



Tuscarora
Managed Care Alliance

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Melissa Reisinger

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Annual Report of the Steering Committee to the Board of Directors

Fiscal Year 2013-2014

Perspective *[per-spek-tiv]*

Noun: the faculty of seeing all the relevant data in a meaningful relationship



Every August, I sit down with pen in hand and documents abounding to detail the previous years' activities in order to develop The Tuscarora Managed Care Alliance's Annual Report. It is one of the most gratifying activities of my job as I conduct a mental progress report of accomplishments made and goals yet to be achieved in our strive for a behavioral health system that exceeds national metrics and meets individual person centered needs. This year, in the process of compiling our milestones, I acquired a renewed perspective on the organization's growth, maturation and innovation.

Programming Accomplishments:

Perspective requires a look back at your origins and, in TMCA's inaugural year (2007), its HealthChoices eligibles were 19,330. By 2014, HealthChoices eligibles reached 26,324, representing a 36% increase in the number of persons eligible to receive a behavioral health or substance abuse service over the seven year lifespan of Tuscarora Managed Care Alliance. That statistic also represents the 4% and 7% annual membership increases in Franklin and Fulton County respectively when compared to last fiscal year. In addition, of those persons eligible to receive a service, we served 13.7% of members eligible for HealthChoices services in Franklin County in 2007 and 18% in 2014. Similarly, in 2007 only 12.1% of members eligible for HealthChoices Services in Fulton County were served, while 17% were served in 2014.

Our infant years of HealthChoices focused on building a strong foundation for provider licensing, quality business practices and service delivery. In 2013-2014 we changed our emphasis from foundational building blocks to enhancement of services offered. This shift is evident in the number of new programs, clinical training investments and cross system collaboration efforts TMCA initiated.

In the last fiscal year, TMCA arranged to enhance the competencies of clinicians in our network treating specialty issues with the following initiatives:

Sponsorship was arranged to provide Juvenile Sex Offender Counselor Certification by the University of Louisville. Twenty three (23) staff, across all levels of care as well as PerformCare and county agency staff (i.e. Children and Youth, Juvenile Probation), attended the five day training held in October 2013. Upon completion, all participants were tested on skills and knowledge and then completed a six month practicum in their work setting that included video tape submission to faculty at the University of Louisville for supervision and consultation. Seventeen (17) of the 23 participants acquired the certification, 3 attendees were granted extensions and another 3 attendees dropped out due to either health or employment related issues. Certified clinicians are now located within Outpatient, Targeted Case Management, Family Based Mental Health Services and Residential Treatment Facilities.

TMCA also supported an in-network clinician in their attainment of Tobacco Treatment Specialist Certification at the New Jersey University School of Medicine and Dentistry. The certification addresses tobacco control, nicotine addiction, medical consequences of tobacco use, treatment of tobacco dependence, program development and evaluation, and treating tobacco addiction with special populations such as those with mental illness and other addictions or young people.

TMCA , in partnership with University of Pittsburgh Medical Center and its NIMH Grant, endorsed the training of clinicians and/or funding of facility modifications towards the implementation of Parent Child Interaction Therapy (PCIT) within two Mental Health outpatient clinics. PCIT is a nationally recognized evidenced base parent training program for families who have children with externalizing behavior problems. The program is unique in that it provides parents and caretakers in-vivo coaching as they interact with their young child (ages 2.5 to 7 years old). Providers began training in July 2014 and were able to start this treatment modality in November 2014.

TMCA also focused on enhancements to the existing service compliment while keeping an eye to the emerging needs of the HealthChoices populations. More specifically, TMCA facilitated the additions of Telepsychiatry within three Mental Health Outpatient facilities, thus increasing access to subspecialties in Psychiatry such as Children, Addiction and Forensics.

TMCA initiated collaboration with the Franklin Fulton County MH/ID and Franklin/Fulton Drug and Alcohol programs to analyze the Outpatient Service needs in Waynesboro, Franklin County. This resulted in the opening of a dually licensed (both Mental Health and Drug and Alcohol) Outpatient Clinic in September 2014.

TMCA also provided oversight of PerformCare in ensuring Act 62 Behavior Specialist Licensing requirements and capacity needs of the Franklin/Fulton Area were met. The act required that all individuals who design, implement, or evaluate a behavior modification intervention for children with Autistic Spectrum Disorders (ASD) become licensed by the PA Board of Medicine. At the time of implementation on May 26th, 2014, Franklin and Fulton Counties had 38 Behavior Specialist clinicians licensed by the Board of Medicine; 35 clinicians were located in Franklin County, 3 were in Fulton County. There were no (0) children with ASD that were being treated by an unlicensed clinician.

We also continued our partnership in the *Comprehensive, Continuous, Integrated System of Care (CCISC)* initiative with Franklin Fulton MH/ID and Franklin Fulton Drug and Alcohol. Last fiscal year, this resulted in the development and piloting of both an Agency Co-Occurring Competency Tool a Co-Occurring Client Outcome Survey, as well as the initiation of planning for Performance Based Contracting for providers that are Co-Occurring Competent. Additionally, two trainings were made available to clinicians on Co-Occurring topics.

Initiatives involving Behavioral Health System enhancements that began during the 2013-2014 fiscal year and will continue in the upcoming fiscal year include: Dual-Diagnosis (Mental Health and Intellectual Disability) Workgroup; School Based Outpatient Services Summit; Mental Health Procedures Act Business Process Improvement Workgroup.

In January 2014, IPRO, the Office of Mental Health and Substance Abuse Service External Quality Review Organization, released the statewide findings on follow-up after behavioral health inpatient hospitalization. The metrics assessed the timeliness of first appointments offered post inpatient hospitalization. The Franklin and Fulton County HealthChoices program rated statistically above the statewide average for timely follow up in both 7 and 30 day standards. Specifically, TMCA ranked first out of 38 behavioral health contracts in 30 day access post inpatient for both traditional Outpatient metrics and first for state-designed Outpatient or Targeted Case Management metrics. TMCA ranked second out of the same 38 contracts in 7 day access regarding traditional Outpatient metrics.

Organizational Accomplishments:

Efforts in development were not limited to those externally concerning the network, but also internally within the organization. TMCA staff recognized the power of business identity and electronic media and contracted with a local digital agency to develop a professional logo and website. The goal is to raise HealthChoices member identification of and access to TMCA regarding service needs, satisfaction and concerns.

Furthermore, TMCA staff, with the assistance of several Steering Committee representatives, recognized the need to develop an effective process and management tool for claims-based income and expense management. A reporting tool that tracks on a monthly basis, capitation payments, rates and actual paid claims was developed and subsequently incorporated into the Steering Committee Packet. Accompanying the report, a protocol for trending over or under claims target was developed. The protocol was employed during the year due to consistent performance under the per member per month (PMPM) target. The resulting recommendation consisted of awarding enhanced rates to providers with programs holding clinical competency based certifications and also resulted in a fee schedule increase for providers of Drug and Alcohol Services.

For the first time in the organizations existence, TMCA received three (3) Right to Know Requests. Two of the requests were communicated by the Department of Public Welfare regarding Behavioral Health Rehabilitation Service utilization information, while the third request was filed directly with TMCA regarding an issued Request for Proposal for Peer Support services. In all three instances, TMCA sought the guidance of its legal counsel to ensure compliance with the Open Records law.

TMCA also developed and implemented a process to evaluate contract performance of its subcontracted Behavioral Health Managed Care Organization, PerformCare. TMCA staff compiled five years of retrospective performance data regarding PerformCare related to Access, Provider Quality, Executive Management, Member Satisfaction and Fiduciary Management. The information was then presented to the Steering Committee for member scoring and evaluation to gauge interest in re-procurement at the end of the current agreement period. In the end, TMCA Steering Committee scoring of performance fell within the range for continuation of the agreement with PerformCare for an additional two year period. This evaluation strategy will be employed in years to come.

As a result of the Office of Mental Health and Substance Abuse Services triennial review, analysis and revision of our Consumer Family Satisfaction Team (CFST) processes occurred last fiscal year. TMCA revised and refined the surveying expectations to increase the number of required face to face surveys. We also increased the frequency with which providers receive comments and feedback as well as the conditions upon which a surveyor completes a concern report for submission to TMCA. With these revisions, TMCA satisfied OMHSAS' deficiency issues with our C/FST program.

Financial Conditions and Accomplishments:

During fall of 2014, the Department of Public Welfare's (DPW) rating categories were changed in response to the Commonwealth's conversion to a Modified Adjusted Gross Income (MAGI) based eligibility. The new rating categories are Temporary Assistance for Needy Families/Healthy Beginnings/MAGI 0-21 and 22+, SSI with Medicare & Healthy Horizons, SSI without Medicare 0-21 and 22+, Categorically Needy State-Only General Assistance and Medically Needy State-Only General Assistance. The results were the condensing of two eligibility categories, TANF/HB with MAGI. This presented rate evaluation challenges for the 2014-2015 year as the program did not have previous claim experience on the MAGI population and could not differentiate via eligibility files regarding the population subset. The eligibility conversion may also account for growth experienced in the number of eligibles during the 2013-2014 fiscal year.

TMCA received resolution on outstanding rates from 2012-2013 and 2013-2014. The Center for Medicaid/Medicare Services provided approval to DPW on the outstanding proposed rates in February 2014. In the interim period prior to the approval, TMCA was being paid at the 2011-2012 CMS approved rate, which was a higher PMPM rate. In anticipation of reconciliation and adjustments, TMCA employed the unapproved proposed rates during the interim period fiscal years. By employing this accounting methodology, TMCA had better accuracy and minimal discrepancies with DPW retroactive rate adjustments related to the approvals. The 2013-2014 rate included a 1% reduction in administrative allowance. TMCA came to agreement with our subcontracted BHMCO regarding allocation of the reduction and executed an amendment to the Administrative Agreement with PerformCare.

By spring 2014, TMCA received the Equity and Insolvency requirements from DPW. Upon recommendation from the Steering Committee, TMCA's staff procured a letter of credit to meet Insolvency requirements. The Letter of Credit amount was increased by \$500,000.00 from the previous year's request as a result of the impact of the claims deficit in 2012-2013 on TMCA's Risk and Contingency Reserves. TMCA's Letter of Credit for 2014-2015 is valued at \$1,724,308.00. TMCA retained in reserve the necessary requirements for Equity. Both instruments were in place July 1, 2014 to continue TMCA's designation as a Risk Assuming Non-Licensed Insurer in Pennsylvania.

TMCA reviewed and accepted the 2014-2015 rate offer from the Department of Public Welfare, which reflected a 3% reduction from the previous years' rate; however, based upon claims experience and declining BHRS costs, TMCA accepted the offer.

After experiencing our first instance of claims deficit during the 2012-2013 year, the 2013-2014 year was focused on rebuilding reserves while ensuring the provision of medically necessary services. TMCA received \$26,515,746.00 in capitation revenue during 2013-2014 and paid \$19,098,947.00 in claims for behavioral health services.

At minimal, TMCA will retain an estimated \$748,540.00 towards restoration of risk and contingency reserves expended in 2012-2013. TMCA will request of DPW the ability to reinvest all retained revenue from the 2013-2014 year which unaudited records estimate at \$1.6 million dollars in claims savings.

In 2012-2013 TMCA and our subcontracted behavioral health managed care company implemented corrective actions related to the care management practices around BHRS. The results of the corrections, including less restrictive service interventions, became apparent in 2013-2014. It resulted in an \$8.37 per member per month decrease of cost in BHRS. The aggregate cost of the BHRS program for 2013-2014 was \$5,837.173 compared to \$8,322,453.00 in 2012-2013.

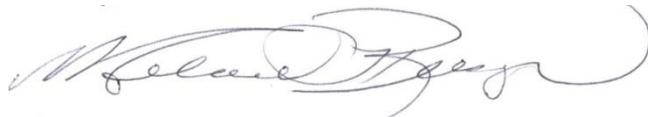
Finally, I pause to take another retrospective look from where TMCA began. In 2007-2008, TMCA paid for the services of 2,612 residents of Franklin and Fulton Counties at an \$81.05 PMPM rate. This past year, 2013-2014, claims were paid for 4,624 residents at the estimated rate of \$79.83 PMPM. In our seven year existence, TMCA is serving twice as many residents at the same or lower cost.

Looking back, TMCA has had a busy and productive year that is reflective in the breadth of activities compiled in the narrative preceding. The organization is in constant motion and the opportunity to pause and reflect upon the staff and organization accomplishments brings to mind one final definition:

Proud [praʊd]

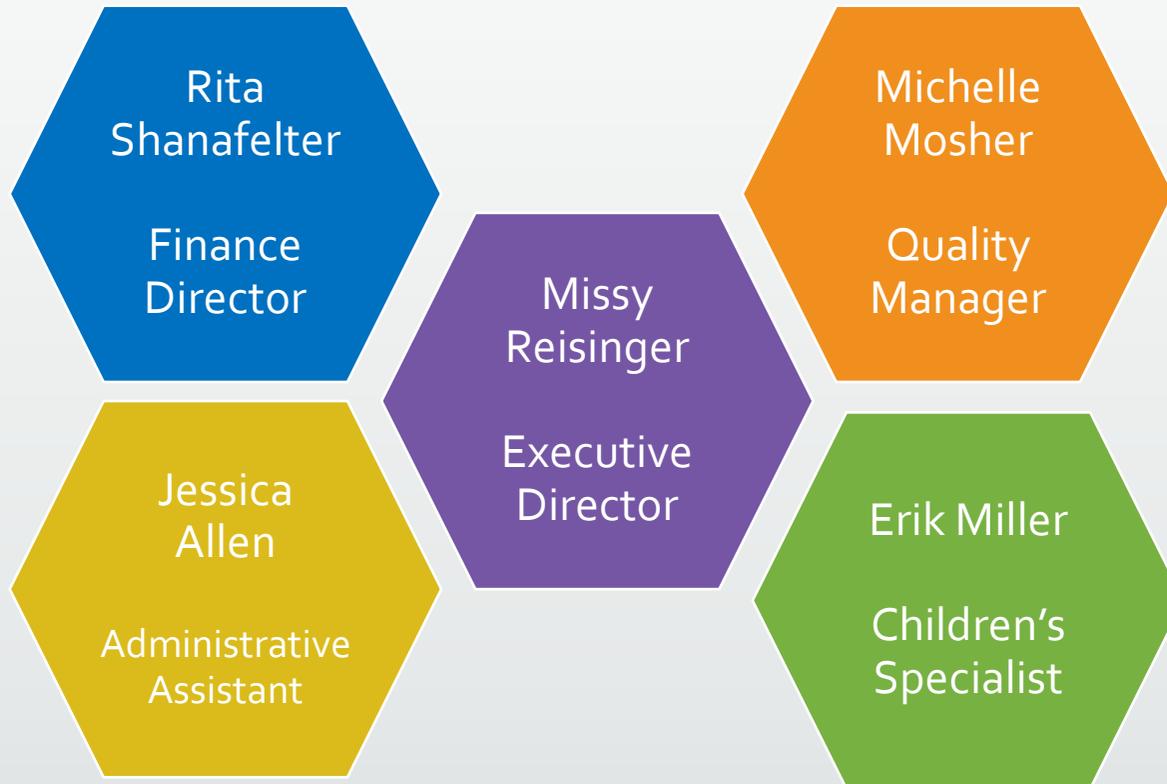
Adjective: very happy and pleased because of something you have done; something you own, someone you know or are related to, etc.; feeling pride.

Respectfully submitted to TMCA's Board of Directors, September 2014,



Melissa L. Reisinger
Executive Director

Personnel:



Steering Committee Membership:

The Steering Committee met monthly during 2013/2014 and was comprised of the following members:

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Program Review:

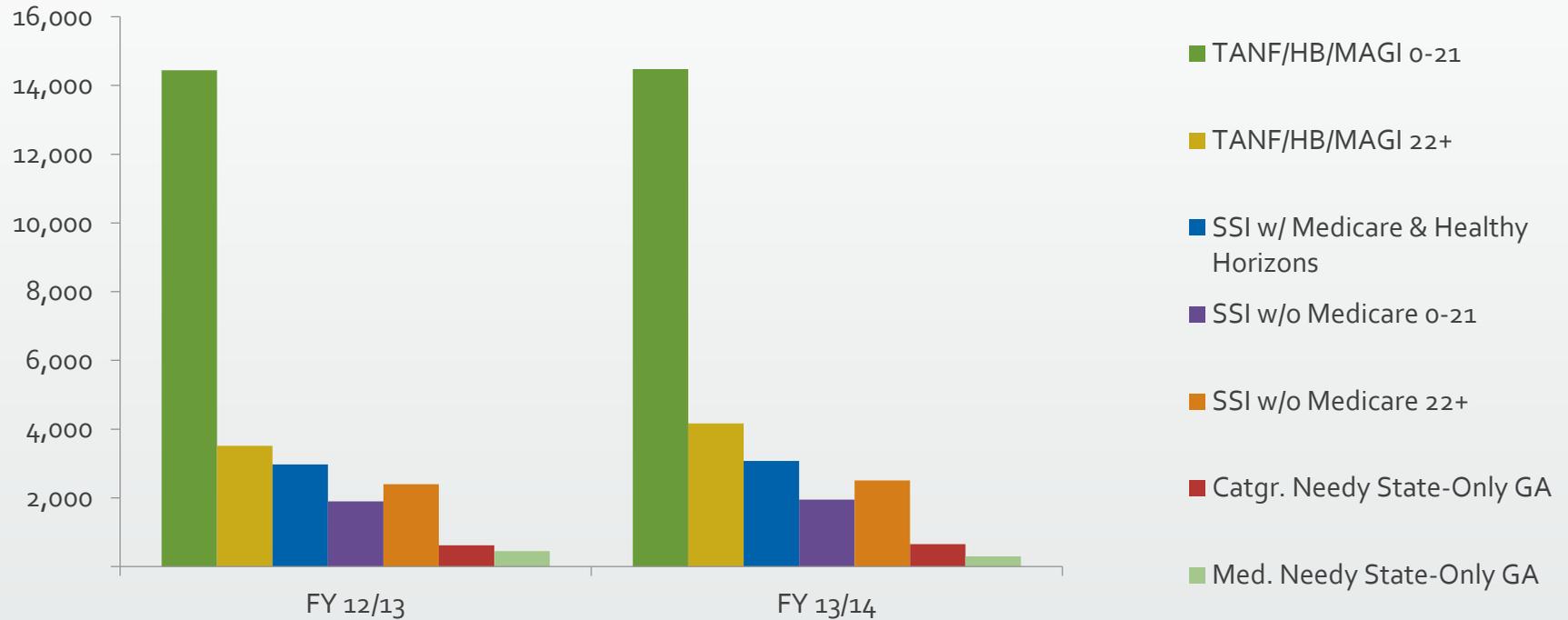
Medical Assistance Membership

In contrast to our experience last year Membership increased in the 2013/2014 fiscal year by 4%. Membership increased from 25,329 members to 26,324 members.

- Franklin County experienced a 4% increase in membership from 22,693 members to 23,490 members.
- Fulton County experienced a 7% increase in membership from 2,746 members to 2,950 members.
- Adult Membership experienced a 5% increase. (11,962 members to 12,326 members)
- Child/Adolescent Membership experienced a 5% increase. (13,711 members to 14,359 members)
- The graph on the next page depicts the new Aid Categories under MAGI (Modified Adjusted Gross Income). Due to this change in Aid categories we are only comparing the last 2 fiscal years. As evidenced in the graph and chart the biggest change could be seen in the TANF/Healthy Beginnings/MAGI 22+ category of aid with a 19% increase from the previous year. We also saw a change in the Medically Needy State only General Assistance Category with a decrease of 152 members however those members may have been re-categorized under the SSI without Medicate 22+ and Categorically needy State only General assistance categories as those categories increased in total by 149 members.
- An analysis of growth in membership in months throughout the fiscal year revealed a spike in membership in March 2013 followed by increases throughout the rest of the fiscal year. This may be due to the deadline for open enrollment under the ACA and individuals realizing they were eligible for Medicaid when attempting enrollment in the marketplace.
- The rate of overall growth in membership since the inception of HealthChoices in 2007 is 36%.

Medical Assistance Membership Cont.

Medical Assistance Eligibles By Category of Assistance



Members		
<u>Aid Category</u>	<u>FY 12/13</u>	<u>FY 13/14</u>
TANF/HB/MAGI 0-21	14,443	14,481
TANF/HB/MAGI 22+	3,517	4,169
SSI w/Medicare & Healthy Horizons	2,977	3,074
SSI w/o Medicare 0-21	1,897	1,950
SSI w/o Medicare 22+	2,394	2,505
Catgr. Needy State-Only GA	620	658
Med. Needy State-Only GA	451	299
Grand Total	25,328	26,325

Medical Assistance Membership Cont.

Membership per Month

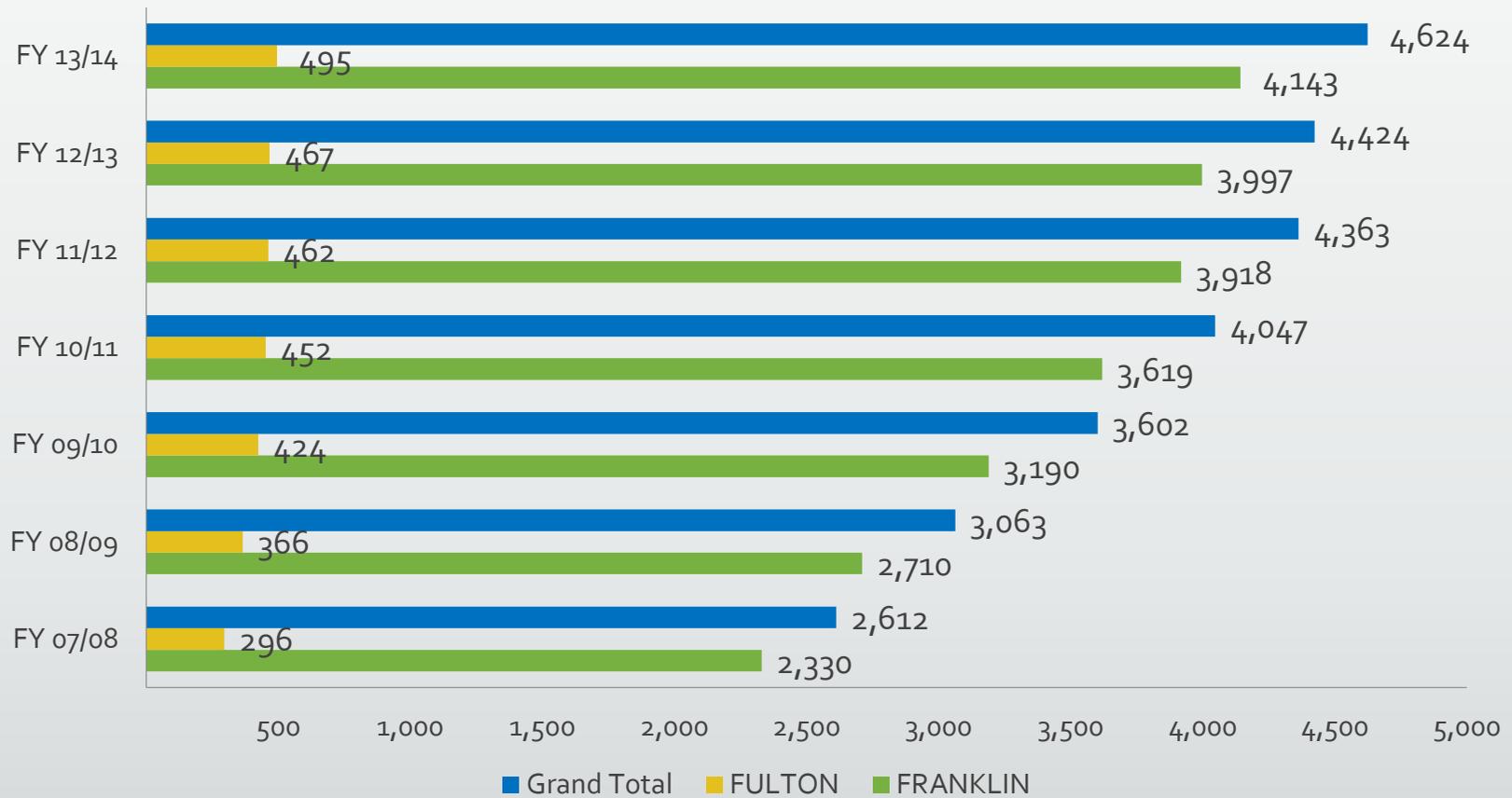


Medical Assistance Service Recipients

Members seeking services has increased from the previous year by 5%.

- Franklin County Service Recipients increased by 4% (146 consumers)
- Fulton County Service Recipients decreased by 6% (28 consumers)

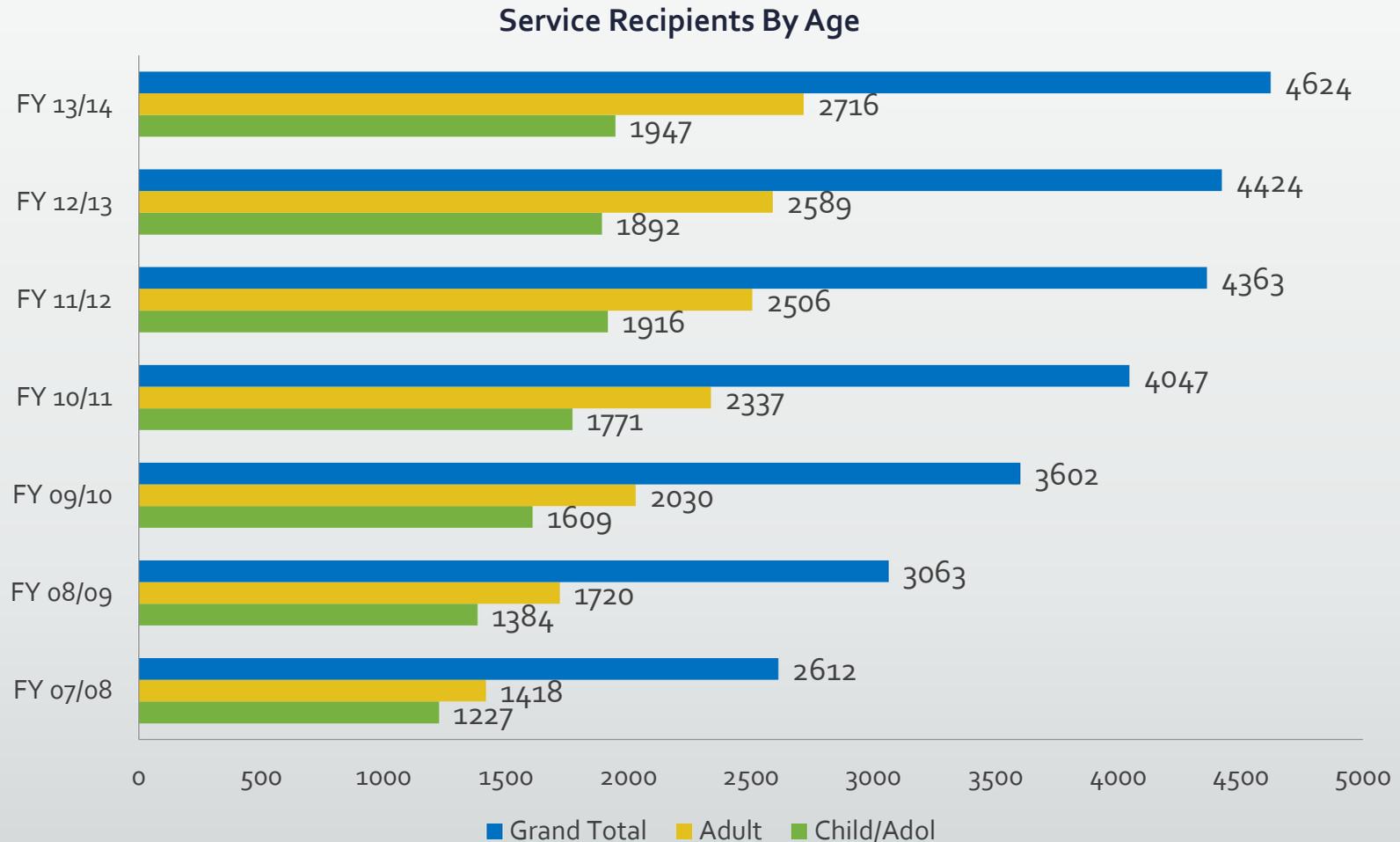
Service Recipients by County



Medical Assistance Service Recipients Cont.

- Adult Service Recipients increased by 5% (additional 127 consumers)
- Child/Adolescent Service Recipients increased by 3% (additional 55 consumers)

**In the graph below please note that the grand total is unduplicated and the adult and child/adol numbers have duplications if an individual were to change from a child/adol to an adult during the time period.*



Penetration Rates (Service Recipients/Membership)

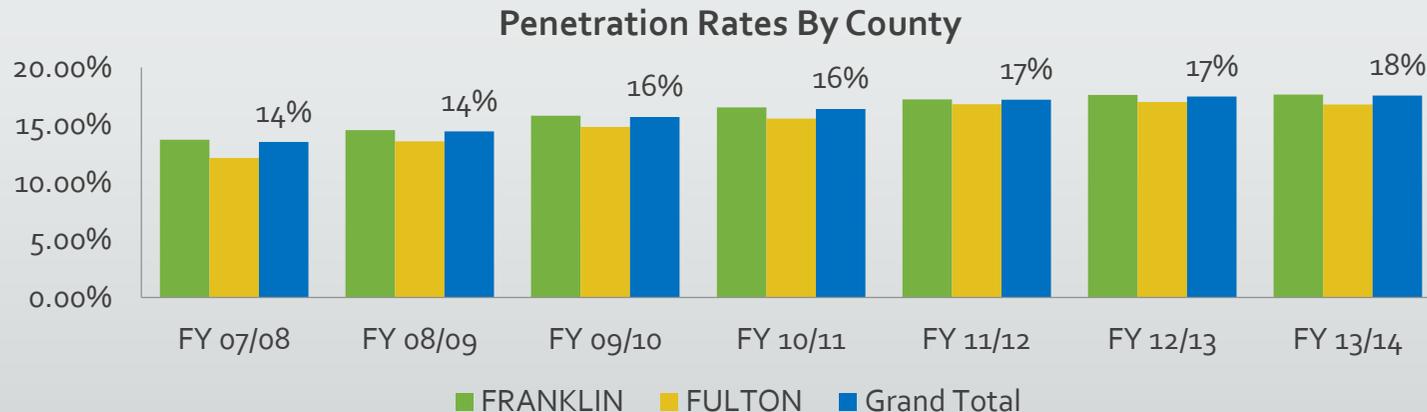
This fiscal year we saw our highest rate of users. FY 2013/2014 penetration rate 18% (previously 17%).

- Franklin County penetration rate, 18%
- Fulton County penetration rate, 17%
- Adult penetration rate, 22%
- Child/Adolescent penetration rate, 14%

HEDIS (HealthCare Effectiveness Data and Information Set) is a collection of data from HealthCare providers across the nation that sets standards from which we can compare ourselves. In the table below we have compared ourselves to national and statewide averages.

- Mental Health service recipient penetration rate, 17% (75th percentile according to HEDIS)
- Drug & Alcohol service recipient penetration rate, 2% (just below the 50% percentile according to HEDIS)
- Co-Occurring (MH and D&A) penetration rate was also 2%.

	Franklin/Fulton FY 13/14	Statewide HealthChoices CY 2012	HEDIS (Healthcare Effectiveness Data and Information Set (HEDIS) 2012 Percentiles		
			50th	75th	90th
Mental Health Penetration Rate	17%	19.3%	10.40%	13.09%	19.43%
Drug & Alcohol Penetration Rate	2%	3.4%	2.8%	5.28%	6.59%
Co-Occurring (MH and D&A) Penetration Rate	2%	N/A	N/A	N/A	N/A
Total	18%	20.2%	N/A	N/A	N/A



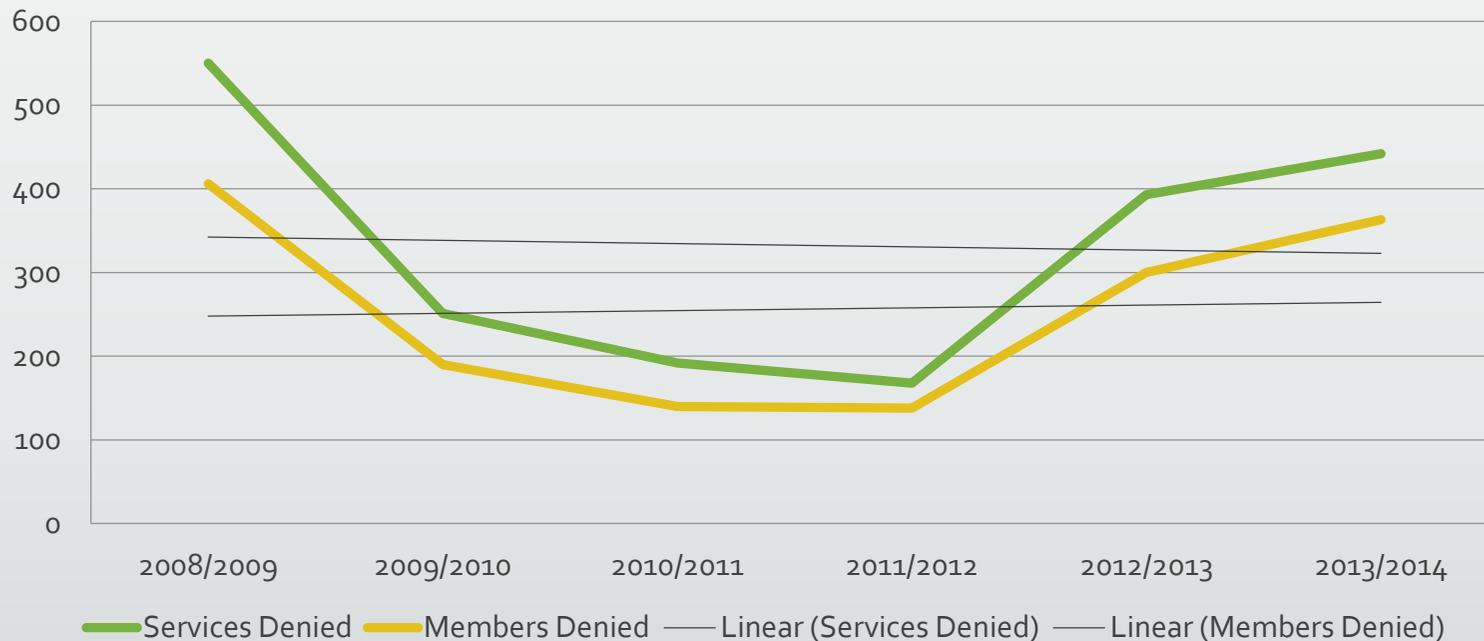
Denials

As a reminder denials are defined in HealthChoices as any deviation from what is requested. The majority of denials are the result of a reduction of what was requested or a different service approved in place of what was requested. Additionally, a denial could be the result of an approval for more services than what was requested although that happens less frequently.

PerformCare issued 442 service denials for 363 Individuals in FY 2013/2014. As seen below, denials have increased from the previous fiscal year.

- 345 Children denied
- 18 Adults denied

Denials by Fiscal Year

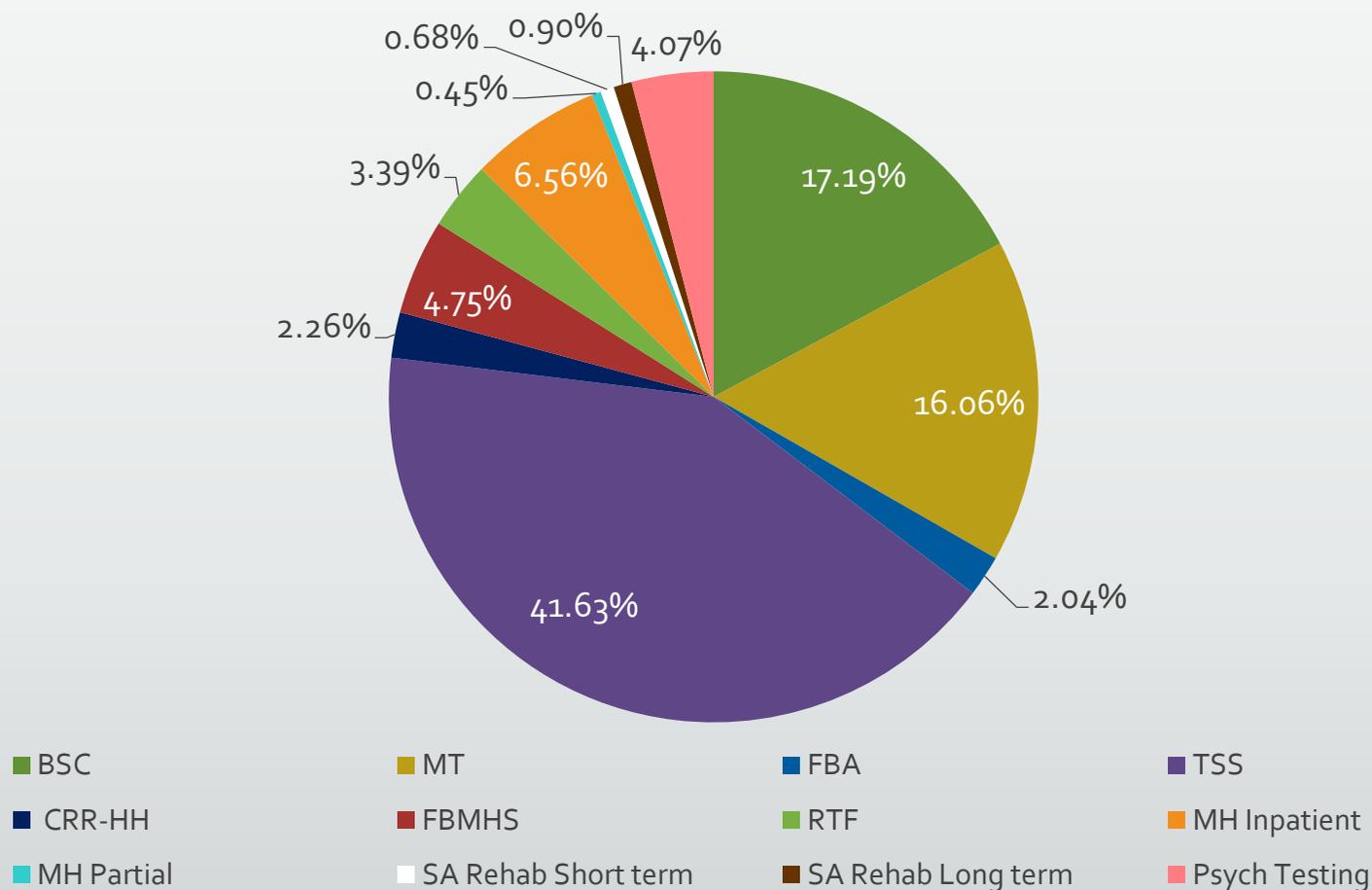


Denials Cont.

PerformCare received 3,179 requests for services in FY 2014/2015.

- 1273 Children Service Requests
- 1906 Adult Service Requests

PerformCare denied 442 services or 14% of service requests in FY 2013/2014. This is an increase from last fiscal year (393 service denials or 11% of service requests). As evidenced below, TSS services were most frequently denied with 184 service denials or 42% of all denials, which is consistent with previous year trends.



Complaints and Grievances

During 2013/2014, Members filed 27 level 1 complaints and one level 2 complaint, which is an increase from last year (9) but the complaint content is consistent with previous years.

- Most complaints were in regards to Outpatient Services (12), which consistent with last year trends. The next highest number of complaints is BHRS with 8.
- The majority of complaints were filed due to “dissatisfaction with treatment received” (18). This is consistent with previous year trends.

In terms of grievances, the number filed this fiscal year increased from the previous year, which is expected given the increase in denials.

- We also saw a significant increase in the number of External Reviews and Fair Hearings filed. Three of the 7 Fair Hearings and 2 of the 11 External Reviews were withdrawn. All 4 Fair Hearings that underwent review were overturned and 3 of 9 External Reviews that were reviewed were overturned.
- Of all types of grievances filed; 55% were upheld, 29% were overturned and 16% were withdrawn.

The chart below delineates grievances by type across fiscal years 2008/09 through FY 2013/14.

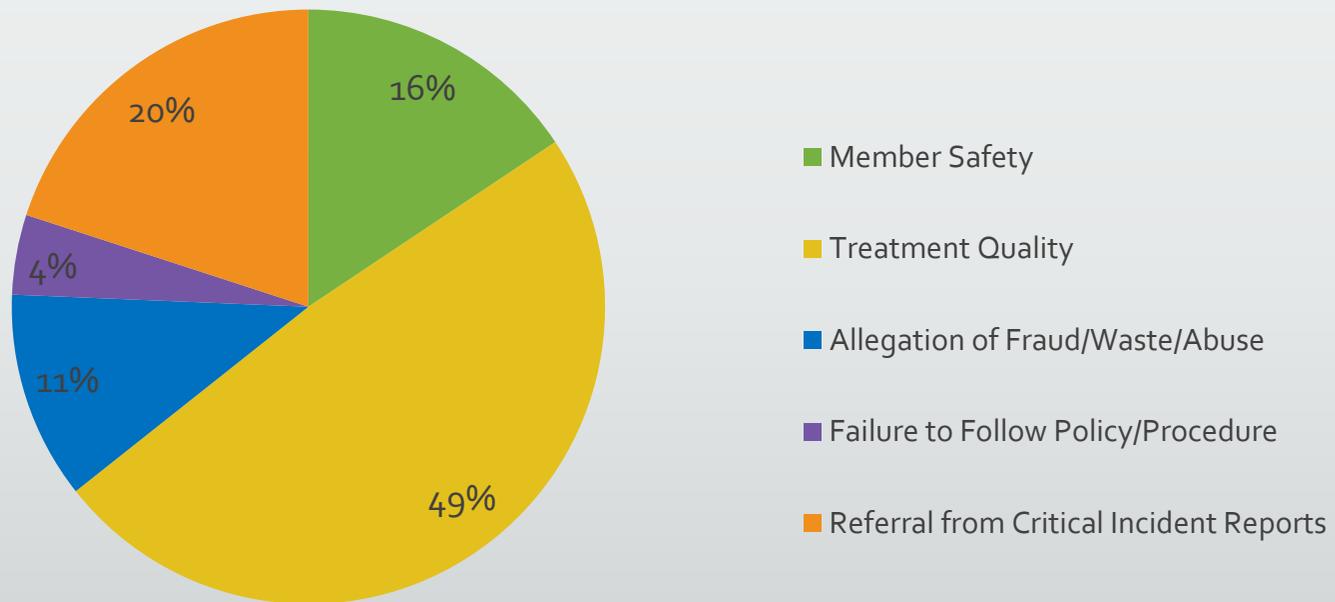
	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Level I	102	45	18	23	80	106
Level II	29	10	4	3	21	33
External Review	5	4	1	1	3	11
Fair Hearing	3	2	2	1	2	7

Quality of Care Concerns (QOCC)

During FY 13/14, PerformCare’s Quality of Care Council received 87 quality of care concerns, which is a decrease from last year (104). More specific information regarding those concerns is as follows:

- The majority of the concerns pertained to Treatment Quality (56) or referrals from critical incident reports (23). Thirteen referrals were due to allegations of fraud waste or abuse. See Figure A below.
- BHRS (30), RTF (15) and Mental Health Inpatient (14) had the most quality of care concerns logged. See Figure B on the following page for a breakdown.
- Due to these 87 referrals the QOCC took 173 actions. Of these actions 2 unannounced site visits were occurred, and 13 referrals were made to the Corporate Compliance department to be investigated for Fraud, Waste or Abuse. For a more in-depth breakdown refer to Figure C on the following page.

Figure A - QOCC Referrals by Type of Incident



Quality of Care Concerns (QOCC) Cont.

Figure B - Referrals by Level of Care

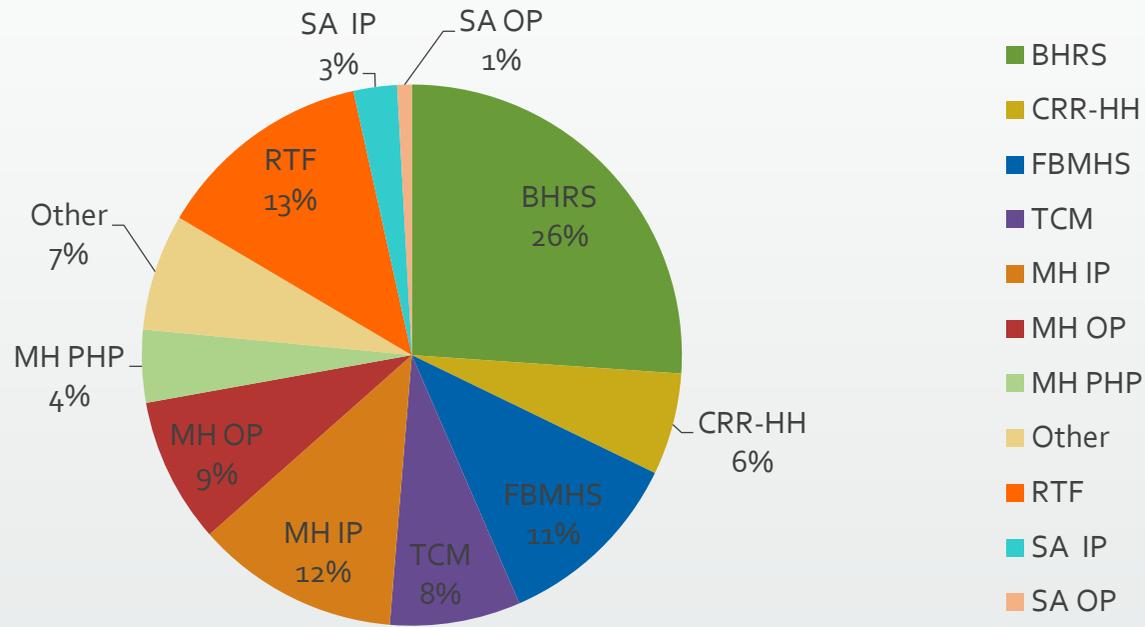
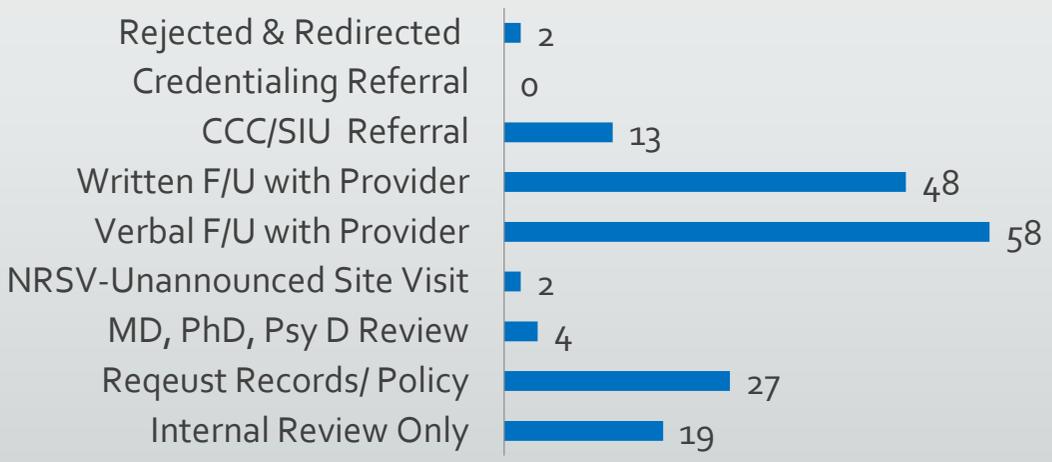


Figure C - QOCC Referrals By Outcome



Mental Health Inpatient Readmission

In fiscal year 2013/2014 Adults and Children who experienced a Mental Health Inpatient Hospitalization were readmitted 10.95% of the time within 30 days of their discharge. This is an improvement over the previous year's 16.63% (FY 2012/2013). OMHSAS expects that no more than 10% of Individuals should have a readmission within 30 days therefore we are slightly above that benchmark as a region. The chart below depicts the admissions and readmissions experienced throughout the fiscal year.



In fiscal year 2013/2014 the Mental Health Readmission workgroup continued to meet and analyze readmissions from the past two fiscal years. Data was collected on similarities within the groups. In addition a survey of Individuals with readmissions is in production. These analysis from this group is currently being used to form interventions for the new OMHSAS initiated PIP (Performance Improvement Project), Successful transitions from inpatient to ambulatory care.

Individual / Family Satisfaction Team (I/FST)

This year the I/FST completed 540 surveys, representing 8.1% of the total population. Of these surveys, 50.2% were adult, 40.4% were family, and 9.5% were youth. This year the I/FST completed 249 (46.1%) face to face surveys.

There were not significant differences in Adult Satisfaction from last year to this year. Satisfaction remains high (likert scale 1-5).	Adult Satisfaction Franklin/Fulton	July 2012 – June 2013 (N=439)	July 2013 – June 2014 (N=271)
	Access to Services	4.33	4.36
	Treatment Experiences	4.28	4.32
	Recovery Practices	4.34	4.32
	Direct Outcomes	4.22	4.20
	Total:	4.29	4.30

Adult PerformCare Questions	Total Adult Respondents	Percentage of "Yes" Responses
Have you ever called PerformCare?	271	15.1%
When you called PerformCare, did the staff treat you respectfully?	40	97.5%

Overwhelmingly, Adults are satisfied with their interactions with PerformCare.

There was little change in this area from the previous year.

Adult Seven Day Access to Services	2012-2013	2013-2014
Yes	67.8%	67.9%
No	14.0%	13.8%
Don't Know	19.2%	18.3%

Individual / Family Satisfaction Team (I/FST) Cont.

Youth satisfaction significantly improved overall and in the direct outcomes and treatment experiences/ recovery practices categories.

Youth Satisfaction Franklin/Fulton	July 2012 – June 2013 N=65	July 2013 – June 2014 N=51
Access to Services	4.05	4.05
Treatment Experiences	4.03	4.20*
Recovery Practices	4.20	
Direct Outcomes	4.06*	4.23*
Total:	4.09	4.17*

*Indicates significant difference in means between statements, significant at the .05 level

Family Satisfaction Franklin/Fulton	July 2012 – June 2013 (N=347)	July 2014 – June 2014 (N=218)
Access to Services	4.22	4.18
Treatment Experiences	4.29	4.34
Recovery Practices	4.37	
Direct Outcomes	4.12	4.02*
Total:	4.25	4.26

Family Satisfaction remains mostly unchanged from year to year. The only significant change was a decline in the direct outcomes category.

*Indicates significant difference in means between statements, significant at the .05 level

Family member perceived access has declined slightly from last fiscal year.

Family Seven Day Access to Services	2012-2013	2013-2014
Yes	73.8%	65.1%
No	8.9%	13.3%
Don't Know	16.7%	21.6%

Individual / Family Satisfaction Team (I/FST) Cont.

Family PerformCare Questions	Total Family Respondents	Percentage of Family "Yes" Responses
Q9 .Have you ever called PerformCare?	218	22.9%
Q10. If you have called PerformCare, were you treated respectfully by staff?	50	94.0%
Q11. Did you talk to a PerformCare care manager?	50	72.0%
Q12. If yes, was the information offered helpful?	37	89.1%
Q13. Have you ever been dissatisfied with a provider or PerformCare, and made a complaint to PerformCare?	218	5.0%
Q14. Were you satisfied with how your complaint was handled by PerformCare?	11	63.6%
Q15. Have you ever had a service denied by PerformCare and then filed a grievance?	218	6.4%
Q16. If you have used PerformCare's grievance process, were you satisfied with the process?	14	42.9%
Q17. Were you satisfied with the way you were treated during the grievance process?	14	64.3%

Sustain

[suh-steyn]

Verb: to keep going; as an action or process; maintain

Adult Services:

2,716 unduplicated adults received a service in FY 2013/2014 for a cost of \$6,340,796.14. This is an increase of 127 adults and an increase in expense of \$312,631.85 from the previous FY. The breakdown by county is as follows:

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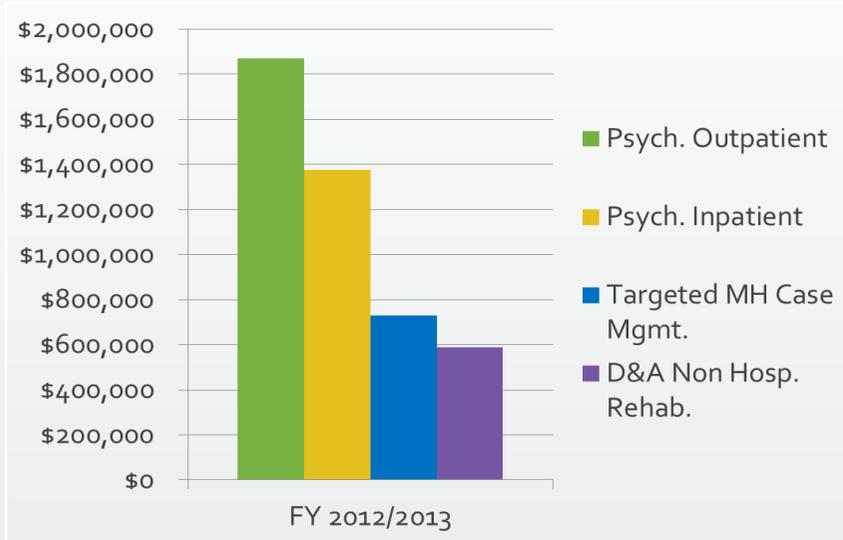
- 2,421 Franklin County adult recipients (89%); \$5,434,306.68 Franklin County Adult Services (86%)
- 305 Fulton County adult recipients (11%); \$906,489.46 Fulton County Adult Services (14%)

No real changes were noticed in adult recipients by age group. The majority of adult recipients fall into the 21-44 age range as in previous years.

During the FY 2013/2014 the following trends were noted in Adult services.

- Psychiatric Rehabilitation Services continued to grow and served 43 members (previously 30) the cost of this service rose significantly likely due to increased intensity of the services and serving more members.
- Tele-psychiatry Services grew significantly from the previous year, 75 members received this service (previously 5), this is due to increased capacity for this service.
- Peer Support Services continue to grow serving 95 members (previously 85).
- Targeted Case Management services served more members 389, (previously 352) and cost rose significantly due to an increased reimbursement rate.
- Drug and Alcohol IOP services increased from serving 71 members last year to 121 in 13/14, this is due to increased provider capacity for this service.
- Mental Health Inpatient services were utilized by more members 225, (previously 204) however the cost decreased from the previous year. This is due to decreased lengths of stay and less inpatient stays per person from the previous year.

Adult Services Utilization

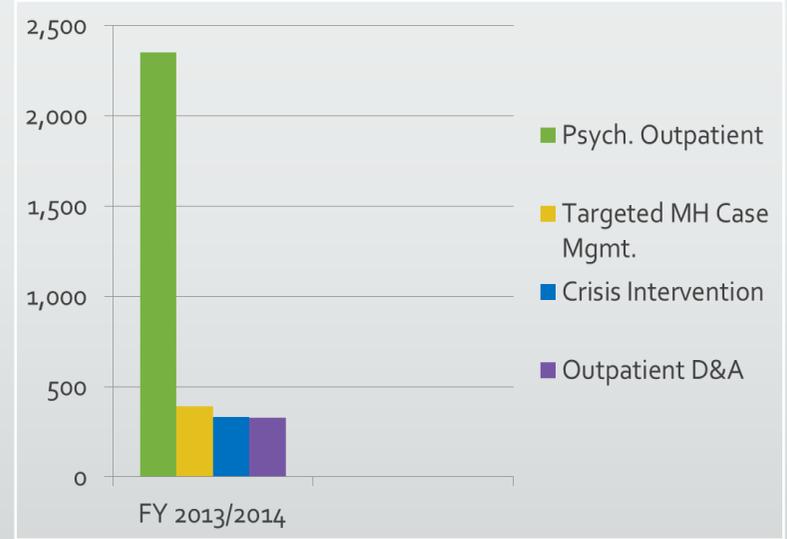


The four highest cost adult services for FY 2012/2013 are:

- Psychiatric Outpatient Services (includes tele-psychiatry); \$1,870,802 (2,350 unduplicated recipients),(previously #2)
- Inpatient Psychiatric Services; \$1,374,298 (225 unduplicated recipients), (previously #1)
- Targeted MH Case Management Services; \$728,510 (389 unduplicated recipients), (previously #4)
- Drug & Alcohol Non Hosp. Rehab Services; \$588,631 (118 unduplicated recipients), (previously #3)

The four highest utilized adult services for FY 2013/2014 are:

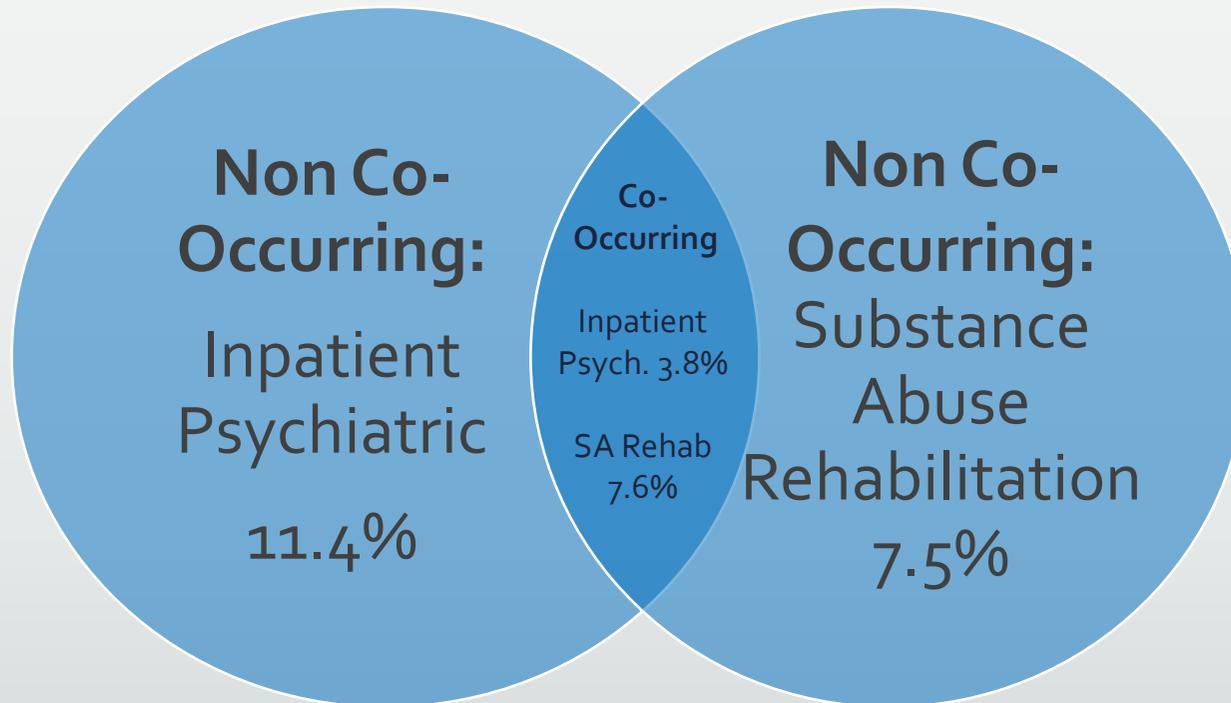
- Psychiatric Outpatient Services (includes tele-psychiatry); 2,350 unduplicated recipients
- Targeted MH Case Management; 389 unduplicated recipients, (previously #3)
- Crisis Intervention; 334 unduplicated recipients, (previously #4)
- Outpatient D&A (includes IOP); 327 unduplicated recipients, (previously #2)



Co-Occurring Population

In fiscal year 13/14 TMCA collaborated with Allan Collaunt Associates and Capital Area Behavioral Health Collaborative to develop a Co-Occurring (MH/SA) designator in our data system. This designator allows us to track treatment experiences and outcomes for this specialized population. In 2013/2014 this designator identified 482 adult and adolescent individuals in our system that are currently utilizing services, this is 10% of all consumers. This is an increase from the previous FY (400). The top 3 diagnoses for this population are Major depressive disorder, Bipolar disorder, and Opioid dependency. Currently readmission rates for Mental Health Inpatient and D&A rehab are lower or similar for this population than the rest of the population. This is a positive outcome and we hope to see this trend continue.

Readmit Rate 30-Day Co-Occurring FY 13/14



Children Services:

Enhance

[en-hans, -hahns]

Verb: to raise to a higher degree; intensify; magnify

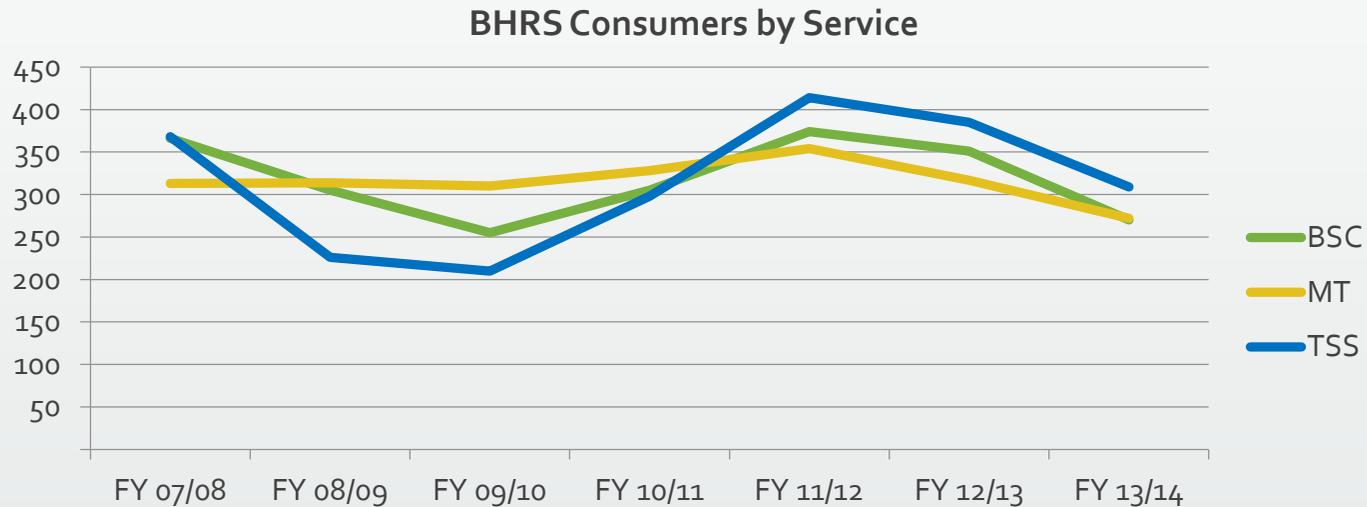
The number of Franklin/Fulton youth served in FY 13/14 increased 3.84% though a slight decrease in penetration rates in both counties was observed. Below is a more comprehensive summary of consumers and penetration rates by county and age. Last year's penetration rates are noted parenthetically for comparative purposes.

County	Ages 0-5	Ages 6-12	Ages 13-17	Total	Penetration Rate
Franklin	263	901	721	1885	13.57% (13.73%)
Fulton	44	89	74	207	13.12% (13.36%)
Total	305	988	795	1947	13.55% (13.68%)

Consistent with past Annual Reports, children/adolescents received mental health outpatient (1,493 members) and Behavioral Health Rehabilitation Services (511 members) more often than any other service during Fiscal Year 13/14. It is worth mentioning the significant 33% reduction in the number of members served by means of psychiatric partial hospitalization (decrease of 23 members served), while the use of crisis intervention increased by 21 members (13.7%). Access numbers for the other child/adolescent services remained relatively unchanged when compared to last fiscal year.

BHRS Consumers

Although the second most frequently accessed service, Behavioral Health Rehabilitation Services (BHRS) usage decreased 16% compared to last fiscal year. In particular, the number of members receiving Therapeutic Staff Support (TSS) declined considerably from 351 in FY 12/13 to 270 in FY 13/14 resulting in a staggering \$8.37 PMPM decrease for this BHR service.

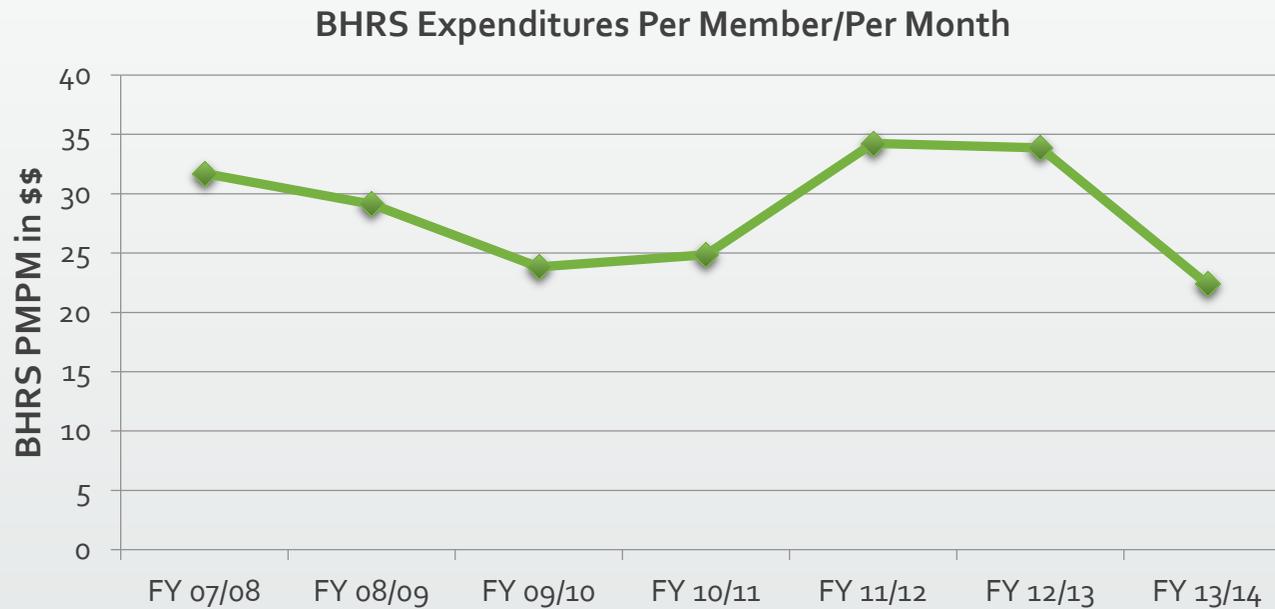


BHRS and Act 62

Act 62, also known as the Autism Insurance Act, is 2008 legislature that called for the licensing of all Behavior Specialists in order to establish minimum standards for those professionals designing or providing treatment or consultation for individuals 21 and under diagnosed with an autism spectrum disorder. Licensure requirements went into effect on May 26, 2014 and prior to implementation, TMCA confirmed adequate capacity with 38 licensed BSC staff and 18.9 licensed BS staff per 100 ASD members in Franklin/Fulton. PerformCare will also be designing a monitoring process to ensure delivery of services to ASD members by a licensed behavior specialist.

BHRS Expenditures

This overall service decrease also had a positive impact on aggregate BHRS PMPM figures as it decreased \$11.50 PMPM, which TMCA attributes to PerformCare's Action Plan targeting BHRS costs as well as the introduction of other evidence-based services to offset traditional BHR services.

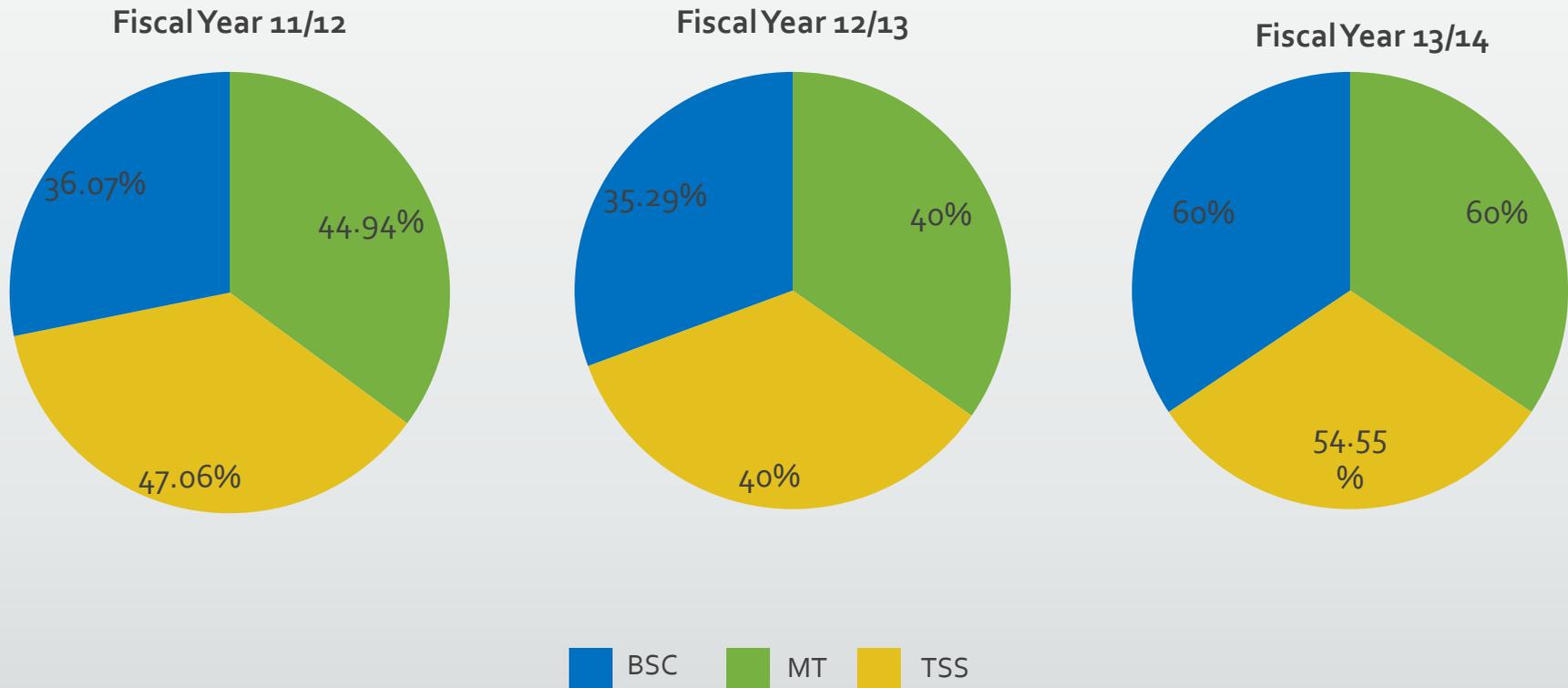


**Note: BHRS PMPM erroneously included other services such as CRR, STAP, etc. in FY 12/13

One such service, Parent-Child Interaction Therapy (PCIT), could serve many of the 0-5 aged members historically served by BHRS and is now offered at two local mental health outpatient clinics, however referrals throughout the fiscal year were limited. This could be attributed to issues with commercial insurance as well as the intensive parental involvement required and is of particular concern given the continued increase in BHRS consumers of the 0-5 age cohort. As a result, TMCA and PerformCare have taken additional action such as outreaching to county agencies such as CYS and Early Intervention in order to provide additional education regarding PCIT and will continue similar efforts in FY 14/15 to encourage more referrals.

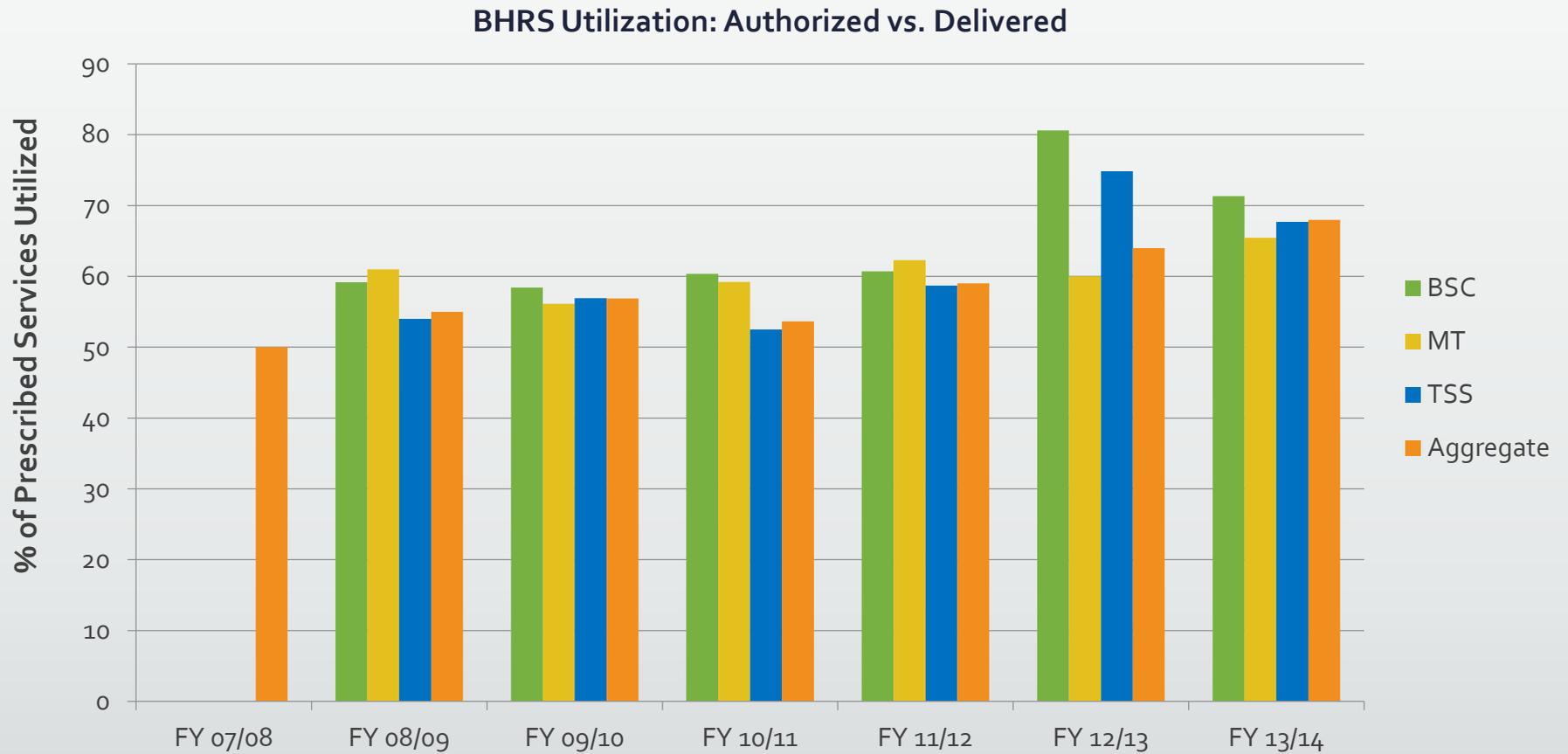
BHRS Initial 50-Day Access

Timely access to BHR services continued to be monitored throughout FY 13/14 and substantial improvements were noted compared to FY 12/13. More specifically, both Behavior Specialist Consultant (BSC) and Therapeutic Support Staff (TSS) services were able to begin within 50 days of the evaluation 60% of the time, while Mobile Therapy met the access standard with 54.55% compliance. Ongoing vigilance regarding this initiative including barrier analyses, provider outreach, and the aforementioned decrease in members served by BHRS most likely attributed to this positive change. A three-year retrospective of 50-day access by service is noted in the chart below:



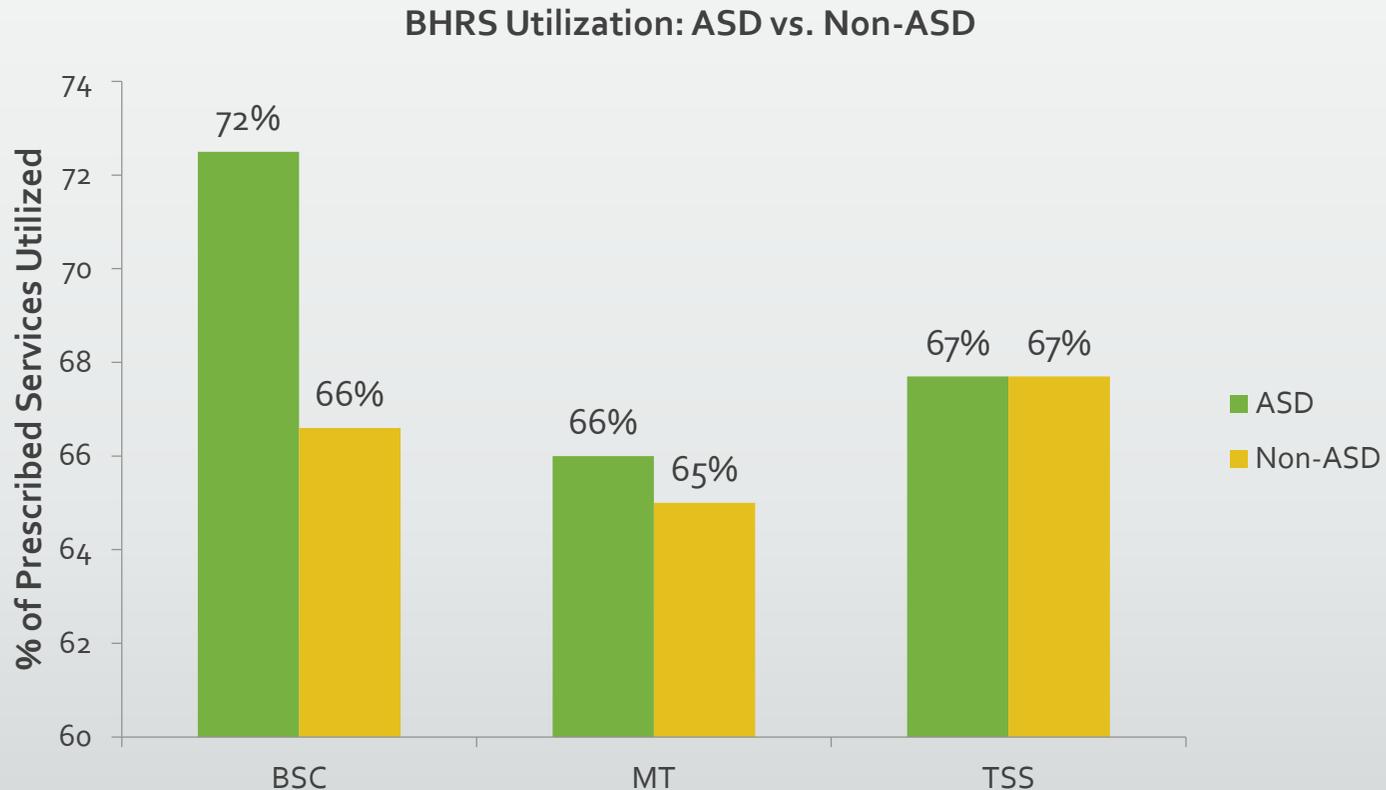
BHRS Utilization

Regarding overall BHRS utilization, the upward trend noted since HealthChoices implementation in the Franklin/Fulton region continued during FY 13/14, however a review of utilization by BHR service yielded a decrease in BSC and TSS service consumption of all prescribed service hours. It should be noted there were five (5) months last year during which there were 10+ members (in each of the ASD and non-ASD categories) with no paid claims, which would have negatively impacted utilization. Below is a longitudinal analysis of BHRS utilization by fiscal year and type of service.



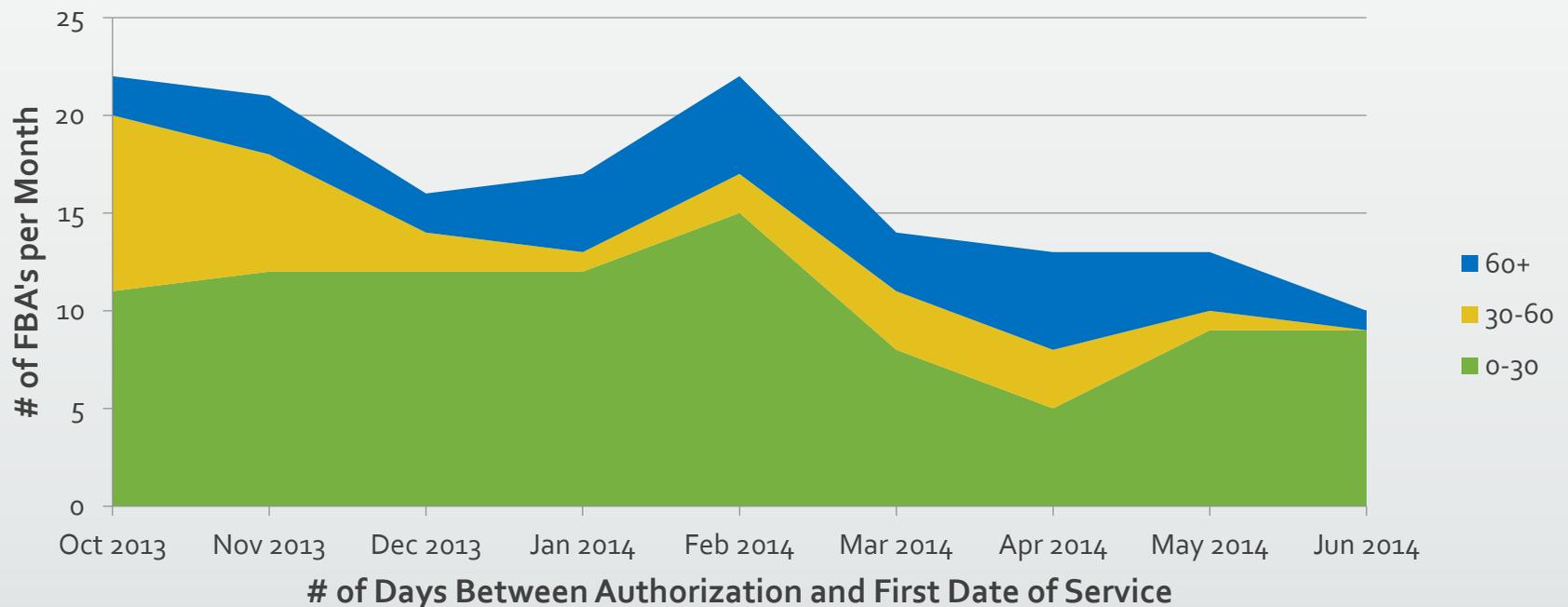
BHRS Utilization Cont.

One of the most commonly treated diagnoses by BHR services continues to be autistic spectrum disorders (ASD) and it is worth noting these members received, on average, slightly more of their prescription than non-ASD members throughout FY 13/14. Overall utilization was approx. 1.5% higher for ASD members as compared to non-ASD members though this population was authorized 4,82,518 more units (120,629 hours) of service during FY 13/14 as compared to their non-ASD cohort. When broken down by service type, BSC utilization was most noteworthy as ASD members received 72.5% of their authorized services last fiscal year, while non-ASD members received only 66.6%. A detailed breakdown is seen in the graph below.



FBA Access

As noted last fiscal year, appropriate access to Functional Behavior Assessment (FBA) services has been particularly problematic and therefore formal tracking of all FBA authorizations began in October 2013. PerformCare staff now routinely outreaches to all BHRS providers and provides TMCA with weekly updates in regards to each member approved for an FBA. PerformCare is also in process of revising its policy pertaining to requesting and conducting FBA's. Since tracking began, FBA's started, on average, in 62 days from the evaluation in FY 13/14, although latter months of the fiscal year met the 50-day BHRS access standard. Additionally, TMCA and PerformCare tracked the number of days between when an FBA authorization is generated and the member's first date of service, for which the standard is 30 days. This data is detailed in the graph below:



Like most of the PerformCare network, Franklin/Fulton BHRS providers at times struggle with maintaining sufficient capacity for providing FBA's within the 50-day and 30-day standards. They report a competitive disadvantage in recruiting and retaining licensed staff to conduct FBA's, as those individuals would prefer working for school districts with regular schedules, benefits, and summers off. In addition, current requirements prevent providers from hiring recent Masters level graduates due to the lack of necessary experience.

Juvenile Sex Offender Treatment

As noted in last year's Annual Report, TMCA acknowledged deficiencies in local juvenile sex offender (JSO) services and proposed adding specialized Family-Based sex offender treatment to the service compliment. During FY 13/14, a joint venture of TMCA and PerformCare brought a JSO trainer from the University of Louisville to the area to train not only the FBMHS providers, but other providers and agencies working with this population including mental health outpatient therapists, juvenile probation and children and youth case workers, targeted case managers, and PerformCare clinical care managers. TMCA believed this broad approach to training would enhance global competencies, encourage an all-inclusive approach to treatment, and promote continuity of care when treating this specialized population.

The training curriculum, which is commensurate with national standards, covered topics such as causes of juvenile offending, typologies of offenders, assessment techniques, treatment planning, relapse prevention, therapist self-care, and parent education. Participants received an intensive week-long training and completed practicums within their scope of practice, culminating in the receipt of the nationally-recognized Juvenile Sexual Offending Counselor Certification Program (JSOCCP) certification. To date, two Family-Based providers have specialized teams to serve the juvenile sex offender population and TMCA hypothesizes the number of children treated at Diversified Treatment Alternatives, a residential treatment facility specializing in sex offender treatment, will decrease in FY 14/15 with the availability of these community-based treatment options.

Financial Condition:

Restore

[ri'stôr]

Verb: to repair or renovate (a building, work of art, vehicle, etc.) so as to return it to its original condition.

During FY 2013– 2014, TMCA received \$26,515,746 in capitation revenue from DPW. This was an increase over the original projections by \$3,737,430. The variance was likely due to the conversion to a modified adjusted gross income based Medicaid eligibility change and the Accountable Care Act's open enrollment that resulted in continued growth of medical assistance eligibles.

A Gross Receipts Tax (GRT) of 5.9% was imposed from July 1, 2013 June 30, 2014. TMCA paid from capitation GRT in the amount of \$1,564,429 GRT expensed in FY 2013– 2014. The remaining net capitation revenue of \$24,951,317 was distributed in the following manner:

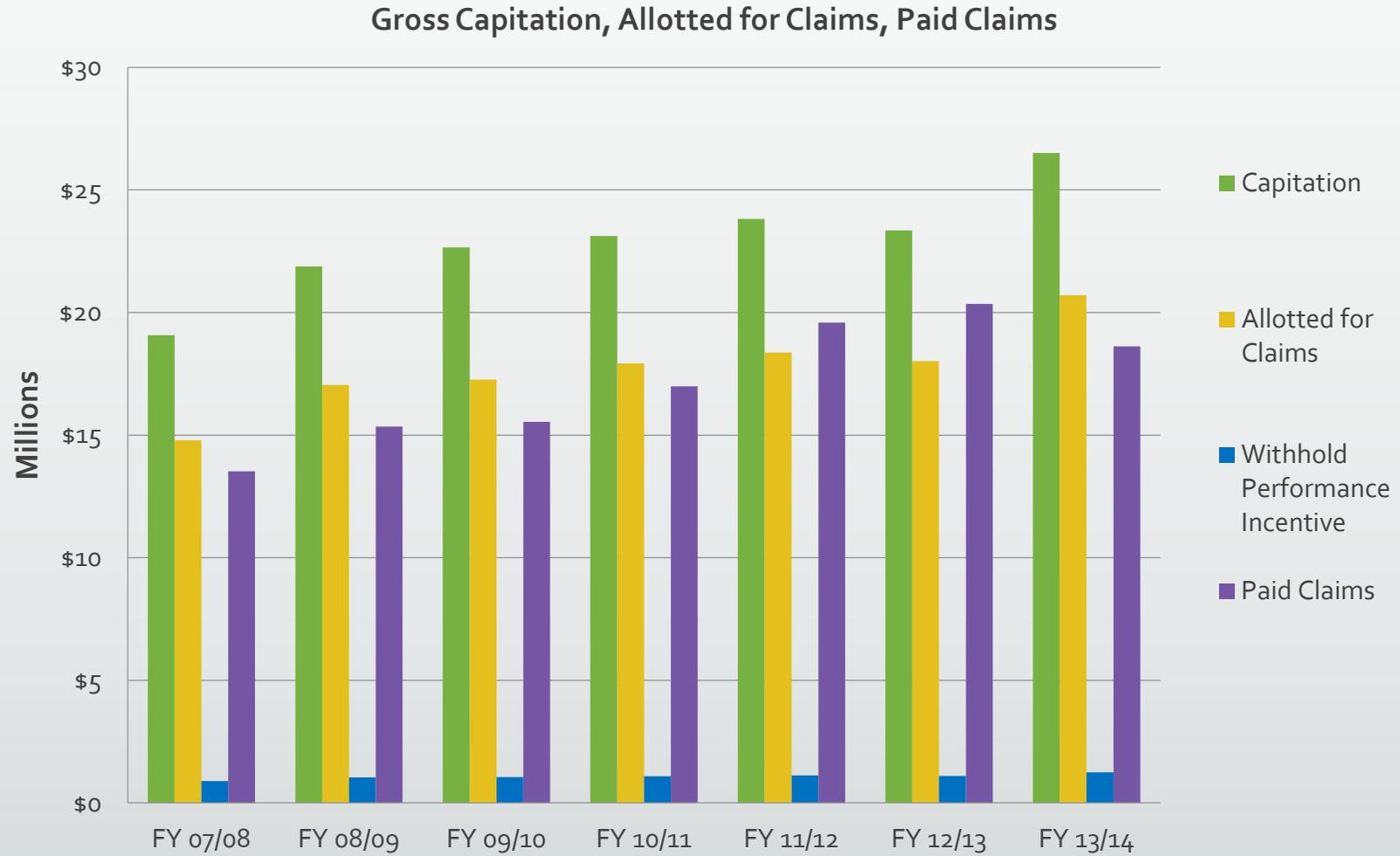
- \$1,996,105 (8%) was paid to PERFORMCARE for administration
- \$20,709,593 (82%) was forwarded to PERFORMCARE for claims payment
- \$1,247,566 (5%) was retained by TMCA for claims payment and/or performance incentive distribution to PERFORMCARE and/or TMCA's risk and contingency planning or reinvestment.
- \$998,053 (4%) was retained by TMCA for administration

Also, the PA Department of Revenue requires that the GRT, based on estimated revenue, be prepaid for the calendar year by March 15th. For the calendar year 2014 the deadline was March 15, 2014. TMCA received a special adjustment capitation payment of \$1,056,478 to cover the April through December, 2014 prepayment for the 2014 annual estimated GRT of \$1,408,637.

Actual medical expense for 2013-2014 is projected to be \$19,098,947. TMCA estimates a refund due to DPW in the amount of \$1,613,085 which represents the amount over 3% of net capitation revenue, where retained earnings are capped as defined in TMCA's agreement with DPW. Retained earnings will be used by TMCA for risk and contingency and/or reinvestment programs. TMCA also earned interest in the amount of \$18,087 during the 2013-2014 program year.

Claims Analysis

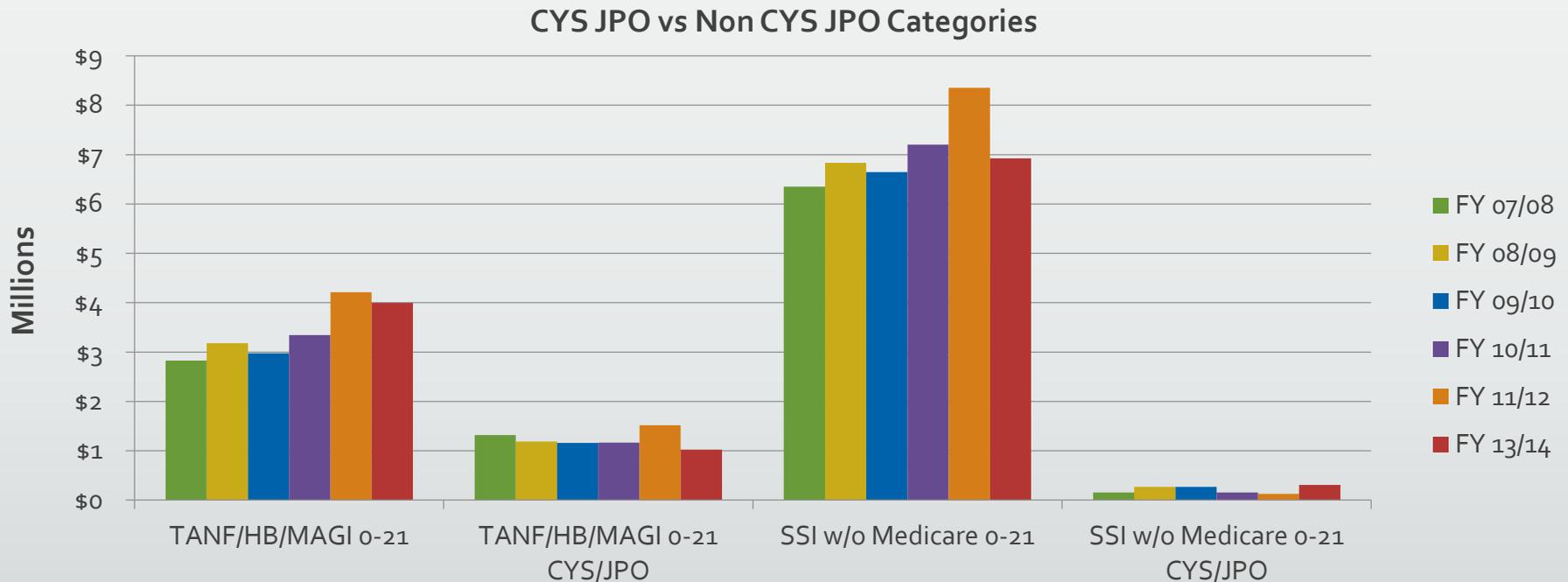
A seven year retrospective analysis of Gross to actual claims is illustrated below:



Claims Analysis Cont.

The information below represents claims paid out for each Fiscal Year. In this calculation, there is the likelihood that claims from prior year will be accounted and updated in the current 2013-2014 data. TMCA advises readers to keep this in mind when interpreting the data. There is a potential for 2013-2014 claims paid to change due to a delay in actual claims submitted to the BHMCO.

An analysis of claims payment shows that a total of \$12,245,899 was spent on children/adolescent services. Approximately \$1,329,759 of these claims was for children/adolescents in CYS and JPO custody. Franklin CYS/JPO custody claim expenses were \$1,111,818 and Fulton County CYS/JPO custody claims were \$217,941, as illustrated in the graph below:



Claims Analysis Cont.

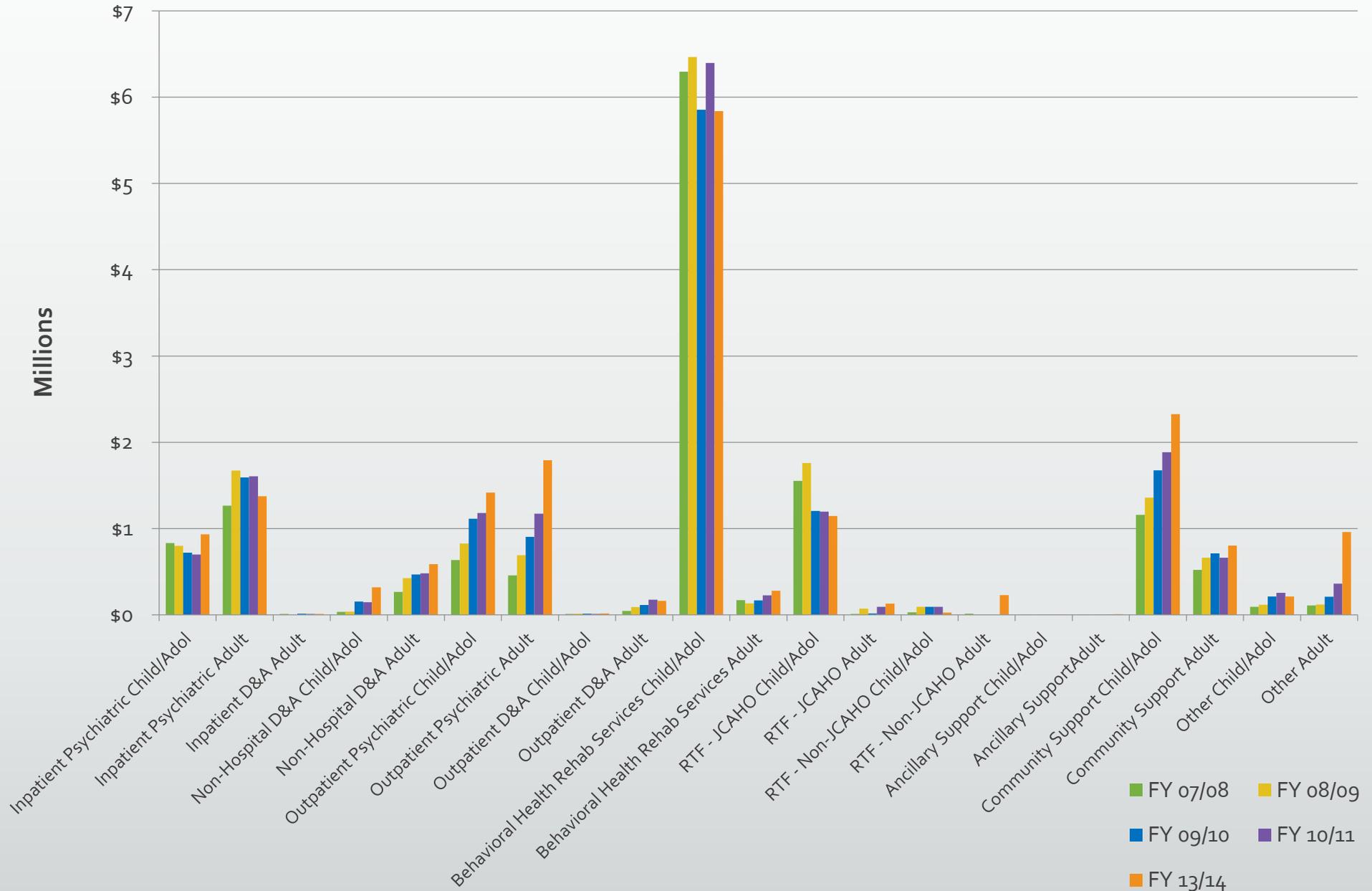
The greatest expense category in children/adolescent services was BHRS services with \$5,837,173 paid in claims. The next largest claims expense category was, Community Support \$2,325,442, Mental Health Outpatient \$1,418,451, Residential Treatment Facility \$1,145,370, and Psychiatric Inpatient \$933,603. The detail of claims expense by county for children/adolescent services is \$11,127,442 for Franklin County and \$1,118,457 was paid in claims for Fulton County children/adolescents.

The same analysis of claims payment for adult services shows that \$6,340,796 was paid in claims for the region during the 13/14 year. This was an increase over the previous fiscal year of \$312,632. The largest claims expense category of service for persons 22 and over was Outpatient Psychiatric \$1,792,332. The next largest categories of claims payment in descending order are Psychiatric Inpatient Hospitalization at \$1,374,298, and Other Category (due Psychiatric Rehab and Outpatient D&A – Intensive Out Patient) \$959,615, and Community Support \$803,871. The detail of claims expense by county for adult services in FY 2013-2014 is \$5,434,307 for Franklin County and \$906,489 in Fulton County.

Figure D on the following page represents each level of service and the claims dollar paid during fiscal year 2013/2014:

Claims Analysis Cont.

Figure D - Service Category Claims



Claims Analysis Cont.

The average Per Member per Month cost regionally was \$79.83. The PMPM cost for Franklin County is \$80.05 and Fulton's PMPM cost is \$78.03.

