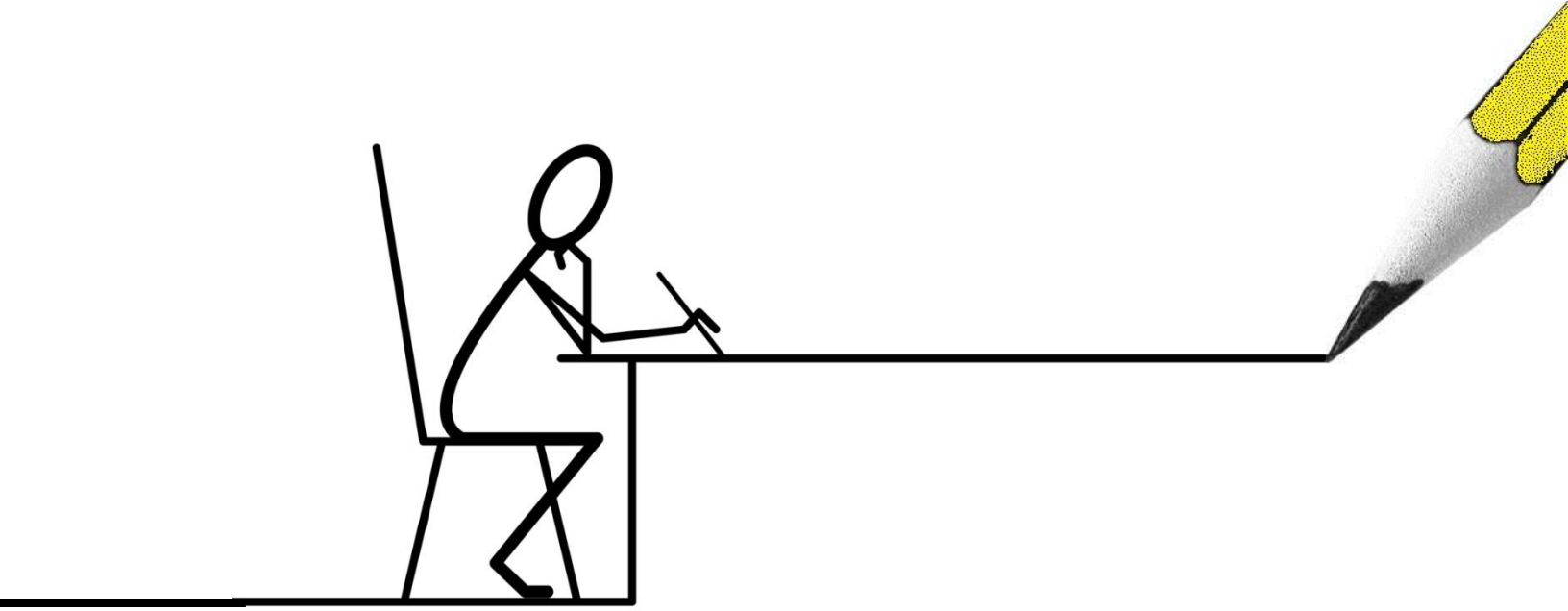
Tuscarora
Managed Care Alliance

2014-2015 ANNUAL REPORT

OF THE STEERING COMMITTEE TO THE BOARD OF DIRECTORS



....And it starts again, the retrospective year in review;

.....the compilation of activities of an organization spanning twelve months to quantify output and value;

.....the mental index and categorizing of projects and activities, converting the lists into text characters populating multiple 8" x 11" sheets of paper informing the public of the necessary and remarkable work done by Tuscarora Managed Care Alliance;

....the translation of technical language, jargon and acronyms into a framework of conversational English with the intention of informing the reader of the state of public Behavioral Health Services in Franklin and Fulton County;

I have sat for two days, staring at the sterile white screen of a newly opened word document with blinking curser. Paralyzed by the uncertainty of how to engage, you, the reader to be as impassioned as TMCA's staff in the design and delivery of behavioral health services. I look forward to, yet dread, composing the annual report as I feel inept painting a realistic picture of a system fluidly moving growing, pulsing and changing... intersecting with and overlapping other social service, health or governmental systems to serve and administer services. How does one put a face on your neighbor, friend, family member, or acquaintance living in the two county area receiving behavioral health services?

PROGRAMMING ACCOMPLISHMENTS

Programmatically, the year can be characterized in two words:

COLLABORATION was the name of the game during the 2014/2015 fiscal year. Projects were conducted by TMCA staff and nearly all other systems that share in the goal of recovery from mental illness or substance use disorders. Whether it involved inmates and the county jail and drug and alcohol programs; schools and children with behavioral issues or consumer surveys of provider access and user satisfaction, the goals were all the same, increase the potential towards recovery and limit the likelihood of future reliance on intensive services. Toward this end, TMCA worked collaboratively with the following system stakeholders on the follow projects:

Jail Expedited Enrollment and Treatment Project- This project was introduced as a pilot from the PA Department of Drug and Alcohol Programs with the goal of expediting enrollment of county jail inmates with serious substance use disorders to the Medicaid program for early release to inpatient drug and alcohol treatment. Coordination with Franklin County Jail, Franklin Fulton Drug and Alcohol and Franklin County Adult Probation began in August2014 with the program going live in October 2014. By the end of the Fiscal Year 2014 2015, 12 inmates were released early into treatment saving the county substance abuse treatment dollars of $82,895.45.

Fulton County Substance Abuse Outpatient Clinic- Fulton County has not had a licensed Medicaid substance abuse treatment provider agency within the geographical boundaries of the county since the inception of the HealthChoices Program. Franklin/Fulton County Drug and Alcohol Program, TMCA, Fulton County Human Services and PerformCare collaborated to recruit and subsidize start up for a licensed drug and alcohol provider to assume providing outpatient substance abuse treatment services in McConnellsburg, Fulton County. TMCA submitted and received approval from the Office of Mental Health and Substance Abuse Services for the use of reinvestment funds for start-up of the new Gaudenzia Outpatient Drug and Alcohol treatment services.

Comprehensive, Continuous, Integrated System of Care (CCISC)- This collaborative effort of Mental Health Program Staff, PerformCare, Drug and Alcohol Program Staff and subcontracted Providers has been in existence for four years and continues to develop. Over the past years the planning group has implemented System, Provider and Clinician Co-Occurring Competency Assessment tools. Last year the group piloted a treatment user outcome tool, which is completed by the treatment user with assistance in access from the treatment provider. The group also presented a payer reimbursement model to TMCA, which combines all the initiatives from the previous years into a pay for performance methodology. TMCA has analyzed this model and will begin using the methodology in 2015-2016. This is TMCA's first pay for performance initiative.

Mental Health/Intellectual Disabilities Workgroup- Two years ago TMCA staff identified longer average lengths of stays in restrictive settings for persons with dual diagnoses, individuals diagnosed with mental health and intellectual disabilities. TMCA convened a group of Intellectual Disability, PerformCare, Mental Health and Case Management staff. The group has been meeting on a monthly basis and has identified problem focused program areas and implemented solutions to better serve individuals with dual diagnoses. As a result, we have seen a reduction in the average length of stay for individuals with dual diagnoses in restrictive settings drop to 490 days in FY2014-2015 from 804 days in FY 2011- 2012 through earlier identification of individuals with dual diagnoses and more effective planning on their behalf.

School Based Outpatient Program- Concerns were identified by the Student Assistance Program, a co-managed Franklin Fulton Drug and Alcohol and Franklin Fulton Mental Health/Intellectual Disabilities program, related to access and communication by and between behavioral health providers delivering school based services and the schools they serve. TMCA coordinated stakeholder improvement groups consisting of education professionals representing multiple school districts, behavioral health providers, PerformCare, Student Assistance Programs, MH/IDD program staff, and Drug and Alcohol program staff. From the group activities, it was identified that formal detailed agreements related to communication and business arrangements between schools and providers were necessary and that providers were in need of technical assistance to comply with Medicaid standards for delivery of outpatient services.

The group co-jointly drafted procedures to address the issue and are in the process of implementing the strategies. To date, rigorous letters of agreements with mental health outpatient providers have been signed by all school districts in the two-county area covering multiple buildings within each district. Additionally, the results of provider record and program audits have occurred and opportunities for improvements have been identified with the respective providers. The groups continue to meet regularly to monitor the impact and performance of these services for children residing in Franklin and Fulton Counties.

Mental Health Outpatient Capacity and Seven Day Access- TMCA received a concern from a provider of mental health services related to network capacity and access within 7 days to therapy and psychiatry. Currently the methodology for measurements of access is provider self-report via claims submission paired with sampling validation occurring post appointment by member survey. The behavioral health system had never attempted to measure supply and demand in a numerically quantifiable manner. A group consisting of a consumer advocacy agency, MH/ID program staff, PerformCare and TMCA staff began to meet to formulate a methodology for measurement of resources.

First, TMCA partnered with our local consumer advocacy organization, The Mental Health Association of Franklin and Fulton County, to conduct blind surveys of appointment availability of Child or Adult Outpatient Therapy and Psychiatry appointment with providers of outpatient. The results were tabulated and shared with the group. A portion of our outpatient providers met the 7 day access standards for both psychiatry and therapy while the majority of providers did not meet one or either standard. Through a combination of provider billed CPT codes, payer mix information, provider reported hours of staffing and no show rates the group concluded that the system had both therapy and psychiatry resources that were not maximized.

The group has moved to the discovery phase to identify of process obstacles that may impede member's access in a timely fashion. Evaluation of potential solutions that will aid providers to meet these standards is currently under consideration. We will continue the quality improvement process to ensure that the citizens of Franklin and Fulton County have timely treatment options available to them.

Children and Youth Services Children in Substitute Care Permanency Analysis- TMCA undertook several initiatives during the year which led to development of interventions to improve permanency outcomes for children in substitute care. The first endeavor involved collaboration with Fulton County Children and Youth Services to conduct a multi-disciplinary case review of children in custody that had not achieved permanency and had multiple placement disruptions. The review identified a trend of suspected early childhood trauma that was not adequately identified nor treated. TMCA staff researched evidenced based treatment modalities for children between the ages of 3-18 that had experienced trauma and identified Trauma Focused-Cognitive Behavioral Therapy as a solution.

TMCA partnered with PerformCare and Bedford Somerset HealthChoices Program to sponsor scholarships for 9 clinicians. The clinicians represented five provider agencies in the Franklin and Fulton network that delivered Outpatient, Family Based Mental Health Services and BHRS services. The training consists of two days of classroom instruction with 120 hours of consultation calls by the trainer prior to taking a competency based certification test. The trainings were held on June 12th and 13th with consultation calls currently occurring. In addition, TMCA is collaborating with Fulton CYS to identify a trauma screen for CYS workers to conduct with children being opened for services with CYS. It is hoped that with earlier identification and effective treatment of children with trauma that the likelihood for reunification, permanency and least restrictive placement is achievable.

The second activity undertaken by TMCA with Children and Youth Services from both counties pertained to timeliness in access to Community Residential Rehabilitation Host Home (CRR-HH) Services. Data was analyzed indicating the providers had difficulties with retention and recruitment of Foster/CRR Host Home families which led to placement disruption and poor permanency outcomes. TMCA staff researched evidenced based interventions to enhance child welfare permanency outcomes and identified a program, which is currently being examined for local implementation. The KEEP program is a skill enhancement education program for foster and kinship families of children and teens.

GIS Mapping of Franklin Fulton County residents using Drug and Alcohol Treatment- TMCA staff partnered with the Franklin County IT Department and Franklin Fulton Drug and Alcohol to analyze utilization, prevalence and both treatment facility location and school location patterns from data spanning 2010 to 2014. Data from the two treatment payer sources were combined and entered into a GIS mapping program based on treatment user address. The information was analyzed through various methods to include proximity to treatment facilities, clustering around school facilities, by substance of use, by ward and municipality and by level of care and by county. This analysis was conducted in aggregate spanning all four years and by individual year. The project aided in not only planning of treatment facility location and clinical interventions, but also with school age prevention planning. The data and information has been shared with both Franklin and Fulton County and their respective Criminal Justice Advisory Boards.

The second descriptive word, **CHANGE**, came in the form of external programming forces causing TMCA to adapt to meet evolving demands.

Healthy PA Private Coverage Option Implementation and Conversion to Medicaid Expansion- In October 2014, the Corbett Administration announced the approval of Healthy PA, a new structure for the healthcare coverage of Medicaid and low income Pennsylvanians. The new program created 3 benefit plans, with differing coverages and benefit limits for persons currently in or newly enrolled in the Medicaid program: Healthy, Healthy Plus and Private Coverage Option. Determination of benefit plan coverage occurred either through health screenings or encounter data analysis by DHS. The new structure also allowed for expansion of health coverage eligibility up to 133% of federal poverty level by Private Coverage Plans. Notification letters of Medicaid members impacted were sent in November 2014 with enrollment and transition to occur during late November 2014 to January 2015. Beginning in January, 2015, TMCA began to receive concerns and had observations through data analysis that previous Medicaid enrollees with behavioral health service histories were assigned into a Private Coverage Option (PCO) Plans and that PCO plan networks were inadequate. These errors primarily affected adults between the ages of 21-64. TMCA coordinated the finding with the Office of Mental Health and Substance Abuse Service providing affected member demographics and service history. The trend continued through the end of February2015, requiring manual coding changes at the DHS state level to correct the plan assignment errors.

Concurrently, to the Healthy PA implementation unfolding, Pennsylvania's Gubernatorial Election occurred with Governor Tom Wolfe succeeding Governor Tom Corbett in January 2015. In February 2015, Governor Wolfe announced the phased discontinuation of Healthy PA with traditional Medicaid Expansion. The three benefits plans' were dissolved and merged into one Adult benefit plan with no benefit limits. Beneficiary Notices were sent to Medicaid recipients by the end of March 2015 informing recipients of this change. Starting in April 2015 and continuing in phases through September 2015 current Medicaid, PCO or newly eligible Medicaid enrollees will transition to Medicaid Expansion. By the end of fiscal year 2014/2015, TMCA has seen an increase in Medicaid Membership. These new members account for 19% al all Adult Medicaid eligibles. When we look at the health utilization characteristics of these new adult members, we have seen a significant penetration rate, 15%, across all levels of care. We have concluded that the newly eligible population have entered into the Medicaid program with behavioral health issues that were previously unaddressed, likely due to lack of health coverage.

Financially, the changes, reversals, and phases culminated with varying rates for variable time periods in differing states of approvals from Center for Medicaid and Medicare Services have challenged both TMCA and our subcontracted BHMCO in tracking and accounting.

ORGANIZATIONAL ACCOMPLISHMENTS

As I reread the programmatic accomplishments that occurred last fiscal year, I am astonished by the organizations' ability to **ACCOMPLISH** so much during a time of staffing fluctuations. The first staffing change was carried over from the previous fiscal year; the Children's Specialist position had been reduced to a part-time position. In December2014, TMCA's Children's Specialist resigned. It was decided to reinstate the Children's Specialist positon to a full time position. Recruitment and hiring occurred with a new staff person beginning in March 2015. As the new employee began with the organization, two existing TMCA employees went on medical leave in succession of each other. By the close of the fiscal year, TMCA was back to full staffing compliment.

Fiscal year 2014/2015 was also a year of agreement renewals. TMCA's contracting cycles with all major vendors of service, including our subcontracted Behavioral Health Managed Care Organization, expired at the end of the year. All contracts have undergone renegotiation and are in place for the balance of the master Department of Human Services Behavioral HealthChoices Agreement. In addition to our operational agreements, TMCA also undertook consideration of four Department of Human Services amendments to the master agreement and subsequent amendments to PerformCare's Agreement.

In March 2015, TMCA underwent the Office of Mental Health and Substance Abuse Services Triennial Performance Evaluation Program On-site Review. The review spanned three days of on-site review and included a desk review of clinical records and policy and procedure by OMHSAS and Mercer Governmental Consultants. The review encompassed 10 performance standard requirements and sub-objectives of the DHS agreement. TMCA has one standard requiring corrective action plan for one objective. Three standards were evaluated. PerformCare, our subcontracted BHMCO, whom we delegate responsibility of seven performance standards have seven standards needing corrective action plans for 17 objectives. TMCA will be actively managing the completion of these in the upcoming fiscal year.

TMCA coordinated with Franklin Fulton MH/ID/EI and Franklin Fulton Drug and Alcohol programs to standardize review elements and coordinate an evaluation process for provider seeking County Letters of Support of new or revised service descriptions. The process improvement will also enhance efficiencies to providers by providing the agencies with a checklist tool of mandatory and county preferential elements to include in any new or revised service description. Additionally, the new process is likely to expedite county review of service descriptions removing the need for back and forth revisions between the provider and review panel.

The final accomplishment that TMCA achieved during the 2014/2015 Fiscal Year was the inception of our Website. After 2 years of development, TMCA's website went "live" in February 2015. The website contains information on the organization including staff and board composition; public and member resource information; news and event calendar and a method for the public to contact us electronically. The website can be viewed at www.bhc-tmca.com.

FINANCIAL CONDITIONS AND ACCOMPLISHMENTS

TMCA experienced **STRONG** financial performance in the 2014-2015 fiscal year. TMCA received $22,465,841 in claims capitation revenue from the Department of Human Services. From the capitation, $18,434,909 was spent towards medical claims of Medicaid recipients from Franklin or Fulton County. TMCA maximized the allowable 3% retained revenue of unspent claims and investment funds and is projecting to return to the Department of Human Services $2,473,621.

With the allowance of the three percent retained revenue, TMCA is able to start the 2015/2016 Fiscal Year with reserves in adequate amount to meet the DHS Agreement requirement for risk. This is the first instance in TMCA's history that it has not been necessary to procure a financial instrument to meet the balance of minimal requirements for either of the two mandated security instruments. With the remaining balance from the allowable retained revenue, not utilized for the required risk reserves, TMCA will devote the monies towards the development of Reinvestment Services. Reinvestment Services are Supplemental services to DHS's basic benefits package and may include non- medical services benefitting persons with mental illness or substance use disorders. By end of the fiscal year, TMCA has had one Reinvestment Plan approved by OMHSAS for startup of the Substance Abuse Outpatient Clinic in Fulton County.

The strong financial performance also benefited network providers. During Fiscal Year 2014/2015 consideration was given to ten provider rate request increases. Seven increases were granted including four RTF, one CRR-HH, one case management and one Inpatient Facility. Three requests were denied; two due to the provider being under provisional license and one due to provider loss attributed to poor billing management. In addition to the provider initiated rate increase request, TMCA also increased rates across all providers in the following levels of care: Mental Health Outpatient, Child Tele Psychiatry, Interpreter Reimbursement rates to aid in treatment and standardized rates across Specialty Mental Health Outpatient providers possessing a competency based certification.

I can now breathe a heavy sigh of relief. In an encapsulated overview, I have summarized fiscal year 2014-2015. I leave you with my final thoughts…

Fiscal year 2014-2015 was a year of leveraging resources **COLLABORATIVELY** to better serve people; harnessing the energy of **CHANGE** to ensure the residents of Franklin and Fulton county had their behavioral health needs fulfilled; exceeding expectations of **ACCOMPLISHMENT**; and performing **STRONGLY** by funding benefits for behavioral healthcare to people of Franklin and Fulton Counties while enhancing the organizations financial security.

Respectfully Submitted,

Melissa Reisinger

Melissa L. Reisinger
Executive Director


Missy Reisinger Executive Director
Rita Shanafelter Finance Director
Michelle Mosher Quality Manager
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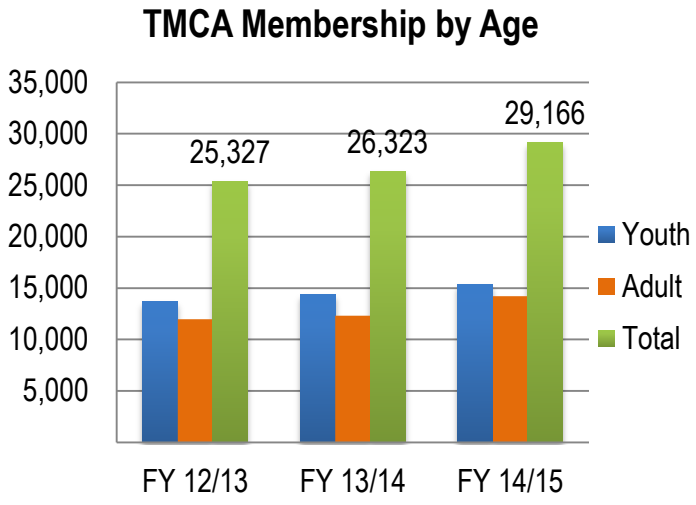
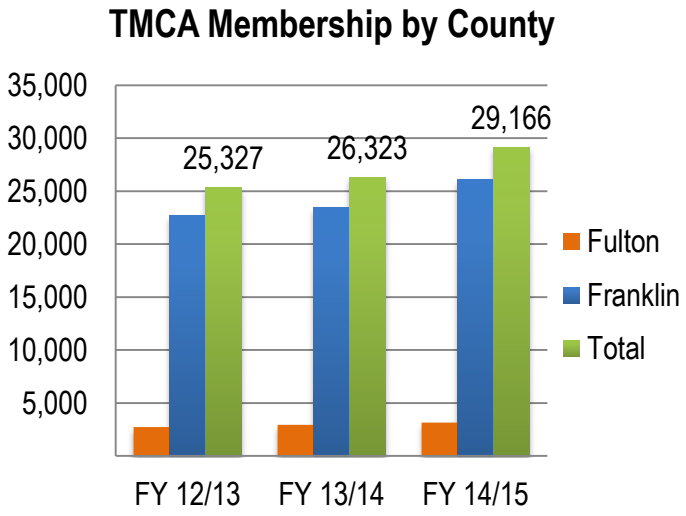
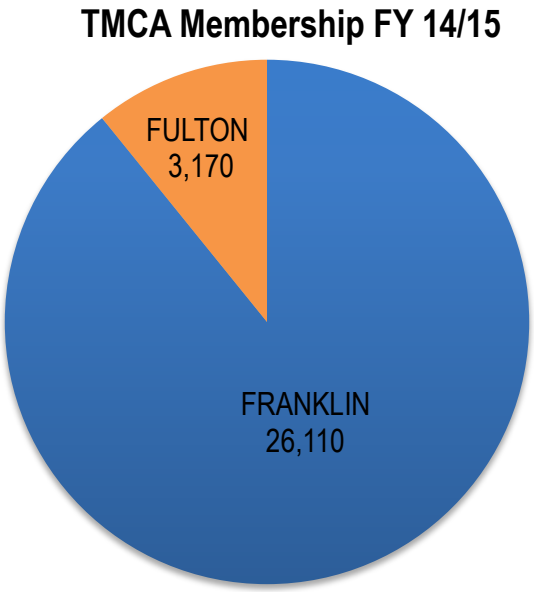
HEALTHCHOICES membership

TMCA experienced a 11% increase in membership from FY 13/14 to FY 14/15. This increase is primarily due to an increase in adult membership caused by the expansion of Medicaid. Franklin County increased by 2,813 members and Fulton County experienced an increase of 278 members in the expansion category. It is of interest to note that since 2007 TMCA has experienced a 51% increase in membership (19,330 (07/08) to 29,166 (14/15)) .



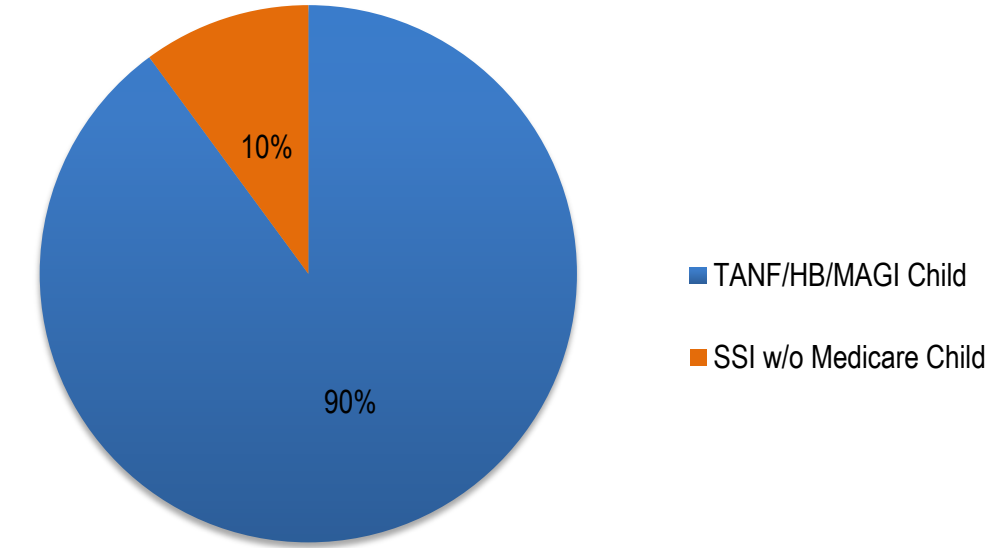




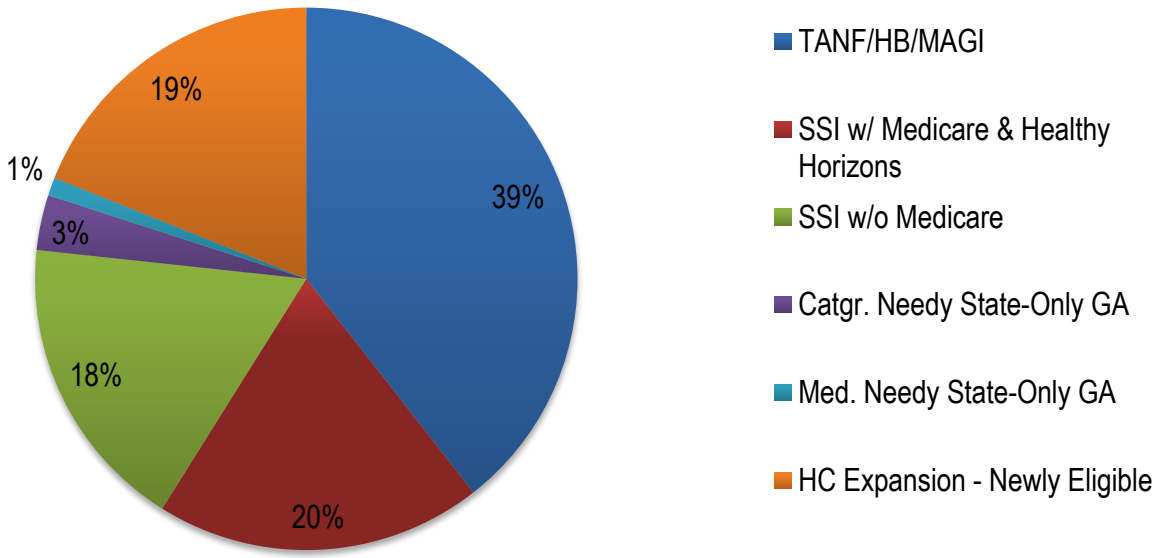
HEALTHCHOICES membership

MEMBERSHIP BY CATEGORY- As evidenced below the majority of membership is in the TANF categories of assistance for both adults and children. This is consistent with previous years. Additionally the HealthChoices (HC) Expansion Category now represents 19% of Adult Membership.

Youth Membership by Category FY 2014/2015



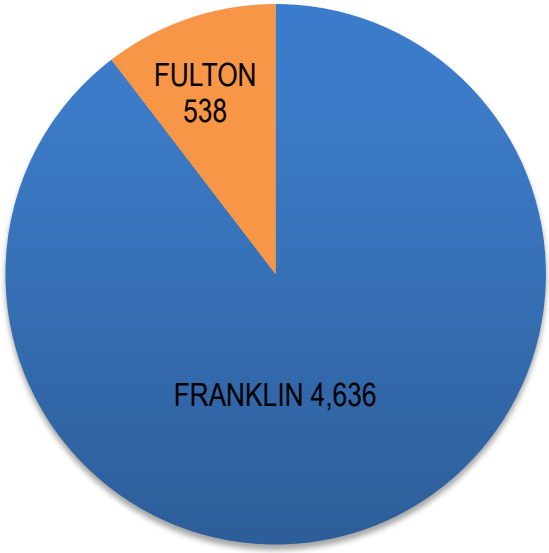
Adult Membership by Category FY 2014/2015



CONSUMERS
of behavioral health services

Consumers of Behavioral Health Services has steadily increased as well. This year we saw an 8% increase in consumers from the previous year. Overall the ratio of Consumers to Members is 17% which is a slight decrease from last year (18%). Consumers and penetration rates broken down by age and county are displayed below.

Behavioral Health Consumers
TMCA FY 14/15



Franklin County
Adult Consumers
FY 13/14 – 2,435
FY 14/15 – 2,679
FY 14/15 Penetration 21%

Total Adult
FY 13/14 = 2,733
FY 14/15 = 3,002

Fulton County
Adult Consumers
FY 13/14 – 308
FY 14/15 – 335
FY 14/15 Penetration 20%

Franklin County
Youth Consumers
FY 13/14 – 1,769
FY 14/15 – 1,911
FY 14/15 Penetration 14%

Total Youth
FY 13/14 = 1,960
FY 14/15 = 2,098

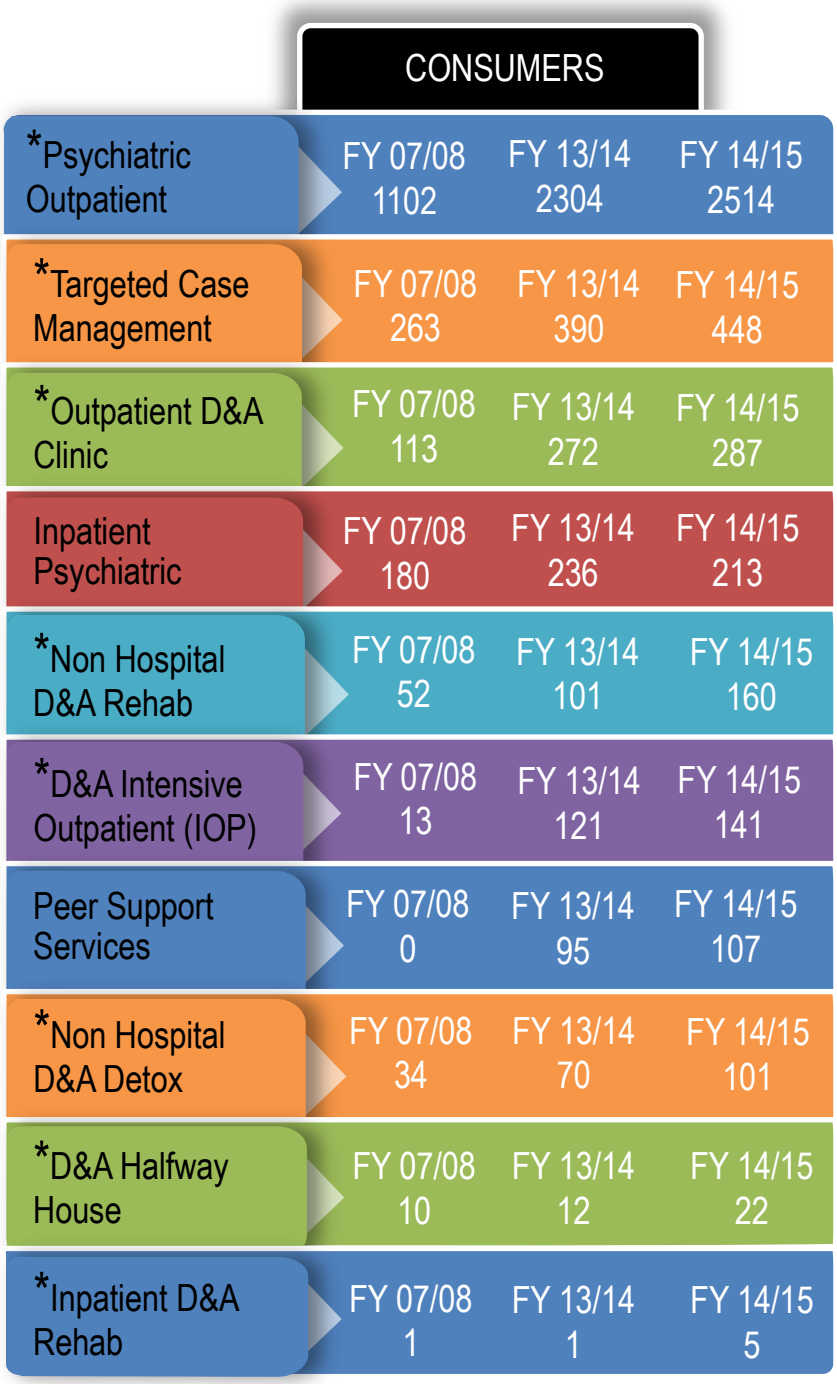
Fulton County
Youth Consumers
FY 13/14 – 195
FY 14/15 – 193
FY 14/15 Penetration 13%

SERVICE utilization

ADULTS- We identified changes in service utilization for the services to your right from FY 13/14 to FY 14/15. New members are engaging in treatment very quickly after becoming eligible for Medicaid. The HealthChoices Expansion population produced a 15% penetration rate this fiscal year.

All services in the graphic show increases in utilization. The services designated by asterisks represent a growth in utilization as a direct result of Medicaid expansion.

For perspective, also included in the graphic is TMCA's inaugural year utilization by service.

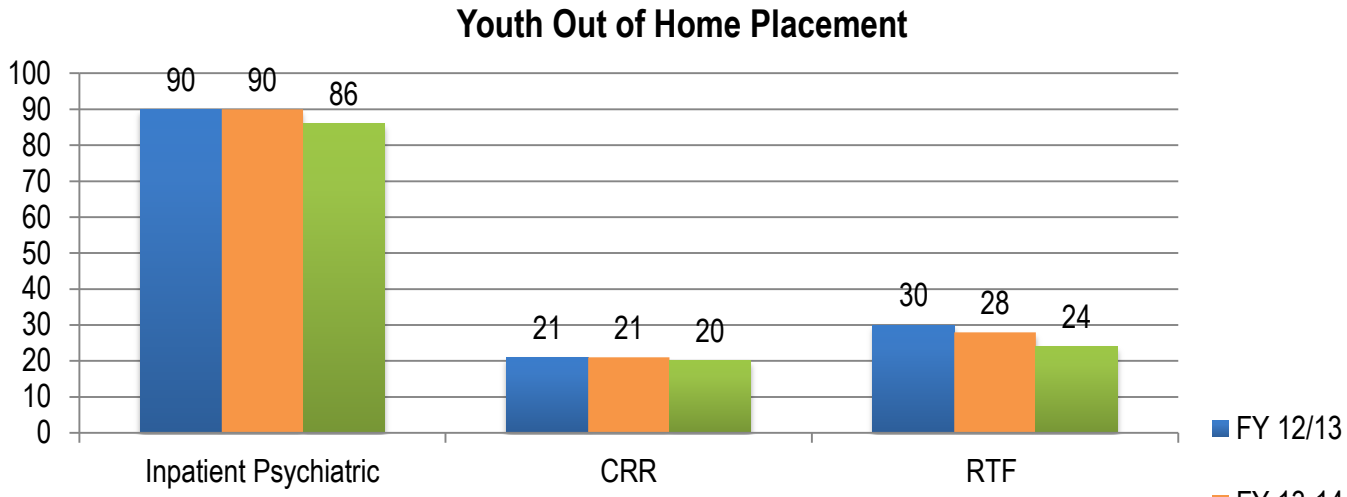


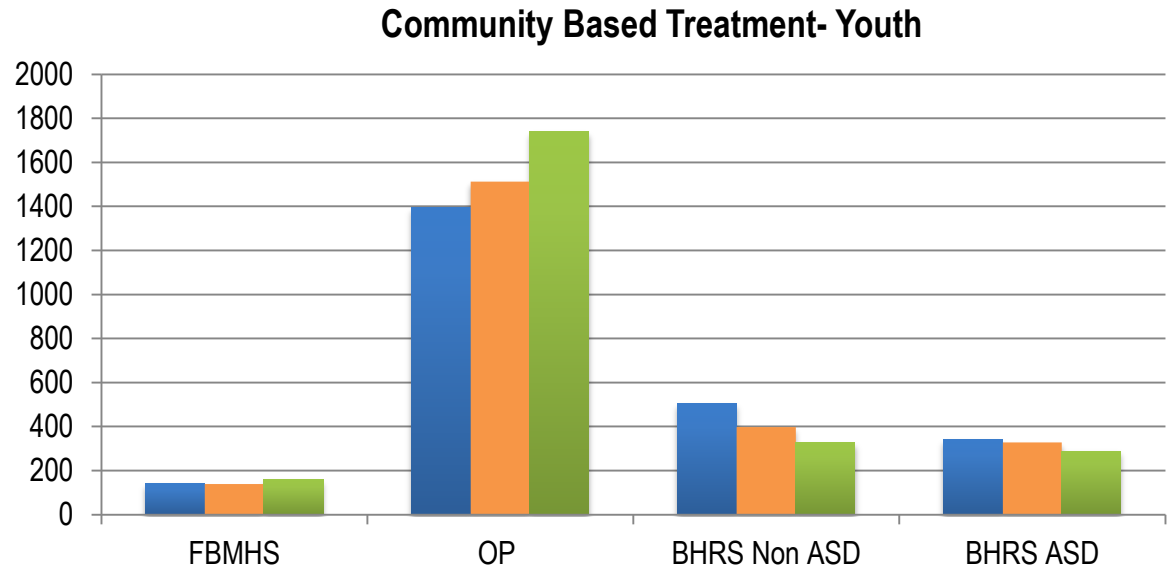
Rank ordered from greatest to least in consumer utilization.

SERVICE utilization

USE OF OUT OF HOME PLACEMENT SERVICES FOR CHILDREN-

This data represents the number of Child and Adolescent Members placed outside of their home for treatment during 14/15. In the past year, there has been a decreased use of Inpatient Hospitalization and Residential Treatment Facility (RTF) services. Increases in community based alternatives such as specialized outpatient and Family Based Mental Health Services have increased.



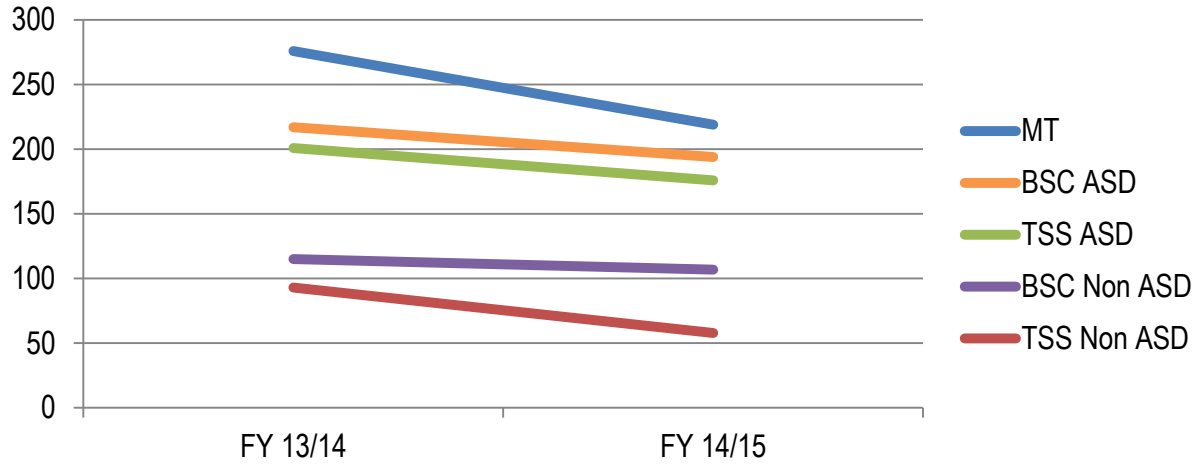


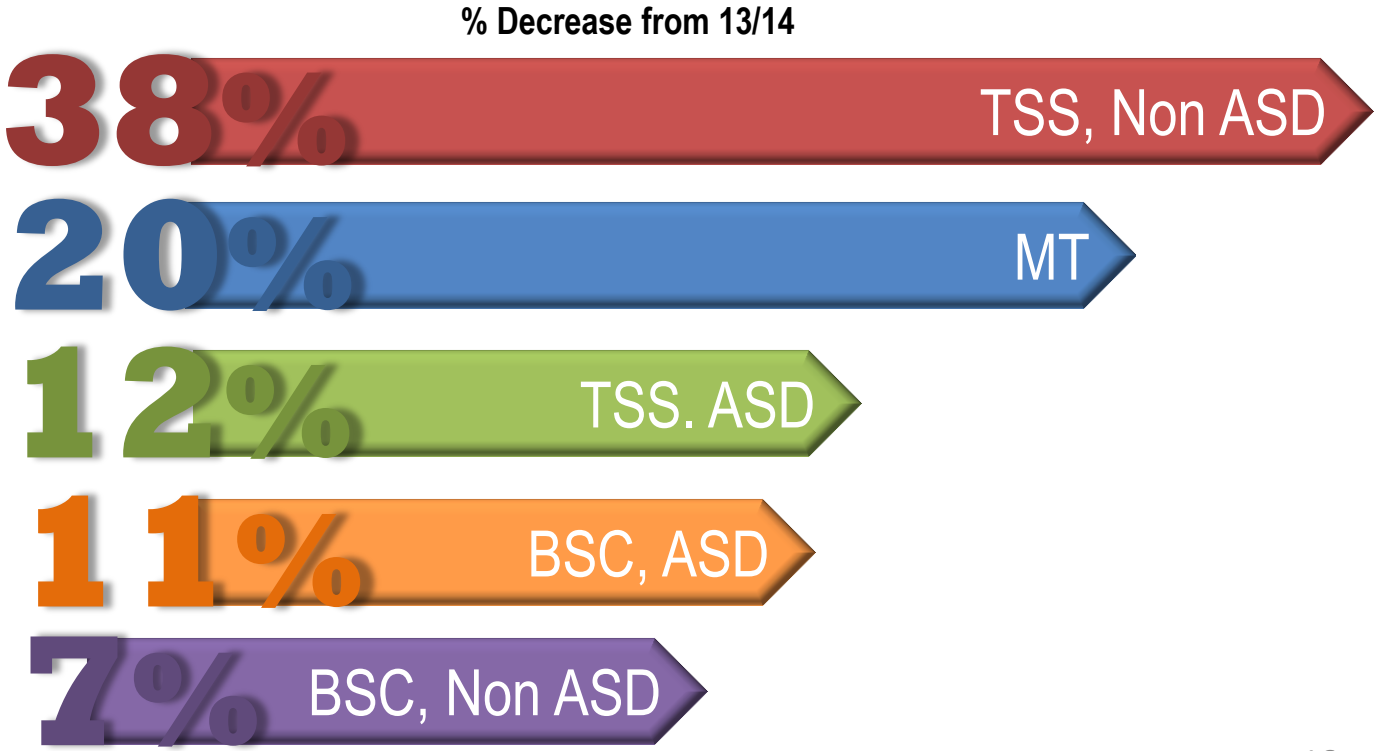
Acronym Key:

CRR-Community Residential Rehabilitation
RTF-Residential Treatment Facility
FBMHS-Family Based Mental Health Services
BHRS-Behavioral Health Rehabilitation Services
OP-Outpatient
ASD-Autism Spectrum Disorder

SERVICE utilization

BHRS UTILIZATION (BY MEMBER)- Members utilization Behavioral Health Rehabilitation Services (BHRS) has decreased by 14% since 13/14. Each service has demonstrated a decrease in use with Mobile Therapy (MT) showing the greatest decrease of 20%. Smaller decreases in BHRS are noted for the Autism Spectrum Disorder (ASD) populations. Children not in the ASD diagnostic categories were more affected by the utilization decreases.





QUALITY indicators-mental health

MENTAL HEALTH INPATIENT READMISSION-

Readmission rates for Mental Health Inpatient has improved from the previous FY however we are not meeting the goal of less than 10% as set by OMHSAS. Readmission decreased by 3 percentage points or 14 episodes from the previous year.

MH Inpatient 30 day Readmission 13/14

County	Consumers	Discharges	Readmis. Episodes	%
Franklin	242	309	57	18%
Fulton	14	15	2	13%
Total	256	324	59	18%

MH Inpatient 30 day Readmission 14/15*

County	Consumers	Discharges	Readmis. Episodes	%
Franklin	232	282	43	15%
Fulton	15	17	2	12%
Total	245	299	45	15%

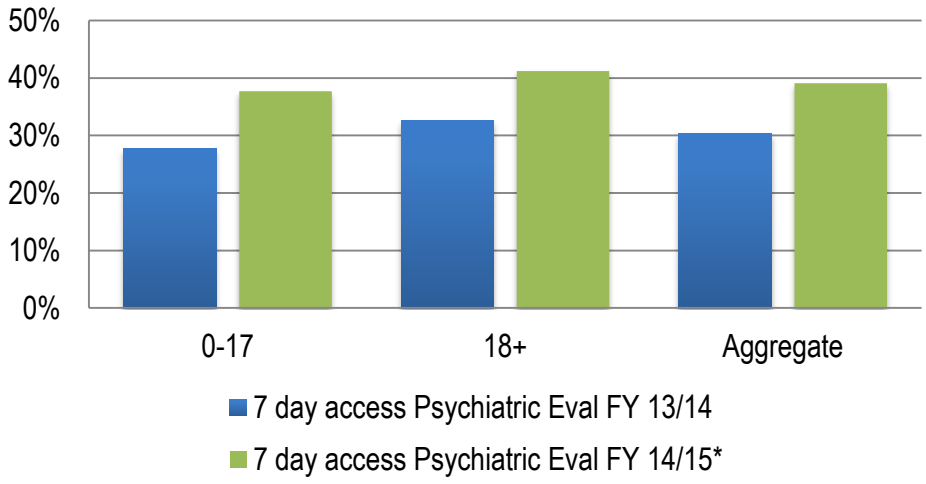
FOLLOW UP AFTER HOSPITALIZATION-

TMCA has been performing well in this measure that indicates how quickly someone attends a follow up appointment after being discharged from a Mental Health Inpatient Hospital. As indicated below TMCA is currently exceeding goals and statewide averages in 3 out of 4 measures.

Follow Up after Mental Health Inpatient Hospitalization

	PA Specific (Inc all behavioral health appt. types)		HEDIS (Exc. TCM & Peer Support)	
Year	7 day	30 day	7 day	30 day
FY 13/14	60.3%	80.8%	46.3%	76.6%
FY 14/15*	63.3%	83.4%	53.7%	80.3%
BHMCO Statewide Avg. CY '13	55.7%	72.2%	45.9%	66.5%
Goal	62.4%	81.2%	56.6%	75.7%

**data run through April 2015.*



7 DAY ACCESS-

Seven day access to Mental Health Outpatient services was 78.6% for FY 2014/2015 (thru May 2015) and exceeds neighboring regions. This remained consistent with last years results (78.5%).

Seven day access to Psychiatric Evaluations improved throughout FY 2014/2015 with an overall average of 37.7% for Ages 0-17, 41.2% for Ages 18+, and 39.1% in aggregate. As seen below this is an improvement over the prior year.

QUALITY indicators-substance abuse

D&A REHAB READMISSION (ADULT)- Readmission for Non-Hospital Drug & Alcohol Rehab is measured at 60 days. The 60 day readmission rate has increased from year to year along with utilization. We are currently not meeting our goal of less than 10% readmissions. Readmissions has increased by 2 percentage points or 6 episodes. This is a new measure TMCA has been monitoring for the past two years due to increased utilization of the service.

D&A Non Hospital Rehab 60 day Readmission 13/14				
Year	Consumers	Discharges	Readmission Episodes	%
Fiscal Year 2013/2014	95	107	13	12%
Fiscal Year 2014/2015*	115	132	19	14%

D&A TREATMENT (YOUTH)- This data represents Child and Adolescent members in Drug and Alcohol treatment in FY 13/14 and 14/15. Non-hospital Rehab, Non-hospital Detox and Intensive Outpatient Services have not experienced significant changes in usage. Drug and Alcohol Outpatient Services have had a significant increase of use from 38 members in treatment in 13/14 to 57 members in 14/15, or a 50% increase in use.

Youth Members in D&A Treatment				
Year	Non Hospital Detox	Intensive Outpatient	Non Hospital Rehab	Outpatient
Fiscal Year 2013/2014	1	2	18	38
Fiscal Year 2014/2015*	1	3	20	57

QUALITY indicators-safety

YOUTH RESTRAINTS-

Monitoring member safety is a priority. In the past year, 163 restraints occurred with 34 members. Franklin County had 32 members restrained during care and Fulton County had 2 members. These members were restrained an average of 5 times in care. Previous year data from 13/14 was 142 restraints for 19 members. One member was an outlier with 68 restraints while in service this year. Restraints in the Outpatient and ICM/RC setting were not measured in FY 13/14 so no information is available for comparison. Noteworthy are the increases in restraints in the MH Inpatient and BHRS setting. Restraints in the RTF setting have decreased significantly over the past year.

	FY 13/14	FY 14/15
SA Non-Hospital	1	4
RTF	91	54
MH Partial	9	2
MH Outpatient		1
MH Inpatient	33	80
ICM/ RC		4
FBMHS	1	1
BHRS	7	17

CAPS AND QIPS-

- A corrective action plan (CAP) is a formal plan initiated to correct a deficient area in need of immediate remediation.
- A quality improvement plan (QIP) is a plan initiated to enhance the quality of an identified area.

PROVIDER CAPS AND QIPS-

Providers are put on CAPS and QIPS for a variety of treatment quality issues. This past fiscal year we had 2 providers on CAPs that were issued by the credentialing department. We had 8 providers on QIPs due to either failing a treatment record review (5) or to correct a treatment quality issue (3).

PERFORMCARE CAPS AND QIPS-

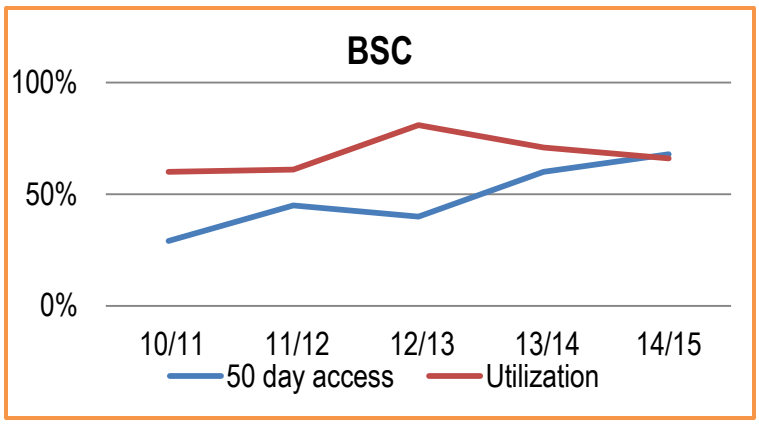
PerformCare was on 4 CAPs this year, 2 issued by OMHSAS and 2 issued by TMCA. In addition, PerformCare had 2 QIPs issued by TMCA. All CAPS have been accepted by OMHSAS and TMCA and are either closed or in process. All QIPs have been accepted by TMCA and are in process.

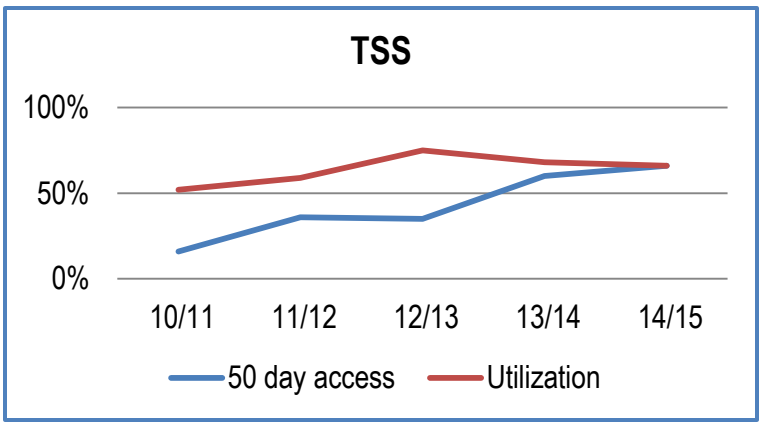
TMCA CAPS-

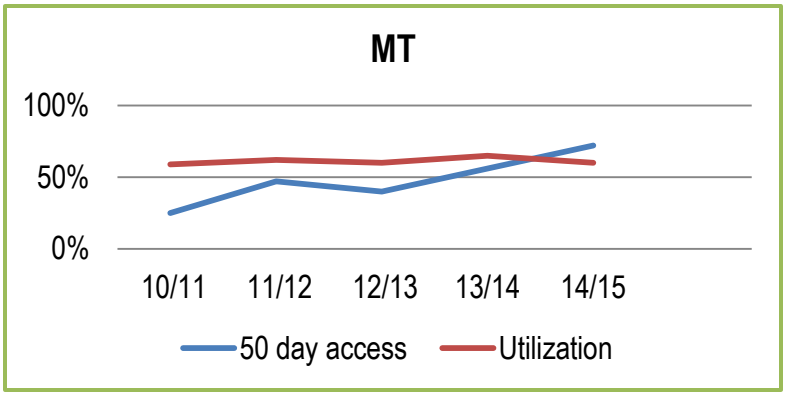
TMCA had one CAP for denial letter management issued by OMHSAS that has been satisfactorily fulfilled.

QUALITY indicators-BHRS

BHR SERVICES- We measure two metrics to determine utilization and timely access to BHRS services. The first measure, 50 Day Access, is defined as the time period from the evaluation making the recommendation for BHRS to the first unit of service delivered of the BHRS service. The second measure, utilization, is the percentage of hours of service delivered to the overall hours authorized in the recommendation.



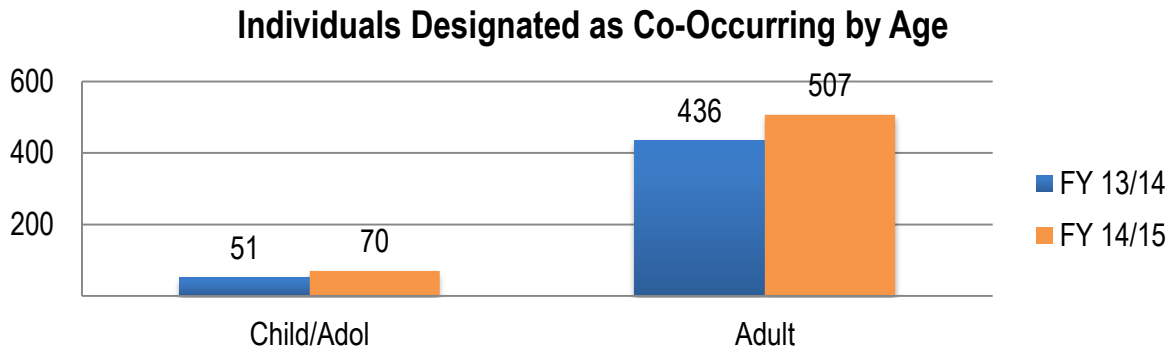




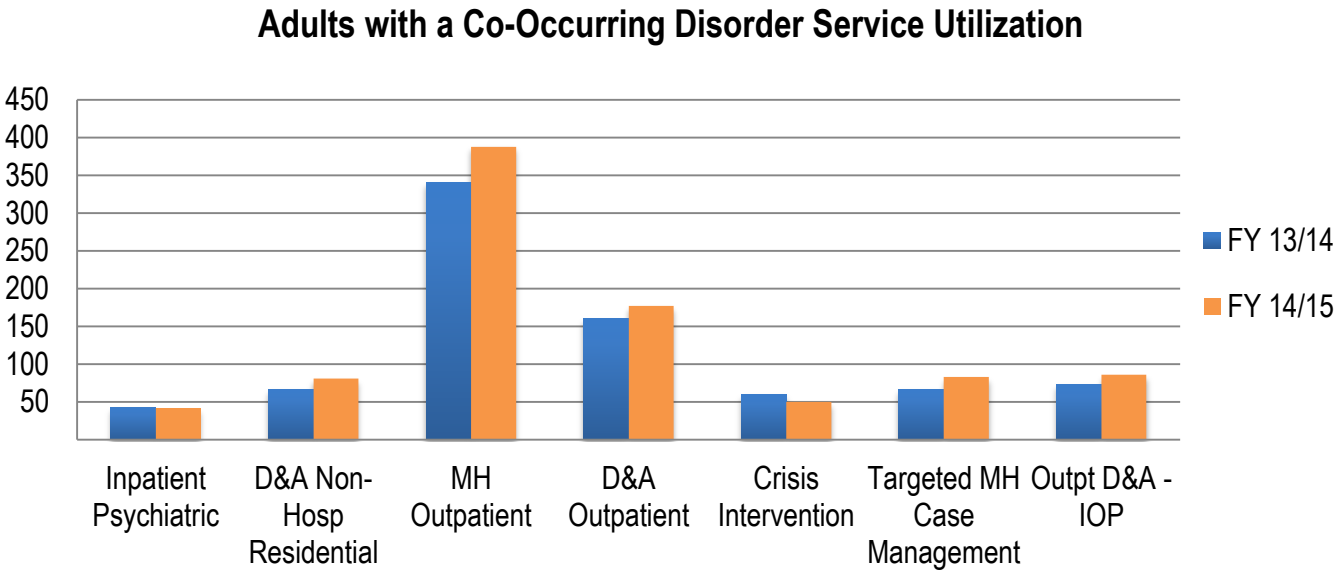
Access within 50 days peaked in FY 12/13 for BSC and TSS services and has since stabilized around 70%. Utilization of these services appears to be trending with the 50 day access and have stabilized.

QUALITY indicators-co-occurring

CO-OCCURRING (MH/SA) DISORDERS- The number of individuals identified as co-occurring in our system continues to increase with the largest increase account for in the adult population.



In addition, when looking at service utilization by adults, the chart below indicates trends by levels of care, Inpatient Psychiatric utilization remained flat, crisis utilization decreased while all other levels of care experienced an increase in utilization by this population.



In terms of children/adolescents with a co-occurring disorder the trends are not as strong, however, slight increases can be seen in the use of D&A Non-Hospital Rehabilitation, Mental Health Outpatient, D&A Outpatient, and Family Based levels of care.

QUALITY indicators-satisfaction

C/FST SURVEY RESULTS- This year the I/FST completed 522 surveys, representing 5.7% of the total population. Of these surveys, 56.1% were adult, 32.4% were family, 11.5% were youth. *(Note: Two adults and two youth declined to provide their county of residence. This chart only presents data from the 518 individuals whose residence was indicated.)*

Total number of surveys completed July 2014-June 2015

Category	Franklin	Fulton	Total
Adult	250	40	290
Family	158	12	170
Youth	54	4	58
Total:	462 (89.2%)	56 (10.8%)	518 (100%)

The table below shows the Adult satisfaction scores for both counties combined for the past four years. High significant decreases were found when comparing categories between 2013-2014 and 2014-2015. *(Note: The categories "Treatment Experiences and "Recovery Practices" were combined to compare 2012-2013 data to 2013-2014. No comparison was conducted on the individual categories.)*

Adult satisfaction in both counties

Combined Counties	July 2011 – June 2012 (N=553)	July 2012 – June 2013 (N=439)	July 2013 – June 2014 (N=271)	July 2014- June 2015 (N=284)
Access to Services	4.26*	4.33*	4.35	4.17**
Treatment Experiences	4.19*	4.28*	4.32	4.19**
Recovery Practices	4.25*	4.34*		
Direct Outcomes	4.27*	4.22*	4.20	4.07**
Total:	4.24*	4.29*	4.30	4.16**

*Indicates significant difference in means between statements, significant at the .05 level
**Indicates significant differences in means between statements, significant at the .01 level

QUALITY indicators-satisfaction

The table below shoes the Family Member satisfaction scores from both Franklin and Fulton Counties combined. Highly significant decreases in the means can be seen in all areas. *(Note: A combined score of 4.32 was used for 2012-2013's Treatment Experiences/Recovery Practices categories.)*

Family satisfaction survey for combined counties

Combined Counties	July 2011 – June 2012 (N=629)	July 2012 – June 2013 (N=347)	July 2013 – June 2014 (N=218)	July 2014 – June 2015 (N=170)
Access to Services	4.32*	4.22*	4.18	4.07**
Treatment Experiences	4.36*	4.29*	4.34	4.22**
Recovery Practices	4.46*	4.37*		
Direct Outcomes	4.38*	4.12*	4.02*	3.89**
Total:	4.38*	4.25*	4.26	4.13**

*Indicates significant difference in means between statements, significant at the .01 level

The table below shows the Youth satisfaction for both counties combined. The treatment experiences/recovery practice combined score for 2012-2013 is 4.11. A highly significant decrease in direct outcomes was seen between 2013-2014 and 2014-2015.

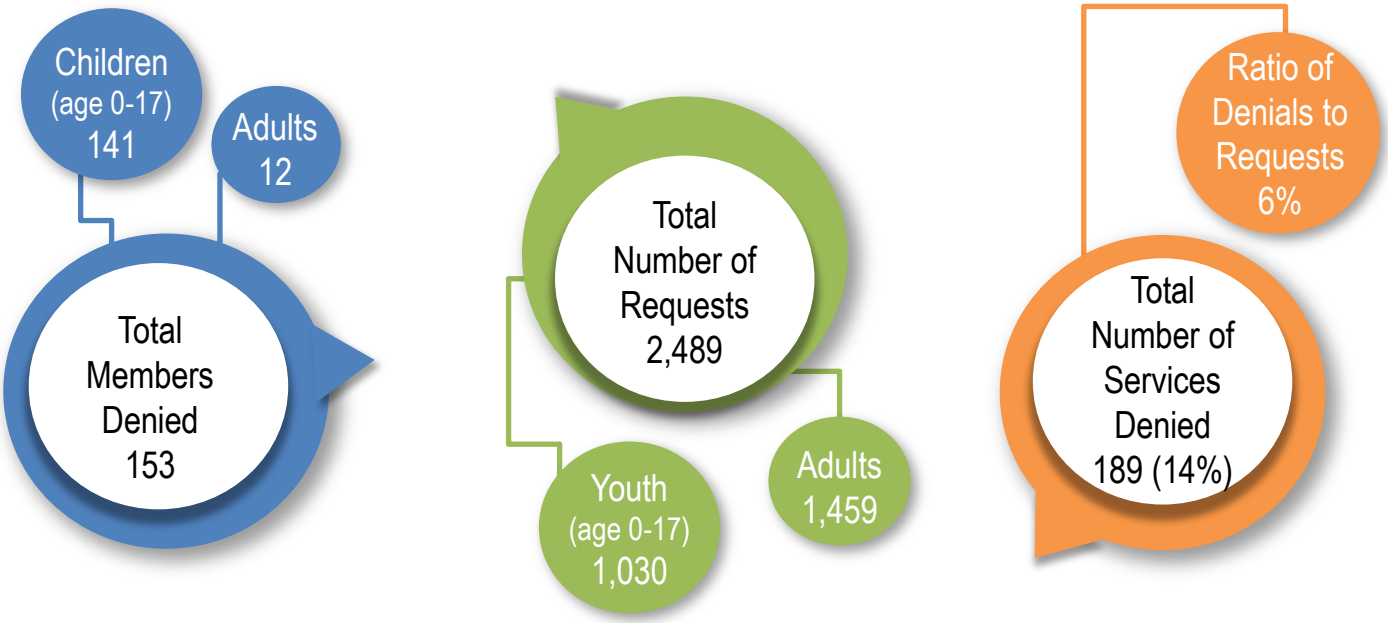
Youth satisfaction for combined counties

Combined Counties	July 2011 – June 2012 N=86	July 2012 – June 2013 N=65	July 2013 – June 2014 N=51	July 2014 – June 2015 N=60
Access to Services	4.29	4.05*	4.05	4.10
Treatment Experiences	4.26	4.03*	4.20*	4.17
Recovery Practices	4.41	4.20*		
Direct Outcomes	4.14	4.06	4.23*	4.01**
Total:	4.28	4.09*	4.17*	4.12

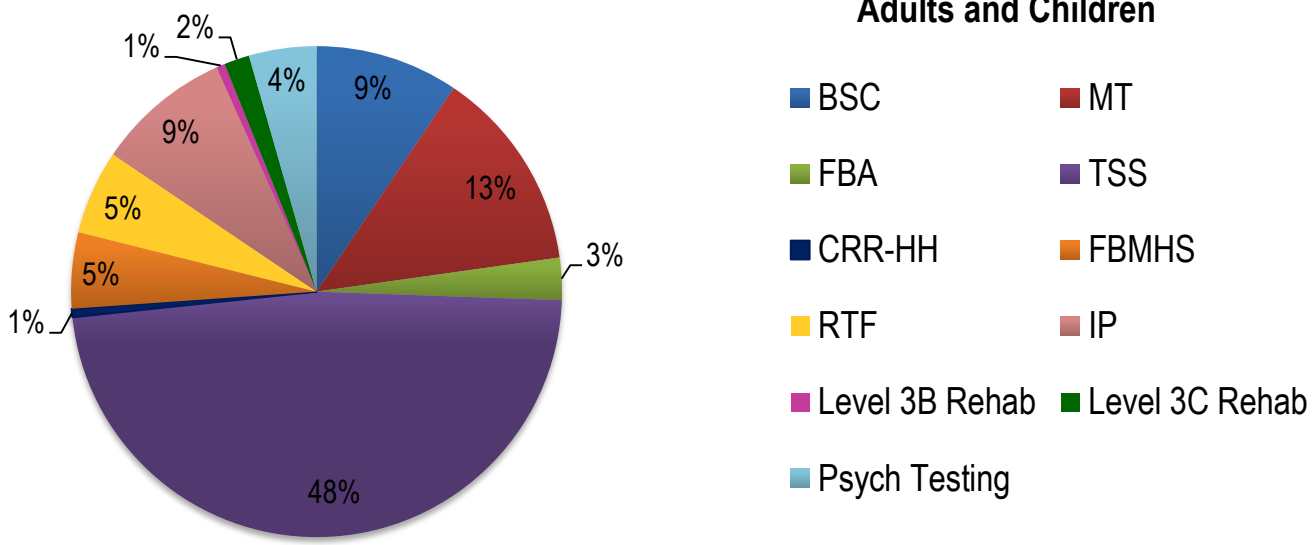
*Indicates significant difference in means between statements, significant at the .05 level
**Indicates significant differences in means between statements, significant at the .01 level

QUALITY indicators-denials

DENIALS- In 14/15, 141 Children Members and 12 Adult Members were denied a service. PerformCare received 2,489 requests for services in 14/15, a 22% decrease from 13/14. Overall, the ratio of denials to requests for Children Members is 14%, which is consistent with previous years reporting. Out of 2,489 requests, there were 189 services denied, for a ratio of 6%. The year resulted in an average of 17.5 denials per 1,000 members.



DENIALS – BY SERVICE- The total number of requests for services for this year was 2489, of those requests, 1,030 were requests for Children's Services. Denials occurred for Children's Services 14% of the time with the majority being due to the service not meeting Medical Necessity Criteria (98.8%). The service most frequently denied was BHR Services TSS (48%), MT (13%), and BSC (9%) followed by denials of Inpatient (IP) services at 9%. This is reflective of previous years trends.



QUALITY indicators-complaints/grievances

COMPLAINT- *A dispute or objection filed with PerformCare regarding a provider or coverage and operation of PerformCare.*

During 2014/2015, Members filed 32 level 1 complaints and 1 level 2 complaint, which is a slight increase from last year (27). Most complaints were in regards to BHRS (13) or Outpatient Services (12). The majority of complaints were filed due to "dissatisfaction with treatment received" (18). This is consistent with previous year trends.

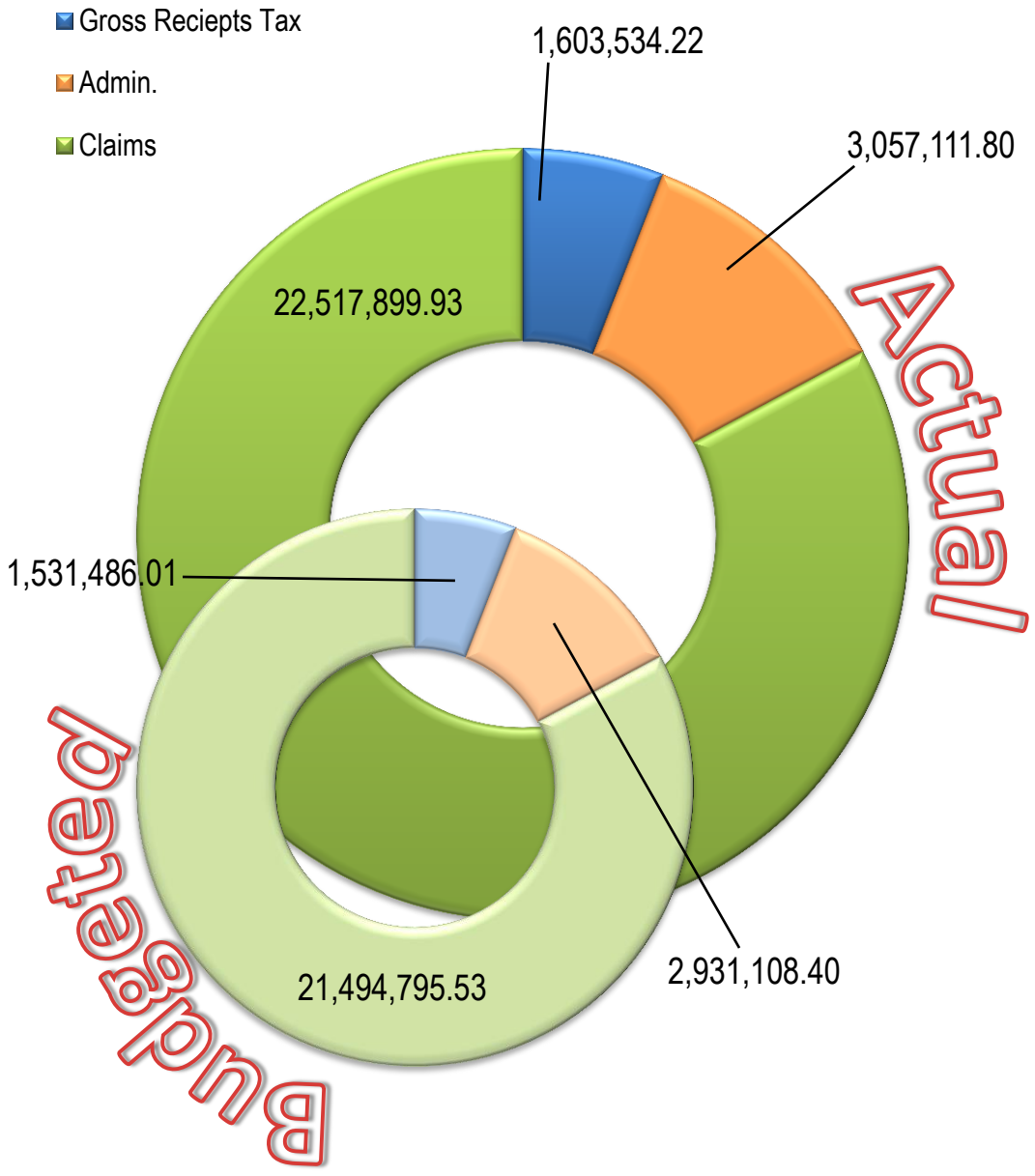
GRIEVANCES- *A request from a member for the reversal of PerformCare's decision to deny authorization of an in-plan service.*

In terms of grievances, the number filed this fiscal year greatly decreased from the previous year, which is expected given the decrease in denials. The majority of grievances were due to a denial of BHRS services.
Of all types of grievances filed; 36% were upheld, 36% were overturned, and 23% were withdrawn. The chart below delineates grievances by type across fiscal years 2008/09 through FY 2014/15.

	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Level I	102	45	18	23	80	106	38
Level II	29	10	4	3	21	33	11
External Review	5	4	1	1	3	11	5
Fair Hearing	3	2	2	1	2	7	2

FINANCIAL condition-

BUDGETED & ACTUAL- TMCA began the fiscal year budgeting for revenues and expenses that varied significantly due to the program changes enacted by the Department of Human Services. Below is a graphic representation of the budgeted versus actual including a perspective of variance caused by the implementation and subsequent dismantling of HealthyPA with the replacement of traditional Medicaid Expansion.

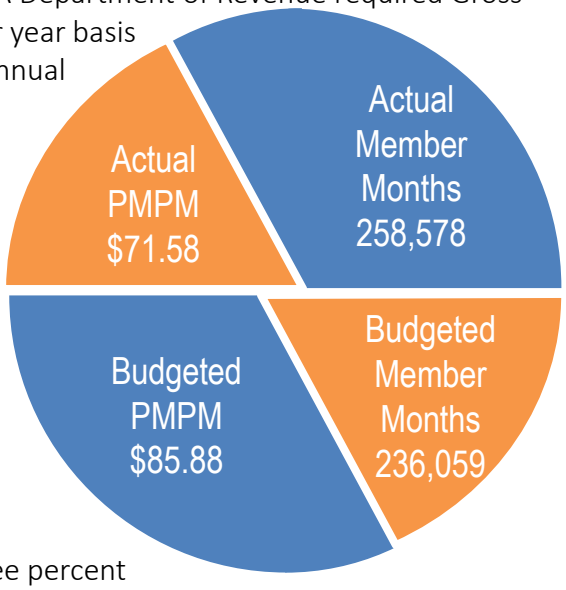


FINANCIAL condition-

BUDGETED & ACTUAL-

When we evaluate the budgeted Per Member Per Month calculation against the actual Per Member Per Month, the final PMPM was lower than projected. This is due to the increase in member months resulting from the programmatic changes from DHS. The graphic below breaks out member months and claims PMPM budgeted verses actual received:

The programmatic changes also affected the budgeted PA Department of Revenue required Gross Receipts Tax. Payment of this tax is prepaid on a calendar year basis based on estimated revenue. For 2015 prepayment of annual estimated GRT was $1,434,545. TMCA received a special adjustment in capitation in the amount of $1,075,909 to compensate for the difference between estimated and actual member months.



Expenses at the writing of this report for Fiscal Year 2014-2015, were $18,147,255. These medical claim expenses are not finalized due to the timing of the claims payment cycle. The projected medical claim expense is $18,753,033 for 2014-2015.

TMCA was able to maximize allowable retained revenue allowance of 3% for the fiscal year of $772,585. The three percent allowable retained revenue from 7 of 8 categories of medical assistance eligibility was $737,703. The remaining category, the Healthy PA/Medicaid Expansion grouping, contained a risk corridor calculation for earnings. This category netted retained revenue of $34,882.

EQUITY & INSOLVENCY-

As a result of the strong performance, TMCA will be able to fully fund the required reserves necessary for a Full Risk DHS Behavioral HealthChoices Agreement. TMCA's first risk instrument, Equity has a balance of $1,363,565; the second risk instrument, Insolvency has a balance of $3,080,374. The Department additionally allows for Risk and Contingency funds of 15 days average paid claims in excess of insolvency reserves, equating to $770,093.00 for TMCA, in the event of future claims payment exceeding capitation received.

Regardless of the robust medical claims expense and maximization of allowable retained revenue, TMCA experienced excess capitation funds greater than the allowable retained revenue. For the 2014-2015, TMCA estimates that $2,473,621 will be returned to DHS. As stated previously, the programmatic changes and lack of actuarial experience with the two new populations may account for the surplus.

FINANCIAL condition-

CLAIMS ANALYSIS- The following table breaks out the claims expense by service category for the fiscal year 2014-2015 compared to the initial fiscal year 2007-2008 and fiscal year 2014-2015.

As can be seen by the table, utilization of services has continued to grow with the exception of Behavioral Health Rehab Services (BHRS) and RTF – JCAHO. The declining trend of utilization of RTF can be attributed to more community alternatives for treatment.

	FY 2007/2008		FY 2013/2014		FY 2014/2015	
	Claim Dollars	Consumers	Claim Dollars	Consumers	Claim Dollars	Consumers
Inpatient	$2,099,958.00	248	$2,367,349.00	326	$2,424,984.00	305
Inpatient D&A	$11,641.00	2	$10,682.00	2	$89,518.00	7
Non Hospital D&A	$3,013,001.00	71	$915,706.00	136	$1,379,375.00	210
Psychiatric Outpatient	$1,095,792.00	1848	$3,235,073.00	3796	$3,692,779.00	4,240
D&A Outpatient	$55,758.00	142	$177,894.00	333	$232,812.00	368
BHRS	$6,464,404.00	655	$6,102,812.00	671	$4,263,408.00	575
RTF - JCAHO	$1,562,489.00	38	$1,291,964.00	28	$1,069,787.00	22
RTF- Non JCAHO	$44,162.00	3	$257,108.00	3	$366,924.00	6
Ancillary Support	$6,254.00	117	$14,547.00	248	$14,779.00	285
Community Support	$1,683,130.00	611	$3,130,760.00	1085	$3,668,127.00	1,167
Other	$202,698.00	562	$1,178,201.00	1152	$1,563,175.00	1,476
Grand Total	$16,239,287.00	4297	$18,682,096.00	7780	$18,765,668.00	8661

	Difference 13/14-14/15		Difference 07/08-14-15	
	Claims Dollars	Consumers	Claims dollars	Consumers
Inpatient	$57,635.00	-21	$325,026.00	57
Inpatient D&A	$78,836.00	5	$77,877.00	5
Non Hospital D&A	$463,669.00	74	-$1,633,626.00	139
Psychiatric Outpatient	$457,706.00	444	$2,596,987.00	2392
D&A Outpatient	$54,918.00	35	$177,054.00	226
BHRS	-$1,839,404.00	-96	-$2,200,996.00	-80
RTF - JCAHO	-$222,177.00	-6	-$492,702.00	-16
RTF – Non JCAHO	$109,816.00	3	$322,762.00	3
Ancillary Support	$232.00	37	$8,525.00	168
Community Support	$537,367.00	82	$1,984,997.00	556
Other	$384,974.00	324	$1,360,477.00	914
Grand Total	$83,572.00	881	$2,526,381.00	4364

FINANCIAL condition-claims

CLAIMS ANALYSIS cont.-

The table below represent the four highest paid claims and consumers served by levels of care for the fiscal year 2014-2015 compared to the initial fiscal year 2007-2008 and fiscal year 2014-2015 compared to fiscal year 2013-2014:

	FY 2007/2008		FY 2013/2014		FY 2014/2015	
	Claim Dollars	Consumers	Claim Dollars	Consumers	Claim Dollars	Consumers
Inpatient	$2,099,958.00	248	$2,367,349.00	326	$2,424,984.00	305
Psychiatric Outpatient	$1,095,792.00	1848	$3,235,073.00	3796	$3,692,779.00	4,240
BHRS	$6,464,404.00	655	$6,102,812.00	671	$4,263,408.00	575
Community Support	$1,683,130.00	611	$3,130,760.00	1085	$3,668,127.00	1,167
Grand Total	$11,343,284.00	3362	$14,835,994.00	5878	$14,049,298.00	6287

	Difference 13/14-14/15		Difference 07/08-14-15	
	Claims Dollars	Consumers	Claims dollars	Consumers
Inpatient	$57,635.00	-21	$325,026.00	57
Psychiatric Outpatient	$457,706.00	444	$2,596,987.00	2392
BHRS	-$1,839,404.00	-96	-$2,200,996.00	-80
Community Support	$537,367.00	82	$1,984,997.00	556
Grand Total	-$786,696.00	409	$2,706,014.00	2925

ADULT CLAIMS-

In analysis of adult claims expense trends, the largest service expense is Outpatient Psychiatric at $1,790,749. At a county level analysis, Franklin County's highest adult claims expense was Outpatient Psychiatric at $1,445,921 and Fulton County 's highest claims expense was for the same at $344,828.

FINANCIAL condition-

YOUTH CLAIMS- In total, TMCA provided services for 2,133 youth. Below are the greatest claims expense for children, in order of ranking:

Combined Counties	*Franklin County*	*Fulton County*
1. *BHRS - $3,886,938*	*1. BHRS - $3,508,259*	*1. BHRS - $378,680*
2. *Family Based- $1,957,510*	*2. FBMHS - $1,862,588*	*2. Psych. Outpatient - $220,303*
3. *Psych. Outpatient - $1,699,074*	*3. Psych. Outpatient - $1,478,771*	*3. RTF - $121,673*

Children in Substitute Care (CISC), either by Children and Youth Services or through the Juvenile Justice system, accounted for 5% (114 members) of the children's population and11% ($1,258,470.00) of cost for all children served. The greatest service expense was Residential Treatment Facility-JCAHO at $552,877.

The following graphic represents comparison claim cost of Child and Adolescents on the whole against the CISC subpopulation across the life of the program and within the current fiscal years. The graph below illustrates the trend in CISC members receiving a Behavioral HealthChoices paid for service: