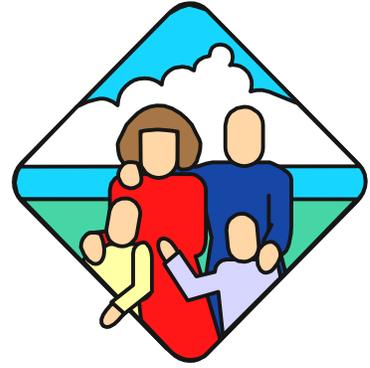


Pennsylvania HealthChoices Behavioral Health Program



Early Warning –
Care Monitoring Program
Lehigh/Capital Region
Third Quarter 2002 Report



Early Warning Monitoring Program

Executive Summary

Quarter 3, 2002

**PA HealthChoices Behavioral Health
Early Warning Monitoring Program
Lehigh/Capital Region
Quarter 3, 2002**

Background: During the Third Quarter 2002 the number of eligibles enrolled in the HealthChoices Lehigh/Capital (LC) regional program in each of the ten counties were: Adams (AD) 5,983; Berks (BK) 34,714; Cumberland (CU) 8,941; Dauphin (DA) 23,353; Lancaster (LA) 34,705; Lebanon (LB) 10,134; Lehigh (LE) 30,964; Northampton (NH) 19,029; Perry (PE) 3,339; York (YO) 27,556. In total there were 198,845 eligible members in the ten LC region monitored counties. Berks, York, and Adams Counties have subcontracted with Community Care Behavioral Health Organization (CCBH), Lehigh and Northampton have subcontracted with Magellan Behavioral Health (MBH), and the remaining five counties, Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties have subcontracted with Community Behavioral Health Network of Pennsylvania (CBHNP).

SERVICE AUTHORIZATION

Outpatient Mental Health: The regional rate of authorization per 1000 members decreased 27% from the Second Quarter 2002. LB County experienced the largest reduction in authorization from 149 per 1000 members in the Second Quarter 2002, to 39 per 1000 members in the Third Quarter 2002. MCO outpatient authorizations compared to the prior quarter were:

- MBH increased 14% (rate - 114 per 1000 members)
- CCBH decreased 30% (rate - 39 per 1000 members)
- CBHNP decreased 52% (rate - 47 per 1000 members).

Partial Hospital Mental Health: PE and AD Counties trended toward a low rate of authorization (a rate of authorization less than half the mean for the region in two successive quarters). NH and LE trended toward a high rate of authorization (a rate of authorization double the mean in two successive quarters). The rate of authorization compared to the prior quarter:

- Magellan declined 11% (rate - 19 per 1000 members)
- CCBH declined 29% (rate - 4.8 per 1000 members)
- CBHNP declined 17% (rate - 5.6 per 1000 members)
- Magellan continued to trend toward a high rate of authorization.

Outpatient Children's Mental Health: The rate of authorization decreased 30% from the prior quarter. The rate of authorizations compared to the prior quarter:

- Magellan increased 12% (rate - 80 per 1000 members)
- CCBH declined 29% (rate - 31 per 1000 members)
- CBHNP declined 52% (rate - 37 per 1000 members).

Children's Behavioral Rehabilitation Services: The rate of authorization for the region decreased 48% from the prior quarter. The rate of authorization compared to the prior quarter:

- Magellan increased 1% (rate - 25 per 1000 members)
- CCBH declined 15% (rate - 27 per 1000 members)
- CBHNP declined 63% (rate - 42 per 1000 members).

Despite the large decline in CBHNP's authorizations their rate was 55% higher than the mean of the other two MCOs.

Outpatient Drug and Alcohol: The rate of authorization for the region decreased 21% from the prior quarter. The rate of authorizations compared to the prior quarter were:

Magellan decreased 3% (rate - 8.3 per 1000 members)

CCBH declined 32% (rate - 4.3 per 1000 members)

CBHNP declined 24% (rate - 6.7 per 1000 members)

Detox: AD County trended toward a low rate of authorization.

Intensive Case Management: AD County continued to trend toward a low rate of authorization. DA County continued to trend toward a high rate of authorization. Compared to the prior quarter, the rate of authorizations for:

Magellan increased 4% (rate - 11 per 1000 members)

CCBH declined 45% (rate - 3.9 per 1000 members)

CBHNP declined 9% (rate - 15.1 per 1000 members)

MINORITY AUTHORIZATIONS

The percentage of minority members in all ten LC counties monitored by the EWP authorized for a behavioral health service were compared to the percentage of the same minority in the Medicaid eligible population. The percentage for all minorities authorized for a service, compared to the percentage of minorities in the eligible population was 86%, the same as the prior two quarters. This means that persons who reported themselves to be a minority were 14% less likely to be authorized for a behavioral health service than the average Medicaid eligible member.

The most frequent minority designation in the LC Region was Hispanic, which was 25% of the eligible population (49,061 eligible members). A member designated as Hispanic was 7% less likely to receive a behavioral health service than the average Medicaid eligible member. Blacks, not of Hispanic origin (Blacks), were 14% percent of the eligible population (28,799), the second most common minority. A member designated as Black was 18% less likely to receive a behavioral health service than the average Medicaid eligible member.

Asian or Pacific Islanders (Asians) and North American Indian populations were 1.5% of the population (2,904 members). A member designated as Asian was 71% less likely to receive a behavioral health service as compared to the average Medicaid member in the population.

CHILDREN'S RESIDENTIAL TREATMENT CENSUS

Plans are in preparation to introduce this measure to the Lehigh/Capital region.

SERVICE DENIALS

Trends

There were a total of 366 denials for all HealthChoices members in the Lehigh Capital region, up from 362 in the prior quarter. MBH had 61 denials, an increase from 18 in the prior quarter. CCBH had 101 denials, a decrease from 235 in the prior quarter. CBHNP had 200 denials, an increase from 85 in the prior quarter.

The most frequently denied service was BHRS with 290 denials, an increase from 178 in the prior quarter. All other service categories had less than 25 denials in the quarter.

GRIEVANCES

Providers grieved 26% of MBH's denials, 27% of CCBH's denials, and 5% of CBHNP's denials. The percentage of MBH's denials declined from 55% in the prior quarter.

COMPLAINTS

Trends

The average number of complaints per month during the Third Quarter 2002 for all of the MCOs in the Lehigh Capital region was one per 4000 members, the same rate as the prior quarter. The average complaints per month for the three MCO's were also similar to the prior quarter.

Monthly complaints averaged for:

Magellan	1 per 2,000 members
CCBH	1 per 7,500 members
CBHNP	1 per 6,500 members

There were a total of 15 complaints that providers were unethical or behaved inappropriately; MBH – 11 complaints, CCBH – 2 complaints, and CBHNP – 2 complaints.

INVOLUNTARY ADULT PSYCHIATRIC INPATIENT ADMISSIONS

Trends

State: The rate of involuntary admissions for all counties participating in the EWP was 3.6 per 1000 adult members, an increase from 3.3 per 1000 adult members in the Second Quarter 2002 and 2.9 per 1000 members in the First Quarter 2002.

Lehigh Capital: The average rate of psychiatric inpatient involuntary admissions was 2.8 per 1000 adult members, an increase from 2.6 in the Second Quarter 2002 and 1.9 in the prior two quarters. Involuntary admissions were 1.1 per 1000 adults for counties managed by Magellan,

3.7 per 1000 adults for counties managed by CCBH, and 3.2 per 1000 adults for counties managed by CBHNP.

30 DAY INPATIENT PSYCHIATRIC READMISSION

The percentage of inpatients readmitted to an inpatient unit within 30 days of discharge:

Children (age 0 –18) 12% (One percent lower than the prior quarter)

Adults 17% (One percent lower than the prior quarter)

Counties with a readmission rate of 25% or more were: Adults – AD 30% (6 readmissions), LB 29% (20 readmissions), and PE (2 readmissions).

CLAIMS ADJUDICATED

The Third Quarter 2002 includes clean claims information from April, May, and June 2002. On average, counties adjudicated 96% of claims each month. All of the counties met the PA standard for clean claims payment within 30 days for all three months, except for AD County during April when 73% of clean claims were adjudicated, and BK during April when 89% of claims were adjudicated. On average during the three months MBH adjudicated 99% of claims, CCBH adjudicated 93% of claims, and CBHNP adjudicated 96% of claims within 30 days.

HOMELESS SMI ADULTS

Background: The Homeless SMI Adult Indicator is a measure of homelessness among adults who meet the PA criteria for Adult Priority Group 3: diagnosed with a serious mental illness and demonstrated a need for ongoing treatment. Homelessness was measured the night before the Performance Outcome Management System (POMS) interview and defined to include living in a shelter or mission, as well as homeless.

Trends

Fifty-seven Adult Priority 3 members (1.3%) were homeless the night prior to their interview, similar to the 1.1% reported in the prior quarter. The percent of homeless Adult Priority 3 members has been stable over the past four quarters. The housing status was known for 80% of all 5,563 Adult Priority Group 3 members. The housing status of 95% or more of the Adult Priority 3 population was known in BK, CU, DA, LA, LB, PE, and YO Counties. The counties managed by MBH (LE, NH) reported on 23% of the Adult Priority 3 members. Lehigh County didn't report on any Adult Priority 3 members. Homelessness ranged from none in AD, CU, PE, and YO Counties to 13 (1.7%) in DA County.

PROVIDER SURVEYS

Fourteen drug and alcohol outpatient clinical provider surveys and 13 drug and alcohol outpatient administrator provider surveys were conducted. MBH and CCBH met the criteria for Clinical Provider Dissatisfaction overall (based on 11 interviews for MBH and 6 interviews for CCBH). The criterion for provider satisfaction is 80% or more providers, with experience, satisfied and provider dissatisfaction is 25% or more of providers, with experience, dissatisfied or less than 50% of providers, with experience satisfied. MBH provider opinions met the criteria for satisfaction for Service Authorization. However, given the low number of providers (less than 10) that had experience with CCBH and CBHNP the level of satisfaction with categories will not be reported. It should be noted that the number of responses are small and intended to give an impression of provider's opinions. The responses to specific questions are available in the full report.

BH-MCO FUNCTIONS

Berks County Community Care Behavioral Health

There was a BH-MCO change in the regional director for the Camp Hill office. Beth Pickering now holds this position.

Cumberland, Perry, Dauphin, Lancaster, Lebanon Counties Community Behavioral Health Network of Pennsylvania (CBHNP)

CBHNP expanded the provider network to over 200 providers and 500 sites and scheduled monthly provider trainings into the next contract year and through 2003. Riverside is discontinuing BHRS services and is in a phase out process. The agency feels the service does not fit their mission. Riverside will continue to serve existing CBHNP members receiving BHRS services until prescriptions run out.

A new Medical Director, Dr. Jim Hagarty, began September 2, 2002, at 20 hours per week, filling the position left vacant by Dr. Dave Johnson. CBHNP hired a Follow-up Specialist to ensure that members keep appointments when stepped down from inpatient and partial hospitalization programs. A vacant Government Relations position was converted to two positions: Consumer and Family Affairs and a Grievance and Regulatory Supervisor, which have been filled. CBHNP created and filled the position of Complaint and Grievance Coordinator.

Capital Area Behavioral Health Collaborative (CABHC)

CABHC expanded its web site to include posting of all C/FST surveys and provider surveys. An additional function was expanded that allowed for the ability of viewers to enroll for automatic notice of updates to the site.

**Lehigh/Northampton Counties
Magellan Behavioral Health**

Magellan hired Andrew John Burkins, MD as the new Medical Director and Virginia Wagner, LSW as the new Clinical Director. Magellan is expanding the HealthChoices network to include more RTF and substance abuse providers. Substance abuse services were also developed for Spanish speaking populations. A quality improvement activity with the clinical team resulted in improvement with provider ambulatory follow-up.

**York/Adams Counties
Community Care Behavioral Health**

Effective August 12, 2002, Beth Pickering assumed the role of Regional Director for the Camp Hill office. This position is responsible for the day to day operations of the office as well as ensuring all contractual obligations are maintained.

Community Care offered training to the providers and stakeholders. Training topics included: HIPAA and Confidentiality, Staff roles and the Authorization process, Alcohol and Other Drugs, Levels of Care and Authorization Procedures, Addressing Levels of Care, Duplication of Services, and Preventing Gaps in Services. In addition, Community Care hosted meetings for RTF and BHRSCA providers as well as individualized claims training sessions with providers.

CHANGES IN COUNTY HEALTHCHOICES MANAGEMENT

Berks County

Pam D'Antonio is now the HealthChoices Administrator at the Mental Health/Mental Health Program for Berks County's HealthChoices Program.

STAKEHOLDER FEEDBACK

Berks County

Member and Family Advisory Committees continue to meet on a monthly basis. Issues brought to the groups included additional questions regarding the role of the Consumer/Family Satisfaction Team, how to access the Special Needs Units at the PH Plans and ongoing concerns regarding access to medications and changes in formularies. A representative from ICAN gave a presentation with a focus on recovery. CONCERA/HealthChoices presented information regarding enrollment and changing plans.

The Provider Advisory Committee is meeting quarterly. Issues addressed this quarter included Credentialing, Access Standards, Best Practice Evaluations, Complaints, BHRS, and RTF Quality Reviews as well as the collection of POMS Data.

CCBH offered in-service programs specific to Children and Adolescents during this quarter. The Series of four focused on Staff Roles and the Authorization Process, Addressing Levels of Care, duplication of services and preventing gaps in service, Coordination of Care, and the final part will be held in October, Treatment Plan Writing.

Cumberland, Perry, Dauphin, Lancaster, Lebanon Counties Capital Area Behavioral Health Collaborative

A number of comments were received from stakeholders through the satisfaction survey process. Stakeholders made some recommendations related to expansion of services, availability of services, and location of services.

Lehigh/Northampton Counties

CFAC minutes reflect the following issues in the Lehigh Valley:

- Magellan Consumer Advocate is presenting ongoing forums on “The Consumer Learning and Seeking Support” for HealthChoices members.
- Formulary changes are a concern to the group since members are to be informed of changes by the PH-MCOs, but are not receiving the information; the 72-hour rule for prescriptions is not being followed by PH-MCO pharmacies as well.
- CFST has worked with the state and the counties to remedy PH-MCO-issues.

York/Adams Counties

Community Care held Member Advisory and Family Advisory Committee meetings during the quarter. Issues continue to focus on access to the physical health network and interfacing with physical health managed care organizations.

CONSUMER AND FAMILY SATISFACTION TEAMS

Berks County

The Consumer and Family Satisfaction Team now consists of eight interviewers, one of whom is bilingual. The team completed a total of 102 surveys. The providers included 42 ambulatory mental health, 14 ambulatory drug & alcohol, 21 residential mental health, and 25 wraparound surveys. There were concerns regarding the validity of the 16 wraparound surveys provided by Alternative Consulting Enterprises (ACE). The provider did not adhere to the procedures and as a result, the parent interviews were not conflict-free.

Significant issues previously identified are reports of being unfamiliar with the complaint and grievance process (54%) and not having a member handbook (54%). Nearly 63% of the total of 102 survey respondents said that their experience signing up with HealthChoices was satisfactory and more than two-thirds (69%) reported they knew whom to call if they had questions or concerns.

Provider survey results show that among the 102 responders, 72% chose to receive treatment with their current provider. Nearly two-thirds (65%) wait no more than 10 minutes from time of arrival until their provider sees them and nine of ten (89%) feel the provider treats them with respect.

Cumberland, Perry, Dauphin, Lancaster, Lebanon Counties

Quarter 3 – CBHNP	Members Surveyed	Findings
<p>A value of 3 was given to all “Yes” responses, 2 for “Uncertain” and 1 for each “No”. An arbitrary number of 2.5 or above was selected as being an acceptable satisfactory response level.</p>		
<p>Cumberland</p>	<p>18 Adults, 14 Children/Adolescents</p>	<ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is above a satisfactory level for treatment issues. • Ratings indicate that overall satisfaction is above a satisfactory level for knowledge and information. Some areas that were below relate to crisis contact, right to change providers, and the transportation program. • Ratings indicate that overall satisfaction is below a satisfactory level for consumer involvement and relationships. Specific issues are knowledge of HealthChoices, comfort with staff, knowledge of treatment goals. • Ratings related to accessibility were above satisfactory. • Ratings related to Grievances and Denials were generally low.

Quarter 3 – CBHNP	Members Surveyed	Findings
Dauphin	38 MH Adults, 21 Children/Adolescents, 16 D&A	<ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is above a satisfactory level for treatment issues. • Ratings indicate that overall satisfaction is below a satisfactory level for knowledge and information. Some areas that were below relate to crisis contact, right to change providers, and the transportation program. • Ratings indicate that overall satisfaction is below a satisfactory level for consumer involvement and relationships. Specific issues are knowledge of HealthChoices, comfort with staff, knowledge of treatment goals, and response time from case managers. • Ratings related to accessibility were above satisfactory. • Ratings related to Grievances and Denials were generally low.
Lancaster	62 Adults, 21 Children/Adolescents	<ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is above a satisfactory level for treatment issues. Specific issues related to location and time of services and comfort with treatment staff. • Ratings indicate that overall satisfaction is below a satisfactory level for knowledge and

Quarter 3 – CBHNP	Members Surveyed	Findings
		<p>information. Some areas that were below relate to crisis contact, choice of providers, right to change providers, and the transportation program.</p> <ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is below a satisfactory level for consumer involvement and relationships. Specific issues are knowledge of HealthChoices, comfort with staff, knowledge of treatment goals, and response time from case managers. • Ratings related to accessibility were above satisfactory. • Ratings related to Grievances and Denials were generally low.
Lebanon	13 Adults, 29 Children/Adolescents	<ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is above a satisfactory level for treatment issues. • Ratings indicate that overall satisfaction is above a satisfactory level for knowledge and information. Some areas that were below relate to crisis contact and right to change providers. • Ratings indicate that overall satisfaction is above a satisfactory level for consumer involvement and relationships. Specific issues are knowledge of HealthChoices and comfort with staff.

Quarter 3 – CBHNP	Members Surveyed	Findings
		<ul style="list-style-type: none"> • Ratings related to accessibility were above satisfactory. • Ratings related to Grievances and Denials were generally low.
Perry	13 Adults, 29 Children/Adolescents	<ul style="list-style-type: none"> • Ratings indicate that overall satisfaction is above a satisfactory level for treatment issues. • Ratings indicate that overall satisfaction is above a satisfactory level for knowledge and information. Knowledge of transportation was below satisfactory. • Ratings indicate that overall satisfaction is above a satisfactory level for consumer involvement and relationships. No specific issues were identified. • Ratings related to accessibility were above satisfactory. • Ratings related to Grievances and Denials were generally low.

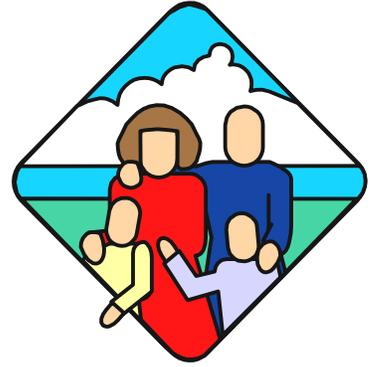
Lehigh/Northampton Counties

There were a total of 117 interviews with 56 adult, 44 parents/guardians, and 17 children/adolescents surveyed. Ninety-one percent (91%) of individuals were satisfied with Magellan. Scores of 90% and above were found for questions concerning Members being treated respectfully, Providers were hopeful about member’s recovery, and the Physical environment was comfortable. Scores in the 80% range were found for Quality of service and Adequate choice of providers. The 70% range included questions concerning Appropriate information supplied by providers, Convenient locations, Providers being helpful, and Members knowing how to complain without the fear of negative consequences.

The two lowest scores included a rate of 68% for Providers explaining medication and its use and a rate of 57% for Satisfaction with the complaint and grievance process. Questions that received ratings below 75% were identified as the focus areas for improvement and require action plans.

York/Adams – CCBH

The CFST completed 82 surveys this quarter for a total of 125 over the contract year. The CFST director met with the CASSP directors to share materials and to discuss potential for training events with CFST. The CFST director also met with Community Care and county staff on a bi-weekly basis to review progress with the survey process. Specific results have not been received.



Analysis of Early Warning Indicators

3rd Quarter 2002

ANALYSIS OF EARLY WARNING INDICATORS
THIRD QUARTER 2002
LEHIGH CAPITOL REGION

CHART 1 – MA ELIGIBLES ENROLLED BY COUNTY

During the Third Quarter 2002 the number of eligibles enrolled in the HealthChoices Lehigh/Capital (LC) regional program in each of the ten counties were: Adams (AD) 5,983; Berks (BK) 34,714; Cumberland (CU) 8,941; Dauphin (DA), 23,353; Lancaster (LA) 34,705; Lebanon (LB) 10,134; Lehigh (LE) 30,964; Northampton (NH) 19,029; (Perry) (PE) 3,339; York (YO) 27,556. In total there were 198,845 eligible members in the ten LC region monitored counties. Berks, York, and Adams Counties have subcontracted with Community Care Behavioral Health Organization (CCBH), Lehigh and Northampton have subcontracted with Magellan Behavioral Health (MBH), and the remaining five counties, Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties have subcontracted with Community Behavioral Health Network of Pennsylvania (CBHNP).

CHART 2a-h – AUTHORIZATION OF SERVICES

Clinical Service	LC County Trends	Comments
Outpatient Mental Health		The rate of authorization for the region was 61 per 1000 members, 27% lower than the prior quarter. The range among the counties was 32 per 1000 members in AD and 121 per 1000 members in LE Counties. LB County experienced the largest reduction in authorization from 149 per 1000 members in the Second Quarter 2002, to 39 per 1000 members in the Third Quarter 2002. MCO outpatient authorizations were: MBH 114 per 1000 members (increased 14% from the prior quarter), CCBH 39 per 1000 members (decreased 30% from the prior quarter), and CBHNP 47 per 1000 members (decreased 52% from the prior quarter).
Inpatient Mental Health		The rate of authorization for the region was 6.1 per 1000 members, 5% higher than the previous quarter.
Partial Hospital Mental Health	AD, LA, PE Low* LE, NH High**	The rate of authorization for the region was 8.6 per 1000 members, a decrease of 16% from the prior quarter. PE and AD Counties trended toward a low rate of authorization***. NH and LE trended toward a high rate of authorization****. Compared to the prior quarter, the rate of authorizations for Magellan declined 11% to 19 per 1000 members, CCBH declined 29% to 4.8 per 1000 members and CBHNP declined 17% to 5.6 per 1000 members. Magellan continued to trend toward a high rate of authorization****.

Outpatient Drug and Alcohol		The rate of authorization for the region was 6.3 per 1000 members, a decrease of 21% from the prior quarter. Compared to the prior quarter, the rate of authorizations for Magellan decreased 3% to 8.3 per 1000 members, CCBH declined 32% to 4.3 per 1000 members and CBHNP declined 24% to 6.7 per 1000 members.
Detoxification	AD Low*	The rate of authorization for the region was 3.5 per 1000 members, an increase of 4% from the prior quarter. AD County trended toward a low rate of authorization.
Children's Behavioral Rehabilitation Services (BHRS)		The rate of authorization for the region was 32 per 1000 members, a decrease of 48% from the prior quarter. Service authorization rates ranged from 20 per 1000 members in LE County to 54 per 1000 members in LB County. Compared to the prior quarter, the rate of authorizations for Magellan increased 1% to 25 per 1000 members, CCBH declined 15% to 27 per 1000 members and CBHNP declined 63% to 42 per 1000 members. Despite the large decline in CBHNP's authorizations their rate was 55% higher than the mean of the other two MCOs.
Outpatient Children's Mental Health		The rate of authorization for the region was 45 per 1000 members, a decrease of 30% from the prior quarter. Compared to the prior quarter, the rate of authorizations for Magellan increased 12% to 80 per 1000 members, CCBH declined 29% to 31 per 1000 members and CBHNP declined 52% to 37 per 1000 members.
Intensive Case Management	AD, BK, YO Low* DA High**	The rate of authorization for the region was 10 per 1000 members, a decrease of 14% from the previous quarter. AD County trended toward a low rate of authorization*** as it has in all four quarters measured. DA County trended toward a high rate of authorization****, as it has in all four quarters measured. Compared to the prior quarter, the rate of authorizations for Magellan increased 4% to 11 per 1000 members, CCBH declined 45% to 3.9 per 1000 members and CBHNP declined 9% to 15.1 per 1000 members.

***Low rate of authorization** means a rate that is less than half the mean rate for the region.

****High rate of authorization** means a rate that is more than twice the mean for the region.

*****Trending toward a low rate of authorization** means a low rate of authorization in two consecutive quarters.

******Trending toward a high rate of authorization** means a high rate of authorization in two consecutive quarters.

CHART 3a-b – PERCENT OF MEMBERS FOR WHOM A REQUESTED SERVICE WAS DENIED

There were a total of 366 denials for all HealthChoices members in the Lehigh Capital region, up from 362 in the prior quarter. MBH had 61 denials, an increase from 18 in the prior quarter. CCBH had 101 denials, a decrease from 235 in the prior quarter. CBHNP had 200 denials, an increase from 85 in the prior quarter.

The reasons for denials were 87% were not medically necessary and 13% were due to insufficient information. The most frequently denied services were BHRS with 290 denials, an increase from 178 in the prior quarter. All other service categories had less than 25 denials in the quarter. Outpatient psychiatric service denials decreased to 18 from 97 in the prior quarter.

Grievances

Fifteen percent of denials were grieved by the providers, an increase from 11% in the prior quarter. Providers grieved 26% of Magellan’s denials, 27% of CCBH’s denials, and 5% of CBHNP’s denials. The percentage of Magellan’s denials declined from 55% in the prior quarter.

CHART 4a-c – ANALYSIS OF COMPLAINTS HEALTHCHOICES BH-MCOs

State: There were 199 complaints per month (one per 5,000 members) for all 25 HealthChoices counties, down from 232 complaints per month (one per 4000 members) in the prior quarter.

Lehigh Capital Region: The average number of complaints per month during the Third Quarter 2002 for all of the MCOs in the Lehigh Capital region was one per 4000 members, the same rate as the prior quarter. The average complaints per month for the three MCO’s were also similar to the prior quarter.

Monthly complaints averaged for:

Magellan	1 per 2,000 members
CCBH	1 per 7,500 members
CBHNP	1 per 6,500 members

The most frequent provider related complaint for Magellan was dissatisfaction with treatment (12 complaints). There were a total of 3 Magellan BHMCO related complaints. The most frequent CBHNP provider related complaints were dissatisfied with treatment (6 complaints) and treatment inappropriate (6 complaints). There were only 2 BHMCO related complaints. The most frequent CCBH provider related complaints were dissatisfied with treatment received (9 complaints). The most frequent CCBH BHMCO related complaint were 6 complaints in the other category. There were a total of 15 complaints that providers were unethical or behaved inappropriately (MBH – 11 complaints, CCBH – 2 complaints, and CBHNP – 2 complaints).

CHART 5a-b – INVOLUNTARY ADULT INPATIENT PSYCHIATRIC ADMISSIONS PER 1000 ADULT MEMBERS

State: The rate of involuntary admissions for all counties participating in the EWP was 3.6 per 1000 adult members, an increase from 3.3 per 1000 adult members in the Second Quarter 2002 and 2.9 per 1000 members in the First Quarter 2002.

Lehigh Capital Region: There were 227 involuntary admissions in the Third Quarter 2002, an increase of 30 from the prior quarter. The average rate of psychiatric inpatient involuntary admissions for adults in the Lehigh Capital region was 2.8 per 1000 adult members, an increase from 2.6 per 1000 members in the prior quarter. Involuntary admissions were 1.1 per 1000 adults for counties managed by Magellan, 3.7 per 1000 adults for counties managed by CCBH, and 3.2 per 1000 adults for counties managed by CBHNP. The range of involuntary admissions is from 0.7 per 1000 members in PE County to 6.2 per 1000 members in LB County. The rate of involuntary commitment in LB County has been more than twice the regional average in the last two quarters.

CHART 6a-c – 30 DAY INPATIENT PSYCHIATRIC READMISSION

State: Fourteen percent of psychiatric inpatients of all ages, in all 25 counties monitored by the EWP, were readmitted within 30 days, down from 20% in the prior quarter. Eleven percent of children were readmitted, 1% less than the prior quarter. Fourteen percent of adults were readmitted, 6% less than the prior quarter.

Lehigh Capital: The percentage of inpatients, of all ages, readmitted to an inpatient unit within 30 days of discharge was 16%, the same as the prior quarter. The percentage of children (age 0 – 18) readmitted was 12%, one percent lower than the prior quarter. Seventeen percent of adults were readmitted within 30 days, a decrease from 18% in the prior quarter. Counties with a readmission rate of 25% or more were: Adults – AD 30% (6 readmissions), LB 29% (20 readmissions), and PE (2 readmissions).

Chart 7a-c – RACIAL MINORITIES AUTHORIZATION FOR SERVICES

The percentage of minority members in all ten LC counties monitored by the EWP authorized for a behavioral health service were compared to the percentage of the same minority in the Medicaid eligible population.

The percentage for all minorities authorized for a service compared to the percentage of minorities in the eligible population was 86%, the same percentage as the prior two quarters. This means that persons who reported themselves to be a minority were 14% less likely to be authorized for a behavioral health service than the average Medicaid eligible member.

The most frequent minority designation in the LC Region was Hispanic, which was 25% of the eligible population (49,061 eligible members). The percentage of eligible Hispanics ranged from 0.9 % in PE County to 40% in BK County. Twenty-three percent of the members authorized for a behavioral health service were Hispanic. A member designated as Hispanic was 7% less likely

to receive a behavioral health service compared to the average Medicaid member. The range among the counties with a minimum of 2000 Hispanic members was from 41% less likely to receive services (LB County) to 27% (NH County) to receive more services compared to the average Medicaid members in the region.

Black, not of Hispanic origin (Blacks), were 14% percent of the eligible population (28,799), the second most common minority. Twelve percent of members authorized for a behavioral health service were black. A member designated as Black was 18% less likely to receive a behavioral health service than the average Medicaid eligible member. The range among the counties with a minimum of 2000 Black members was from 22% (LA County) to 8% (NH county) less likely to receive a service compared to the average Medicaid member in the region.

Asian or Pacific Islanders (Asians) and North American Indian populations were 1.5% of the population (2,904 members). Point four percent of the members authorized for a behavioral health service were Asian. A member designated as Asian was 71% less likely to receive a behavioral health service as compared to the average Medicaid member in the population. The number of Asians in all counties was less than 2000 members and deemed too small for comparisons.

Comparison of the percentage of eligible and authorized minorities

County		Black	Hispanic
BK	Eligible	10%	4%
	Authorized	10%	27%
DA	Eligible	44%	11%
	Authorized	41%	7%
LA	Eligible	11%	26%
	Authorized	9%	15%
LB	Eligible	*	24%
	Authorized		14%
LE	Eligible	10%	38%
	Authorized	8%	41%
NH	Eligible	*	27%
	Authorized		35%
YO	Eligible	17%	13%
	Authorized	14%	8%

* Less than 2000 eligible members

CHART 8a-b – NUMBER OF CLEAN CLAIMS ADJUDICATED IN 30 DAYS

The Third Quarter 2002 includes clean claims information from April, May, and June 2002. Claims are designated “clean” when payment is requested for an active member and the claim meets all MCO information requirements. The PA claims standard at 30 days is 90% of clean claims adjudicated.

On average, counties adjudicated 96% of claims each month. All of the counties met the PA standard for clean claims payment within 30 days for all three months, except for AD County during April when 73% of clean claims were adjudicated, and BK during April when 89% of claims were adjudicated. On average during the three months MBH adjudicated 99% of claims, CCBH adjudicated 93% of claims and, CBHNP adjudicated 96% of claims within 30 days.

Chart 9a-b – CHILDREN IN RESIDENTIAL TREATMENT

Plans are in progress to introduce this measure in the Lehigh Capitol Zone.

PROVIDER SURVEYS

LC Zone

Fourteen drug and alcohol outpatient clinical provider surveys and thirteen drug and alcohol outpatient administrator provider surveys were conducted in the Third Quarter 2002.

Clinical Surveys

Eleven clinical providers reported experience with MBH. Eight of the eleven providers were overall satisfied and three were dissatisfied. Six clinical providers reported experience with CCBH. Three of the six providers were satisfied overall with MBH and two providers reported dissatisfaction. Six clinical providers had experience with CBHNP. Four of the six providers were satisfied and one reported dissatisfaction. MBH and CCBH met the criteria for Provider Dissatisfaction overall. It should be noted that the number of responses are small and intended to give an impression of provider’s opinions.

The criterion for provider satisfaction is 80% or more providers, with experience, satisfied and provider dissatisfaction; is 25% or more of providers, with experience, dissatisfied; or less than 50% of providers, with experience satisfied.

MBH provider opinions met the criteria for satisfaction for Service Authorization. However, given the low number of providers (less than 10) that had experience with CCBH and CBHNP, the level of satisfaction with categories will not be reported. The response to individual questions will be reported with an asterisk to indicate when between 5 and 10 providers responded to the questions. The provider’s opinions to specific questions are listed below.

CBH	Satisfied	Dissatisfied
Service Authorization	Timeliness of authorization	Ease of authorization
	Appropriateness of Medical Necessity Criteria*	
	Availability of Physician Review*	
Quality	Availability of Case Management	Availability of Services for MISA *
	Cultural Competency*	

	Availability of Discharge Placements for Adult Mental Health Clients	
Provider Relations	Timeliness of calls answered*	Notification of Changes in the BH-MCO's Policies*
	Courtesy of Provider Relations Staff*	Provider Forums for Feedback/Problem Solving*
	Helpfulness of Provider Relations Staff*	
	Credentialing Process*	
	Clarity of Provider Performance Specifications*	
Care Management	Courtesy of Care Management Staff*	
	Helpfulness of Care Management Staff	
	Application of Medical Necessity Guidelines*	

CCBH	Satisfied	Dissatisfied
Service Authorization		Ease of Authorization*
Quality	Level of Assistance Provided by BH-MCO in Coordinating Services for Difficult /Complex Patients*	

CBHNP	Satisfied	Dissatisfied
Service Authorization	Timeliness of authorization*	
	Appropriateness of Medical Necessity Criteria*	
Quality	Availability of Case Management*	Coordination with PH-MCOs*
	Adequacy of Confidentiality Policy*	Clarity of Documentation Requirements*
Provider Relations	Timeliness of calls answered*	
	Courtesy of Provider Relations Staff*	
	Knowledgeability of Provider Relations Staff*	
	Notification of changes in the BH-MCO Policies*	
	Credentialing Process*	
	Clarity of Provider Performance	

	Specifications*	
Care Management	Courtesy of Care Management Staff*	
	Helpfulness of Care Management Staff*	
	Application of Medical Necessity Criteria*	
	Consistency of Staff*	

* Between 5 and 10 providers with experience answered the question. Questions with less than 5 respondents were not included in the table.

Administrative Surveys

Ten provider administrators reported experience with MBH. Six of the ten providers were satisfied overall and two were dissatisfied with MBH. Six provider administrators reported experience with CCBH. Four of the six providers were satisfied overall with CCBH and two were dissatisfied. Six provider administrators had experience with CBHNP. Four were satisfied with CBHNP and one was dissatisfied. None of the three MCOs met the criteria for Provider Satisfaction or Dissatisfaction. It should be noted that the number of responses was small and intended to give an impression of provider’s opinions.

MBH did not meet the criteria for satisfaction in any category. However, given the low number of providers (less than 10) that had experience with CCBH and CBHNP, the level of satisfaction with categories will not be reported. The response to individual questions will be reported with an asterisk to indicate when between 5 and 10 providers responded to the questions. The provider’s opinions to specific questions are listed below.

MBH	Satisfied	Dissatisfied
Claims	Consistency of Payment with Fee Schedule	
	Timeliness of Payment Receipt	
Provider Relations		Availability of On-going Training Opportunities*
		Provider Forums for Feedback/Problem Solving*

CCBH	Satisfied	Dissatisfied
Claims	Timeliness of Payment Receipt*	Accuracy of Response to Claims Questions*
Provider Relations	Clarity of BH-MCO's QM/ QA Goals*	

CBHNP	Satisfied	Dissatisfied
Claims	Consistency of Payment with Fee Schedule*	
	Timeliness of Response to Inquires*	
Provider Relations	Credentialing Process*	Availability of On-going Training Opportunities*
		Clarity of Provider Performance Specifications*
		Clarity of BH-MCO's QM/QA Goals*
		Provider Forums for Feedback/Problem Solving*
Member Services/Care Management		Timeliness of Complaint Resolution*

HOMELESS SMI ADULTS INDICATOR

The Homeless SMI Adult Indicator is a measure of homelessness among adults who meet the PA criteria for Adult Priority Group 3. Adult priority group members are diagnosed with a serious mental illness and have demonstrated a need for ongoing treatment. The criteria Adult Priority Group 3 include persons over 18 who have a diagnosis of Schizophrenia, major mood disorder, Psychotic Disorder (Is NOS part of the Psychotic Disorder description? If not, there should be a comma after Disorder.) NOS, or Borderline Personality Disorder and meet the state's criteria for treatment history, level of function, coexisting conditions, or circumstances (See methodology for a detailed definition of Adult Priority Group 3).

Each quarter providers are required to collect a Performance Outcome Management System (POMS) report for each member with a priority status. The POMS includes information about housing status the night prior to the interview in which the provider collected the information for the POMS. The Homelessness SMI Adult indicator measures the percentage of members with any living status reported on the POMS that were reported as homeless the night prior to their POMS interview. Homeless was defined to include living in a shelter or mission, as well as homeless.

There were 5,563 Adult Priority 3 members in the Lehigh Capital Region. POMS were submitted for 4,581 Adult Priority 3 members (82%). The housing status was known for 4,473 (80%). Fifty-seven Adult Priority 3 members (1.3%) were homeless the night prior to their interview, similar to the 1.1% reported in the prior quarter. The counties managed by Magellan reported on 23% of the Adult Priority 3 population (280 members), up from 10% in the prior quarter. The housing status of 95% or more of the Adult Priority 3 population was known in BK, CU, DA, LA, LB, PE, and YO Counties. There were 3 members (1.1%) homeless in the counties managed by Magellan, 16 members homeless (1.4%) for the counties managed by CCBH, and 38 members homeless (1.3%) for the counties managed by CBHNP. The percent of

homeless was similar to the prior quarter. Adult Priority 3 member homelessness ranged from none in AD, NH, and PE Counties to 16 (1.8%) in DA County and 16 (1.3%) in LA County.

BH-MCO FUNCTIONS

Berks County

The significant change at the BH-MCO during this quarter has been the change in the regional director for the Camp Hill office. Beth Pickering now holds this position.

Cumberland, Perry, Dauphin, Lancaster, Lebanon Counties Community Behavioral Health Network of Pennsylvania (CBHNP)

CBHNP scheduled monthly provider trainings into the next contract year and through 2003. CBHNP expanded the provider network to over 200 providers and 500 sites. A new Medical Director, Dr. Jim Hagarty, began September 4, 2002, at 20 hours per week, filling the position left vacant by Dr. Dave Johnson. CBHNP distributed the first round of provider satisfaction surveys. Riverside is discontinuing BHRS services and is in a phase out process. The agency feels the service does not fit their mission. Riverside will continue to serve existing CBHNP members receiving BHRS services until prescriptions run out.

CBHNP converted a vacant Government Relations position into two positions: Consumer and Family Affairs and a Grievance and Regulatory Supervisor, which have been filled.

CBHNP created and filled the position of Complaint and Grievance Coordinator.

Capital Area Behavioral Health Collaborative (CABHC)

CABHC expanded its web site to include posting of all C/FST surveys and provider surveys. An additional function was expanded that allowed for the ability of viewers to enroll for automatic notice of updates to the site.

Lehigh/Northampton Counties

.Magellan has hired Andrew John Burkins, MD as the new Medical Director and Virginia Wagner, LSW as the new Clinical Director. Magellan is expanding the HealthChoices network to include more RTF and substance abuse providers. Substance abuse services were also developed for Spanish speaking populations. A quality improvement activity with the clinical team resulted in improvement with provider ambulatory follow-up.

York/Adams Counties Community Care Behavioral Health

Community Care experienced a change in lead personnel during this reporting period. Effective August 12, 2002, Beth Pickering assumed the role of Regional Director for the

Camp Hill office. This position is responsible for the day to day operations of the office as well as ensuring all contractual obligations are maintained.

Community Care continues to offer ongoing trainings to the providers and stakeholders. Training topics included: HIPAA and Confidentiality, Staff roles and the Authorization process, Alcohol and Other Drugs, Levels of Care and Authorization Procedures, Addressing Levels of Care, Duplication of Services, and Preventing Gaps in Services. In addition, Community Care hosts ongoing meetings for RTF and BHRSCA providers as well as individualized claims training sessions with providers.

Changes in County Health Choices Management

Berks County

Pam D'Antonio is now the HealthChoices Administrator at the Mental Health/Mental Health Program for Berks County's HealthChoices Program. HealthChoices enrollment for the County of Berks has ranged from 31,000 to 32,500 this quarter.

Lehigh/Northampton Counties

Both Northampton and Lehigh Counties are fully staffed.

STAKEHOLDER FEEDBACK

Berks County

Member and Family Advisory Committees continue to meet on a monthly basis. Issues brought to the groups during the third quarter included additional questions regarding the role of the Consumer/Family Satisfaction Team, how to access the Special Needs Units at the PH Plans and ongoing concerns regarding access to medications and changes in formularies. A representative from ICAN gave a presentation with a focus on recovery. CONCERA/HealthChoices presented information regarding enrollment and changing plans.

The Provider Advisory Committee is meeting quarterly. Issues addressed this quarter included Credentialing, Access Standards, Best Practice Evaluations, Complaints, BHRS, and RTF Quality Reviews as well as the collection of POMS Data.

CCBHO offered in-service programs specific to Children and Adolescents during this quarter. The Series of four focused on Staff Roles and the Authorization Process, Addressing Levels of Care, duplication of services and preventing gaps in service; Coordination of Care, and the final part will be held in October, Treatment Plan Writing.

Cumberland, Perry, Dauphin, Lancaster, Lebanon Counties Capital Area Behavioral Health Collaborative

A number of comments were received from stakeholders through the satisfaction survey process. Stakeholders made some recommendations related to expansion of services, availability of services, and location of services.

Lehigh/Northampton Counties

CFAC minutes reflect the following issues in the Lehigh Valley:

- Magellan Consumer Advocate is presenting ongoing forums on “The Consumer Learning and Seeking Support” for HealthChoices members.
- Formulary changes are a concern to the group since members are to be informed of changes by the PH-MCOs, but are not receiving the information; the 72-hour rule for prescriptions is not being followed by PH-MCO pharmacies as well.
- CFST has worked with the state and the counties to remedy PH-MCO-issues.

York/Adams Counties

Community Care held Member Advisory and Family Advisory Committee meetings during the quarter. Issues continue to focus on access to the physical health network and interfacing with physical health managed care organizations.

CONSUMER AND FAMILY SATISFACTION TEAMS

Berks County

The Consumer and Family Satisfaction Team now consists of eight interviewers and one is bilingual. The team completed a total of 102 surveys during the third quarter. The providers included 42 ambulatory mental health, 14 ambulatory drug & alcohol, 21 residential mental health, and 25 wraparound surveys. There were concerns regarding the validity of the 16 wraparound surveys provided by Alternative Consulting Enterprises (ACE). The provider did not adhere to the procedures and as a result, the parent interviews were not conflict-free.

Significant issues identified are again reports of being unfamiliar with the complaint and grievance process (54%) and not having a member handbook (54%). Nearly 63% of the total of 102 survey respondents said that their experience signing up with HealthChoices was satisfactory and more than two-thirds (69%) reported they knew who to call if they had questions or concerns.

Provider survey results show that among the 102 responders, 72% chose to receive treatment with their current provider. Nearly two-thirds (65%) wait no more than 10 minutes from time of arrival until they are seen by their provider and nine of ten (89%) feel the provider treats them with respect.

**Cumberland, Perry, Dauphin, Lancaster, Lebanon
Capital Area Behavioral Health Collaborative**

For the year-to-date, Consumer Satisfaction Team members surveyed 252 members within the five-county region who were identified as having received Mental Health services or Drug and Alcohol under HealthChoices. Consumer members of CSS’ staff conducted all interviews. A breakout by county and service of those surveys is below:

Mental Health	Adults	
Cumberland	18	14
Dauphin	38	21
Lancaster	62	21
Lebanon	13	29
Perry	11	9
Sub Total	142	94
Substance Abuse		
Dauphin	16	0
Total	158	94

CSS interviewers used the questions in the table below. There were a total of 27 questions divided among the 6 indicators that were previously identified. For questions 1-25 a value of 3 was given to all “Yes” responses, 2 for “Uncertain”, and 1 for each “No”. For questions 26 and 27 the reverse held true because of the nature of what was being asked – “No” was assigned a 1, “Uncertain” a 2, and “Yes” a 3. In evaluating the results, an arbitrary number of 2.5 or above was selected as being an acceptable satisfactory response level. Any questions whose average response fell below that target level were looked at as a possible source of concern. These areas are indicated in bold type.

A. TREATMENT	CU	DA	LA	LE	PE	Overall
1. Do you feel included in the decision making process of your treatment?	2.57	2.73	2.56	2.72	2.87	2.67
2. Does your treatment plan promote recovery getting well?	2.52	2.55	2.58	2.61	2.72	2.66
3. Do you think that you are making progress?	2.54	2.55	2.51	2.63	2.68	2.71
4. Are the location and time of services convenient?	2.67	2.69	2.38	2.52	2.84	2.53
5. Are you pleased with the quality of services?	2.66	2.61	2.58	2.91	2.81	2.74
6. Are you comfortable talking with treatment staff?	2.86	2.66	2.49	2.82	3.40	2.67
7. Do you understand your treatment	2.58	2.62	2.57	2.58	2.96	2.74

goals?						
8. Are you getting all the help you think you need?	2.81	2.79	2.72	2.88	2.79	2.86
9. Are your ethnic and cultural beliefs respected?	2.84	2.81	2.61	3.02	3.17	2.71
B. KNOWLEDGE AND INFORMATION						
10. When you have a crisis, do you know whom to call?	2.39	2.37	2.34	2.43	2.72	2.52
11. Do you understand your rights and responsibilities under HealthChoices?	2.86	2.90	2.90	2.89	3.0	2.97
12. Do you know that you have a choice of health care providers?	2.61	2.69	2.33	2.67	2.83	2.51
13. When you were referred for treatment, were you offered the choice of more than one provider? If no, to what service were you being referred?	2.83	2.69	2.62	2.88	2.56	2.87
14. Are you aware of your right to change providers?	2.28	2.16	1.79	1.87	3.07	2.33
15. Are you aware of the Medical Assistance Transportation Program?	2.46	2.45	2.46	2.57	2.47	2.47
C. CONSUMER INVOLVEMENT AND RELATIONSHIPS						
16. Do you understand your HealthChoices Plan?	2.03	1.96	1.48	1.84	3.16	2.18
17. Do staff at the Managed Care Organization answer the telephone promptly?	2.53	2.63	2.53	2.8	3.59	2.57
18. Are you comfortable talking with support staff?	2.36	2.37	2.21	2.46	2.56	2.51
19. Are your calls to case managers/counselors returned promptly?	2.61	2.33	2.41	2.83	3.67	2.43
20. Do you understand the role of each member of your treatment team?	2.59	2.63	2.12	2.59	2.69	2.48
21. Do you know what you need to do to meet your treatment goals?	2.35	2.44	2.43	2.66	3.42	2.42
22. Do you think that your treatment goals will help you become more independent?	2.80	2.36	2.72	2.64	2.83	2.83
D. ACCESSIBILITY						
23. Did you receive the services when you needed them?	2.72	2.66	2.57	2.81	3.0	2.83
E. COMPLAINTS AND GRIEVANCES						
24. Have you been told about the grievance/complaint policy?	1.31	1.81	1.4	1.88	1.87	1.60

25. Do you understand the process?	1.58	1.86	1.67	1.89	1.76	1.85
F. EFFECTIVENESS						
26. Are there services you would like changed?	2.44	2.26	2.56	2.52	2.76	2.64
27. Is there anything you would like changed?	2.38	2.57	2.44	2.54	2.92	2.65

Overall, based on the results, 8 questions in three of the six indicators have identified in which the overall level in response fell below expected results. These same areas were identified in the previous quarter when five of the six indicators had problems identified. More areas are evident within the individual county scores.

#14 - Are you aware of your right to change providers? The average response was 2.33. This is a decrease from the previous quarter. This was not an issue in the prior quarter.

#15 - Are you aware of the Medical Assistance Transportation Program? The overall response here was 2.47. This is a decrease from the previous quarter when it was not an issue.

#16 - Do you understand your HealthChoices plan? The overall response to this question was 2.18. This is a decrease from the previous quarter when it was an identified issue.

#19 - Are your calls to case managers/counselors returned promptly? The overall response to this question was 2.43. This is an improvement from the previous quarter when this was identified.

#20 - Do you understand the role of each member of your treatment team? The overall response to this question was 2.48, slightly below the threshold. This is a decrease from the previous quarter when this was not an issue.

#21 - Do you know what you need to do to meet your treatment goals? The overall response to this question was 2.42. This is a decrease from the previous quarter when this was not an issue.

#24 - Have you been told about the grievance/complaint policy? The overall response to this question was 1.60. This is a decrease from the previous quarter when it was an identified issue.

#25 - Do you understand the process? The average response was 1.85. This is an improvement from the previous quarter when this was identified.

Response levels were higher for some questions that were identified in the previous quarter and they were not identified as issues.

Question 8: Are you getting all the help you think you need?

Question 13: When you were referred for treatment, were you offered the choice of more than one provider? If no, to what service were you being referred?

Lehigh/Northampton Counties

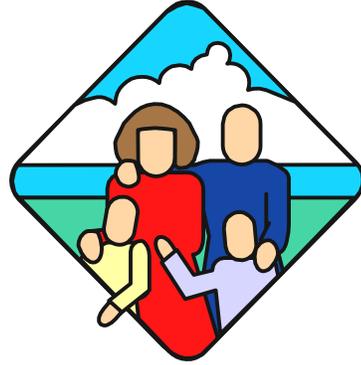
Results reported are from June 7th when face-to-face interviews were initiated until September 30, 2002. There were a total of 117 interviews with 56 adults, 44 parents/guardians and 17 children/adolescences surveyed. Surveys found 91% of individuals were satisfied with Magellan. Scores of 90% and above were found for questions concerning Members being treated respectfully, Providers were hopeful about member's recovery and the Physical

environment was comfortable. Scores in the 80% range were found for Quality of service and Adequate choice of providers. The 70% range included questions concerning Appropriate information supplied by providers, Convenient locations, Providers being helpful and Members knowing how to complain without the fear of negative consequences. The two lowest scores included a rate of 68% for Providers explaining medication and it's use and a rate of 57% for Satisfaction with the complaint and grievance process. Questions that received ratings below 75% were identified as the focus areas for improvement and require action plans.

**York/Adams
Community Care Behavioral Health**

The CFST completed 82 surveys this quarter for a total of 125 over the contract year.

The CFST director met with the CASSP directors to share materials and to discuss potential for training events with CFST. The CFST director also met with Community Care and county staff on a bi-weekly basis to review progress with the survey process.



Appendix 1

Methodology

APPENDIX 1

METHODOLOGY

This section describes the criteria used in measuring each indicator. Included is an explanation of the purpose of each indicator, data source, and rate and outlier calculations.

AUTHORIZATION OF SERVICES

The graphs depict the number of unique individuals per 1000 members who received authorization for a particular level of care in the HealthChoices program in Lehigh/Capital zone during the Quarter.

The numerator is the number of unique individuals who received services for a specific level of care in a single county during the Quarter as reported in the Behavioral HealthChoices Quarterly Monitoring Report 4, Number of Unduplicated Clients Authorized. The denominator is the number of the eligible population for a county as reported in the Behavioral HealthChoices Quarterly Monitoring Report 6, Number of MA Eligibles Enrolled in HealthChoices as of the Last Day of the Quarter, divided by 1000. For children's services the population is the average number of eligible children from ages 1-20 years old as reported in the Behavioral HealthChoices Quarterly Monitoring Report 6, Number of MA Eligibles Enrolled in HealthChoices as of the Last Day of the Quarter.

Example: For example, in County A, the Behavioral Health Managed Care Organization (BH-MCO) authorized 50 of every 1000 members for outpatient services during the First Quarter, 2000 of the HealthChoices program. This number is derived from Quarterly Monitoring Report 4 J8 divided by Quarterly Monitoring Report 6 J9, multiplied by 1000.

It should be noted that the measures are not expected to indicate the exact number of persons who received treatment in the Quarter. Rather it is anticipated that these measures will allow for a comparison of counties and assist in determining where difficulties with services are more likely to be present.

These numbers do not reflect true utilization. Some members may be authorized for a service but not follow through to receive the service. This is common for outpatient services particularly, substance abuse services. This will lead to a higher rate of authorization as compared to actual utilization.

High and Low Rates of Authorization – High and low rate of authorizations are based upon regional comparisons. A low rate of authorization is defined as a rate of authorization less than fifty percent of the mean rate of authorization for the counties in r Southwest, Southeast, or Lehigh/Capital regions in said quarter. Low authorization rates are marked by horizontal stripes.

High rates of authorization are defined as a rate of authorization greater than double the mean for the counties in either the Southeast, Southwest or Lehigh/Capital regions in said quarter. High rates of authorization are marked by vertical stripes.

A County trends toward a low rate of authorization if the County met the criteria for a low rate of authorization (authorization less than half the mean for the entire HealthChoices population) for a particular service in two successive Quarters.

PERCENT OF MEMBERS FOR WHOM A REQUESTED SERVICE WAS DENIED

Denial information was obtained from the Behavioral HealthChoices Quarterly Monitoring Report 5, Number of Unduplicated Clients Authorization Denials.

GRIEVANCES

Grievance information is obtained from Pennsylvania HealthChoices Aggregate Encounter Report 35.

COMPLAINTS

Complaint information was obtained from the Behavioral HealthChoices Quarterly Monitoring Report 2, Summary of Member Complaints

INVOLUNTARY ADULT INPATIENT PSYCHIATRIC ADMISSIONS PER 1000 ADULT MEMBERS

The rate of involuntary adult admissions is a measure of the number of adults in each county who received Inpatient Psychiatric services involuntarily during the Quarter divided by the total number of MA eligible adults in each County. The number of adult inpatient involuntary admissions is obtained from the Behavioral HealthChoices Quarterly Monitoring Report 1, Number of Admissions to Inpatient Psychiatric Facilities. The number of MA eligible adults is obtained from the Behavioral HealthChoices Quarterly Monitoring Report 6, Number of MA Eligibles Enrolled in HealthChoices as of the Last Day of the Quarter.

30 DAY INPATIENT PSYCHIATRIC READMISSION

The rates for inpatient readmissions are the number of persons in a child or adult age group (0 - 17 y/o or 18 and older) who were discharged from a psychiatric inpatient facility in a quarter and subsequently readmitted to any psychiatric inpatient facility within 30 days of their discharge, divided by the total number of discharges, for that age group, within the quarter. The information is obtained from the Behavioral HealthChoices Quarterly Monitoring Report 3, Number of Discharges and Re-Admissions to Inpatient Psychiatric Facilities.

RACIAL MINORITIES AUTHORIZATION FOR SERVICE

The number of unique individuals authorized, by racial designation, was obtained from the Behavioral HealthChoices Quarterly Monitoring Report 5, Number of Unduplicated Clients Authorized.

NUMBER OF CLEAN CLAIMS ADJUDICATED IN 30 DAYS

Claims information was obtained from HealthChoices Behavioral Health Program Analysis of Claims Processing Reports. The percent of claims adjudicated at 30 days is the number of claims adjudicated divided by the number of clean claims received. The claims adjudicated data is delayed one quarter as compared to the other early warning indicators.

PROVIDER SURVEYS

Sixty providers from two levels of care are selected each quarter to receive a telephone provider survey. Two different surveys are used. One survey is designed to address the satisfaction of clinicians with the BH-MCO. The other survey focuses on the satisfaction of administrators with the BH-MCO. The survey is organized in categories of related questions, such as claims or the quality of services. The analysis of a category is based upon the sum of results for all questions within the category. Analysis of individual questions is also included.

The clinical and administrative surveys are offered, by telephone, to thirty providers, each from separate agencies. For each quarter all of the agencies selected provide the same level of care. In practice, the surveyors have been able to reach about fifty providers in each quarter (twenty-five for each survey). All of the providers that have been reached have agreed to participate in the survey.

The forty-three-question survey focuses on the relationship between clinicians and the BH MCOs. Survey questions inquire about the provider's satisfaction with service authorization, the quality of care within the service network, provider relations, member services/care management and overall satisfaction. Provider responses are recorded on a 5-point Likert scale. A Likert scale allows a provider to choose among 5 levels of response from very satisfied, satisfied, neither, less dissatisfied and very dissatisfied. Providers that cannot be contacted after a minimum of 3 times are excluded from the survey.

The category Clinical Services consists of a subset of quality related questions that are directed at the provider's experience with specific clinical services. These clinical services include the availability of emergency, urgent, MISA, case management, children's services, BH MCO assistance to the provider with difficult cases, discharge placement for inpatient members who require outpatient drug and alcohol services and discharge placement for inpatient adults with a mental health diagnosis.

The providers were considered satisfied if 80% percent or more, of the providers with experience were satisfied or very satisfied in response to a question or category of questions. The respondents were deemed to be dissatisfied with the BH MCO if twenty-five percent or more were dissatisfied or less than 50% percent of the respondents, with experience, were satisfied in response to a question or category of questions.

The administrative survey is conducted with 30 administrators, each quarter from separate provider agencies. All of the agencies selected provide the same level of care. The fourteen-question survey focuses on the provider's satisfaction with claims, provider relations, grievance and complaint processes, service authorization and overall satisfaction. Provider responses are recorded on a 5-point Likert scale. Providers that cannot be contacted after a minimum of 3 times are excluded from the survey.

Many of the respondents to both the clinical and administrative surveys did not have experience with all of the questions. The analysis is based upon those providers that had experience. Therefore, the results from a particular question or category are derived from smaller numbers than total respondents. The numbers of respondents with experience were too small for the results to achieve statistical significance. Rather the results are intended to give an impression of the provider's opinions. It is anticipated that problems may be identified through additional inquiries guided by the results from the provider surveys.