, a change in need level precipitated a change in case managers; however, with the **Blended Case Management (BCM)** model, a change in case managers is no longer required. The Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS) describes the BCM model as allowing clients to keep the same blended case manager even if there is a change in their level of service needs; this promotes continuity of care and enhanced support for recovery and resiliency concepts (OMHSAS *Blended Case Management Bulletin*, Revised, issued June 2010).

In this provider profile, **case management services include Blended Case Management (BCM), Intensive Case Management (ICM) and Resource Coordination (RC)**. While most of VBH-PA's counties have moved to the BCM model, some counties were still billing for ICM and RC services in 2010.

Profile information for case management providers has been compiled for Calendar Year 2010. The following indicators are included in this profile:

- **NUMBER OF MEMBERS**
 - Number of members receiving case management services by county and by provider
 - Number of members per 1,000 enrolled by county
- **DEMOGRAPHICS**
 - Gender and age group (children/adults) by provider
- **AXIS I DIAGNOSIS**
 - Units and costs: total and average per diagnostic category
 - Average cost per member by diagnosis and provider type (high / low volume)
 - Diagnostic categories by age group: by provider type and by provider
- **COSTS**
 - By county: total and average cost per member

- By provider: total/average cost per member; outlier analysis – average cost
- Average cost per member by age group
- **UNITS**
 - By provider: total/average units per member; outlier analysis – average units
 - Average units per member by age group
- **CONCURRENT SERVICES**
 - Percentage of members receiving specific services concurrently with case management services, by provider and by provider type (high/low volume)
- **PEER REVIEWS**
 - For certain medically-managed providers only: number/percentage of cases sent to peer review; percentage certified/non-certified

METHODOLOGY

- Data used are based on claims by service date for case management providers from January 1, 2010 to December 31, 2010 for VBH-PA HealthChoices members.
- Service codes within the following service classes were used: CM1 (ICM service codes); TM1 (BCM); RC1 (RC); and EG2 (case management engagement code).
- The population for this profile includes members active during 2010 who received continuous case management for at least six (6) months, defined as at least one unit every two months for six consecutive months.
- Twenty-two (22) high and low volume providers are included in this profile. **The total number of distinct members who received continuous case management services from these 22 providers for at least six months during 2010 was 8,768.**
- Two VBH-PA averages are used throughout this profile: one average for low volume providers (serving less than 300 distinct members), and one average for high volume providers (serving 300 or more distinct members).
- The claims data set included only claims that were finalized. Claims data were chosen because they best reflect the services that were actually utilized. A lag of three months is necessary to insure that all claims have been finalized and paid.
- Outlier analyses identify providers as above or below the two VBH-PA averages (high and low volume averages). The outlier analysis is based on the calculation of the distance from the average by standard deviation of the normalized data. A provider is identified as an outlier above or below the mean if it is one or more standard deviations from the average.
- Throughout this provider profile, members can be represented more than once in the data; when this is the case, they are not indicated as “distinct members.” However, for consistency, the total number of distinct members receiving continuous case management in 2010 (8,768) is used as the VBH-PA overall total number of members in most tables in this profile.

NUMBER OF MEMBERS

Claims data were utilized to determine the number of members receiving case management services in 2010. **Table 1** shows the number of members served in 2010 by county and includes the number of members involved in case management per 1,000 enrolled in each of the counties (based on 2010 total enrollment).

Table 1: Number of members by county, 2010			
County	# Members	% of Total	# Members/1,000
Armstrong County	649	7%	60.6
Beaver County	397	5%	15.8
Butler County	825	9%	49.0
Cambria County	146	2%	6.7
Crawford County	111	1%	7.1
Erie County	1,969	22%	37.5
Fayette County	606	7%	19.5
Greene County	470	5%	61.8
Indiana County	566	6%	51.2
Lawrence County	506	6%	32.6
Mercer County	247	3%	12.1
Venango County	96	1%	10.0
Washington County	865	10%	33.4
Westmoreland County	1,400	16%	31.7
VBH-PA	8,768		28.5

Table 2 shows the number of members served in 2010 by provider, broken out by provider type (high or low volume).

Table 2: Number of members by provider		
Provider	# Members	% of Total
HIGH VOLUME PROVIDERS		
Provider #10	1,525	17%
Provider #7	1,275	15%
Provider #12	876	10%
Provider #16	792	9%
Provider #3	560	6%
Provider #18	523	6%
Provider #4	507	6%
Provider #13	417	5%
Provider #22	381	4%
Provider #20	352	4%
LOW VOLUME PROVIDERS		
Provider #2	292	3%
Provider #8	283	3%
Provider #14	251	3%
Provider #19	242	3%
Provider #1	109	1%
Provider #21	104	1%
Provider #17	87	1%
Provider #5	60	1%
Provider #15	60	1%
Provider #11	33	<1%
Provider #9	31	<1%
Provider #6	13	<1%
VBH-PA	8,768	

DEMOGRAPHIC INFORMATION

Table 3 shows each case management provider's members by gender and age group (children and adults). **Females made up 51% of the members utilizing case management services in 2010 and males made up 49%. The majority of the members utilizing this service were adults ages 18 or older (70%).**

Table 3: Gender and age group by provider					
Provider	# Members	GENDER		AGE GROUP	
		Female	Male	Children (< 18)	Adults (>= 18)
HIGH VOLUME PROVIDERS					
Provider #10	1,525	51%	49%	19%	81%
Provider #7	1,275	54%	46%	33%	67%
Provider #12	876	51%	49%	40%	60%
Provider #16	792	54%	46%	22%	78%
Provider #3	560	51%	49%	28%	72%
Provider #18	523	52%	48%	33%	67%
Provider #4	507	43%	57%	40%	60%
Provider #13	417	47%	53%	59%	41%
Provider #22	381	58%	42%	--	100%
Provider #20	352	52%	48%	21%	79%
LOW VOLUME PROVIDERS					
Provider #2	292	50%	50%	33%	67%
Provider #8	283	35%	65%	40%	60%
Provider #14	251	45%	55%	24%	76%
Provider #19	242	54%	46%	37%	63%
Provider #1	109	42%	58%	41%	59%
Provider #21	104	45%	55%	--	100%
Provider #17	87	54%	46%	39%	61%
Provider #5	60	15%	85%	93%	7%
Provider #15	60	43%	57%	61%	39%
Provider #11	33	70%	30%	36%	64%
Provider #9	31	65%	35%	3%	97%
Provider #6	13	69%	31%	8%	92%
VBH-PA	8,768	51%	49%	30%	70%

DIAGNOSTIC CATEGORIES

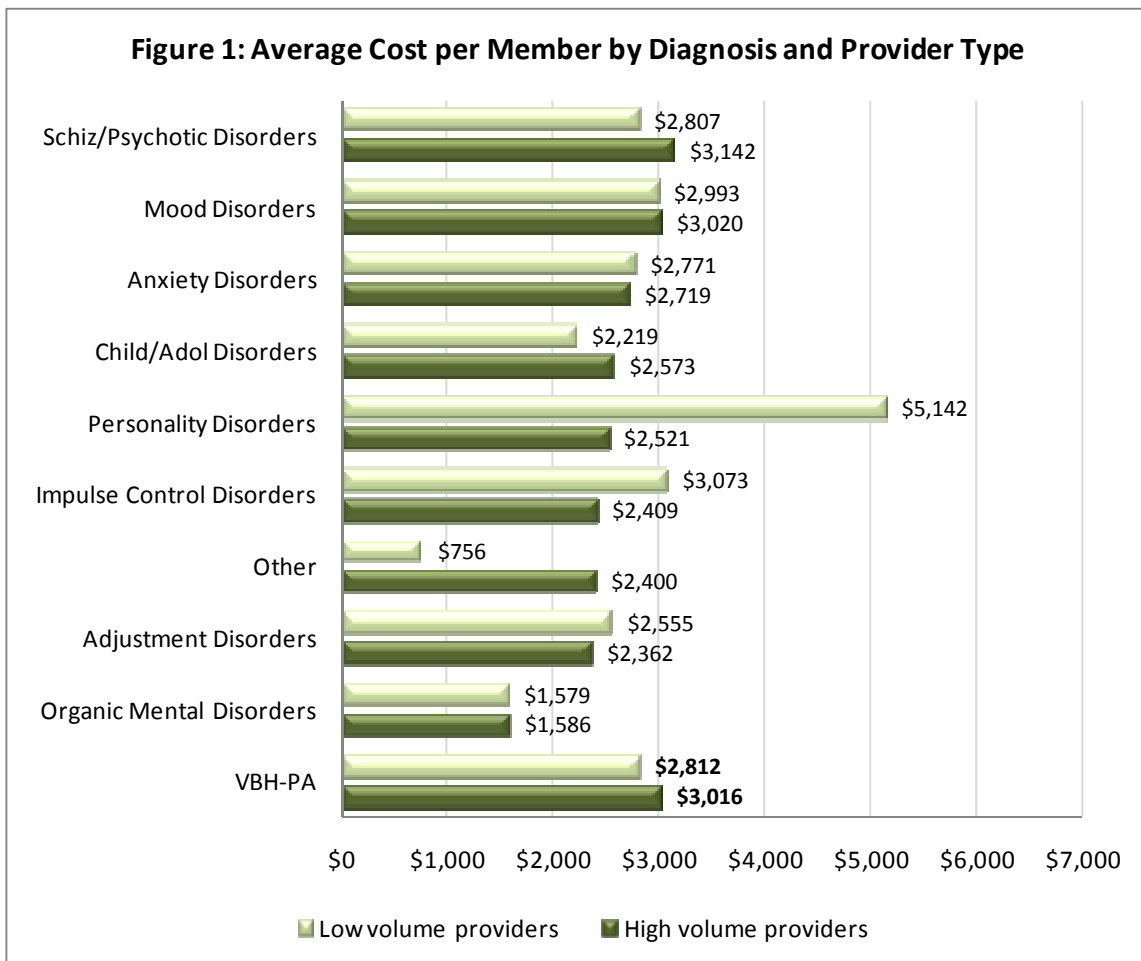
Analysis of diagnosis (**Table 4**) shows that the top three diagnostic groups accounted for 90% of the total costs. Individual provider diagnostic categories and costs are included in the provider report cards.

Table 4: Diagnostic categories and costs: all providers

Diagnostic Categories	# Members	Units	Paid Amount	% Diagnostic Cost	Avg Cost / Member	Avg Units/Mbr
Mood Disorders	4,602	929,861	\$13,889,103	53%	\$3,018	202
Childhood & Adolescence Disorders	1,899	320,913	\$4,728,163	18%	\$2,490	169
Schizophrenia/Psychotic Disorders	1,585	325,552	\$4,872,333	19%	\$3,074	205
Adjustment Disorders	440	72,538	\$1,049,748	4%	\$2,386	165
Anxiety Disorders	440	82,504	\$1,200,623	5%	\$2,729	188
Impulse Control Disorders	101	16,818	\$259,947	1%	\$2,574	167
Organic Mental Disorders	37	3,962	\$58,566	<1%	\$1,583	107
Personality Disorders	26	4,747	\$73,414	<1%	\$2,824	183
Other*	7	656	\$10,224	<1%	\$1,461	94
VBH-PA	8,768	1,757,551	\$26,142,119		\$2,982	200
<i>2009 CM Profile Results</i>	<i>8,096</i>	<i>1,699,040</i>	<i>\$24,806,358</i>		<i>\$3,064</i>	<i>210</i>

*The "other" diagnoses included Basic Function Disorders (3 members), Sexual Disorders (3) and Substance Related Disorders (1).

The average costs per member by diagnosis, broken out by provider type (high or low volume), are shown in **Figure 1**. With a few exceptions, the average costs per member by provider type for most of the diagnoses were similar.



The diagnostic categories were also analyzed by age group (**Table 5**). For both provider types (high and low volume), the most common diagnoses among children were in the Childhood and Adolescence Disorders category, while the most common diagnoses for adults were in the Mood Disorders category. Data by provider are included in the provider report cards.

Table 5: Diagnostic categories by age group				
Diagnostic Category	High Volume Providers		Low Volume Providers	
	Children	Adults	Children	Adults
Adjustment Disorders	12%	3%	4%	3%
Anxiety Disorders	5%	5%	5%	5%
Basic Function Disorders	<1%	<1%	<1%	--
Childhood & Adolescence Disorders	59%	4%	65%	7%
Impulse Control Disorders	2%	1%	2%	1%
Mood Disorders	22%	65%	22%	52%
Organic Mental Disorders	<1%	<1%	2%	<1%
Personality Disorders	--	<1%	<1%	<1%
Schizophrenia/Psychotic Disorders	1%	23%	<1%	31%
Sexual Disorders	<1%	--	<1%	<1%
Substance Related Disorders	--	--	<1%	--
Total # Members	2,188	5,453	604	1,075

COSTS

The overall VBH-PA average cost per member for the 22 case management providers included in this profile was **\$2,982**, a slight decrease from last year's (2009) provider profile (\$3,064). **Table 6** shows the total and average cost per member by county.

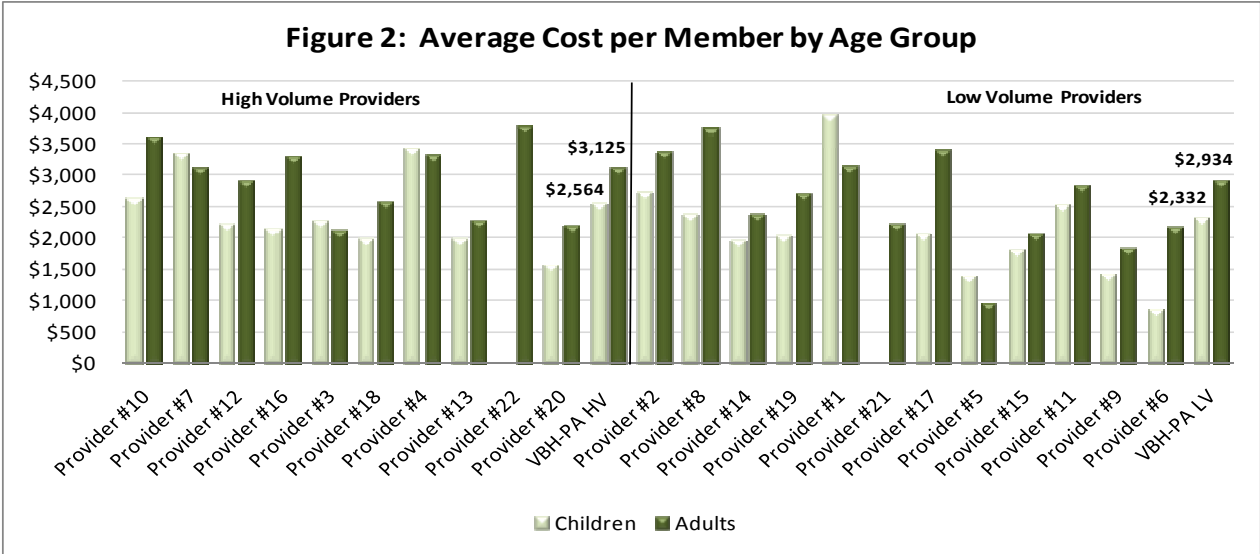
Table 6: Case management costs by county				
County	# Members	Paid Amount	% Total Cost	Avg Cost/DM
Armstrong County	649	\$1,486,554	6%	\$2,291
Beaver County	397	\$1,258,218	5%	\$3,169
Butler County	825	\$1,797,117	7%	\$2,178
Cambria County	146	\$317,070	1%	\$2,172
Crawford County	111	\$397,566	2%	\$3,582
Erie County	1,969	\$6,866,969	26%	\$3,488
Fayette County	606	\$1,785,504	7%	\$2,946
Greene County	470	\$1,214,375	5%	\$2,584
Indiana County	566	\$1,224,062	5%	\$2,163
Lawrence County	506	\$1,766,954	7%	\$3,492
Mercer County	247	\$573,847	2%	\$2,323
Venango County	96	\$269,334	1%	\$2,806
Washington County	865	\$2,622,093	10%	\$3,031
Westmoreland County	1,400	\$4,562,456	17%	\$3,259
VBH-PA	8,768	\$26,142,119		\$2,982
2009 Profile Results	8,096	\$24,806,358		\$3,064

Table 7 shows total and average costs overall and by provider type (high or low volume) and how individual providers ranked on total costs in comparison to one another. Providers are also identified as outliers above or below the high/low volume provider average cost per member.

Table 7: Case management costs by provider					
Provider	# Members	Paid Amount	% Total Cost	Avg Cost/Mbr	Outlier / Avg Cost
HIGH VOLUME PROVIDERS					
Provider #22	381	\$1,444,785	7%	\$3,792	1.43
Provider #10	1,525	\$5,337,403	25%	\$3,500	
Provider #4	507	\$1,772,709	8%	\$3,496	
Provider #7	1,275	\$4,214,797	19%	\$3,306	
Provider #16	792	\$2,471,423	11%	\$3,120	
HV AVERAGE = \$3,016					
Provider #12	876	\$2,350,500	11%	\$2,683	
Provider #18	523	\$1,277,978	6%	\$2,444	
Provider #3	560	\$1,234,625	6%	\$2,205	-1.06
Provider #13	417	\$897,238	4%	\$2,152	-1.14
Provider #20	352	\$740,101	3%	\$2,103	-1.22
Overall – High Volume Providers	7,208	\$21,741,559		\$3,016	
LOW VOLUME PROVIDERS					
Provider #1	109	\$398,115	9%	\$3,652	1.61
Provider #8	283	\$961,270	22%	\$3,397	1.24
Provider #2	292	\$969,689	22%	\$3,321	1.13
Provider #17	87	\$257,251	6%	\$2,957	
LV AVERAGE = \$2,812					
Provider #11	33	\$90,865	2%	\$2,753	
Provider #19	242	\$612,552	14%	\$2,531	
Provider #14	251	\$585,740	13%	\$2,334	
Provider #21	104	\$233,834	5%	\$2,248	
Provider #6	13	\$27,216	1%	\$2,094	
Provider #15	60	\$123,872	3%	\$2,065	
Provider #9	31	\$56,592	1%	\$1,826	-1.05
Provider #5	60	\$83,565	2%	\$1,393	-1.68
Overall – Low Volume Providers	1,565	\$4,400,561		\$2,812	

Cost per Member by Age Group

Average cost per member for adults and children are presented in **Figure 2**. For the high volume providers, the overall average cost per member was \$3,125 for adults and \$2,564 for children. For the low volume providers, the overall average cost per member was \$2,934 for adults and \$2,332 for children.



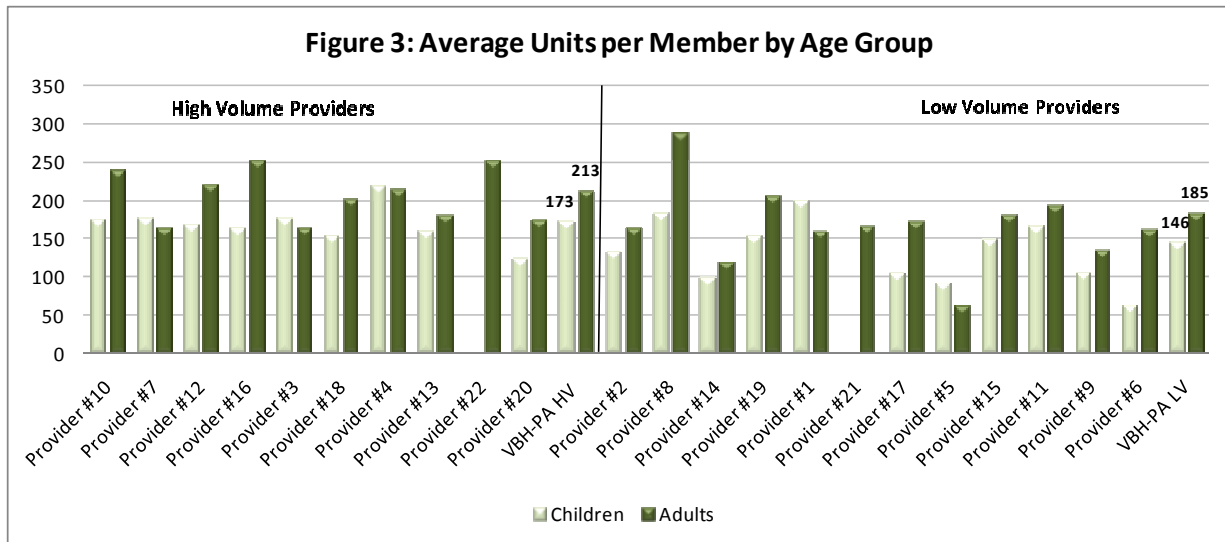
UNITS

The total and average number of units billed per member in 2010 for each of the profiled case management providers are shown in **Table 8**. The average number of units per member for the high volume providers was 205, and the average number of units per member for the low volume providers was 177. Providers are also identified as outliers above or below the high/low volume provider average units per member.

Table 8: Total and average units per member by provider				
Provider	# Members	Total Units	Avg Units/Mbr	Outlier / Avg Units
HIGH VOLUME PROVIDERS				
Provider #22	381	96,422	253	1.56
Provider #16	792	188,197	238	1.08
Provider #10	1,525	355,274	233	
Provider #4	507	114,134	225	
HV AVERAGE = 205				
Provider #12	876	178,065	203	
Provider #18	523	99,495	190	
Provider #7	1,275	222,772	175	
Provider #3	560	96,153	172	
Provider #13	417	71,822	172	
Provider #20	352	58,506	166	-1.13
Overall – High Volume Providers	7,208	1,480,840	205	
LOW VOLUME PROVIDERS				
Provider #8	283	73,884	261	2.29
Provider #19	242	46,469	192	
Provider #1	109	20,296	186	
Provider #11	33	6,078	184	
LV AVERAGE = 177				
Provider #15	60	10,416	174	
Provider #21	104	17,448	168	
Provider #2	292	47,325	162	
Provider #6	13	2,020	155	
Provider #17	87	13,160	151	
Provider #9	31	4,202	136	
Provider #14	251	29,839	119	-1.10
Provider #5	60	5,574	93	-1.72
Overall – Low Volume Providers	1,565	276,711	177	
VBH-PA OVERALL	8,768	1,757,551	200	

Units by Age Group

Average units for adults and children are presented in **Figure 3**. Adults tended to have a higher number of average units than children. For the high volume providers, the overall average number of units was 213 for adults and 173 for children. For the low volume providers, the overall average number of units was 185 for adults and 146 for children.



CONCURRENT SERVICES

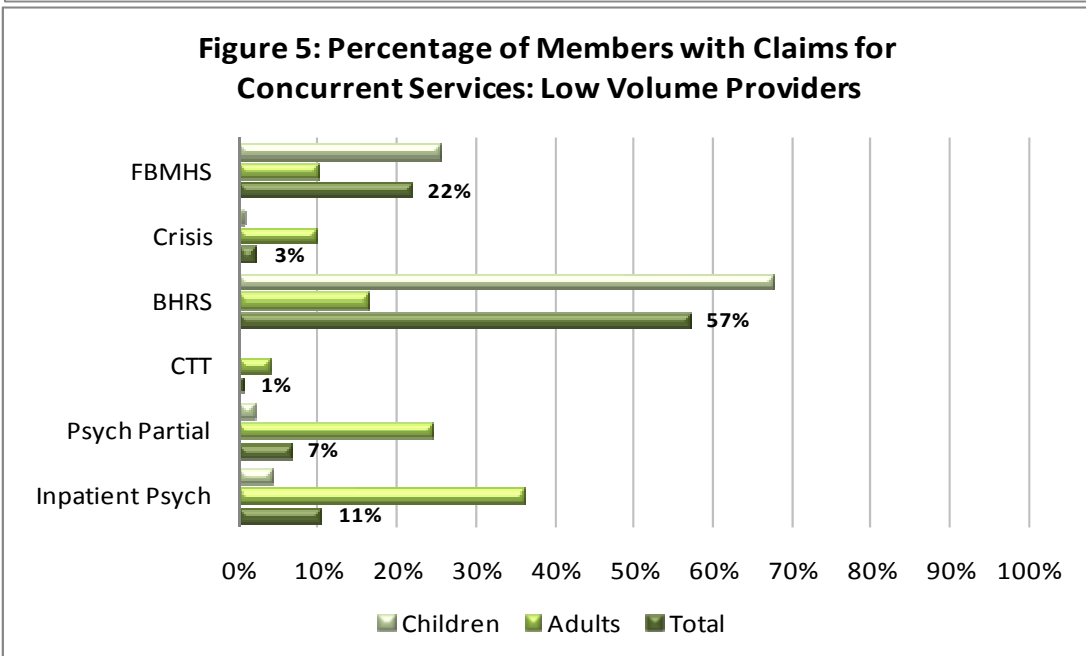
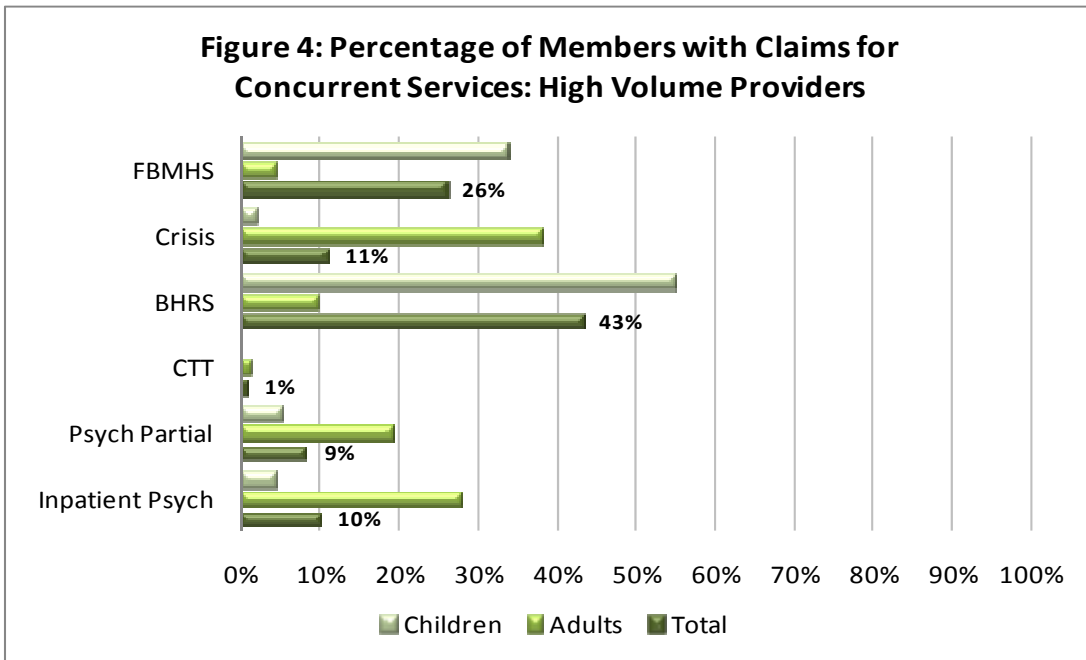
Out of the 8,768 distinct members that received case management services in 2010, 40% (N = 3,478) had one or more claims for the following services while involved with case management: inpatient (psychiatric); crisis intervention; Behavioral Health Rehabilitation Services (BHRS); Community Treatment Teams (CTT); Family Based Mental Health Services (FBMHS); or partial hospitalization.

The number of members captured in the following analyses equals more than the total number of distinct members receiving case management services in 2010; this signifies that quite a few members had claims for more than one concurrent service in this year. **Table 9** shows the percentage of members for each provider that accessed each of the specified services concurrent to their involvement with case management services.

Table 9: Percentage of members receiving concurrent services by provider

	Inpatient Psych	Psych Partial	CTT	BHRS	Crisis	FBMHS
HIGH VOLUME PROVIDERS						
Provider #10	10%	5%	<1%	37%	25%	23%
Provider #7	12%	9%	<1%	29%	9%	40%
Provider #12	11%	9%	1%	50%	2%	26%
Provider #16	15%	15%	1%	42%	9%	18%
Provider #3	8%	20%	--	42%	1%	29%
Provider #18	7%	16%	--	55%	<1%	22%
Provider #4	7%	6%	--	63%	<1%	24%
Provider #13	5%	3%	--	69%	<1%	22%
Provider #22	21%	3%	<1%	<1%	76%	--
Provider #20	15%	15%	1%	39%	<1%	30%
Overall – High Volume Providers	10%	9%	<1%	43%	11%	26%
LOW VOLUME PROVIDERS						
Provider #2	9%	7%	2%	52%	1%	28%
Provider #8	13%	7%	1%	55%	7%	18%
Provider #14	14%	12%	--	66%	1%	8%
Provider #19	11%	5%	1%	59%	1%	24%
Provider #1	10%	4%	--	56%	1%	30%
Provider #21	37%	30%	--	--	34%	--
Provider #17	16%	4%	--	52%	1%	27%
Provider #5	<1%	2%	--	69%	2%	28%
Provider #15	1%	--	--	89%	--	10%
Provider #11	13%	13%	--	13%	--	61%
Provider #9	50%	25%	--	13%	13%	--
Provider #6	--	50%	--	--	50%	--
Overall – Low Volume Providers	11%	7%	1%	57%	3%	22%
VBH-PA OVERALL	10%	8%	<1%	46%	9%	25%

Figures 4 and 5 show the percentage of members with claims for concurrent services for both the high and low volume providers, broken out by age group. For children, the most common concurrent service was BHRs for both types of providers. For adults, the most common concurrent service was BHRs for both types of providers. For adults, the most common concurrent service varied by type of provider: for high volume providers, the most common level of care was crisis services (38%), while for low volume providers, the most common level of care was inpatient (36%). Results for each of the providers (by age group) are included in the provider report cards.



PEER REVIEWS

Table 10 presents the peer review activity during 2010 for the eight case management providers that are now medically managed. The data were obtained from the peer review log database maintained by the Peer Advisor Office. **The following table includes peer reviews of cases for only the members included in this provider profile (i.e., met the inclusion criteria);** the total number of peer reviews was higher for these providers when counting all case management clients served in 2010.

Table 10: Peer Reviews					
Provider	# DM	# Peer Reviews	% Sent to PR	% Certified	% Non-Certified
Provider #6	13	3	23%	100%	0%
Provider #9	31	6	19%	17%	83%
Provider #3	560	18	3%	67%	33%
Provider #13	417	13	3%	77%	23%
Provider #19	242	4	2%	50%	50%
Provider #18	523	8	2%	63%	38%
Provider #10	1,525	14	1%	29%	71%
Provider #22	381	3	1%	33%	67%
Total	3,692	69	2%	55%	45%