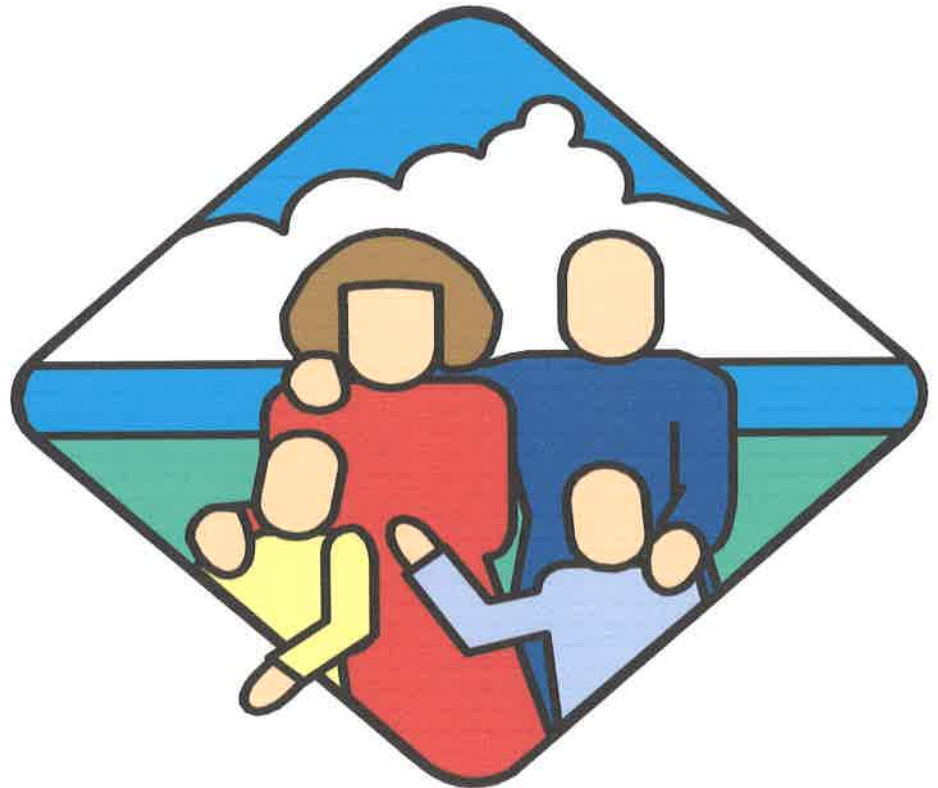


*Sample Early
Warning
Report
(Excerpt)*

Pennsylvania HealthChoices Behavioral Health Program



Early Warning –
Care Monitoring Program
CY 2001 Summary

Early Warning Care Monitoring Program Summary of 2001

The Early Warning Care Management Program (EWP) continued quarterly throughout 2001. The monitoring program expanded during the year to include all 25 counties that participate in the HealthChoices program. Fifteen counties in the Southeast (SE) and Southwest (SW) regions were monitored for all four quarters. Ten counties in the Lehigh/Capitol (LC) region were added to the program in the Fourth Quarter.

AUTHORIZATION OF SERVICES

Southeast and Southwest - The number of unique individuals authorized for eight levels of service was reported, on a quarterly basis, during 2001. The fifteen counties in the SE and SW regions were reported in all quarters and the ten Lehigh/Capitol Counties were reported in the Fourth Quarter 2001. The service categories included: Outpatient Mental Health, Outpatient Mental Health Services for Children, Inpatient Mental Health, Partial Hospitalization Mental Health, Outpatient Substance Abuse, Detoxification, Children's Behavioral Health Rehabilitation Services (BHRS) and Intensive Case Management and Resource Coordination (ICM/RC). The rate of authorization per 1000 members was compared among the three regions: Southeast, Southwest and Lehigh/Capitol, that participated in HealthChoices and each county was compared to itself over time. Philadelphia and Bucks Counties stopped requiring prior authorizations for Outpatient Mental Health, Outpatient Drug and Alcohol Services and Psychiatric Partial Hospitalization. In addition, Bucks County also did not require authorization for ICM services. Therefore, authorizations for these services were unavailable because counties were excluded when their authorization data was unavailable.

A low rate of authorization for a county is a rate less than 50% of the mean. A high rate of authorization is a rate twice the mean or greater.

Lehigh/Capitol - Authorization from the 10 counties in the Lehigh/Capitol region commenced in the Fourth Quarter 2001. The number of eligibles enrolled in the LC region's HealthChoices program was small and voluntary, affecting the initial results. The results of early warning monitoring of authorizations for the LC region were reported in the Fourth Quarter report, but not in this summary.

Outpatient Mental Health

Southeast and Southwest

None of the counties met the criteria for a low or high rate of authorization during the quarters measured.

Inpatient Mental Health

Southeast

The average county rate of authorization, for the four quarters in 2001, ranged from 5.9 per 1000 members (Delaware County) to 9.6 per 1000 members (Philadelphia County). None of the counties met the criteria for a low or high rate of authorization during the quarters measured.

Southwest

The percentage of children readmitted within 30 days to an inpatient psychiatric unit for the entire SW HealthChoices population ranged from 15% to 18%. The percentage of children in Allegheny County that were readmitted ranged from 12% to 16%, similar to the prior year. The percentage of children readmitted in the counties managed by VBH-PA ranged from 11% to 15%, similar to the prior year.

The percentage of adults readmitted to an inpatient psychiatric unit within 30 days for the entire SW HealthChoices population ranged from 16% to 18%, similar to the prior year. The percentage of adults in Allegheny ranged from 16% to 20%. The percentage of adults readmitted within 30 days for the counties managed by VBH-PA ranged from 12% to 17%.

In the First and Second Quarters, a study was conducted in Lawrence County to evaluate readmissions and compare the results to practices in Armstrong and Indiana Counties. An analysis of all readmission data for Lawrence County, as well as other data that could have an impact on the readmission rates was completed. This analysis revealed that in 2000, 267 members had a total of 418 discharges. This indicated that many members are having multiple discharges. Multiple admissions is one of the criteria for complex case management services. It is expected that these services will have a positive impact on readmission rates in 2002. VBH-PA created the position of inpatient reviewer. It is anticipated that the function of this position will create consistency in the service review process and discharge planning which will impact readmission rates.

In response to the trend that Westmoreland County had a high children's readmission rate in the first three quarters of 2001, VBH wrote: "It seems that further drill down using member-specific data is the only way to gain insight into any underlying dynamics that may exist. Due to time constraints, we are not able to present a definitive response to this issue at this time. However, we have already addressed this issue by creating a position this February for a dedicated inpatient reviewer for children. The individual in this position lends consistency to the review process, and facilitates provider communication and discharge planning. In this way, the functioning of this portion of our provider network, as well as the quality of our members' care, will be enhanced

Lehigh/Capital

In the Lehigh/Capital region, Fourth Quarter 2001, the percentage of children readmissions within 30 days was 14% and adult readmissions within 30 days was 17%.

By comparison, Oklahoma reported that, in the year 2000, 6.4% of their adult inpatients funded by the Oklahoma Department of Mental Health and Substance Abuse Services were readmitted within 30 days. Iowa reported in October 1999 that 17% of adult inpatients were readmitted within 30, the same rate as Massachusetts.

RACIAL MINORITIES AUTHORIZATION FOR SERVICES

The percentage of minority members in each county that were authorized for any service was compared to the percentage of the same minority in the Medicaid eligible population. Because Philadelphia and Bucks Counties did not require prior authorization for all services, they were excluded from this analysis.

Southeast

The most frequent minority designation in the Southeast region's population was Black, not of Hispanic origin (African-Americans). The percentage of African-Americans eligible for services, among the three counties in the Southeast included in this summary (Chester, Delaware and Montgomery), was 31%. The second most

If there are concerns about the quality of care, any provider who receives three or more complaints within six months can be brought to the attention of the Quality of Care Committee for review. If necessary, referrals to a provider may be suspended or further action may be taken.

CCBH: The most common member complaint category for the Allegheny County HealthChoices program is that of “provider billed member.” The following actions have been taken to address this issue:

- Providers were identified whose communications look like bills, but were not. Two providers, associated with significant complaints in this category, have changed their communications to help correct the problem.
- Work was done with providers’ billing departments to resolve outstanding individual member accounts.
- As part of provider profiling efforts, providers will need to develop corrective action plans when trends regarding complaints of this nature are identified.

As with all complaints, those regarding unethical/inappropriate behavior were thoroughly investigated. In each instance, the providers were contacted, provided with information about the nature of the complaint, and given the opportunity to respond. As part of the process, Community Care ensures that providers adequately address all the issues the member raised. Once the investigation is complete, the member who filed the complaint is contacted and the results of the investigation are outlined. At this point, members are also presented with information regarding their right to file a second level complaint. In both instances cited in the Early Warning Report, members were satisfied with the results of the investigations and the way the provider responded to the issues raised.

Lehigh Capital – Complaint information is only available for the Fourth Quarter. The average number of complaints per month during the Fourth Quarter 2002 was low for all MCOs.

Monthly complaints averaged for:

Magellan	1 per 13,000 members
CCBHO	1 per 11,000 members
CBHNP	1 per 8,000 members.

INVOLUNTARY ADULT INPATIENT PSYCHIATRIC ADMISSIONS PER 1000 ADULT MEMBERS

Southeast and Southwest

The average quarterly rate of adult involuntary admissions to Inpatient Mental Health services for the SE and SW regions, ranged from 3.1 to 3.4 per 1000 members, a range similar to the prior year. Allegheny County maintained the highest rate of adult involuntary admissions in quarters one through three at 5.4 involuntary admissions per 1000 members, as it had in the previous year.

In the First and Second Quarters CCBH conducted a preliminary analysis of population demographics associated with involuntary commitments. No trends were identified. While the rate of involuntary commitments remains highest for Allegheny County (compared to other counties), it is hoped that the implementation of Community Treatment Teams and the expansion of respite services, both reinvestment initiative, will have some impact on these rates.

utilization data do not reveal low overall utilization of D&A services in these counties. For instance, rates for Inpatient Detox and Non-Hospital Rehab show that Greene, Indiana, and Armstrong are near or above average in comparison to the VBH-PA average for discharges/1000 annualized for 2001. Additionally, VBH-PA is currently involved in the formation of a collaborative effort between Greene County Human Services and Greene County Memorial Hospital to improve access to all levels of D&A services for county residents.”

Children’s Behavioral Rehabilitation Services (BHRS)

Southeast

The average quarterly rate of authorization ranged from 22 per 1000 children (Philadelphia County) to 52 per 1000 children (Montgomery County). None of the counties met the criteria for low or high rate of authorization. Philadelphia reported the lowest quarterly rate of authorizations (22 per 1000 children). CBH reported initiating the following activities to improve the management of BHRS services. A Children’s Services Advisory Group was instituted in August 2001, for children receiving school based Therapeutic Staff Support (TSS) services. This group met to discuss an alternative, more effective and efficient manner of providing medically necessary therapeutic services to children while in school as opposed to the current provision of TSS services. CBH initiated the School-based Group Therapeutic Staff Support Policy. This provision of GTSS was to expand the types of BHRS services available to CBH to meet the individual need of children and their families. CBH has redesigned a process that requires all providers who are requesting behavioral health services to conduct a comprehensive bio-psychosocial evaluation that outlines the need for services. BHRS services will be determined medically necessary through a bio-psychosocial evaluation and treatment plan.

Bucks County had a high rate of authorization for of BHRS compared to most counties (the average quarterly rate of authorization was 50 per 1000 children). Bucks County and Magellan reported initiating the following activities to improve the management of BHRS services:

- Revised the assessment for children who may require BHRS services
- Increased the number of Impartial Reviews for BHRS services
- Trained high volume BHRS service providers to increase the quality and appropriateness of prescriptions and improve their knowledge of alternative services
- Hired an autism consultant to assist with increased service requests for members diagnosed with Autism or Pervasive Developmental Delays (PPD)
- Identified high utilizers and implemented peer reviews to assist in determining factors contributing to high utilization
- Reviewed utilization in monthly meeting with Provider 50 agencies
- Assisted providers to strengthen their internal utilization review processes
- Conducted peer audits for the top ten percent of clients receiving BHRS services.

Southwest

The average quarterly rate of authorization ranged from 12 per 1000 children (Beaver County) to 27 per 1000 children (Indiana County). None of the counties met the criteria for low or high rates of authorization.

Outpatient Children’s Mental Health Services

Southeast

Authorizations for Children’s Outpatient Mental Health services were available from Chester, Delaware and Montgomery Counties. The average quarterly rate of authorization ranged from 76 (Delaware County) to 97 (Montgomery County) per 1000 children. None of the counties met the criteria for a low or high rate of authorization during the quarters measured.

Southwest

The average county rate of authorization, for the four quarters in 2001, ranged from 4.8 per 1000 members (Fayette and Greene Counties) to 11.3 per 1000 members (Allegheny County). None of the counties met the criteria for a low or high rate of authorization during the quarters measured.

CCBH recognized a moderation of inpatient authorizations, but is working to decrease it further and has:

- Initiated a skilled pre-certification care management team
- Developed standards with respite or diversion and stabilization programs to ensure that these programs are equipped to provide acute stabilization services
- Supported the development of Community Treatment Teams as an alternative service for members who have typically used episodic inpatient care.

Partial Hospital Mental Health

Southeast

Montgomery County met the criteria for a high rate of authorization for all quarters measured with rates between 27 and 30 per 1000 members. Delaware County met the criteria for low rate of authorization in all quarters due to the conversion of most of their partial programs to psychiatric rehab.

Southwest

Armstrong and Indiana Counties met the criteria for a low rate of authorization during the Second Quarter. None of the other counties met the criteria for low or high authorizations in any other quarter. The mean authorization for the region ranged between 4.5 and 6.9 per 1000 members.

Outpatient Drug and Alcohol

Southeast

Authorizations data was available for Chester, Delaware and Montgomery Counties only. The average rate of authorization for the four quarters ranged from 8.7 per 1000 members (Delaware County) to 14.4 per 1000 members (Chester County). None of the counties met the criteria for a low or high rate of authorization.

Southwest

The mean rate of authorization for the region declined from 5.9 per 1000 members in the First Quarter to 4.1 per 1000 members in the Fourth Quarter. Fayette, Greene and Indiana Counties met the criteria for a low rate of authorization for all four quarters.

Detoxification

Southeast

None of the counties met the criteria for low or high rates of authorization.

Southwest

Fayette, Greene and Indiana Counties had low rates of authorization in all four quarters and Armstrong County had a low rate of authorization in three of four quarters.

In response to Greene, Indiana and Armstrong Counties trends toward a low rate of authorization, VBH writes: "While Greene, Indiana and Armstrong Counties were below the VBH-PA average in terms of Non-Hospital Detox discharges/1000 (annualized for 2001), the greater breadth of

Southwest

The percentage of denials grieved in the Southwest region increased each quarter from 36% to 46%. The percentage of denials grieved for VBH-PA ranged from 54% to 63% and was the highest among the four BH-MCOs in the Southeast and Southwest regions during each quarter. The percentage of CCBH denials grieved ranged from 13% to 23%.

VBH-PA developed a Draft QI Plan to review the high number of grievances. Implementation of the plan will occur following the hiring of a new Medical Director. It is suspected that lack of inter-rater reliability may have an impact on the number of grievances filed.

Lehigh/Capital

The percentage of denials grieved during the Fourth Quarter for the LC region was 6%.

ANALYSIS OF COMPLAINTS HEALTHCHOICES BH-MCOs

The number of complaints that were reported by the BH-MCOs during the year was low. This finding was confirmed with a variety of stakeholder organizations as reported by their members to the PA Office of Mental Health and Substance Abuse Services. Thus, it appears to be a reflection of the program rather than a problem with the EWP complaint recording. On average there was one complaint per month for every 4600 HealthChoices members. Eighty-seven percent (87%) of complaints were related to provider services or the quality of care. On average CCBH received 24 complaints per month, CBH received 35 complaints per month, VBH-PA received 25 complaints per month and MBH – SE region received 80 complaints per month. During the first quarter of the LC program MBH - LC region received 1 complaint a month, CCBH received 2 complaints a month and CBHNP received 4 complaints a month.

Southeast

CBH: CBH reported Dissatisfaction with Treatment as a wide ranging category that can include such issues as: a therapist missing appointments, a child still not listening to the parents after months of counseling, a negative encounter with a psychiatrist, an unfair discharge from a program, etc. Some are administrative in nature, while others are more of a clinical issue.

These complaints are highly individualized and as such are resolved on a case-by-case basis. They are often referred for resolution and follow up with to CBH Intake/Member Services and/or Clinical Management departments. All others are processed and handled by Provider Network Operations staff.

If the agency has demonstrated a pattern of similar complaints then the provider is asked to develop a system-wide corrective action. Otherwise, each complaint is handled as a unique situation that reflects the consumers' point of view.

MBH: Bucks County completed provider profiling for July to December 2000. Adverse Incidents, Quality of Care Concerns (QCC) and Complaints were among the areas examined in the profiles. The Care Manager was required to file a Quality of Care Concern for any evidence of unethical behavior by providers, which were reviewed by Magellan's Quality Improvement Committee and Bucks County.

Southwest

VBH: VBH completed a BHRS Provider Profile fall of 2001. Trends are addressed during site visits. Providers receiving 3 or more complaints in a 6-month period are reviewed at the Quality of Care Committee.

Complaints received by VBH about unethical or inappropriate behavior, dissatisfaction with treatment, and provider-billed member are typically used as an opportunity for provider education. The issue is addressed with the provider and, if appropriate, corrective action plans are developed to resolve the complaint.

Southeast and Southwest

The distribution of denials remained similar throughout the year. Most denials were for Inpatient Mental Health, denied at a rate that ranged from 4% to 7%. Residential Detoxification was the second most frequently denied service, denied at a rate of 1% to 3%

The following services were denied at a rate of less than 1% throughout the year: Outpatient Mental Health, Outpatient Drug and Alcohol, Psychiatric Partial, MR BH Child Rehabilitation, Crisis Intervention, Family Based MH Services, Clozapine Support Services and Mental Health Case Management. The following services were denied between 1% and 5% in at least one quarter during 2001: BH Child Rehabilitation Services, RTF, Inpatient Drug and Alcohol Detox, Inpatient Drug and Alcohol Rehabilitation.

The percentage of denied authorizations in the Southwest region varied from 1.4% to 1.8%. The percentage of CCBH denied authorizations varied between 1.2% and 1.5% and for VBH-PA between 1.5% and 2.3%.

Lehigh/Capital

During the Fourth Quarter 2001 (the first quarter of the HealthChoices expansion to the Lehigh/Capital region), 1.3% of authorizations were denied. The percent of authorizations denied for the BH-MCOs were: CCBH 2.4%, CBHNP 1.0% and Magellan 0.2%. All service categories with three or more denials had a 2%, or less denial rate.

BHRS Impartial Reviews: Recommendation for denial of BHRS and Residential Treatment Facilities (RTF) require an independent Impartial Review by a DPW consulting psychiatrist. The results of the impartial reviews for all 15 counties participating in the EWP for the year 2001 are summarized below. The chart includes the total impartial reviews and the category breakdowns by BH-MCO.

	Total	Agreed with Provider	Agreed with BH-MCO or Alternate Decision
CBH	222	20 (9%)	202 (90%)
MBH	285	38 (12%)	240 (84%)
CCBH	77	6 (8%)	71 (92%)
VBH	87	11 (13%)	72 (83%)
CBHNP*	16	2 (11%)	15 (79%)
CCBHO*	13	0	13 (100%)
MBH (LC)*	4	0	3 (75%)
Total	704	77 (11%)	616 (88%)

*LC Counties only participated in the EWP during the Fourth Quarter

PROVIDER GRIEVANCES

The specific services that were grieved are not included in the data set. However, given that most of the denials were for inpatient services it is likely that the grievances were for denied inpatient services.

Southeast

The percentage of grievances per denial in each quarter for the Southeast region varied from 15% to 38%. CBH had both a low level of denials and few grievances, as it had in the prior year. The percentage of denials grieved for MBH varied between 17% and 32%.

Some of the same interventions undertaken to better manage inpatient hospitalizations (above) may have also affected the involuntary admission rate. For example, Community Care has been working with their pre-certification team and inpatient ad hoc group to promote for improved communication with providers serving any individual who presents in an emergency room, with or without possible involuntary commitment. Additionally, Community Care has worked with ICM supervisors to reinforce its expectation that ICMs be present at the hospital if an admission is pending. An analysis of the 2001 data is planned in early 2002.

The rate for Beaver County continued to be high throughout the year with rates between 3.7 and 5.2 per 1000 members. Beaver County followed-up their 1999 study, which looked at all 302's (113) from October thru December 2000. This follow-up study agreed with the earlier study: based on the review of the petitions, all 302s appeared to be appropriate. In another study of utilization review notes for 302ed members in May 2001, 12 of 14 cases were authorized beyond the 5 days of the 302. This was further indication that the admissions were appropriate.

As a result of this study, the county developed and distributed under the County MH/MR administrator's signature a document titled "Justification for Involuntary Treatment." This document requires that the certifying physicians justify the 302 commitments. The delegate-contracted provider contacted both Beaver County hospital ER supervisory personnel and their psychiatric coordinators and educated them on the reasons for requiring this.

For a two-month period beginning in September, the MH/MR Office reviewed these forms and the petitions as they were submitted to the office. The county found that although providers were complying with our request to complete these forms, the decrease in 302's was small.

In the year 2002, in conjunction with VBH-PA, the county plans to examine the systems in counties where the involuntary rates are lower, as part of an over all study of the admission/discharge process. The objective will be to establish best practice guidelines for admissions.

Lehigh/Capital

The rate of involuntary inpatient commitment in the Lehigh/Capital regions was 1.5 per 1000 adult members.

30 DAY INPATIENT PSYCHIATRIC READMISSION

The quarterly rate of readmission to psychiatric hospitalization for adults and children in the SE and SW regions ranged from 18% to 20%, slightly higher than the range of 16% to 19% in the prior year.

Southeast

The percentage of children readmitted within 30 days to an inpatient psychiatric unit, each quarter, for the entire SE HealthChoices population ranged from 10% to 14%. The percentage of children in Philadelphia that were readmitted ranged from 11% to 16%. The percentage of children readmitted in the counties managed by MBH ranged from 6% to 12%.

The percentage of adults readmitted to an inpatient psychiatric unit within 30 days for the entire SE HealthChoices population varied from 21% to 23%. The percentage of adults in Philadelphia ranged from 22% to 24%. The percentages of adults readmitted in Philadelphia were among the highest in the 15 counties monitored by the EWP. The percentage of adults readmitted within 30 days for the counties managed by MBH ranged from 16% to 20%, up from the range of 11% to 15% in the prior three quarters.

Southwest

The average quarterly rate of authorization ranged from 32 (Indiana and Lawrence Counties) to 47 (Beaver County) per 1000 children. None of the counties met the criteria for a low or high rate of authorization during the year.

Intensive Case Management (ICM)

Southeast

Authorizations for Intensive Case Management services were available from Chester, Delaware and Montgomery Counties. The quarterly average rate of authorization ranged from 23 (Chester County) to 32 per 1000 members (Delaware County).

Southwest

The quarterly average rate of authorization ranged from 5.7 (Beaver County) to 16 per 1000 members (Allegheny County). Beaver County had a low rate of authorization in the Second through Fourth Quarters. None of the other counties met the criteria for a low or high rate of authorization.

Beaver County/VBH reported, in response to the authorization findings: The ICM rates for targeted case management includes ICM and Resource Coordination (RC). Beaver County currently has 6 adult ICMs, 2 child and adolescent ICMs and 3 child and adolescent RCs. There is no waiting list for any of these services. In August the county added one in-county adult RC (prior to this there were not any in-county adult RC's). Additionally, the county added a Forensic RC within the next 6 weeks. Beaver County also uses case managers for consumers who do not want continual involvement. These services are not billable to HealthChoices, and aren't included in the reported authorization rates.

The case management unit maintains continual contact with all treatment facilities in the area and is notified (by both VBH-PA and the delegates) of every Beaver County psychiatric inpatient admission. Thus, the avenue for referrals is continually maintained.

Additionally, VBH-PA implemented a complex case management initiative effective April 1, 2002. After careful analysis of high utilizers/complex case members, it was decided that their care could be more effectively managed by adopting an intensive case management approach. The adult population (18 years and older) and those members residing in the SW 6 counties (Armstrong, Butler, Indiana, Lawrence, Washington and Westmoreland), and Greene and Beaver Counties will be targeted. Fayette County case manages this population.

The complex case managers will act as facilitators and resources, and will work closely with BSU case managers and county MH/MR staff. The complex case management categories are MISA, SPMI, and MH/MR and Complex medical cases. Criteria have been set for a member to be considered for one of these areas. VBH has all the Complex Case Manager Positions filled at this time.

The children/adolescent high utilizers/complex case members are those receiving BHR services and the BHRS Coordinators are managing these cases.

PERCENT OF MEMBERS FOR WHOM A REQUESTED SERVICE WAS DENIED

The percentage of members denied services varied between 1.0% and 2.0% of authorized members, as it had in the prior year. It should be noted that the PA definition of denial includes circumstances where the provider receives a lower level or lesser amount of service than initially requested.