

LME-MCO Quarterly Performance Measures: Performance Report

Second Quarter SFY 2022-2023

October 1 - December 31, 2022

(All Measures Reported)

Prepared by:
Quality Management Team
Division of Mental Health, Developmental Disabilities, and Substance Use Services

July 13, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services



Introduction

The NC Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) has been tracking the effectiveness of community systems through statewide performance indicators since 2006¹. These indicators provide a means for Executive Leadership, the NC public and General Assembly to monitor how the public service system is performing its responsibilities. Regular reporting of community progress also assists local and state managers in identifying areas of success and areas in need of attention. Problems caught early can be addressed more effectively. Success in a particular component of the service system by one community can be used as a model to guide development in other communities.

These performance indicators describe an observed level of activity (percent of persons that received a service for a MH, I/DD, or SUD condition or that received a timely follow-up service), but do not explain why the level is as it is. Results do not reveal the substantial “behind-the-scene” activities, processes and interactions involving service providers, LME-MCO and state staff, consumers, and family members, and cannot reveal which factors account for differences in measured levels of quality. Identifying and understanding these factors require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

The performance indicators in this report were chosen to reflect:

- accepted standards of care,
- fair and reliable measures, and
- readily available data sources.

In this report, there are 34 broad category of indicators with 144 items measured. Each performance indicator includes an overview explaining the rationale and a description of the measure. Performance data is summarized for each LME-MCO and the state as a whole for the most recent period for which data is available.

The data in this report is a compilation of LME-MCO reported performance measures data submitted to DMH/DD/SUS on 5/17/23 for the 2nd Quarter SFY2023 measurement period. Please note that the performance data for the quarter is based on claims paid as of 4 months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

On 6/16/23 LME-MCOs were provided a DRAFT report annotating data anomalies and/or missing data identified by DMH/DD/SUS. They were given the opportunity to review the DRAFT report to resolve identified anomalies, provide any missing data, and compare their data to other LME-MCOs and statewide data to ensure their reported numbers are accurate and complete.

LME-MCOs were asked to submit any needed corrections to the DMH/DD/SUS Quality Management Section by 6/30/23 so the report can be finalized. The data in this revised report includes all corrections received as of 7/13/23.

Please direct any questions about the performance indicators in this report to the DMH/DD/SUS Quality Management Team at contactdmhquality@dhhs.nc.gov or (984) 236-5200.

1. This report fulfills the requirements of S.L. 2006-142 (HB 2077) and 122C - 112.1 that directs the Department of Health and Human Services to develop and monitor critical indicators of LME-MCO performance.

North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

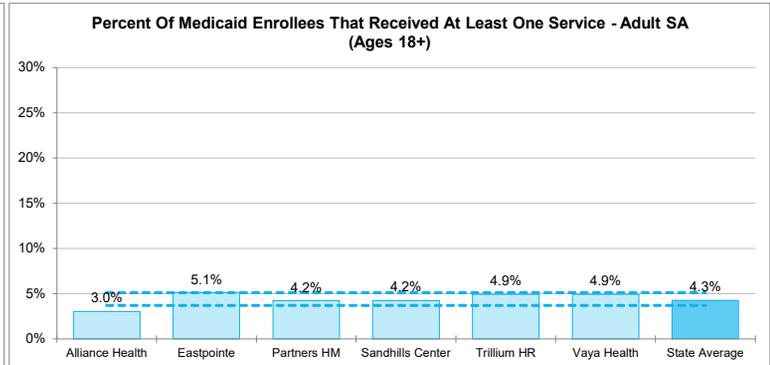
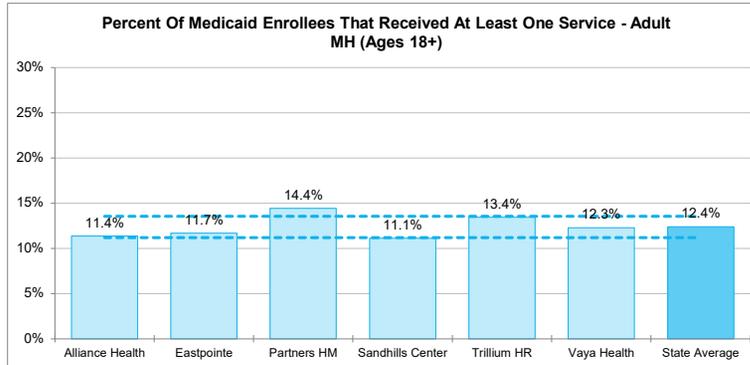
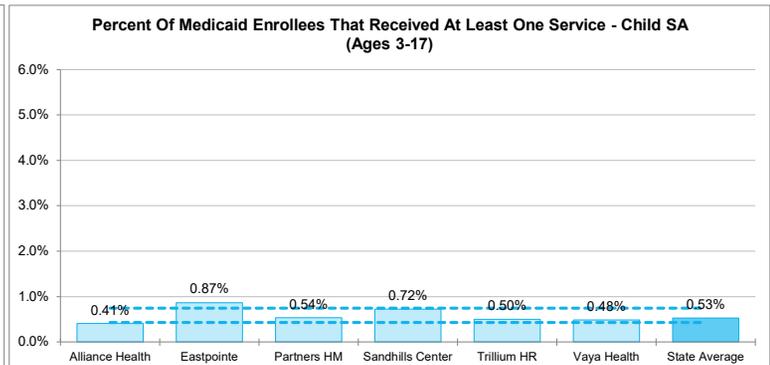
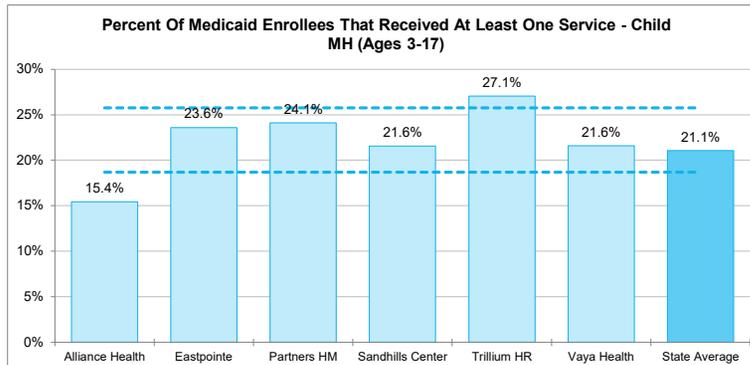
PENETRATION

3.1 Persons Served: Medicaid Enrollees

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilities, and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, IDD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Child MH (Ages 3-17) | | | Adult MH (Ages 18+) | | | Child SA (Ages 3-17) | | | Adult SA (Ages 18+) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|--|---|--|
| | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service |
| Alliance Health | 5,930 | 38,391 | 15.4% | 13,292 | 117,033 | 11.4% | 157 | 38,391 | 0.41% | 3,557 | 117,033 | 3.0% |
| Eastpointe | 2,044 | 8,660 | 23.6% | 5,237 | 44,888 | 11.7% | 75 | 8,660 | 0.87% | 2,287 | 44,888 | 5.1% |
| Partners Health Management | 5,085 | 21,098 | 24.1% | 11,661 | 80,868 | 14.4% | 113 | 21,098 | 0.54% | 3,405 | 80,868 | 4.2% |
| Sandhills Center | 3,160 | 14,655 | 21.6% | 6,911 | 62,239 | 11.1% | 106 | 14,655 | 0.72% | 2,638 | 62,239 | 4.2% |
| Trillium Health Resources | 5,017 | 18,545 | 27.1% | 10,170 | 75,713 | 13.4% | 93 | 18,545 | 0.50% | 3,726 | 75,713 | 4.9% |
| Vaya Health | 4,792 | 22,176 | 21.6% | 10,054 | 81,939 | 12.3% | 107 | 22,176 | 0.48% | 4,051 | 81,939 | 4.9% |
| Statewide | 26,028 | 123,525 | 21.1% | 57,325 | 462,680 | 12.4% | 651 | 123,525 | 0.53% | 19,664 | 462,680 | 4.3% |
| Standard Deviation | | | 3.5% | | | 1.2% | | | 0.16% | | | 0.7% |
| LME-MCO Average | | | 22.2% | | | 12.4% | | | 0.59% | | | 4.4% |



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PENETRATION

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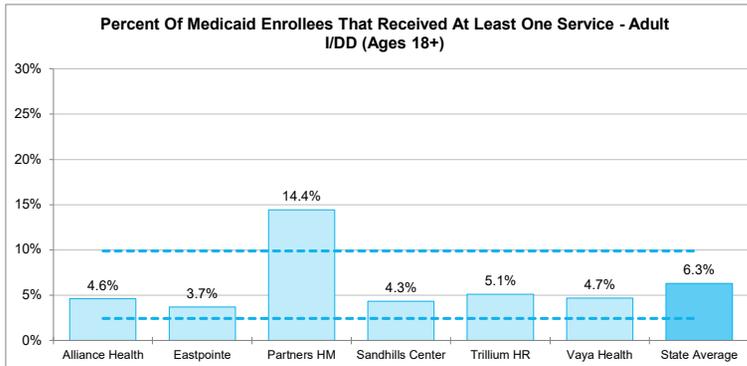
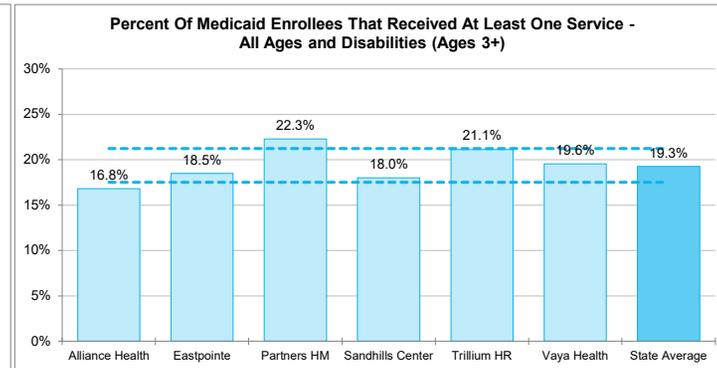
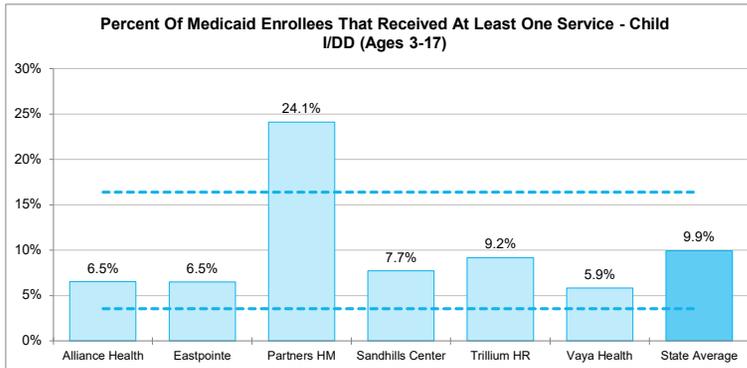
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18+) | | | All Ages and Disabilities (Ages 3+) | | |
|----------------------------|---|------------------------------|--|---|------------------------------|--|---|------------------------------|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service |
| Alliance Health | 2,508 | 38,391 | 6.5% | 5,392 | 117,033 | 4.6% | 26,156 | 155,424 | 16.8% |
| Eastpointe | 562 | 8,660 | 6.5% | 1,657 | 44,888 | 3.7% | 9,885 | 53,449 | 18.5% |
| Partners Health Management | 5,085 | 21,098 | 24.1% | 11,661 | 80,868 | 14.4% | 22,708 | 101,966 | 22.3% |
| Sandhills Center | 1,131 | 14,655 | 7.7% | 2,702 | 62,239 | 4.3% | 13,851 | 76,894 | 18.0% |
| Trillium Health Resources | 1,702 | 18,545 | 9.2% | 3,875 | 75,713 | 5.1% | 19,917 | 94,258 | 21.1% |
| Vaya Health | 1,298 | 22,176 | 5.9% | 3,837 | 81,939 | 4.7% | 20,365 | 104,115 | 19.6% |
| Statewide | 12,286 | 123,525 | 9.9% | 29,124 | 462,680 | 6.3% | 112,882 | 586,106 | 19.3% |
| Standard Deviation | | | 6.4% | | | 3.7% | | | 1.9% |
| LME-MCO Average | | | 10.0% | | | 6.1% | | | 19.4% |

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

| Sum of # in each age disability that rec'd a service | Medicaid Enrollees Sum of Children + Adults |
|--|---|
| 30,836 | 155,424 |
| 11,862 | 53,548 |
| 37,010 | 101,966 |
| 16,648 | 76,894 |
| 24,583 | 94,258 |
| 24,139 | 104,115 |

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one



North Carolina LME-MCO Performance Measurement Reporting

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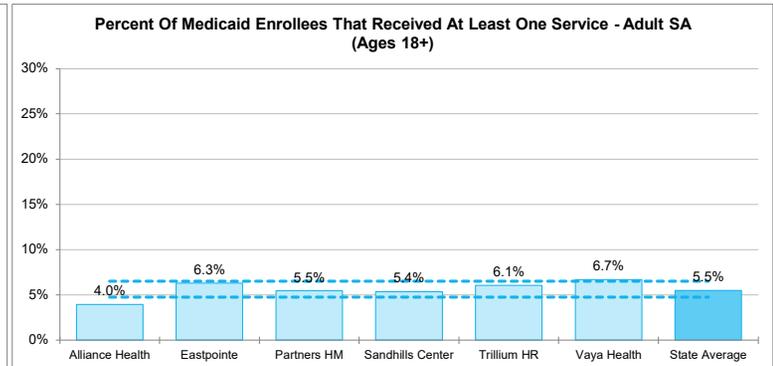
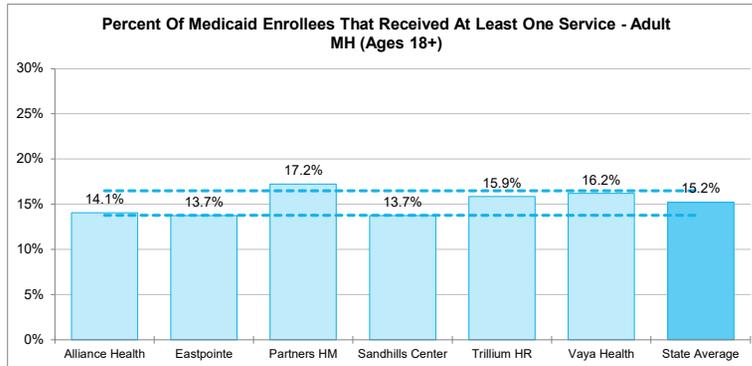
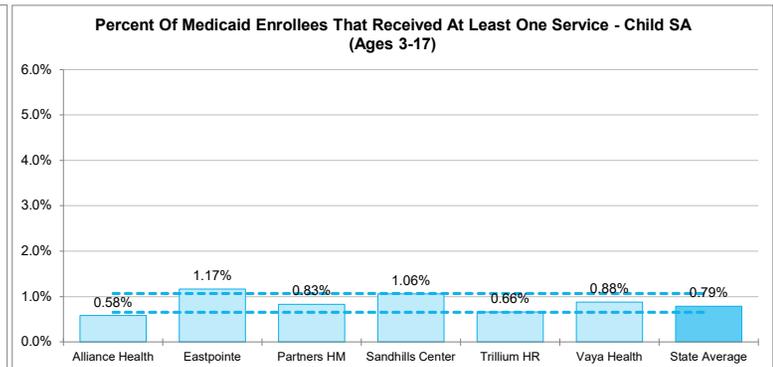
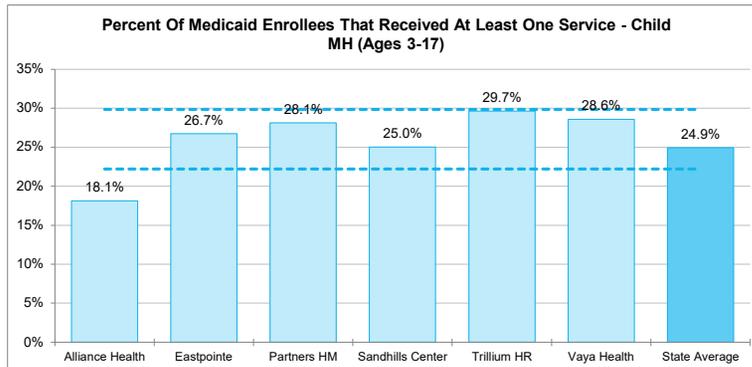
PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilities, and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

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| LME-MCO | Child MH (Ages 3-17) | | | Adult MH (Ages 18+) | | | Child SA (Ages 3-17) | | | Adult SA (Ages 18+) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|--|---|--|
| | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Medicaid Enrollees | Rate Percent That Received At Least One Service |
| Alliance Health | 7,319 | 40,353 | 18.1% | 16,866 | 120,030 | 14.1% | 235 | 40,353 | 0.58% | 4,742 | 120,030 | 4.0% |
| Eastpointe | 2,497 | 9,338 | 26.7% | 6,502 | 47,303 | 13.7% | 109 | 9,338 | 1.17% | 2,981 | 47,303 | 6.3% |
| Partners Health Management | 6,272 | 22,291 | 28.1% | 14,568 | 84,566 | 17.2% | 185 | 22,291 | 0.83% | 4,615 | 84,566 | 5.5% |
| Sandhills Center | 3,953 | 15,803 | 25.0% | 9,048 | 65,867 | 13.7% | 168 | 15,803 | 1.06% | 3,526 | 65,867 | 5.4% |
| Trillium Health Resources | 5,986 | 20,181 | 29.7% | 12,571 | 79,231 | 15.9% | 133 | 20,181 | 0.66% | 4,794 | 79,231 | 6.1% |
| Vaya Health | 7,111 | 24,884 | 28.6% | 14,676 | 90,624 | 16.2% | 219 | 24,884 | 0.88% | 6,046 | 90,624 | 6.7% |
| Statewide | 33,138 | 132,850 | 24.9% | 74,231 | 487,621 | 15.2% | 1,049 | 132,850 | 0.79% | 26,704 | 487,621 | 5.5% |
| Standard Deviation | | | 3.8% | | | 1.4% | | | 0.2% | | | 0.9% |
| LME-MCO Average | | | 26.0% | | | 15.1% | | | 0.9% | | | 5.6% |



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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PENETRATION

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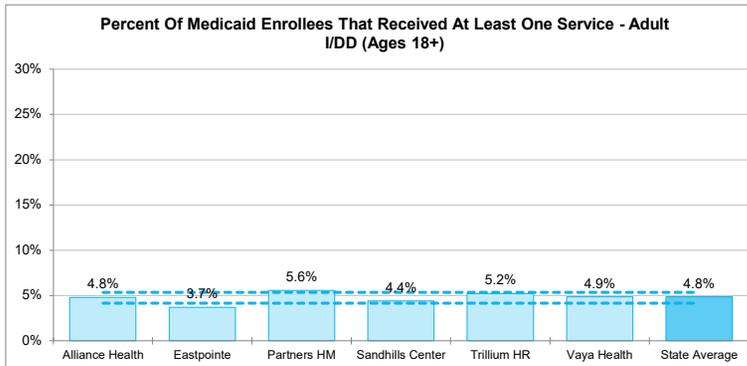
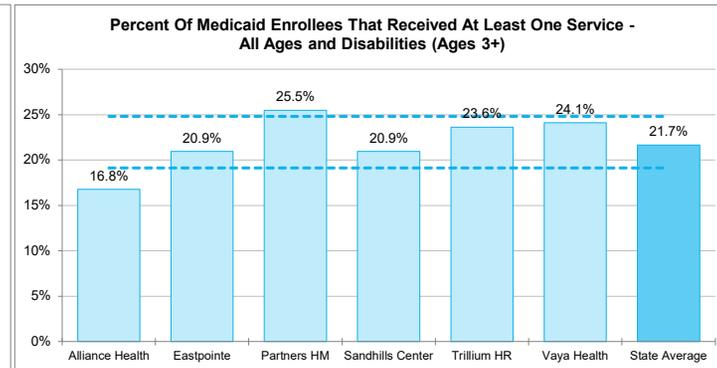
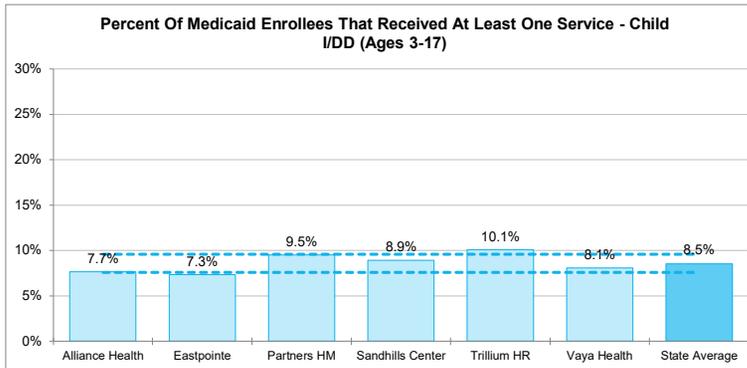
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| LME-MCO | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18+) | | | All Ages and Disabilities (Ages 3+) | | |
|----------------------------|---|------------------------------|--|---|------------------------------|--|---|------------------------------|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service | Number That Received At Least One Service | Number Of Medicaid Enrollees | Percent That Received At Least One Service |
| Alliance Health | 3,091 | 40,353 | 7.7% | 5,745 | 120,030 | 4.8% | 26,883 | 160,383 | 16.8% |
| Eastpointe | 685 | 9,338 | 7.3% | 1,758 | 47,303 | 3.7% | 11,804 | 56,379 | 20.9% |
| Partners Health Management | 2,121 | 22,291 | 9.5% | 4,700 | 84,566 | 5.6% | 27,205 | 106,857 | 25.5% |
| Sandhills Center | 1,408 | 15,803 | 8.9% | 2,890 | 65,867 | 4.4% | 17,108 | 81,670 | 20.9% |
| Trillium Health Resources | 2,035 | 20,181 | 10.1% | 4,136 | 79,231 | 5.2% | 23,469 | 99,412 | 23.6% |
| Vaya Health | 2,008 | 24,884 | 8.1% | 4,397 | 90,624 | 4.9% | 27,838 | 115,508 | 24.1% |
| Statewide | 11,348 | 132,850 | 8.5% | 23,626 | 487,621 | 4.8% | 134,307 | 620,209 | 21.7% |
| Standard Deviation | ----- | | 1.0% | ----- | | 0.6% | ----- | | 2.8% |
| LME-MCO Average | ----- | | 8.6% | ----- | | 4.8% | ----- | | 22.0% |

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

| Sum of # in each age disability that rec'd a service | Medicaid Enrollees Sum of Children + Adults |
|--|---|
| 37,998 | 160,383 |
| 14,532 | 56,641 |
| 32,461 | 106,857 |
| 20,993 | 81,670 |
| 29,655 | 99,412 |
| 34,457 | 115,508 |

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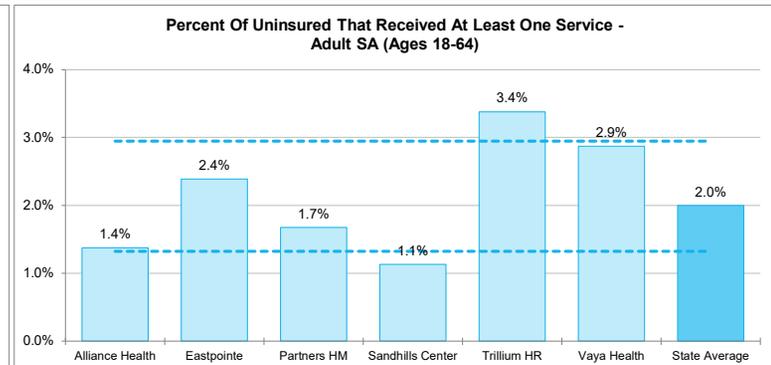
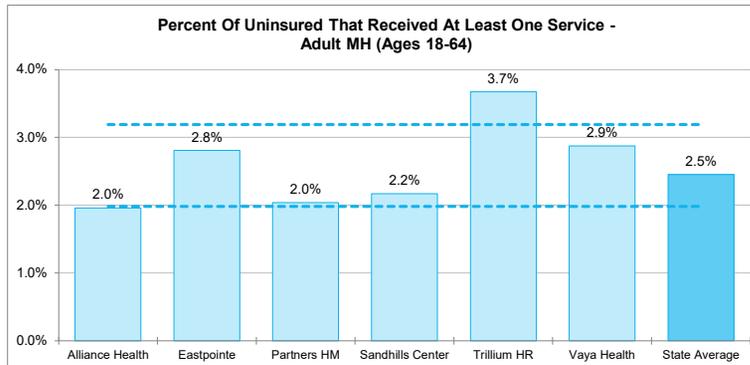
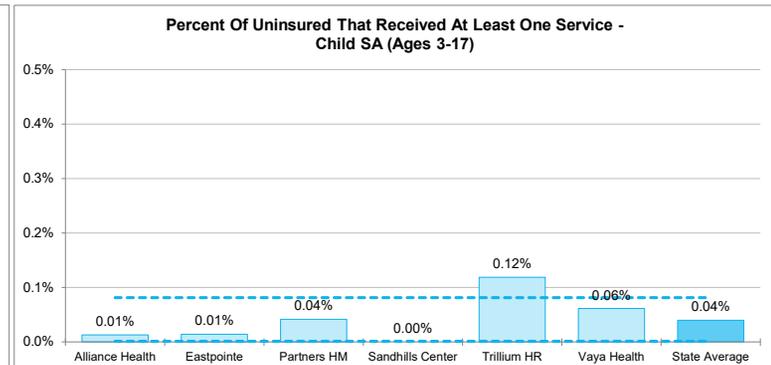
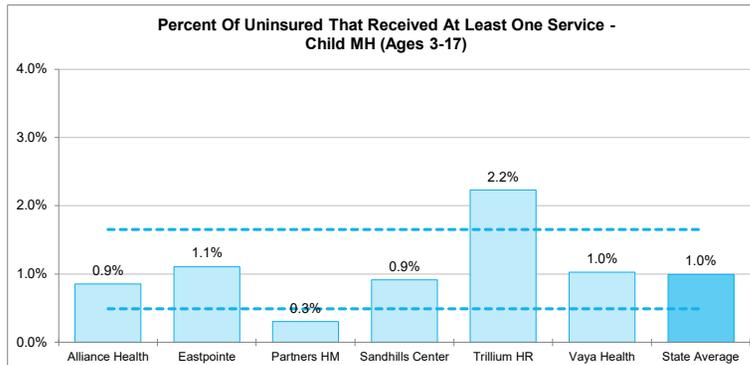
PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilities, and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

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| LME-MCO | Child MH (Ages 3-17) | | | Adult MH (Ages 18-64) | | | Child SA (Ages 3-17) | | | Adult SA (Ages 18-64) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|--|---|--|
| | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service |
| Alliance Health | 261 | 30,659 | 0.9% | 5,801 | 296,528 | 2.0% | 4 | 30,659 | 0.01% | 4,080 | 296,528 | 1.4% |
| Eastpointe | 77 | 6,952 | 1.1% | 1,971 | 70,173 | 2.8% | 1 | 6,952 | 0.01% | 1,675 | 70,173 | 2.4% |
| Partners Health Management | 58 | 19,246 | 0.3% | 3,880 | 190,537 | 2.0% | 8 | 19,246 | 0.04% | 3,192 | 190,537 | 1.7% |
| Sandhills Center | 122 | 13,352 | 0.9% | 3,001 | 138,192 | 2.2% | 0 | 13,352 | 0.00% | 1,562 | 138,192 | 1.1% |
| Trillium Health Resources | 319 | 14,305 | 2.2% | 4,970 | 135,307 | 3.7% | 17 | 14,305 | 0.12% | 4,573 | 135,307 | 3.4% |
| Vaya Health | 167 | 16,307 | 1.0% | 4,978 | 173,141 | 2.9% | 10 | 16,307 | 0.06% | 4,973 | 173,141 | 2.9% |
| Statewide | 1,004 | 100,822 | 1.0% | 24,601 | 1,003,878 | 2.5% | 40 | 100,822 | 0.04% | 20,055 | 1,003,878 | 2.0% |
| Standard Deviation | ----- | | 0.6% | ----- | | 0.6% | ----- | | 0.04% | ----- | | 0.8% |
| LME-MCO Average | ----- | | 1.1% | ----- | | 2.6% | ----- | | 0.04% | ----- | | 2.1% |



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PENETRATION

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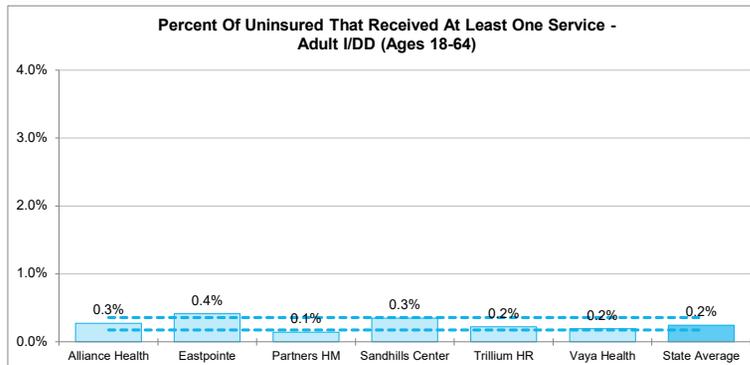
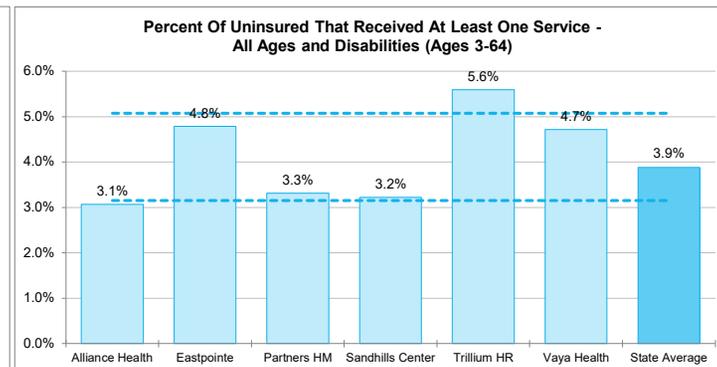
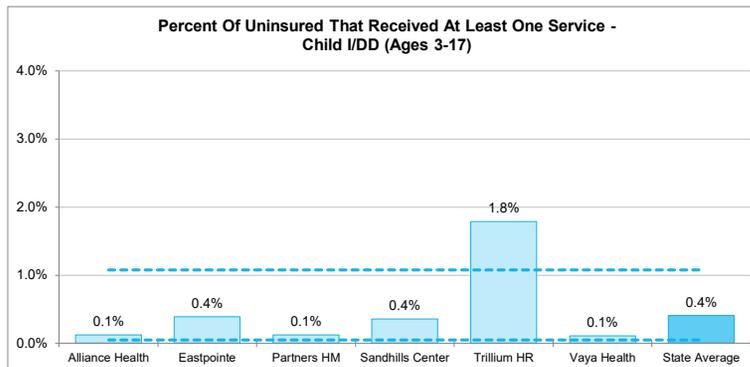
| LME-MCO | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18-64) | | | All Ages and Disabilities (Ages 3-64) | | |
|----------------------------|------------------------|-------------|------|-------------------------|-------------|------|---------------------------------------|-------------|------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| Alliance Health | 38 | 30,659 | 0.1% | 805 | 296,528 | 0.3% | 9,700 | 316,226 | 3.1% |
| Eastpointe | 27 | 6,952 | 0.4% | 289 | 70,173 | 0.4% | 3,562 | 74,419 | 4.8% |
| Partners Health Management | 24 | 19,246 | 0.1% | 269 | 190,537 | 0.1% | 6,670 | 201,301 | 3.3% |
| Sandhills Center | 48 | 13,352 | 0.4% | 479 | 138,192 | 0.3% | 4,693 | 145,789 | 3.2% |
| Trillium Health Resources | 256 | 14,305 | 1.8% | 297 | 135,307 | 0.2% | 8,172 | 146,187 | 5.6% |
| Vaya Health | 18 | 16,307 | 0.1% | 333 | 173,141 | 0.2% | 8,656 | 183,642 | 4.7% |
| Statewide | 411 | 100,822 | 0.4% | 2,472 | 1,003,878 | 0.2% | 41,453 | 1,067,565 | 3.9% |
| Standard Deviation | | | 0.6% | | | 0.1% | | | 1.0% |
| LME-MCO Average | | | 0.5% | | | 0.3% | | | 4.1% |

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service

10,989
4,040
7,431
5,212
10,432
10,479

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Jul - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

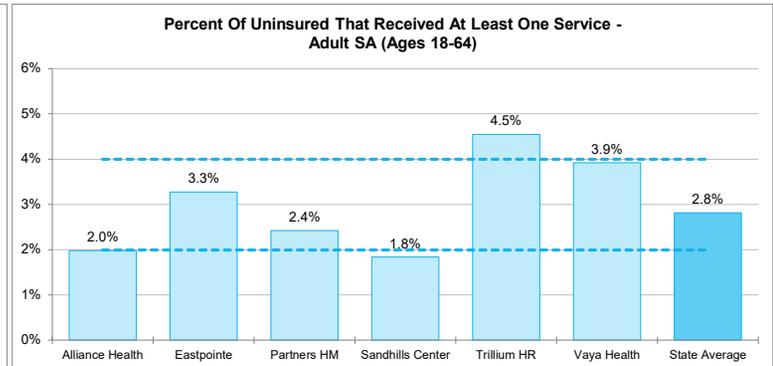
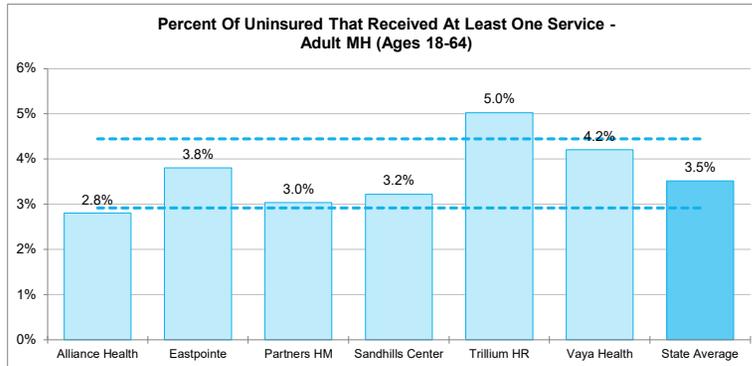
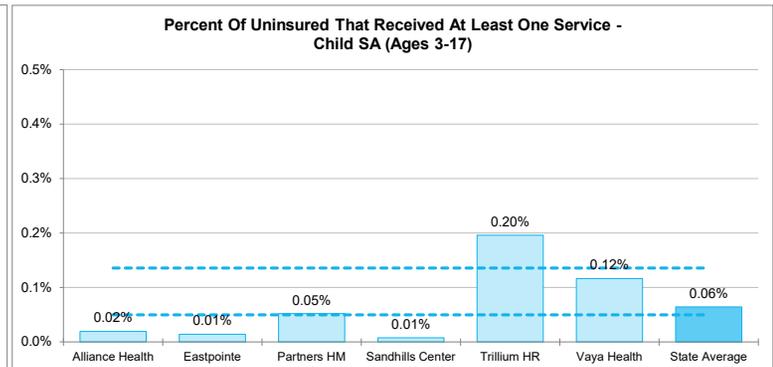
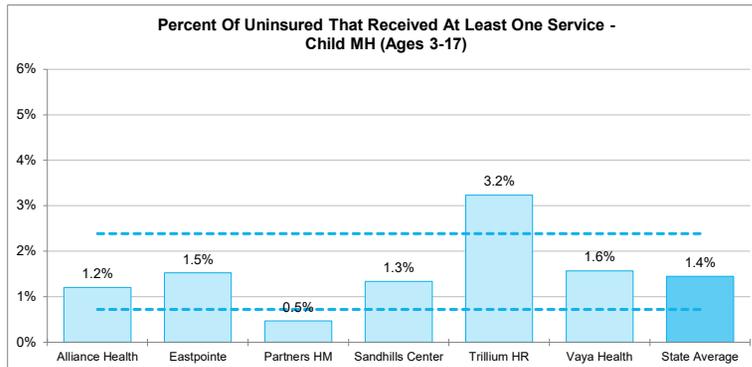
PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilities, and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

| LME-MCO | Child MH (Ages 3-17) | | | Adult MH (Ages 18-64) | | | Child SA (Ages 3-17) | | | Adult SA (Ages 18-64) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|--|---|--|
| | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service | Numerator Number That Received At Least One Service | Denominator Number Of Uninsured Population | Rate Percent That Received At Least One Service |
| Alliance Health | 368 | 30,659 | 1.2% | 8,316 | 296,528 | 2.8% | 6 | 30,659 | 0.02% | 5,873 | 296,528 | 2.0% |
| Eastpointe | 106 | 6,952 | 1.5% | 2,667 | 70,173 | 3.8% | 1 | 6,952 | 0.01% | 2,297 | 70,173 | 3.3% |
| Partners Health Management | 90 | 19,246 | 0.5% | 5,779 | 190,537 | 3.0% | 10 | 19,246 | 0.05% | 4,612 | 190,537 | 2.4% |
| Sandhills Center | 178 | 13,352 | 1.3% | 4,453 | 138,192 | 3.2% | 1 | 13,352 | 0.01% | 2,536 | 138,192 | 1.8% |
| Trillium Health Resources | 463 | 14,305 | 3.2% | 6,801 | 135,307 | 5.0% | 28 | 14,305 | 0.20% | 6,155 | 135,307 | 4.5% |
| Vaya Health | 256 | 16,307 | 1.6% | 7,279 | 173,141 | 4.2% | 19 | 16,307 | 0.12% | 6,782 | 173,141 | 3.9% |
| Statewide | 1,461 | 100,822 | 1.4% | 35,295 | 1,003,878 | 3.5% | 65 | 100,822 | 0.06% | 28,255 | 1,003,878 | 2.8% |
| Standard Deviation | ----- | | 0.8% | ----- | | 0.8% | ----- | | 0.07% | ----- | | 1.0% |
| LME-MCO Average | ----- | | 1.6% | ----- | | 3.7% | ----- | | 0.07% | ----- | | 3.0% |



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Jul - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilities, and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

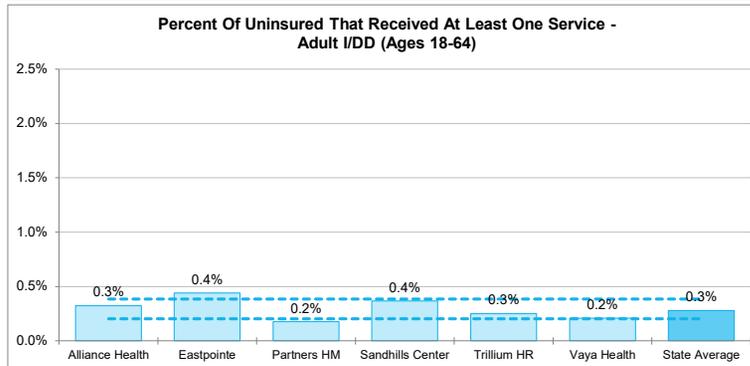
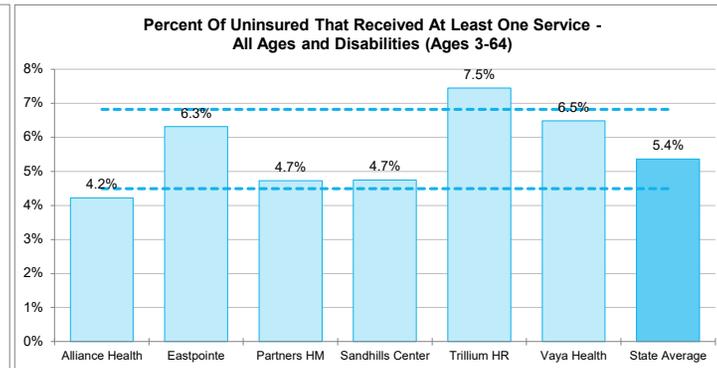
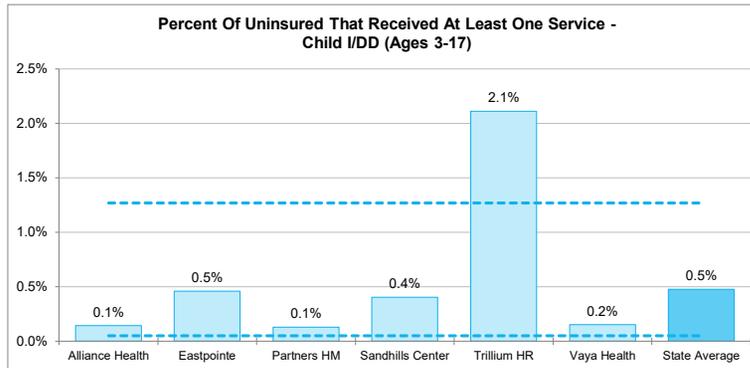
| LME-MCO | Child I/DD (Ages 3-17) | | | Adult I/DD (Ages 18-64) | | | All Ages and Disabilities (Ages 3-64) | | |
|----------------------------|------------------------|-------------|------|-------------------------|-------------|------|---------------------------------------|-------------|------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| Alliance Health | 44 | 30,659 | 0.1% | 958 | 296,528 | 0.3% | 13,343 | 316,226 | 4.2% |
| Eastpointe | 32 | 6,952 | 0.5% | 308 | 70,173 | 0.4% | 4,700 | 74,419 | 6.3% |
| Partners Health Management | 25 | 19,246 | 0.1% | 334 | 190,537 | 0.2% | 9,512 | 201,301 | 4.7% |
| Sandhills Center | 54 | 13,352 | 0.4% | 506 | 138,192 | 0.4% | 6,919 | 145,789 | 4.7% |
| Trillium Health Resources | 302 | 14,305 | 2.1% | 339 | 135,307 | 0.3% | 10,894 | 146,187 | 7.5% |
| Vaya Health | 25 | 16,307 | 0.2% | 362 | 173,141 | 0.2% | 11,910 | 183,642 | 6.5% |
| Statewide | 482 | 100,822 | 0.5% | 2,807 | 1,003,878 | 0.3% | 57,278 | 1,067,565 | 5.4% |
| Standard Deviation | 0.7% | | | 0.1% | | | 1.2% | | |
| LME-MCO Average | 0.6% | | | 0.3% | | | 5.7% | | |

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.

Sum of # in each age disability that rec'd a service

15,565
5,411
10,850
7,728
14,088
14,723

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

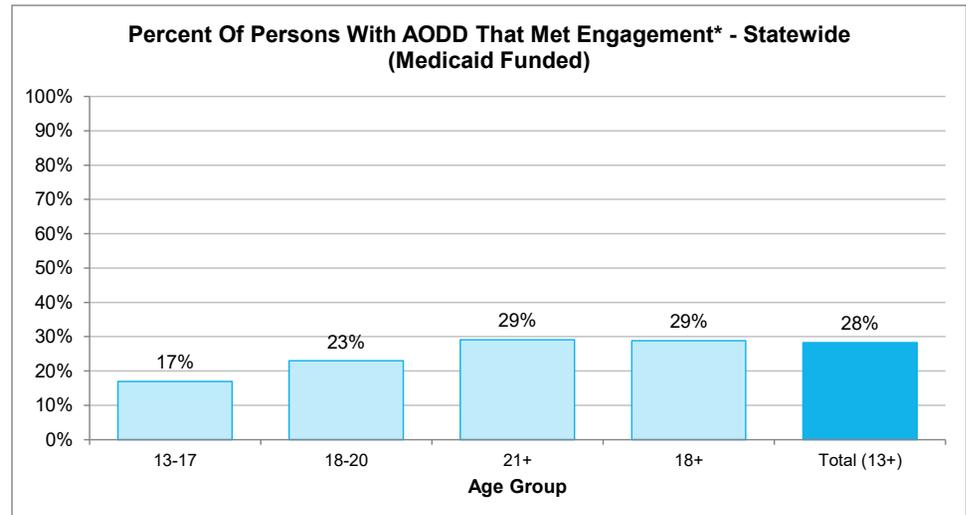
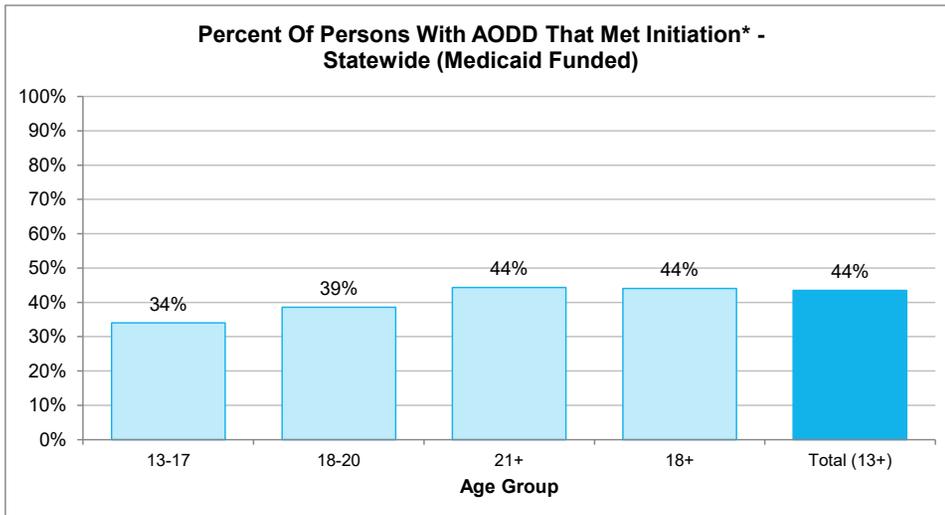
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

| Age Groups | Numerator1 | | | Numerator2 | | Denominator | Rate1 | | Rate2 | |
|-------------|--|--|--------------------------|---|--|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | Number With No 2nd Visit | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Total Number with an Initial Visit (New Episode of Care) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |
| 13-17 | 88 | 32 | 139 | 44 | 259 | 34% | 12% | 54% | 17% | |
| 18-20 | 89 | 28 | 114 | 53 | 231 | 39% | 12% | 49% | 23% | |
| 21+ | 2,068 | 589 | 2,010 | 1,360 | 4,667 | 44% | 13% | 43% | 29% | |
| 18+ | 2,157 | 617 | 2,124 | 1,413 | 4,898 | 44% | 13% | 43% | 29% | |
| Total (13+) | 2,245 | 649 | 2,263 | 1,457 | 5,157 | 44% | 13% | 44% | 28% | |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

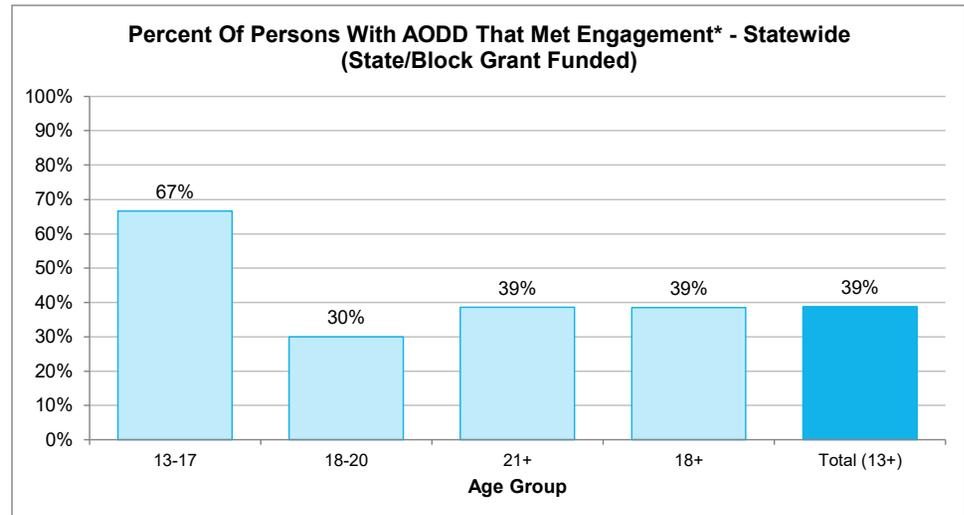
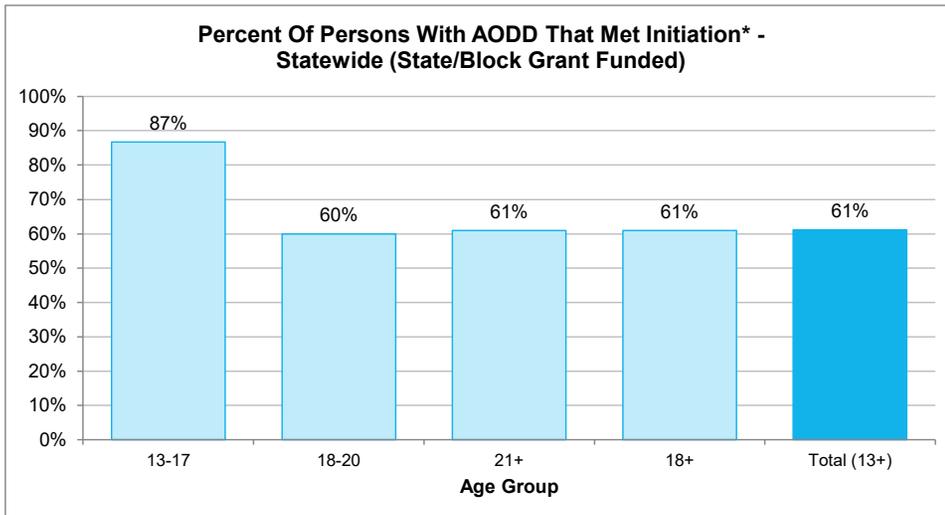
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Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

| Age Groups | Numerator1 | | | Numerator2 | Denominator | Rate1 | | Rate2 | |
|-------------|--|--|--------------------------|---|--|---|---|-----------------------------|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | Number With No 2nd Visit | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Total Number with an Initial Visit (New Episode of Care) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) |
| 13-17 | 13 | 2 | 0 | 10 | 15 | 87% | 13% | 0% | 67% |
| 18-20 | 6 | 0 | 4 | 3 | 10 | 60% | 0% | 40% | 30% |
| 21+ | 1,149 | 260 | 476 | 727 | 1,885 | 61% | 14% | 25% | 39% |
| 18+ | 1,155 | 260 | 480 | 730 | 1,895 | 61% | 14% | 25% | 39% |
| Total (13+) | 1,168 | 262 | 480 | 740 | 1,910 | 61% | 14% | 25% | 39% |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

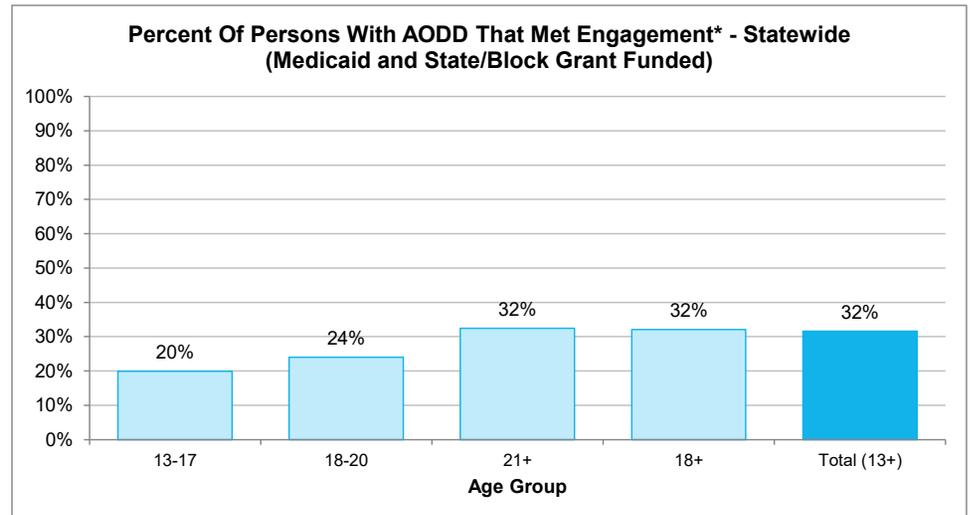
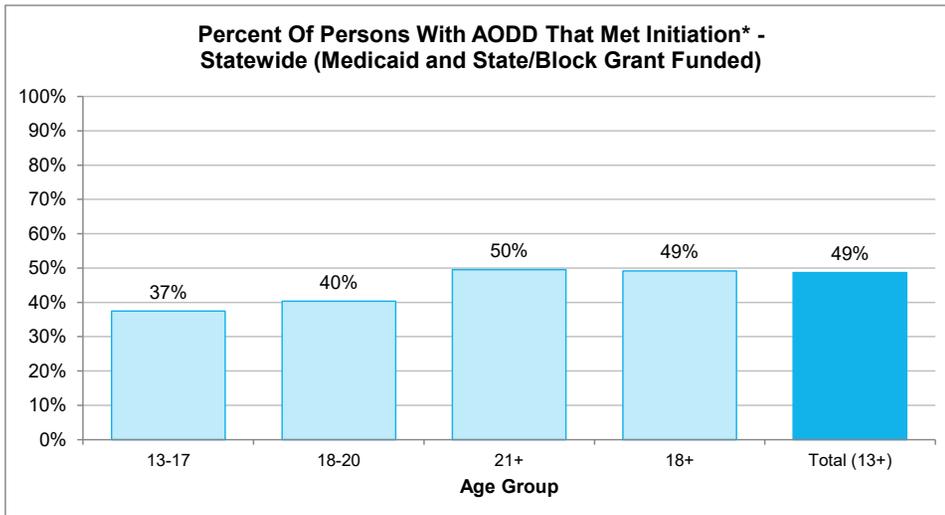
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Medicaid and State/Block Grant Funded

| Age Groups | Numerator1 | | | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|-------------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | Number With No 2nd Visit | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |
| 13-17 | 107 | 35 | 144 | 57 | 286 | 37% | 12% | 50% | 20% | |
| 18-20 | 104 | 28 | 126 | 62 | 258 | 40% | 11% | 49% | 24% | |
| 21+ | 3,369 | 867 | 2,568 | 2,205 | 6,804 | 50% | 13% | 38% | 32% | |
| 18+ | 3,473 | 895 | 2,694 | 2,267 | 7,062 | 49% | 13% | 38% | 32% | |
| Total (13+) | 3,580 | 930 | 2,838 | 2,324 | 7,348 | 49% | 13% | 39% | 32% | |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

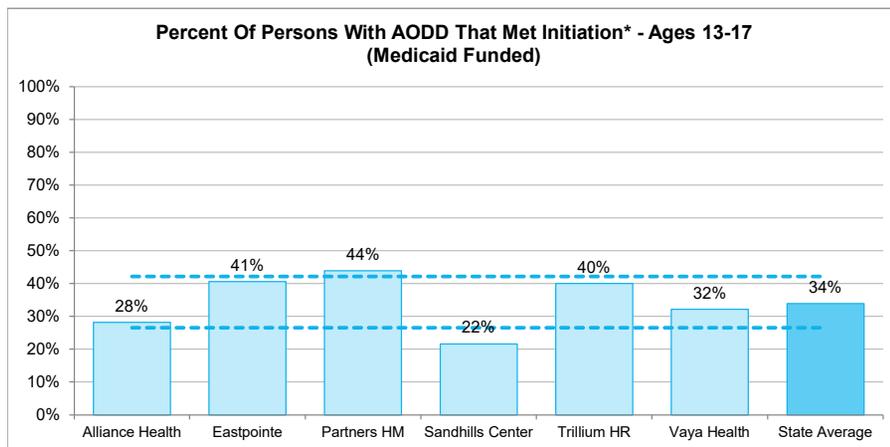
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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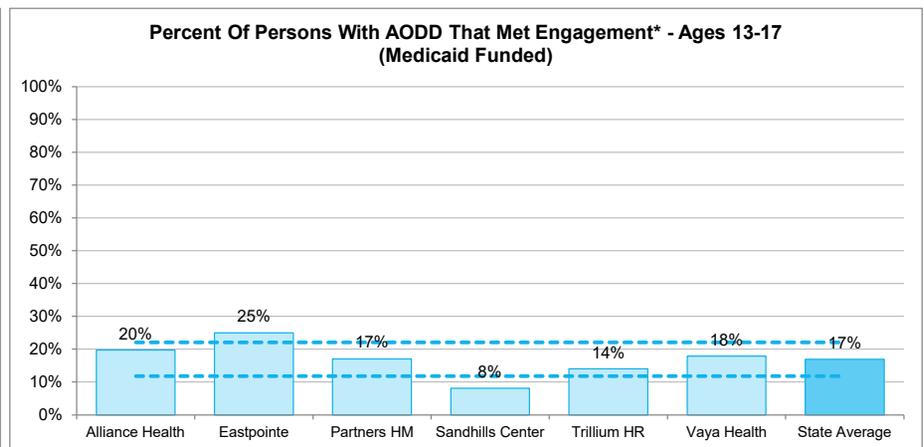
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13-17 (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|----|----|-----|----|-----|------|------|-------|------|
| Alliance Health | 20 | 10 | 41 | 14 | 71 | 28% | 14% | 58% | 20% |
| Eastpointe | 13 | 6 | 13 | 8 | 32 | 41% | 19% | 41% | 25% |
| Partners Health Management | 18 | 2 | 21 | 7 | 41 | 44% | 5% | 51% | 17% |
| Sandhills Center | 8 | 2 | 27 | 3 | 37 | 22% | 5% | 73% | 8% |
| Trillium Health Resources | 20 | 11 | 19 | 7 | 50 | 40% | 22% | 38% | 14% |
| Vaya Health | 9 | 1 | 18 | 5 | 28 | 32% | 4% | 64% | 18% |
| State Average | 88 | 32 | 139 | 44 | 259 | 34% | 12% | 54% | 17% |
| Standard Deviation | | | | | | 7.8% | 7.2% | 12.4% | 5.2% |
| LME-MCO Average | | | | | | 34% | 11% | 54% | 17% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

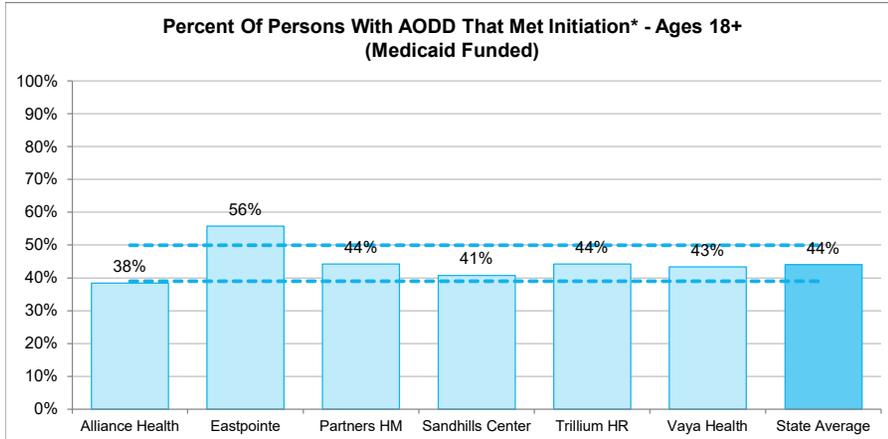
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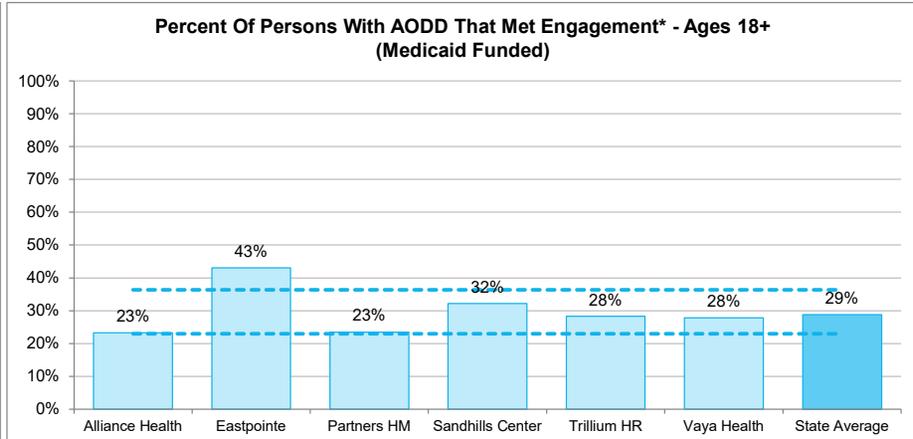
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-------|-------|-------|------|------|------|------|
| Alliance Health | 403 | 123 | 524 | 244 | 1,050 | 38% | 12% | 50% | 23% |
| Eastpointe | 382 | 68 | 235 | 295 | 685 | 56% | 10% | 34% | 43% |
| Partners Health Management | 390 | 109 | 382 | 207 | 881 | 44% | 12% | 43% | 23% |
| Sandhills Center | 256 | 84 | 288 | 202 | 628 | 41% | 13% | 46% | 32% |
| Trillium Health Resources | 443 | 172 | 386 | 283 | 1,001 | 44% | 17% | 39% | 28% |
| Vaya Health | 283 | 61 | 309 | 182 | 653 | 43% | 9% | 47% | 28% |
| State Average | 2,157 | 617 | 2,124 | 1,413 | 4,898 | 44% | 13% | 43% | 29% |
| Standard Deviation | | | | | | 5.5% | 2.6% | 5.3% | 6.7% |
| LME-MCO Average | | | | | | 44% | 12% | 43% | 30% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

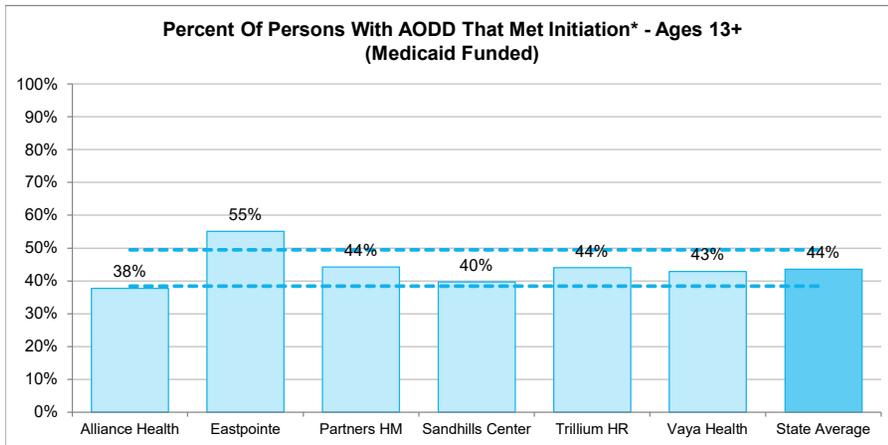
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

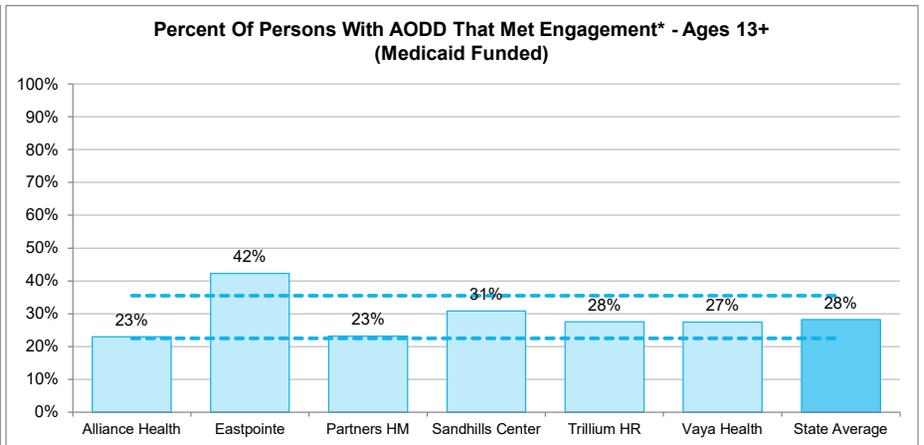
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13+ (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-------|-------|-------|------|------|------|------|
| Alliance Health | 423 | 133 | 565 | 258 | 1,121 | 38% | 12% | 50% | 23% |
| Eastpointe | 395 | 74 | 248 | 303 | 717 | 55% | 10% | 35% | 42% |
| Partners Health Management | 408 | 111 | 403 | 214 | 922 | 44% | 12% | 44% | 23% |
| Sandhills Center | 264 | 86 | 315 | 205 | 665 | 40% | 13% | 47% | 31% |
| Trillium Health Resources | 463 | 183 | 405 | 290 | 1,051 | 44% | 17% | 39% | 28% |
| Vaya Health | 292 | 62 | 327 | 187 | 681 | 43% | 9% | 48% | 27% |
| State Average | 2,245 | 649 | 2,263 | 1,457 | 5,157 | 44% | 13% | 44% | 28% |
| Standard Deviation | | | | | | 5.5% | 2.6% | 5.6% | 6.5% |
| LME-MCO Average | | | | | | 44% | 12% | 44% | 29% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

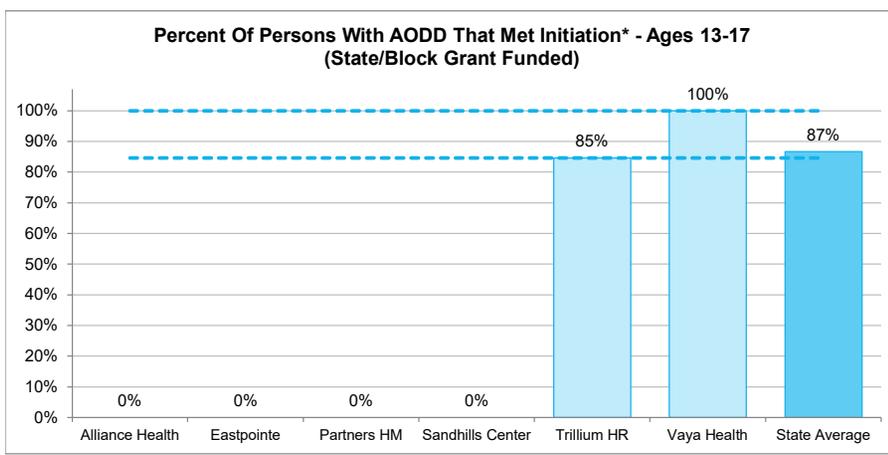
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

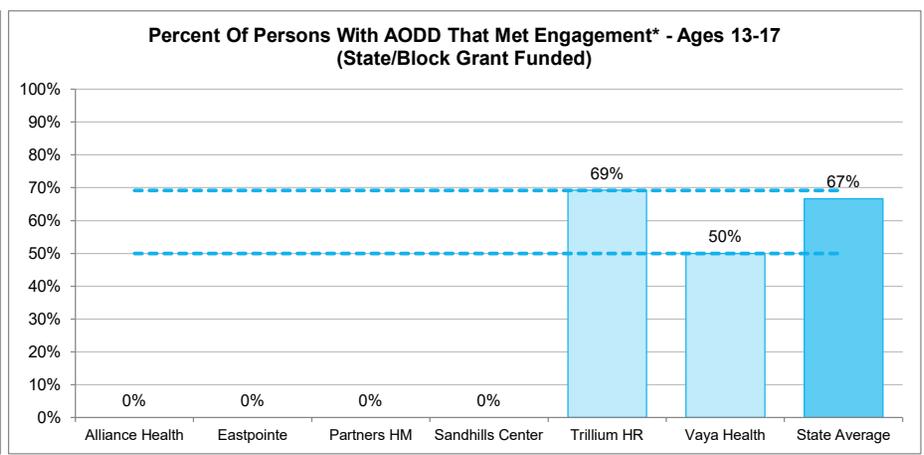
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|--|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13-17 (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|---|---|---|----|----|------|------|------|------|
| Alliance Health | 0 | 0 | 0 | 0 | 0 | | | | |
| Eastpointe | 0 | 0 | 0 | 0 | 0 | | | | |
| Partners Health Management | 0 | 0 | 0 | 0 | 0 | | | | |
| Sandhills Center | 0 | 0 | 0 | 0 | 0 | | | | |
| Trillium Health Resources | 11 | 2 | 0 | 9 | 13 | 85% | 15% | 0% | 69% |
| Vaya Health | 2 | 0 | 0 | 1 | 2 | 100% | 0% | 0% | 50% |
| State Average | 13 | 2 | 0 | 10 | 15 | 87% | 13% | 0% | 67% |
| Standard Deviation | | | | | | 7.7% | 7.7% | 0.0% | 9.6% |
| LME-MCO Average | [Alliance, Eastpointe, Partners, and Sandhills reported no individuals in this age group beginning a new episode of care this quarter.] | | | | | 92% | 8% | 0% | 60% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

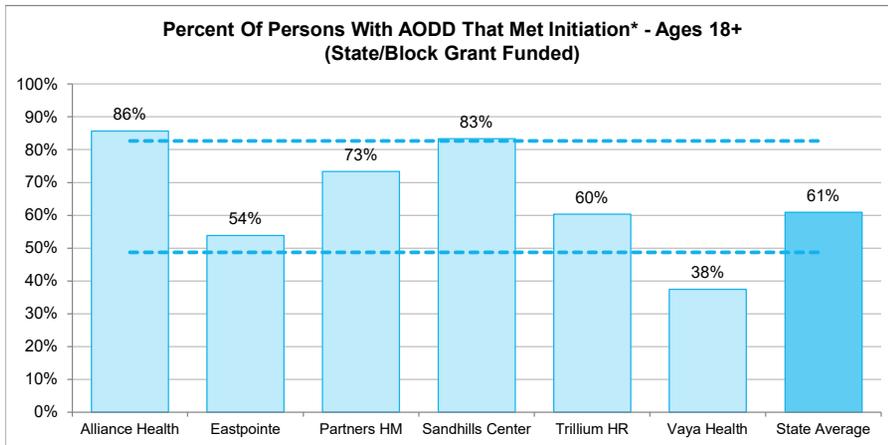
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

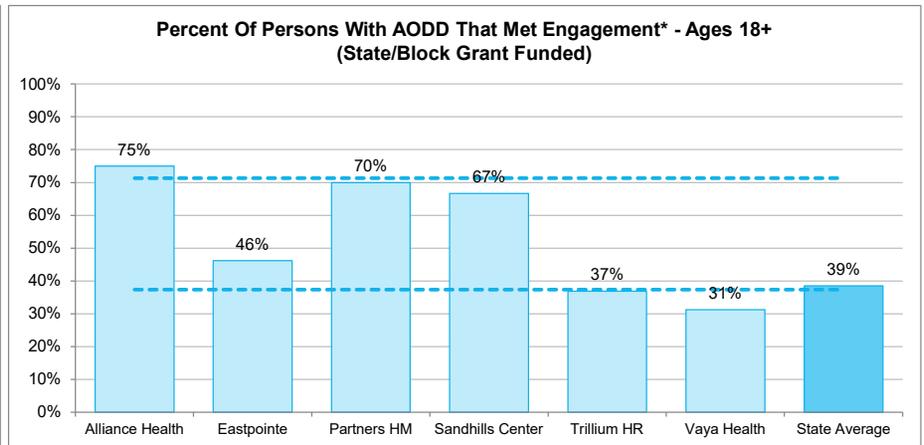
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-----|-----|-------|-------|------|-------|-------|
| Alliance Health | 24 | 0 | 4 | 21 | 28 | 86% | 0% | 14% | 75% |
| Eastpointe | 7 | 0 | 6 | 6 | 13 | 54% | 0% | 46% | 46% |
| Partners Health Management | 22 | 1 | 7 | 21 | 30 | 73% | 3% | 23% | 70% |
| Sandhills Center | 30 | 0 | 6 | 24 | 36 | 83% | 0% | 17% | 67% |
| Trillium Health Resources | 1,060 | 258 | 438 | 648 | 1,756 | 60% | 15% | 25% | 37% |
| Vaya Health | 12 | 1 | 19 | 10 | 32 | 38% | 3% | 59% | 31% |
| State Average | 1,155 | 260 | 480 | 730 | 1,895 | 61% | 14% | 25% | 39% |
| Standard Deviation | | | | | | 17.0% | 5.2% | 16.4% | 17.0% |
| LME-MCO Average | | | | | | 66% | 4% | 31% | 54% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

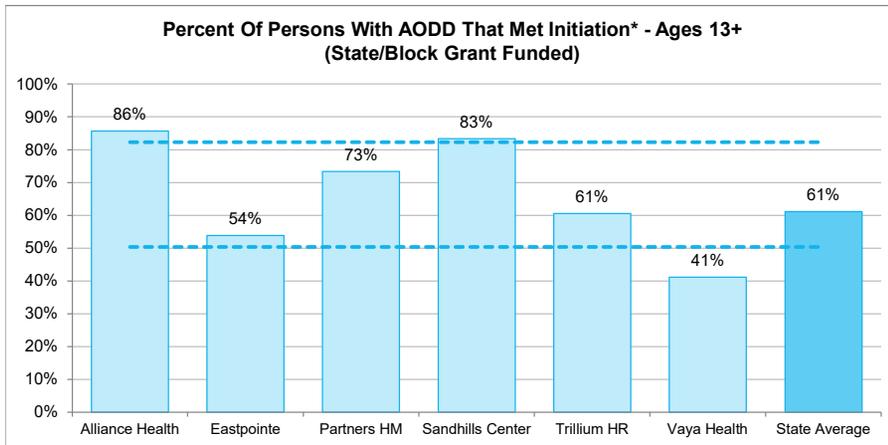
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

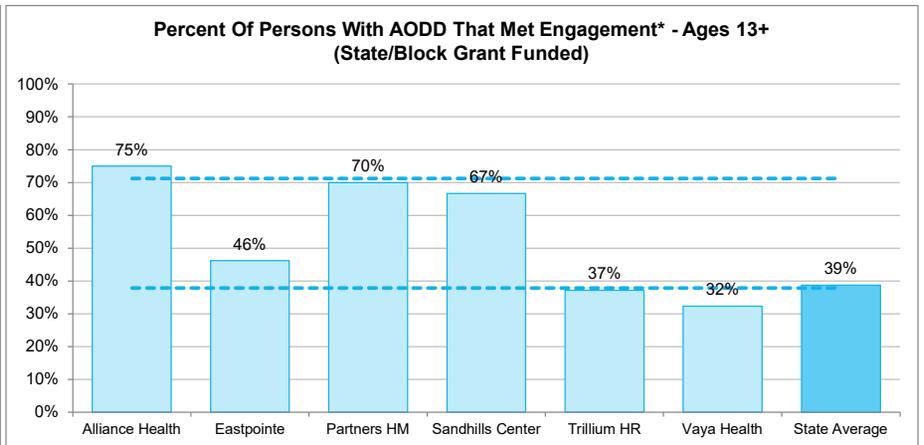
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13+ (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-----|-----|-------|-------|------|-------|-------|
| Alliance Health | 24 | 0 | 4 | 21 | 28 | 86% | 0% | 14% | 75% |
| Eastpointe | 7 | 0 | 6 | 6 | 13 | 54% | 0% | 46% | 46% |
| Partners Health Management | 22 | 1 | 7 | 21 | 30 | 73% | 3% | 23% | 70% |
| Sandhills Center | 30 | 0 | 6 | 24 | 36 | 83% | 0% | 17% | 67% |
| Trillium Health Resources | 1,071 | 260 | 438 | 657 | 1,769 | 61% | 15% | 25% | 37% |
| Vaya Health | 14 | 1 | 19 | 11 | 34 | 41% | 3% | 56% | 32% |
| State Average | 1,168 | 262 | 480 | 740 | 1,910 | 61% | 14% | 25% | 39% |
| Standard Deviation | | | | | | 16.0% | 5.2% | 15.4% | 16.7% |
| LME-MCO Average | | | | | | 66% | 3% | 30% | 55% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

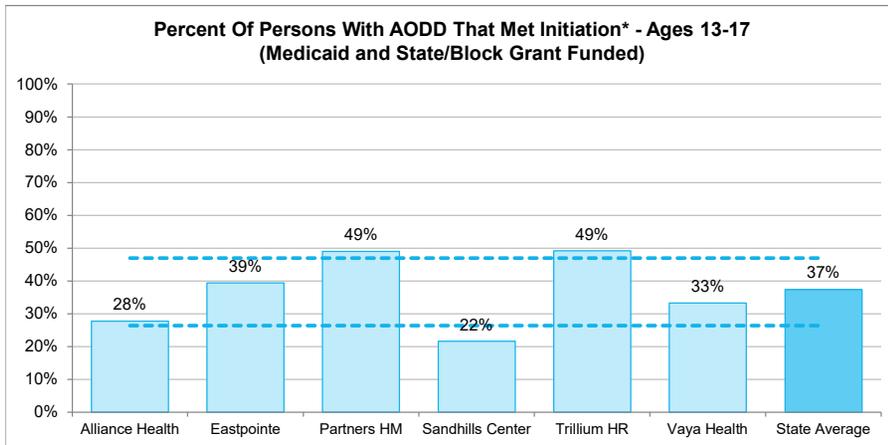
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

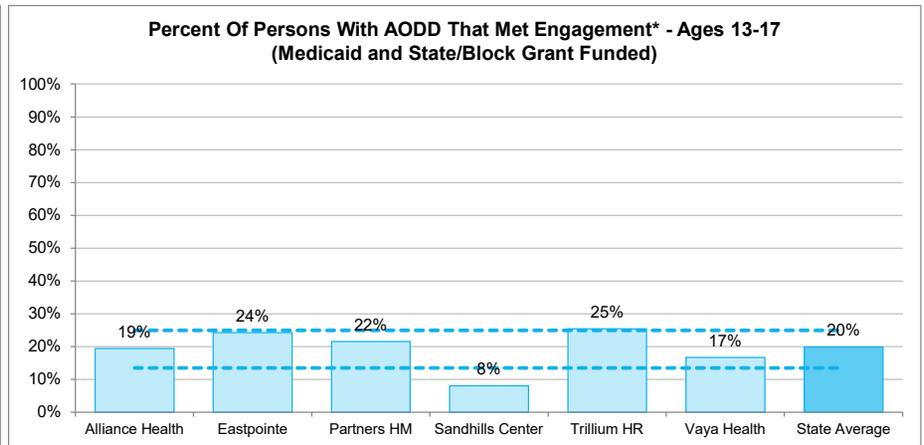
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13-17 (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-----|----|-----|----|-----|-------|------|-------|------|
| Alliance Health | 20 | 10 | 42 | 14 | 72 | 28% | 14% | 58% | 19% |
| Eastpointe | 13 | 6 | 14 | 8 | 33 | 39% | 18% | 42% | 24% |
| Partners Health Management | 25 | 3 | 23 | 11 | 51 | 49% | 6% | 45% | 22% |
| Sandhills Center | 8 | 2 | 27 | 3 | 37 | 22% | 5% | 73% | 8% |
| Trillium Health Resources | 31 | 13 | 19 | 16 | 63 | 49% | 21% | 30% | 25% |
| Vaya Health | 10 | 1 | 19 | 5 | 30 | 33% | 3% | 63% | 17% |
| State Average | 107 | 35 | 144 | 57 | 286 | 37% | 12% | 50% | 20% |
| Standard Deviation | | | | | | 10.3% | 6.7% | 14.3% | 5.8% |
| LME-MCO Average | | | | | | 37% | 11% | 52% | 19% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

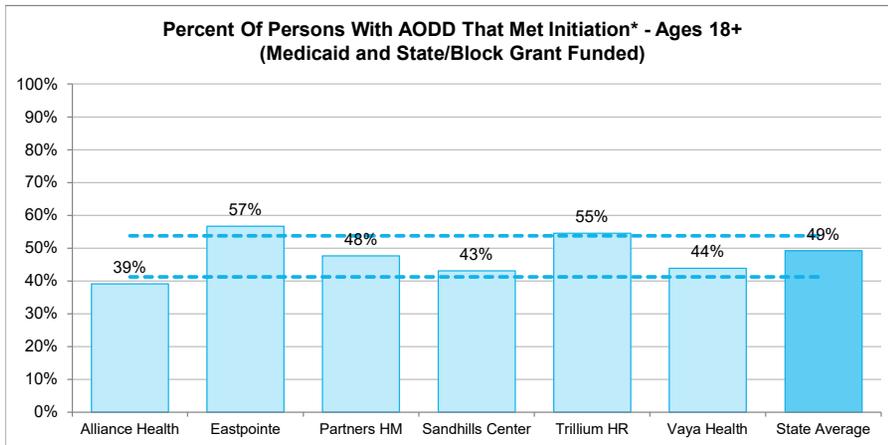
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

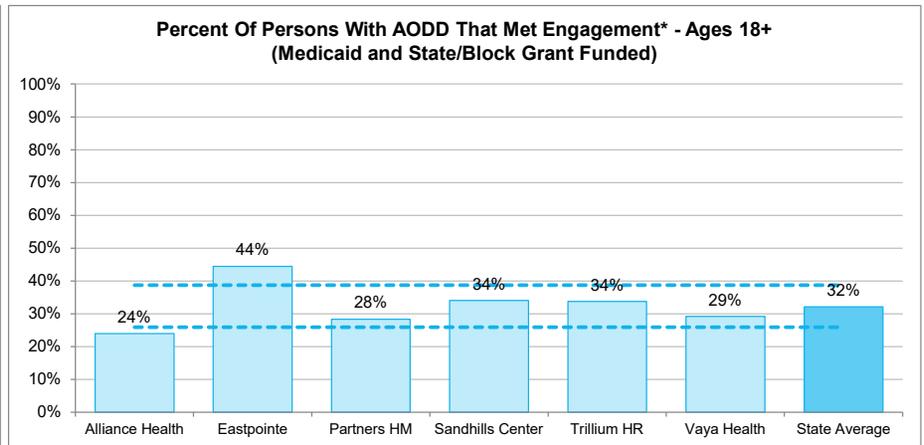
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|--|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Total Number with an Initial Visit (New Episode of Care) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-------|-------|-------|------|------|------|------|
| Alliance Health | 418 | 122 | 528 | 256 | 1,068 | 39% | 11% | 49% | 24% |
| Eastpointe | 417 | 71 | 248 | 327 | 736 | 57% | 10% | 34% | 44% |
| Partners Health Management | 538 | 124 | 467 | 320 | 1,129 | 48% | 11% | 41% | 28% |
| Sandhills Center | 286 | 84 | 294 | 226 | 664 | 43% | 13% | 44% | 34% |
| Trillium Health Resources | 1,503 | 432 | 822 | 931 | 2,757 | 55% | 16% | 30% | 34% |
| Vaya Health | 311 | 62 | 335 | 207 | 708 | 44% | 9% | 47% | 29% |
| State Average | 3,473 | 895 | 2,694 | 2,267 | 7,062 | 49% | 13% | 38% | 32% |
| Standard Deviation | | | | | | 6.3% | 2.2% | 7.1% | 6.4% |
| LME-MCO Average | | | | | | 47% | 12% | 41% | 32% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

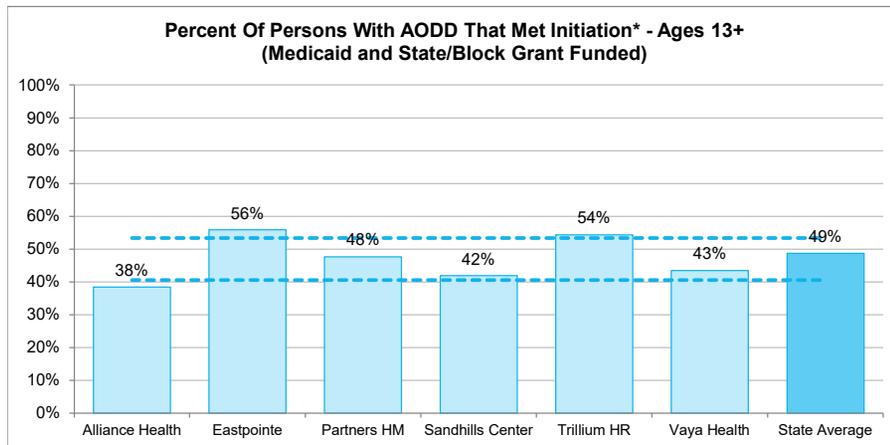
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: *Initiation* is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

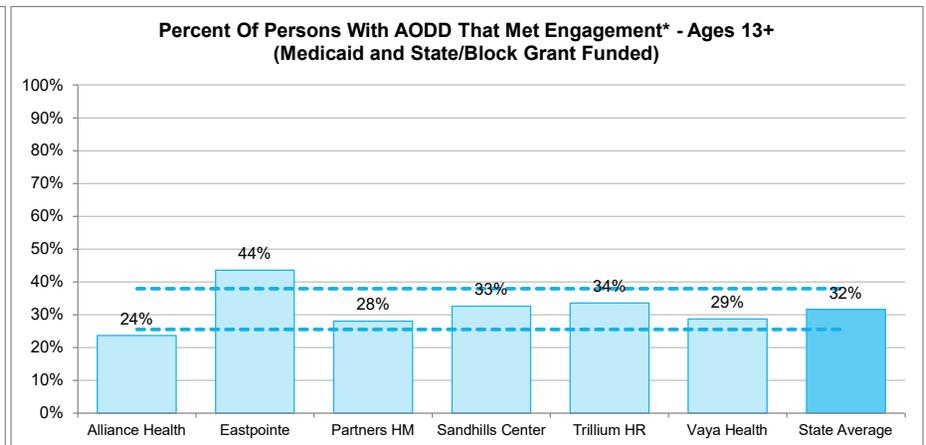
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|--|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Total Number with an Initial Visit (New Episode of Care) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 13+ (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|-------|-------|-------|------|------|------|------|
| Alliance Health | 438 | 132 | 570 | 270 | 1,140 | 38% | 12% | 50% | 24% |
| Eastpointe | 430 | 77 | 262 | 335 | 769 | 56% | 10% | 34% | 44% |
| Partners Health Management | 563 | 127 | 490 | 331 | 1,180 | 48% | 11% | 42% | 28% |
| Sandhills Center | 294 | 86 | 321 | 229 | 701 | 42% | 12% | 46% | 33% |
| Trillium Health Resources | 1,534 | 445 | 841 | 947 | 2,820 | 54% | 16% | 30% | 34% |
| Vaya Health | 321 | 63 | 354 | 212 | 738 | 43% | 9% | 48% | 29% |
| State Average | 3,580 | 930 | 2,838 | 2,324 | 7,348 | 49% | 13% | 39% | 32% |
| Standard Deviation | | | | | | 6.4% | 2.3% | 7.3% | 6.2% |
| LME-MCO Average | | | | | | 47% | 11% | 42% | 32% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

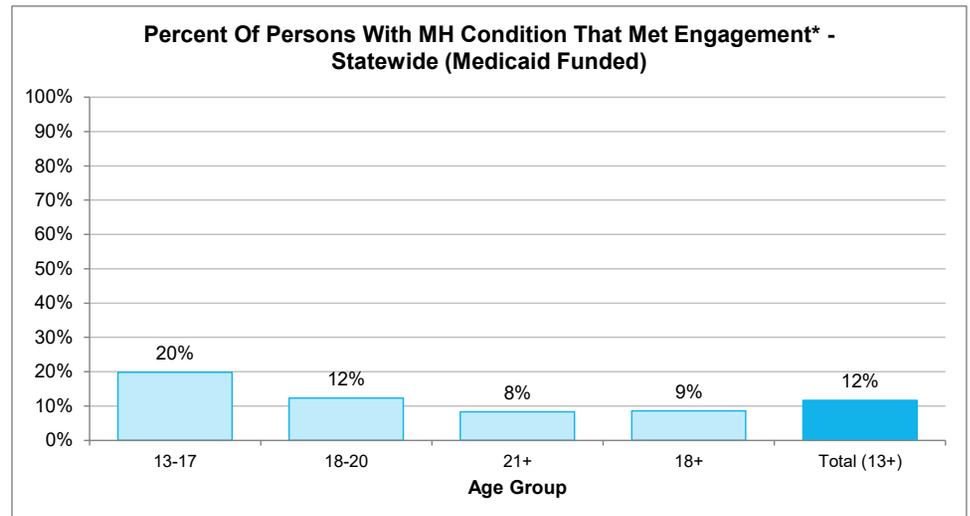
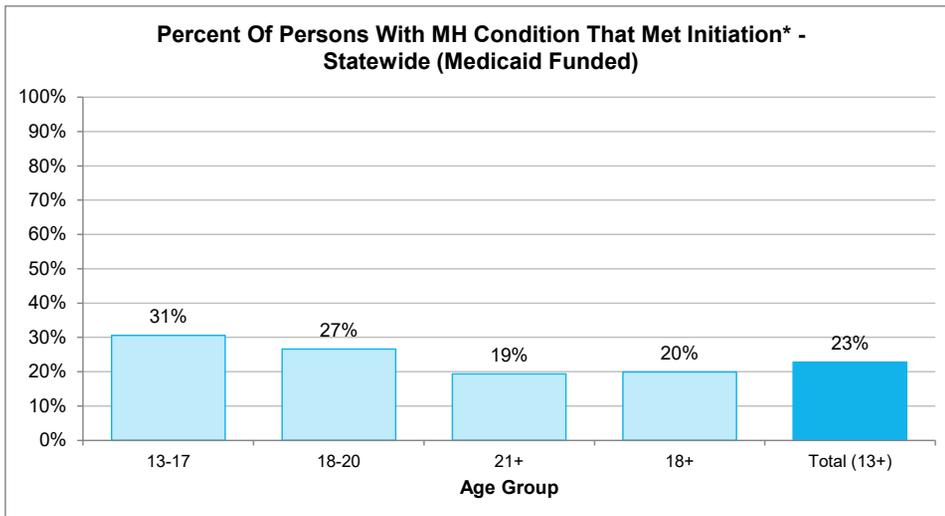
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

| Age Groups | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|-------------|--|--|--------------------------|---|---|---|-----------------------------|--|-------|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit More Than 14 Days | | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | | |
| 13-17 | 1,790 | 1,231 | 2,830 | 1,160 | 5,851 | 31% | 21% | 48% | 20% | |
| 18-20 | 314 | 215 | 650 | 145 | 1,179 | 27% | 18% | 55% | 12% | |
| 21+ | 2,782 | 2,234 | 9,376 | 1,196 | 14,392 | 19% | 16% | 65% | 8% | |
| 18+ | 3,096 | 2,449 | 10,026 | 1,341 | 15,571 | 20% | 16% | 64% | 9% | |
| Total (13+) | 4,886 | 3,680 | 12,856 | 2,501 | 21,422 | 23% | 17% | 60% | 12% | |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

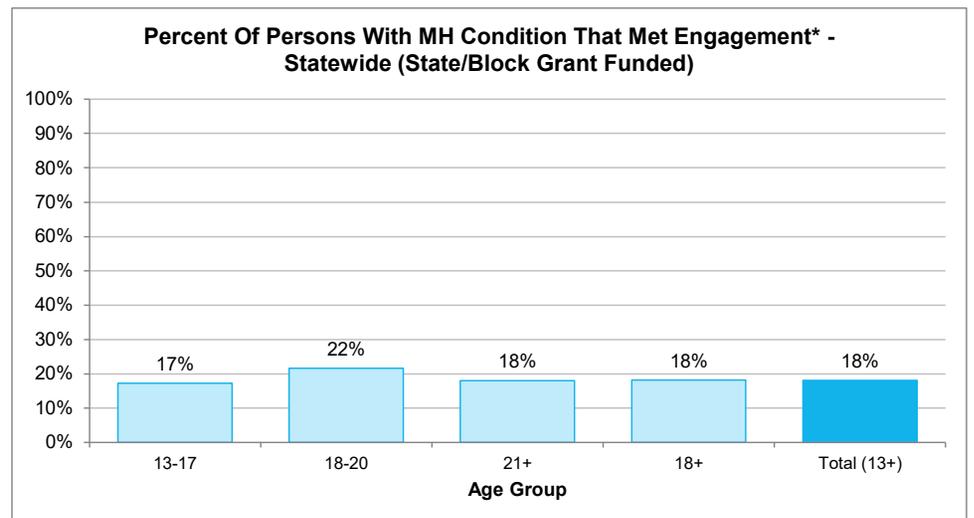
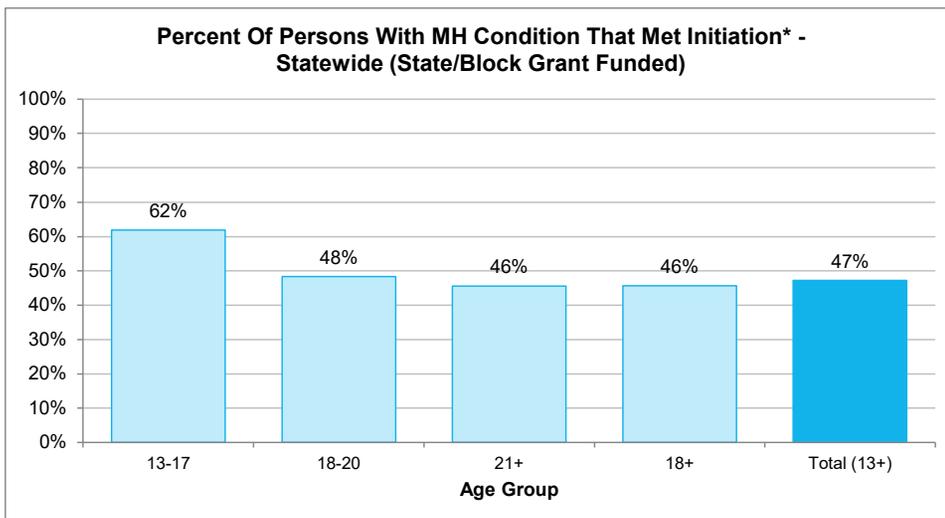
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. *Engagement* is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

| Age Groups | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|-------------|--|--|--------------------------|---|---|---|-----------------------------|--|-------|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit More Than 14 Days | | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | | |
| 13-17 | 104 | 13 | 51 | 29 | 168 | 62% | 8% | 30% | 17% | |
| 18-20 | 29 | 5 | 26 | 13 | 60 | 48% | 8% | 43% | 22% | |
| 21+ | 715 | 293 | 560 | 283 | 1,568 | 46% | 19% | 36% | 18% | |
| 18+ | 744 | 298 | 586 | 296 | 1,628 | 46% | 18% | 36% | 18% | |
| Total (13+) | 848 | 311 | 637 | 325 | 1,796 | 47% | 17% | 35% | 18% | |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

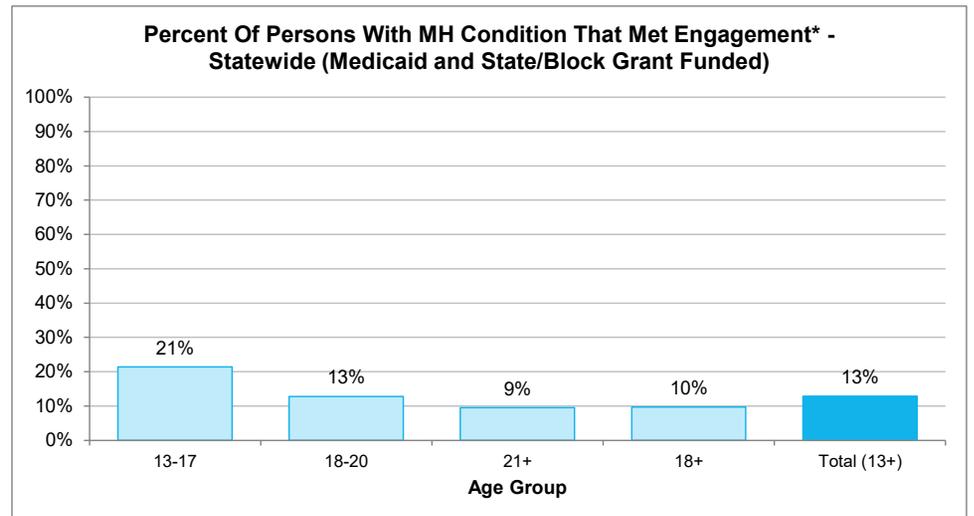
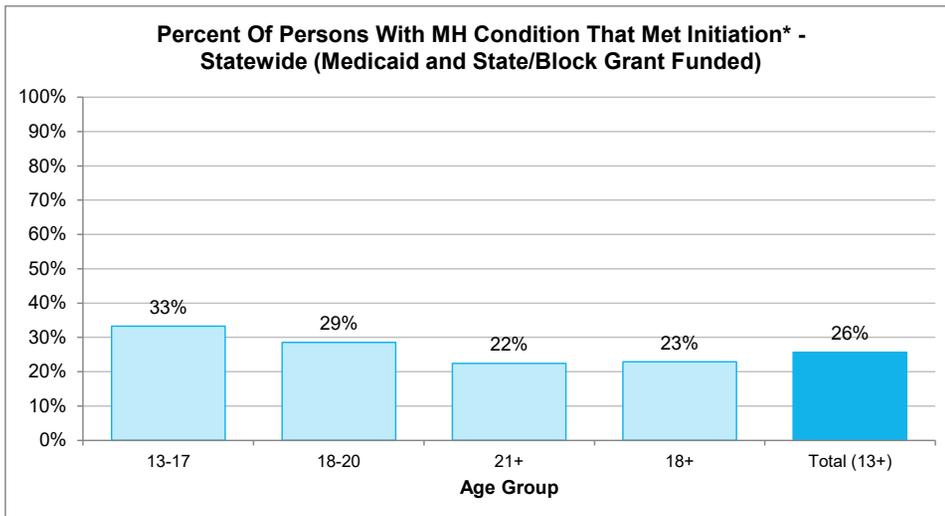
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Medicaid and State/Block Grant Funded

| Age Groups | Numerator1 | | Number With No 2nd Visit | Numerator2 | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Percent With No 2nd Service | Rate2 |
|-------------|--|--|--------------------------|---|---|---|--|-----------------------------|-------|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | | |
| 13-17 | 2,240 | 1,361 | 3,128 | 1,438 | 6,729 | 33% | 20% | 46% | 21% |
| 18-20 | 388 | 232 | 740 | 174 | 1,360 | 29% | 17% | 54% | 13% |
| 21+ | 3,748 | 2,642 | 10,359 | 1,590 | 16,749 | 22% | 16% | 62% | 9% |
| 18+ | 4,136 | 2,874 | 11,099 | 1,764 | 18,109 | 23% | 16% | 61% | 10% |
| Total (13+) | 6,376 | 4,235 | 14,227 | 3,202 | 24,838 | 26% | 17% | 57% | 13% |



* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

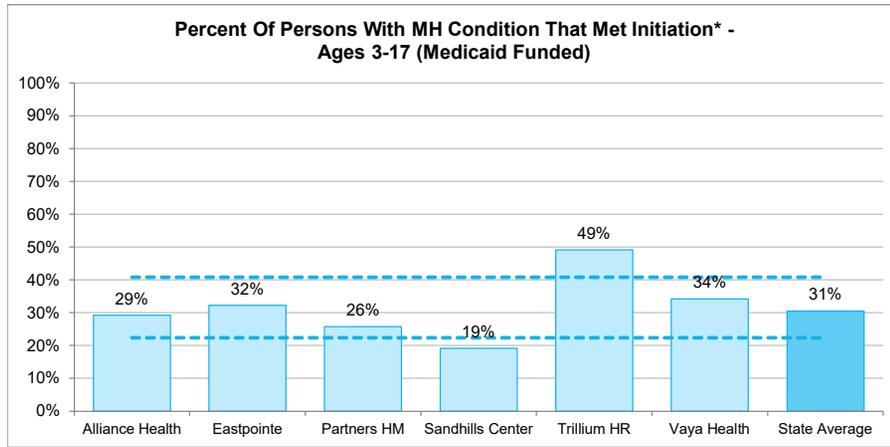
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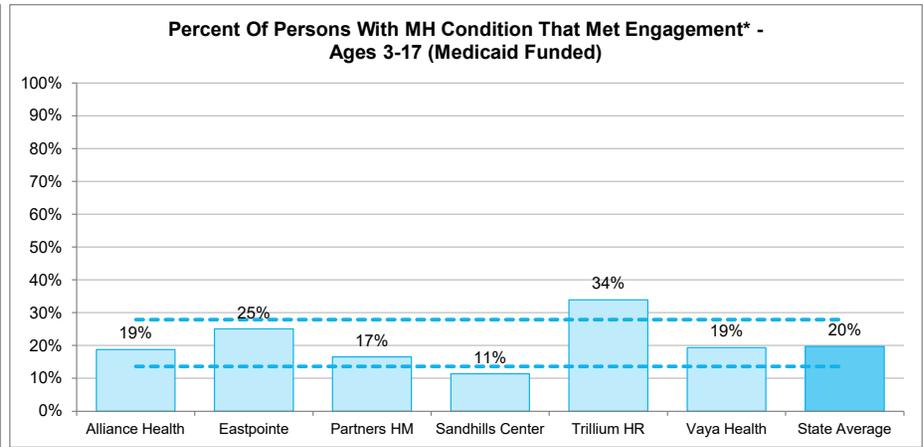
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 3-17 (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|-------|-------|-------|-------|------|------|------|------|
| Alliance Health | 480 | 346 | 817 | 308 | 1,643 | 29% | 21% | 50% | 19% |
| Eastpointe | 214 | 162 | 287 | 166 | 663 | 32% | 24% | 43% | 25% |
| Partners Health Management | 282 | 272 | 542 | 181 | 1,096 | 26% | 25% | 49% | 17% |
| Sandhills Center | 153 | 173 | 474 | 91 | 800 | 19% | 22% | 59% | 11% |
| Trillium Health Resources | 320 | 143 | 188 | 221 | 651 | 49% | 22% | 29% | 34% |
| Vaya Health | 341 | 135 | 522 | 193 | 998 | 34% | 14% | 52% | 19% |
| State Average | 1,790 | 1,231 | 2,830 | 1,160 | 5,851 | 31% | 21% | 48% | 20% |
| Standard Deviation | | | | | | 9.2% | 3.7% | 9.4% | 7.1% |
| LME-MCO Average | | | | | | 32% | 21% | 47% | 21% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

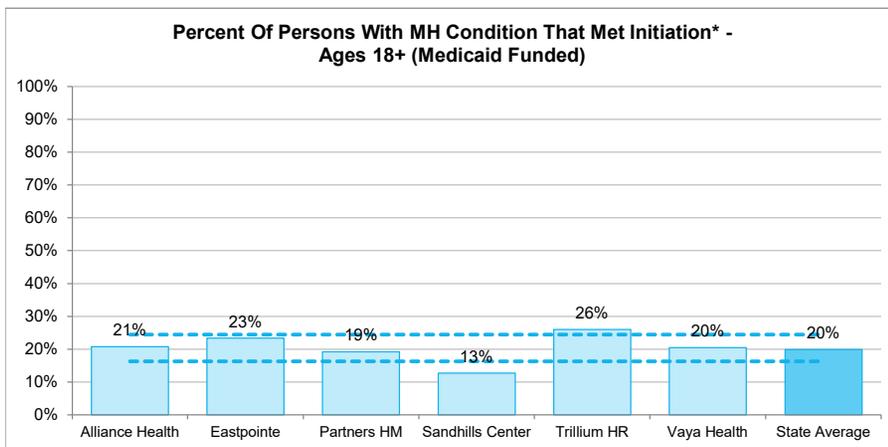
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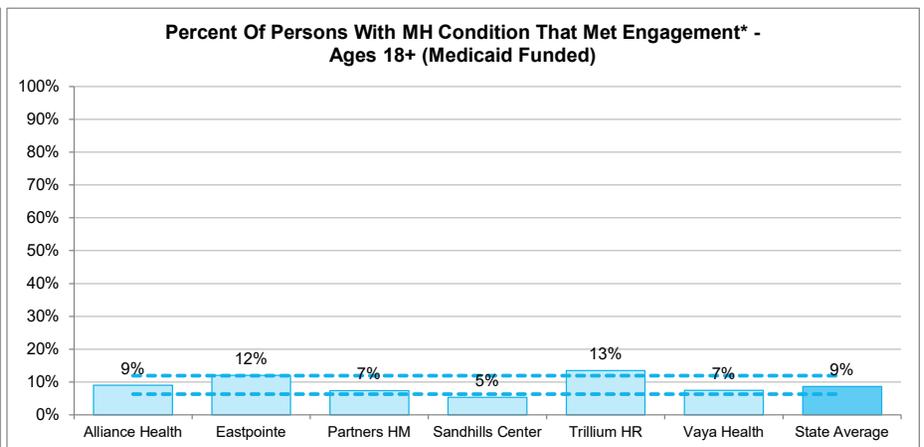
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|-------|--------|-------|--------|------|------|------|------|
| Alliance Health | 962 | 743 | 2,940 | 420 | 4,645 | 21% | 16% | 63% | 9% |
| Eastpointe | 426 | 298 | 1,102 | 219 | 1,826 | 23% | 16% | 60% | 12% |
| Partners Health Management | 649 | 542 | 2,182 | 249 | 3,373 | 19% | 16% | 65% | 7% |
| Sandhills Center | 302 | 359 | 1,710 | 126 | 2,371 | 13% | 15% | 72% | 5% |
| Trillium Health Resources | 333 | 305 | 644 | 173 | 1,282 | 26% | 24% | 50% | 13% |
| Vaya Health | 424 | 202 | 1,448 | 154 | 2,074 | 20% | 10% | 70% | 7% |
| State Average | 3,096 | 2,449 | 10,026 | 1,341 | 15,571 | 20% | 16% | 64% | 9% |
| Standard Deviation | | | | | | 4.1% | 4.1% | 7.1% | 2.8% |
| LME-MCO Average | | | | | | 20% | 16% | 63% | 9% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

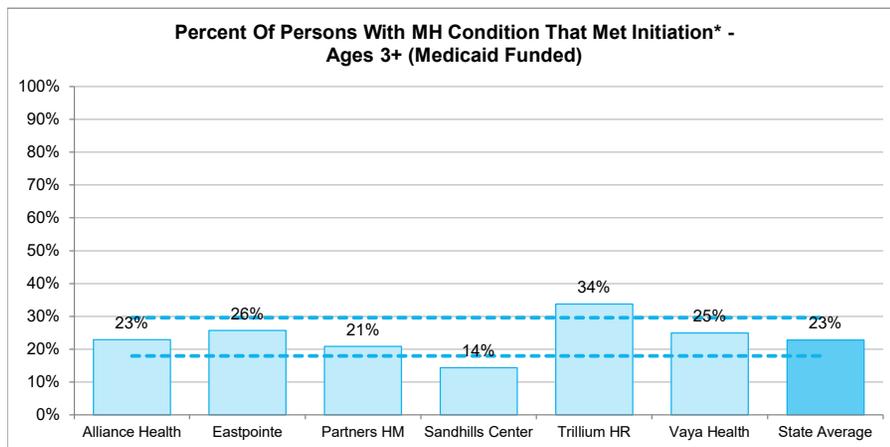
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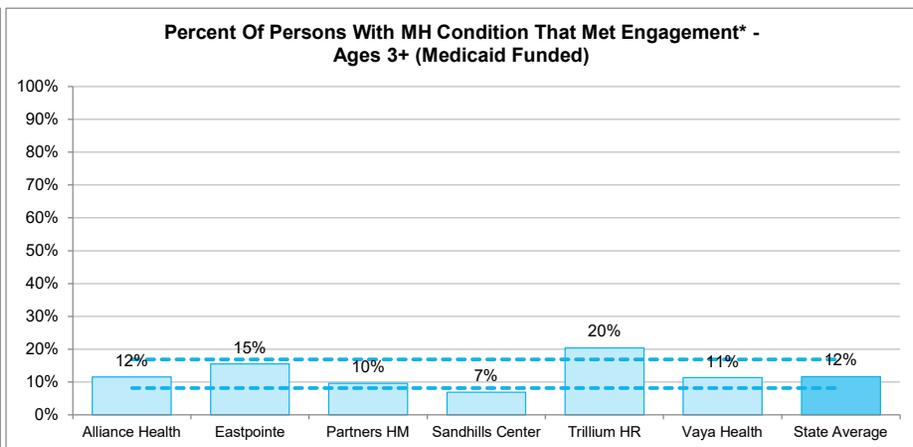
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | Denominator | Rate1 | | Percent With No 2nd Service | Rate2 |
|---------|--|--|--------------------------|---|-------------|---|--|-----------------------------|-------|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | | |

Persons Ages 3+ (Medicaid Funded)

| | | | | | | | | | | |
|----------------------------|-------|-------|--------|-------|--------|------|-----|-----|-----|------|
| Alliance Health | 1,442 | 1,089 | 3,757 | 728 | 6,288 | 23% | 17% | 60% | 12% | |
| Eastpointe | 640 | 460 | 1,389 | 385 | 2,489 | 26% | 18% | 56% | 15% | |
| Partners Health Management | 931 | 814 | 2,724 | 430 | 4,469 | 21% | 18% | 61% | 10% | |
| Sandhills Center | 455 | 532 | 2,184 | 217 | 3,171 | 14% | 17% | 69% | 7% | |
| Trillium Health Resources | 653 | 448 | 832 | 394 | 1,933 | 34% | 23% | 43% | 20% | |
| Vaya Health | 765 | 337 | 1,970 | 347 | 3,072 | 25% | 11% | 64% | 11% | |
| State Average | 4,886 | 3,680 | 12,856 | 2,501 | 21,422 | 23% | 17% | 60% | 12% | |
| Standard Deviation | | | | | | 5.8% | | | | 4.3% |
| LME-MCO Average | | | | | | 24% | 17% | 59% | 13% | |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

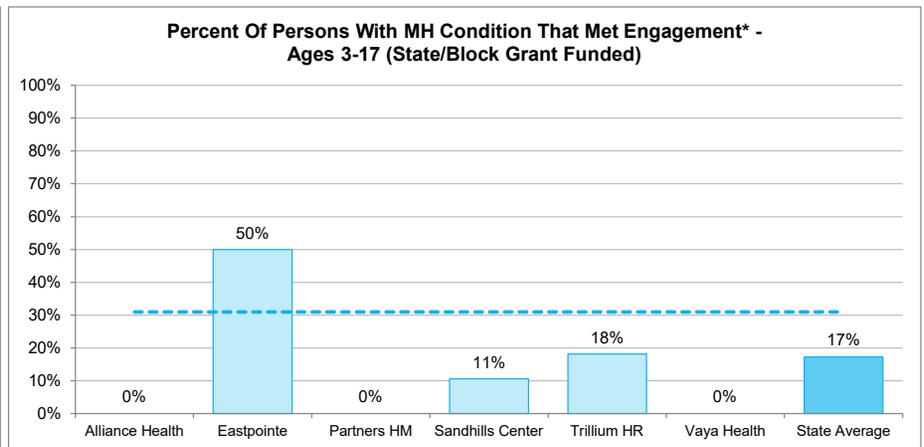
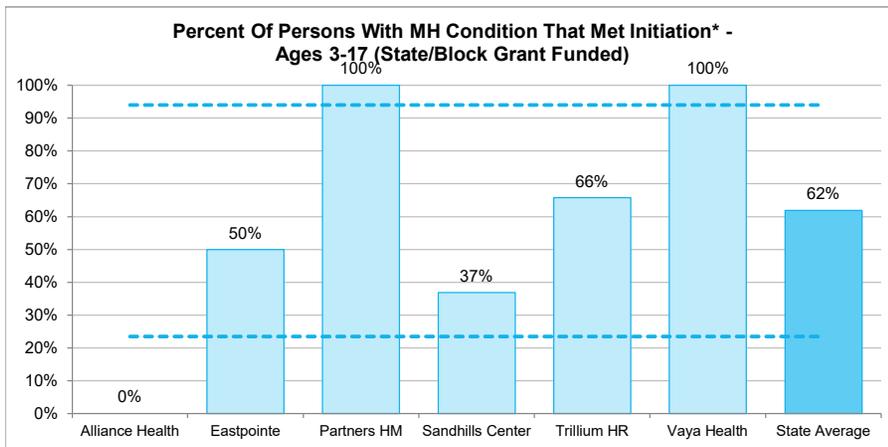
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| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Percent With No 2nd Service | Rate2 |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | Percent With 2nd Service Or Visit More Than 14 Days | | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) |

Persons Ages 3-17 (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-----|----|----|----|-----|-------|------|-------|-------|
| Alliance Health | 0 | 0 | 2 | 0 | 2 | 0% | 0% | 100% | 0% |
| Eastpointe | 1 | 0 | 1 | 1 | 2 | 50% | 0% | 50% | 50% |
| Partners Health Management | 1 | 0 | 0 | 0 | 1 | 100% | 0% | 0% | 0% |
| Sandhills Center | 7 | 0 | 12 | 2 | 19 | 37% | 0% | 63% | 11% |
| Trillium Health Resources | 94 | 13 | 36 | 26 | 143 | 66% | 9% | 25% | 18% |
| Vaya Health | 1 | 0 | 0 | 0 | 1 | 100% | 0% | 0% | 0% |
| State Average | 104 | 13 | 51 | 29 | 168 | 62% | 8% | 30% | 17% |
| Standard Deviation | | | | | | 35.3% | 3.4% | 35.7% | 17.8% |
| LME-MCO Average | | | | | | 59% | 2% | 40% | 13% |



* Received a 2nd service or visit within 14 days of the 1st service.

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

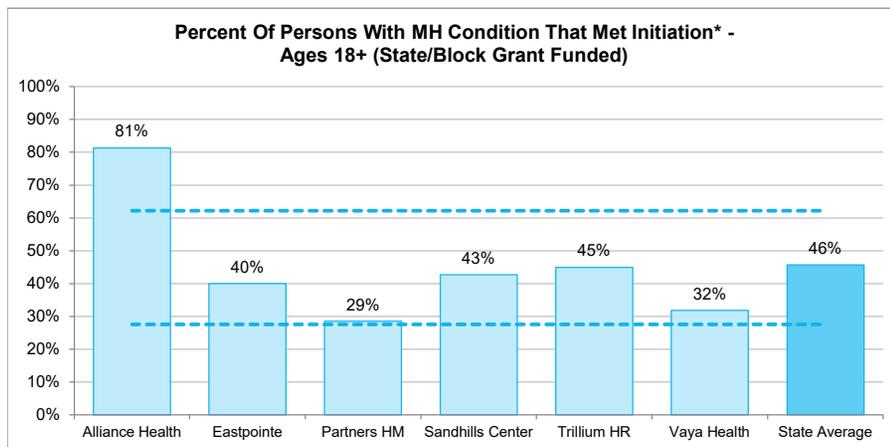
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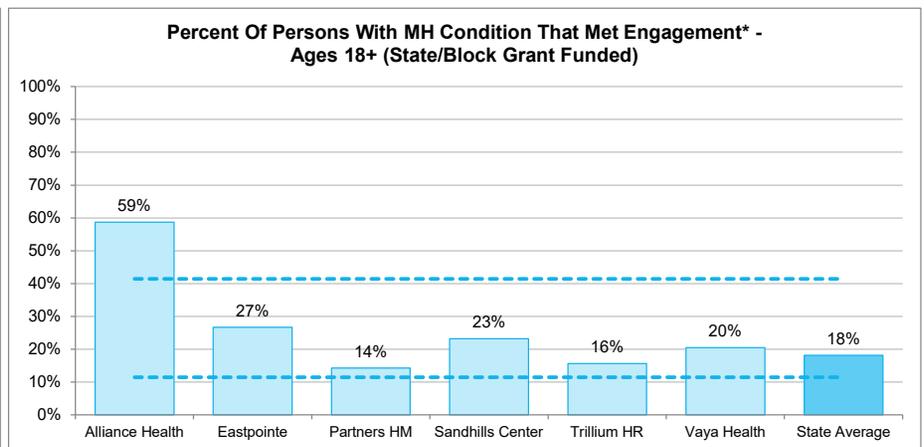
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (State/Block Grant Funded)

| | | | | | | | | | | |
|----------------------------|-----|-----|-----|-----|-------|-----|-------|------|-------|-------|
| Alliance Health | 61 | 0 | 14 | 44 | 75 | 81% | 0% | 19% | 59% | |
| Eastpointe | 6 | 0 | 9 | 4 | 15 | 40% | 0% | 60% | 27% | |
| Partners Health Management | 12 | 0 | 30 | 6 | 42 | 29% | 0% | 71% | 14% | |
| Sandhills Center | 35 | 1 | 46 | 19 | 82 | 43% | 1% | 56% | 23% | |
| Trillium Health Resources | 616 | 293 | 461 | 214 | 1,370 | 45% | 21% | 34% | 16% | |
| Vaya Health | 14 | 4 | 26 | 9 | 44 | 32% | 9% | 59% | 20% | |
| State Average | 744 | 298 | 586 | 296 | 1,628 | 46% | 18% | 36% | 18% | |
| Standard Deviation | | | | | | | 17.3% | 7.9% | 17.9% | 15.0% |
| LME-MCO Average | | | | | | | 45% | 5% | 50% | 26% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

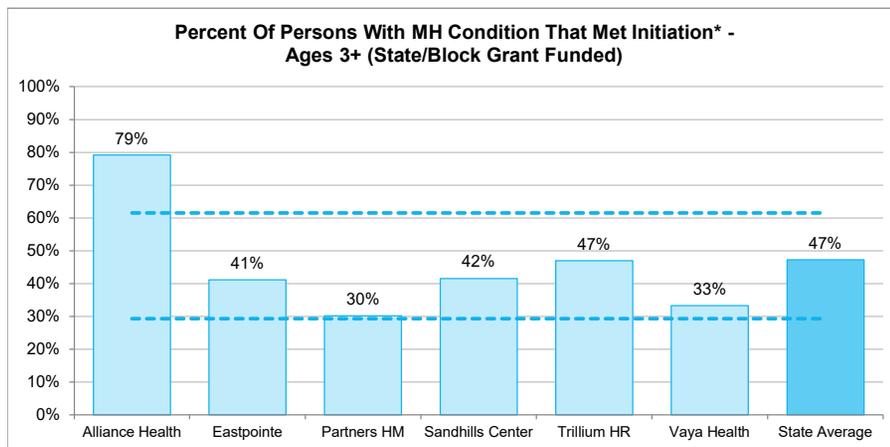
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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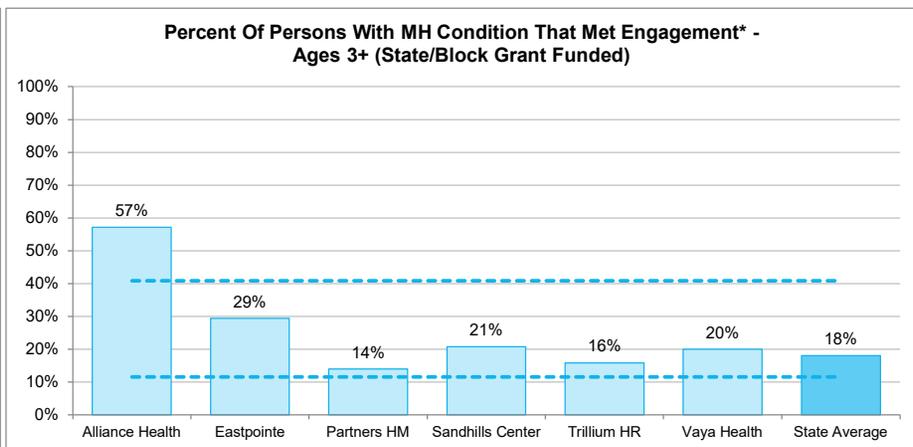
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 3+ (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-----|-----|-----|-----|-------|-------|------|-------|-------|
| Alliance Health | 61 | 0 | 16 | 44 | 77 | 79% | 0% | 21% | 57% |
| Eastpointe | 7 | 0 | 10 | 5 | 17 | 41% | 0% | 59% | 29% |
| Partners Health Management | 13 | 0 | 30 | 6 | 43 | 30% | 0% | 70% | 14% |
| Sandhills Center | 42 | 1 | 58 | 21 | 101 | 42% | 1% | 57% | 21% |
| Trillium Health Resources | 710 | 306 | 497 | 240 | 1,513 | 47% | 20% | 33% | 16% |
| Vaya Health | 15 | 4 | 26 | 9 | 45 | 33% | 9% | 58% | 20% |
| State Average | 848 | 311 | 637 | 325 | 1,796 | 47% | 17% | 35% | 18% |
| Standard Deviation | | | | | | 16.1% | 7.5% | 17.0% | 14.7% |
| LME-MCO Average | | | | | | 45% | 5% | 50% | 26% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

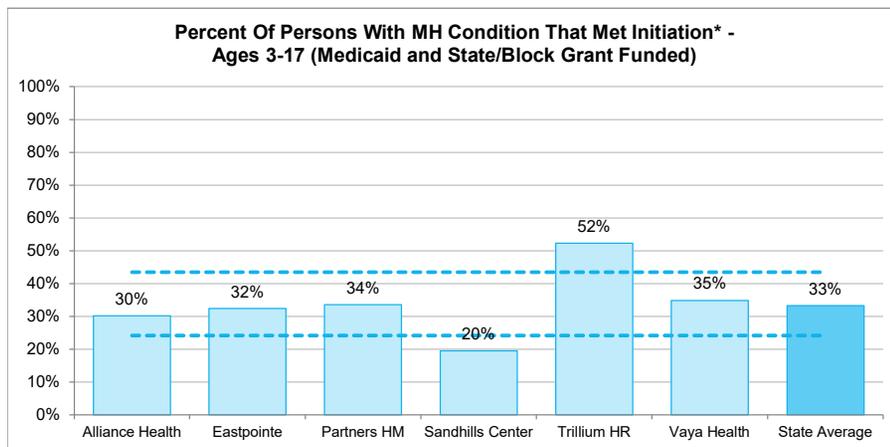
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: **Initiation** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. **Engagement** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (3-17, 18-20, 21+, 18+, and 13+).

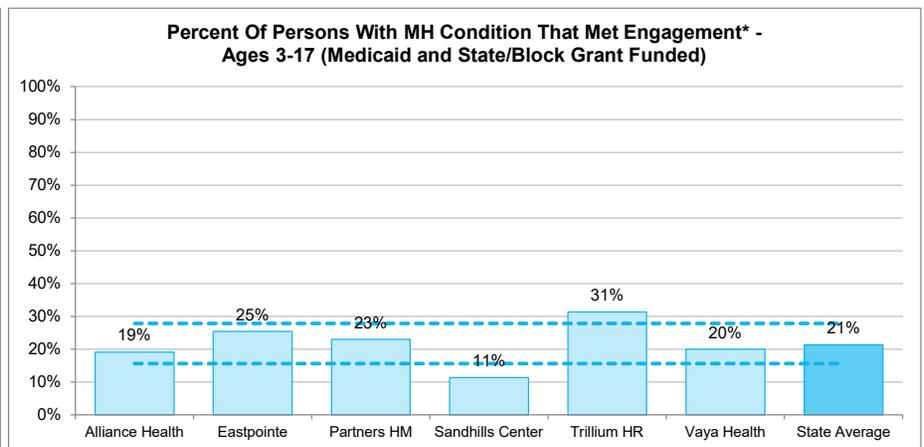
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 3-17 (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-------|-------|-------|-------|------|------|------|------|
| Alliance Health | 522 | 359 | 850 | 332 | 1,731 | 30% | 21% | 49% | 19% |
| Eastpointe | 229 | 174 | 304 | 180 | 707 | 32% | 25% | 43% | 25% |
| Partners Health Management | 542 | 359 | 711 | 371 | 1,612 | 34% | 22% | 44% | 23% |
| Sandhills Center | 160 | 173 | 486 | 93 | 819 | 20% | 21% | 59% | 11% |
| Trillium Health Resources | 415 | 156 | 223 | 249 | 794 | 52% | 20% | 28% | 31% |
| Vaya Health | 372 | 140 | 554 | 213 | 1,066 | 35% | 13% | 52% | 20% |
| State Average | 2,240 | 1,361 | 3,128 | 1,438 | 6,729 | 33% | 20% | 46% | 21% |
| Standard Deviation | | | | | | 9.7% | 3.5% | 9.6% | 6.1% |
| LME-MCO Average | | | | | | 34% | 20% | 46% | 22% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

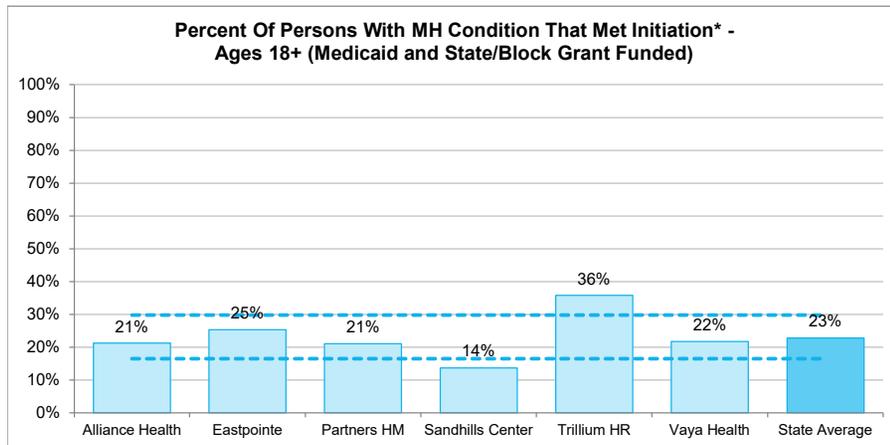
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: **Initiation** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. **Engagement** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (3-17, 18-20, 21+, 18+, and 13+).

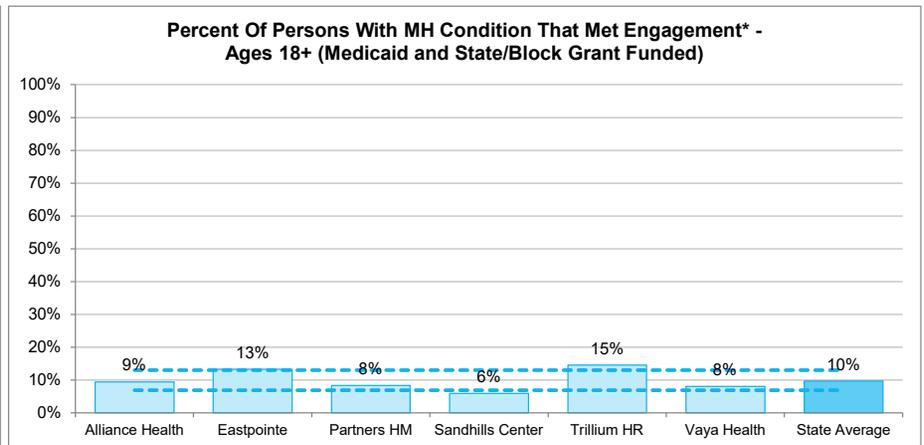
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|-----------------------------|--|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With No 2nd Service | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | |

Persons Ages 18+ (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-------|--------|-------|--------|------|------|------|------|
| Alliance Health | 1,027 | 771 | 3,032 | 458 | 4,830 | 21% | 16% | 63% | 9% |
| Eastpointe | 494 | 313 | 1,143 | 260 | 1,950 | 25% | 16% | 59% | 13% |
| Partners Health Management | 843 | 612 | 2,537 | 334 | 3,992 | 21% | 15% | 64% | 8% |
| Sandhills Center | 337 | 360 | 1,756 | 145 | 2,453 | 14% | 15% | 72% | 6% |
| Trillium Health Resources | 950 | 598 | 1,103 | 387 | 2,651 | 36% | 23% | 42% | 15% |
| Vaya Health | 485 | 220 | 1,528 | 180 | 2,233 | 22% | 10% | 68% | 8% |
| State Average | 4,136 | 2,874 | 11,099 | 1,764 | 18,109 | 23% | 16% | 61% | 10% |
| Standard Deviation | | | | | | 6.6% | 3.7% | 9.6% | 3.0% |
| LME-MCO Average | | | | | | 23% | 16% | 61% | 10% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

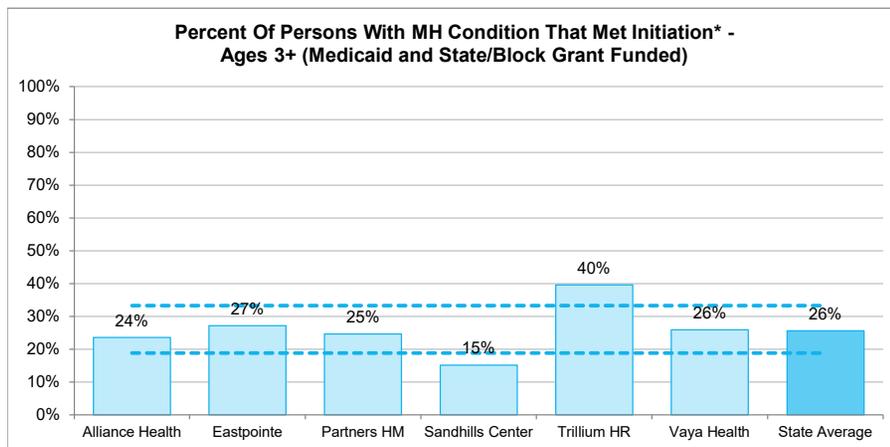
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: **Initiation** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. **Engagement** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (3-17, 18-20, 21+, 18+, and 13+).

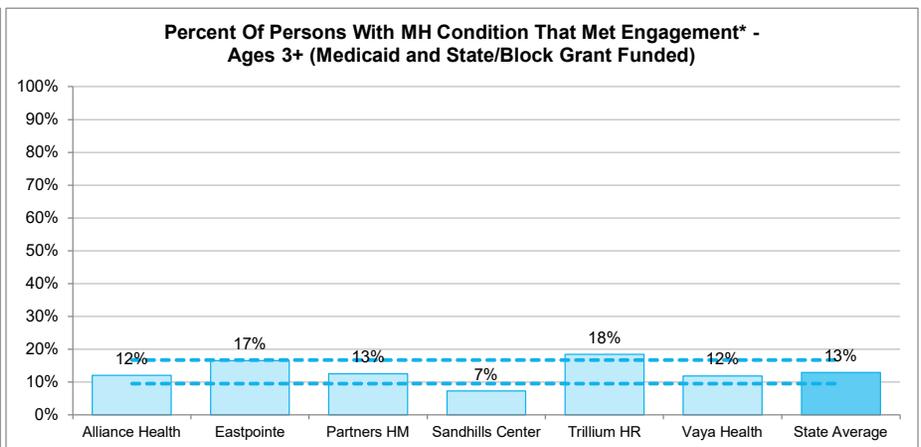
| LME-MCO | Numerator1 | | Number With No 2nd Visit | Numerator2 | | Denominator Total Number with an Initial Visit (New Episode of Care) | Rate1 | | Percent With No 2nd Service | Rate2 | |
|---------|--|--|--------------------------|---|---|---|---|--|-----------------------------|-------|--|
| | Number With 2nd Service Or Visit Within 14 Days (Initiation) | Number With 2nd Service Or Visit More Than 14 Days | | Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement) | Percent With 2nd Service Or Visit Within 14 Days (Initiation) | | Percent With 2nd Service Or Visit More Than 14 Days | Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement) | | | |

Persons Ages 3+ (Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-------|--------|-------|--------|------|------|------|------|
| Alliance Health | 1,549 | 1,130 | 3,882 | 790 | 6,561 | 24% | 17% | 59% | 12% |
| Eastpointe | 723 | 487 | 1,447 | 440 | 2,657 | 27% | 18% | 54% | 17% |
| Partners Health Management | 1,385 | 971 | 3,248 | 705 | 5,604 | 25% | 17% | 58% | 13% |
| Sandhills Center | 497 | 533 | 2,242 | 238 | 3,272 | 15% | 16% | 69% | 7% |
| Trillium Health Resources | 1,365 | 754 | 1,326 | 636 | 3,445 | 40% | 22% | 38% | 18% |
| Vaya Health | 857 | 360 | 2,082 | 393 | 3,299 | 26% | 11% | 63% | 12% |
| State Average | 6,376 | 4,235 | 14,227 | 3,202 | 24,838 | 26% | 17% | 57% | 13% |
| Standard Deviation | | | | | | 7.2% | 3.2% | 9.4% | 3.6% |
| LME-MCO Average | | | | | | 26% | 17% | 57% | 13% |



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

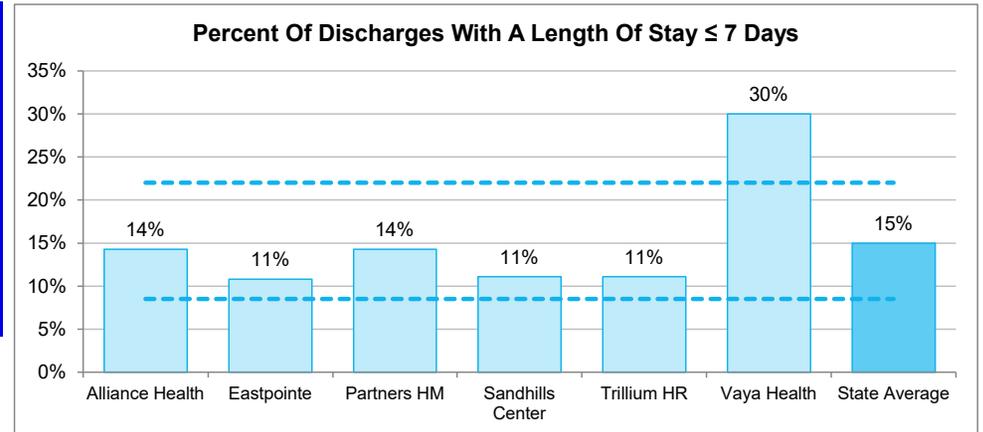
Reducing the short-term use of state psychiatric hospitals allows persons to receive acute services closer to home and provides more effective and efficient use of funds for community services. This is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from state psychiatric hospitals each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below), with a length of stay of 7 days or less.

| LME-MCO | Numerator Number of Discharges with a LOS ≤ 7 Days | Denominator Total Discharges | Rate Percent with a Length Of Stay ≤ 7 Days |
|---------|---|---------------------------------|--|
|---------|---|---------------------------------|--|

Consumers Discharged With A Length Of Stay Of 7 Days Or Less

| | | | |
|----------------------------|----|-----|------|
| Alliance Health | 6 | 42 | 14% |
| Eastpointe | 4 | 37 | 11% |
| Partners Health Management | 3 | 21 | 14% |
| Sandhills Center | 1 | 9 | 11% |
| Trillium Health Resources | 2 | 18 | 11% |
| Vaya Health | 6 | 20 | 30% |
| State Average | 22 | 147 | 15% |
| Standard Deviation | | | 6.8% |
| LME-MCO Average | | | 15% |



Data Source: State Psychiatric Hospital data in CDW as of 1/17/23. Discharges have been filtered to include only "direct" discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, acute care hospital, outpatient services, residential care, other). Discharges for other reasons (e.g. transfers to other facilities, to medical visits, out-of-state, to correctional facilities, deaths, etc.) are not included as LME-MCOs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

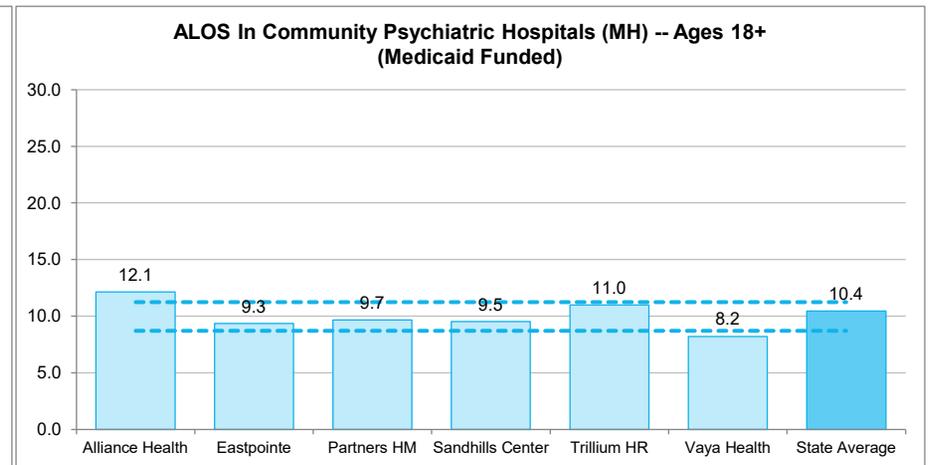
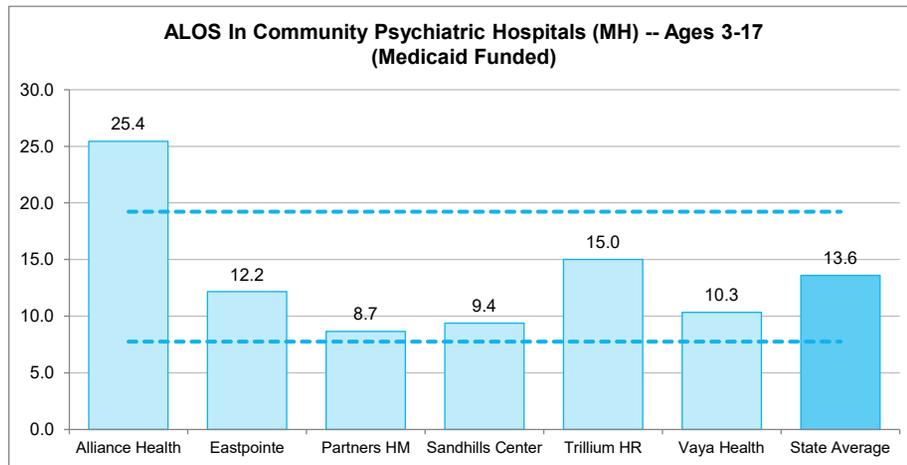
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|------|--------|-------|------|--------|-------|------|
| Alliance Health | 2,621 | 103 | 25.4 | 9,688 | 798 | 12.1 | 12,309 | 901 | 13.7 |
| Eastpointe | 474 | 39 | 12.2 | 1,868 | 200 | 9.3 | 2,342 | 239 | 9.8 |
| Partners Health Management | 1,021 | 118 | 8.7 | 4,806 | 497 | 9.7 | 5,827 | 615 | 9.5 |
| Sandhills Center | 638 | 68 | 9.4 | 2,313 | 243 | 9.5 | 2,951 | 311 | 9.5 |
| Trillium Health Resources | 2,369 | 158 | 15.0 | 5,787 | 527 | 11.0 | 8,156 | 685 | 11.9 |
| Vaya Health | 1,590 | 154 | 10.3 | 2,994 | 365 | 8.2 | 4,584 | 519 | 8.8 |
| State Average | 8,713 | 640 | 13.6 | 27,456 | 2,630 | 10.4 | 36,169 | 3,270 | 11.1 |
| Standard Deviation | | | 5.7 | | | 1.3 | | | 1.7 |
| LME-MCO Average | | | 13.5 | | | 10.0 | | | 10.5 |



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

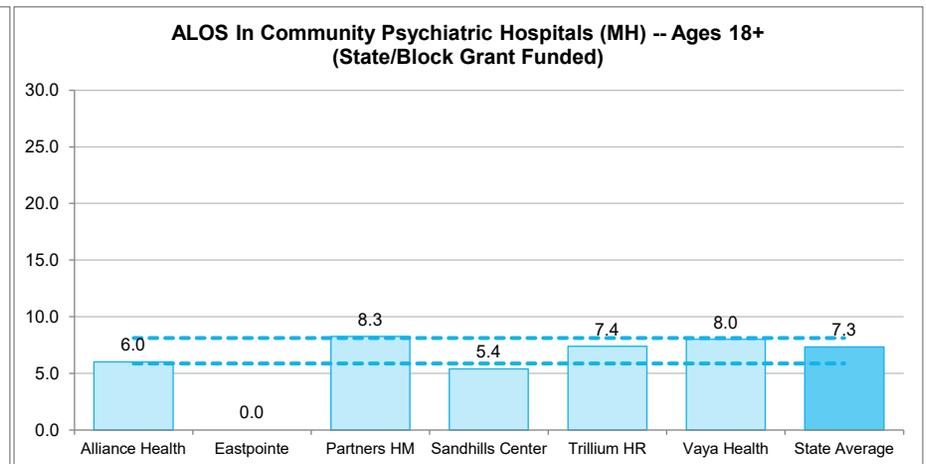
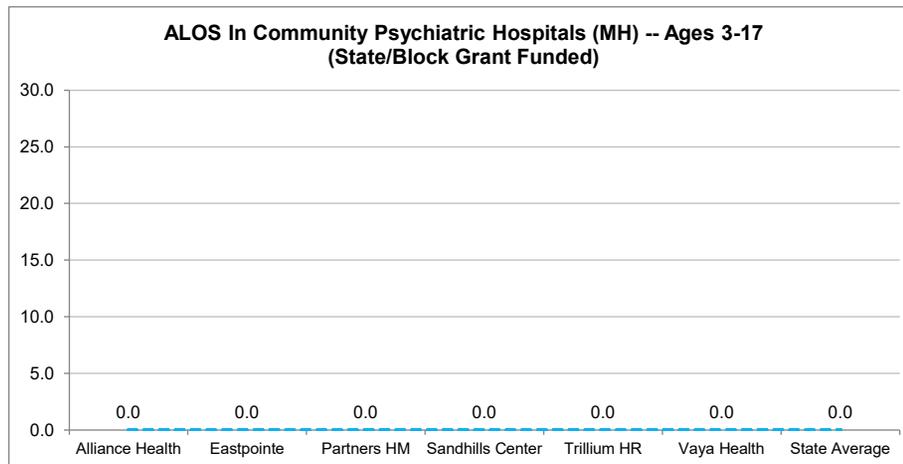
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|---|-----|-------|-----|-----|-------|-----|-----|
| Alliance Health | 0 | 0 | | 30 | 5 | 6.0 | 30 | 5 | 6.0 |
| Eastpointe | 0 | 0 | | 0 | 0 | | | | |
| Partners Health Management | 0 | 0 | | 33 | 4 | 8.3 | 33 | 4 | 8.3 |
| Sandhills Center | 0 | 0 | | 43 | 8 | 5.4 | 43 | 8 | 5.4 |
| Trillium Health Resources | 0 | 0 | | 2,252 | 305 | 7.4 | 2,252 | 305 | 7.4 |
| Vaya Health | 0 | 0 | | 56 | 7 | 8.0 | 56 | 7 | 8.0 |
| State Average | 0 | 0 | | 2,414 | 329 | 7.3 | 2,414 | 329 | 7.3 |
| Standard Deviation | ----- | | 0.0 | | | 1.1 | | | 1.1 |
| LME-MCO Average | | | 0.0 | | | 7.0 | | | 7.0 |



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

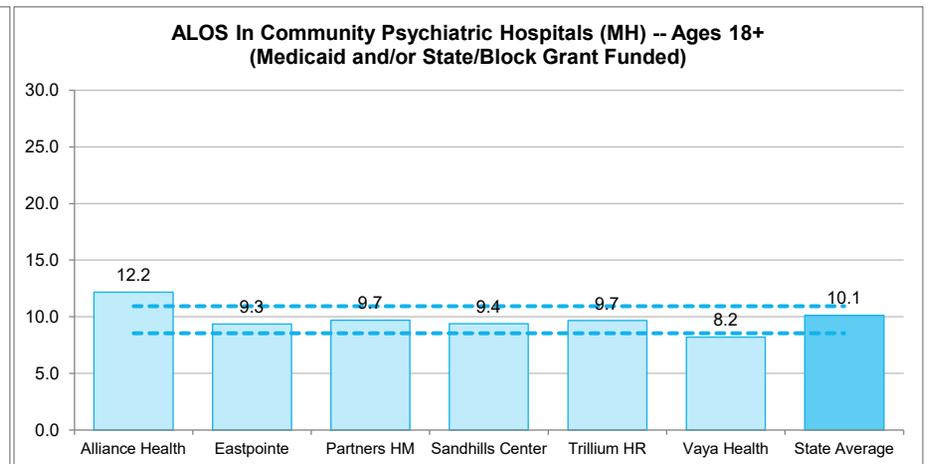
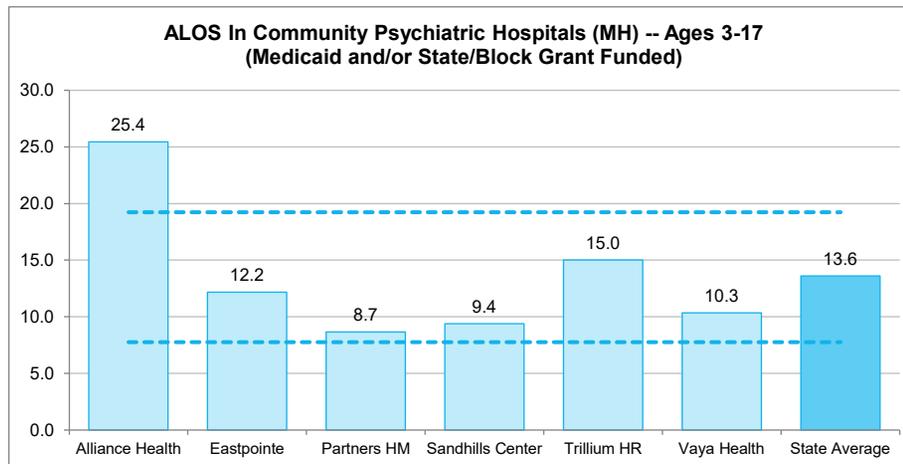
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid and/or State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-------|-----|------|--------|-------|------|--------|-------|------|
| Alliance Health | 2,621 | 103 | 25.4 | 9,658 | 793 | 12.2 | 12,279 | 896 | 13.7 |
| Eastpointe | 474 | 39 | 12.2 | 1,868 | 200 | 9.3 | 2,342 | 239 | 9.8 |
| Partners Health Management | 1,021 | 118 | 8.7 | 4,773 | 493 | 9.7 | 5,794 | 611 | 9.5 |
| Sandhills Center | 638 | 68 | 9.4 | 2,356 | 251 | 9.4 | 2,994 | 319 | 9.4 |
| Trillium Health Resources | 2,369 | 158 | 15.0 | 8,039 | 832 | 9.7 | 10,408 | 990 | 10.5 |
| Vaya Health | 1,590 | 154 | 10.3 | 2,946 | 359 | 8.2 | 4,536 | 513 | 8.8 |
| State Average | 8,713 | 640 | 13.6 | 29,640 | 2,928 | 10.1 | 38,353 | 3,568 | 10.7 |
| Standard Deviation | | | 5.7 | | | 1.2 | | | 1.6 |
| LME-MCO Average | | | 13.5 | | | 9.7 | | | 10.3 |



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

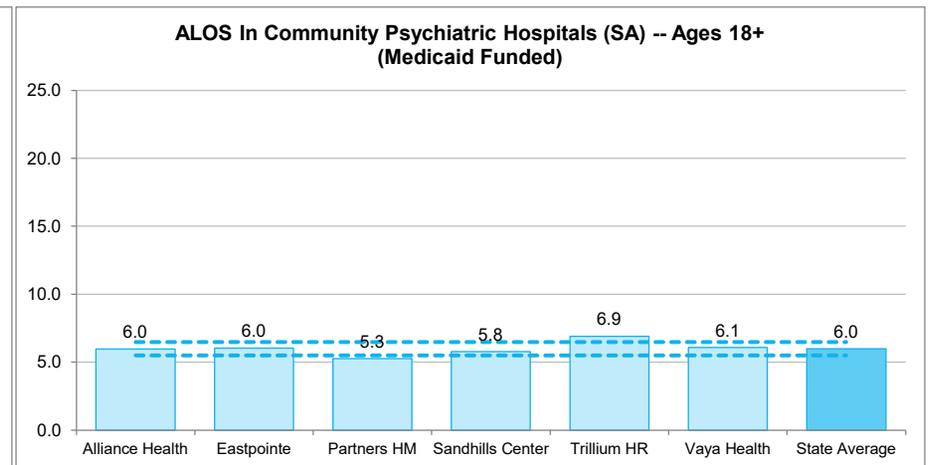
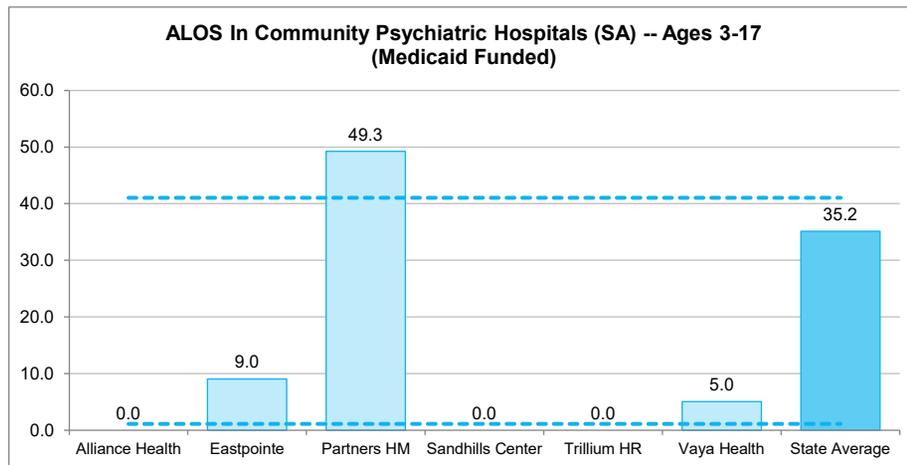
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|-------|---|------|-------|-----|-----|-------|-----|-----|
| Alliance Health | 0 | 0 | | 268 | 45 | 6.0 | 268 | 45 | 6.0 |
| Eastpointe | 9 | 1 | 9.0 | 307 | 51 | 6.0 | 316 | 52 | 6.1 |
| Partners Health Management | 197 | 4 | 49.3 | 410 | 78 | 5.3 | 607 | 82 | 7.4 |
| Sandhills Center | 0 | 0 | | 173 | 30 | 5.8 | 173 | 30 | 5.8 |
| Trillium Health Resources | 0 | 0 | | 483 | 70 | 6.9 | 483 | 70 | 6.9 |
| Vaya Health | 5 | 1 | 5.0 | 273 | 45 | 6.1 | 278 | 46 | 6.0 |
| State Average | 211 | 6 | 35.2 | 1,914 | 319 | 6.0 | 2,125 | 325 | 6.5 |
| Standard Deviation | ----- | | 20.0 | | | 0.5 | | | 0.6 |
| LME-MCO Average | | | 21.1 | | | 6.0 | | | 6.4 |



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

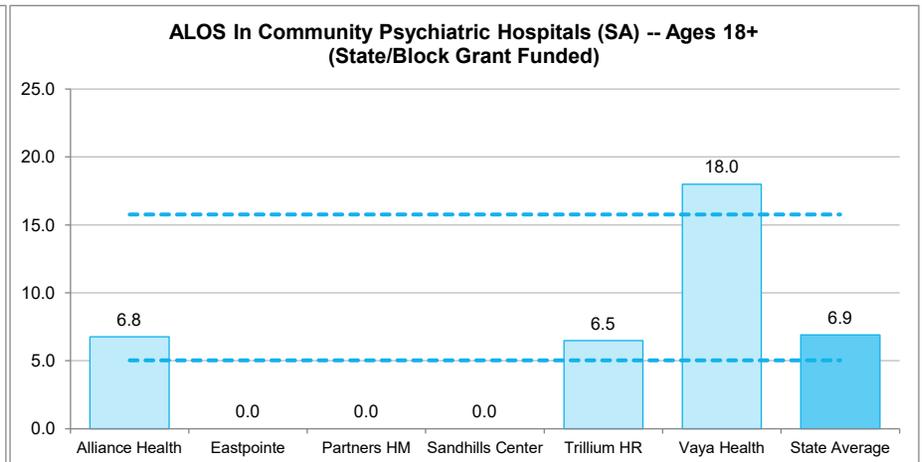
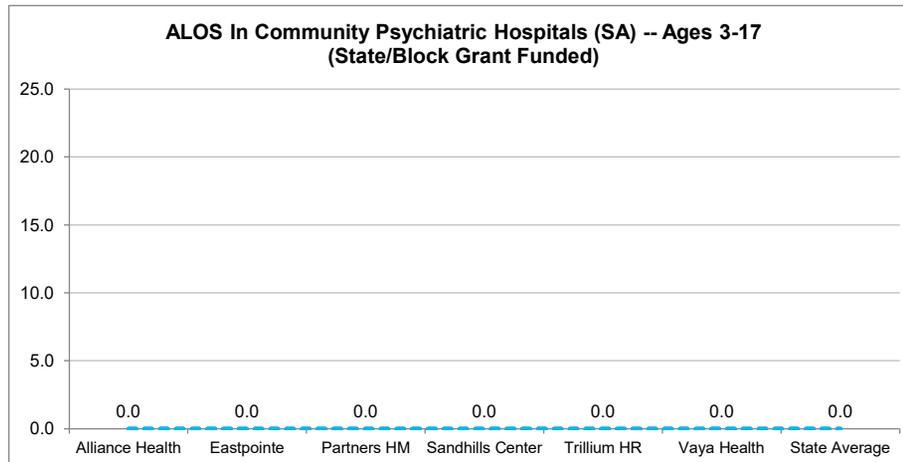
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|---|---|--|-----|----|------|-----|----|------|
| Alliance Health | 0 | 0 | | 54 | 8 | 6.8 | 54 | 8 | 6.8 |
| Eastpointe | 0 | 0 | | 0 | 0 | | | | |
| Partners Health Management | 0 | 0 | | 0 | 0 | | | | |
| Sandhills Center | 0 | 0 | | 0 | 0 | | | | |
| Trillium Health Resources | 0 | 0 | | 317 | 49 | 6.5 | 317 | 49 | 6.5 |
| Vaya Health | 0 | 0 | | 36 | 2 | 18.0 | 36 | 2 | 18.0 |
| State Average | 0 | 0 | | 407 | 59 | 6.9 | 407 | 59 | 6.9 |
| Standard Deviation | | | | | | 5.4 | | | 5.4 |
| LME-MCO Average | | | | | | 10.4 | | | 10.4 |



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT SERVICES

5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

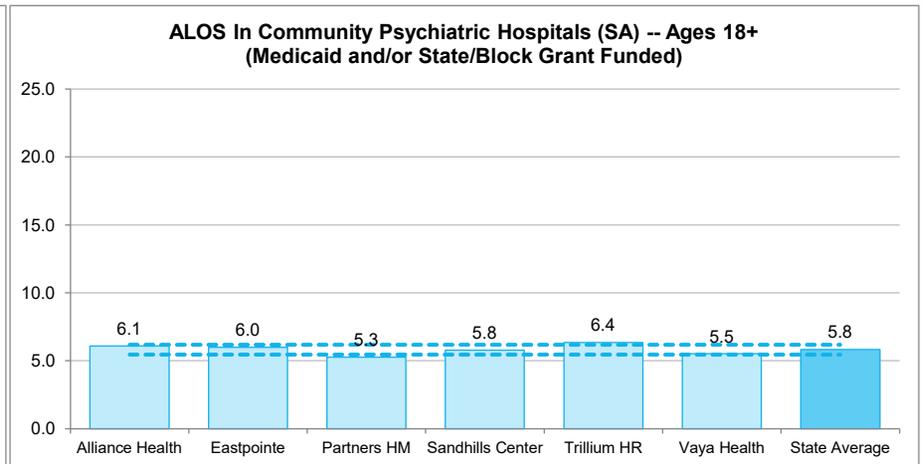
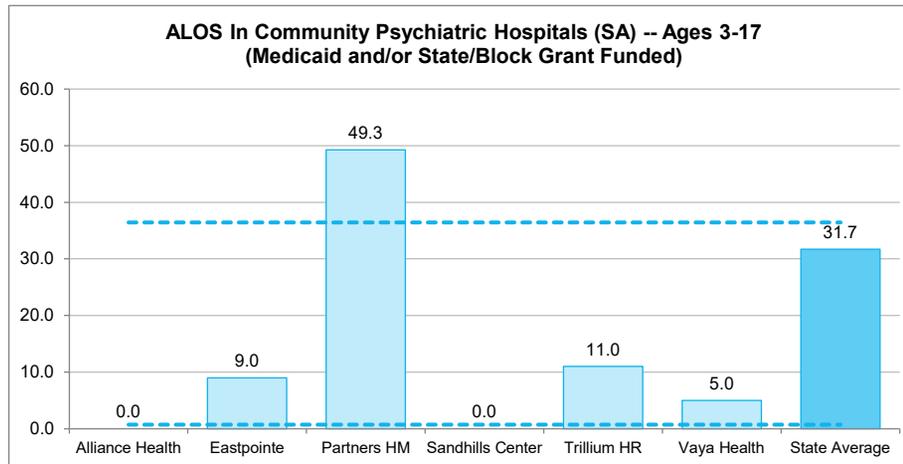
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

| LME-MCO | Ages 3-17 | | | Ages 18+ | | | Total (Ages 3+) | | |
|---------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|-----------------------------|-------------------------|-------------|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS | Total Number Inpatient Days | Total Number Discharges | Average LOS |

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid and/or State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|-----|---|------|-------|-----|-----|-------|-----|-----|
| Alliance Health | 0 | 0 | | 322 | 53 | 6.1 | 322 | 53 | 6.1 |
| Eastpointe | 9 | 1 | 9.0 | 299 | 50 | 6.0 | 308 | 51 | 6.0 |
| Partners Health Management | 197 | 4 | 49.3 | 410 | 78 | 5.3 | 607 | 82 | 7.4 |
| Sandhills Center | 0 | 0 | | 173 | 30 | 5.8 | 173 | 30 | 5.8 |
| Trillium Health Resources | 11 | 1 | 11.0 | 508 | 80 | 6.4 | 519 | 81 | 6.4 |
| Vaya Health | 5 | 1 | 5.0 | 237 | 43 | 5.5 | 242 | 44 | 5.5 |
| State Average | 222 | 7 | 31.7 | 1,949 | 334 | 5.8 | 2,171 | 341 | 6.4 |
| Standard Deviation | | | 17.8 | | | 0.4 | | | 0.6 |
| LME-MCO Average | | | 18.6 | | | 5.8 | | | 6.2 |



North Carolina LME-MCO Performance Measurement Reporting
 Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT

5.5 Emergency Department Readmissions (Medicaid Only)

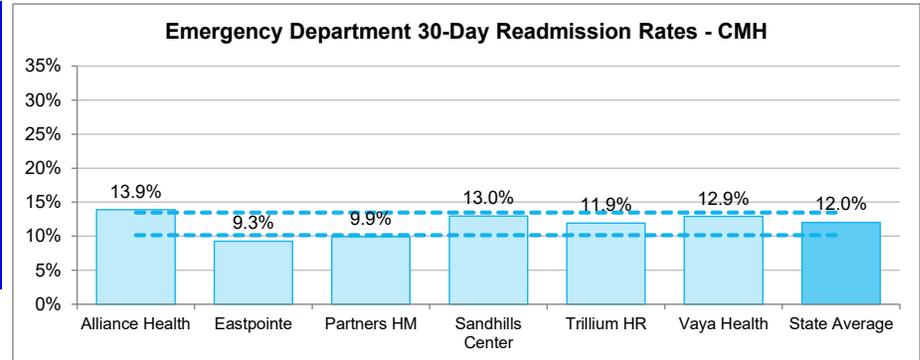
Rationale: Successful community living following discharge from an emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Numerator Number that are Readmissions within 30 days | Denominator Number of ED Admissions | Rate Percent that are Readmissions within 30 Days |
|---------|--|--|--|
|---------|--|--|--|

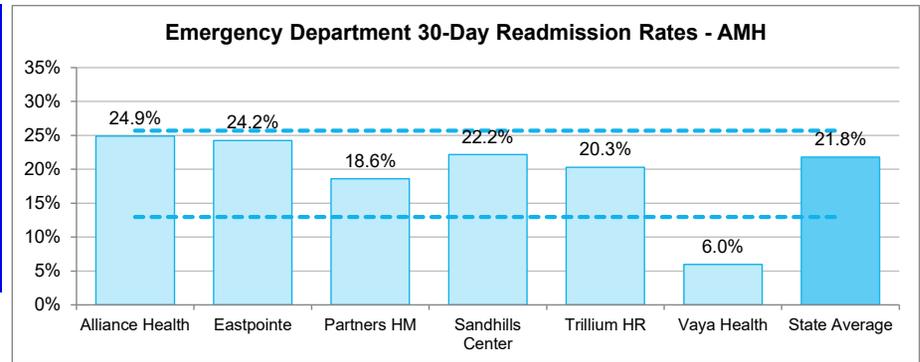
Child Mental Health (Ages 3-17)

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 44 | 317 | 13.9% |
| Eastpointe | 9 | 97 | 9.3% |
| Partners Health Management | 22 | 222 | 9.9% |
| Sandhills Center | 21 | 162 | 13.0% |
| Trillium Health Resources | 32 | 268 | 11.9% |
| Vaya Health | 4 | 31 | 12.9% |
| State Average | 132 | 1,097 | 12.0% |
| Standard Deviation | | | 1.7% |
| LME-MCO Average | | | 11.8% |



Adult Mental Health (Ages 18+)

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 251 | 1,009 | 24.9% |
| Eastpointe | 86 | 355 | 24.2% |
| Partners Health Management | 118 | 635 | 18.6% |
| Sandhills Center | 105 | 474 | 22.2% |
| Trillium Health Resources | 103 | 508 | 20.3% |
| Vaya Health | 5 | 84 | 6.0% |
| State Average | 668 | 3,065 | 21.8% |
| Standard Deviation | | | 6.4% |
| LME-MCO Average | | | 19.3% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023
 Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
 Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT

5.5 Emergency Department Readmissions (Medicaid Only)

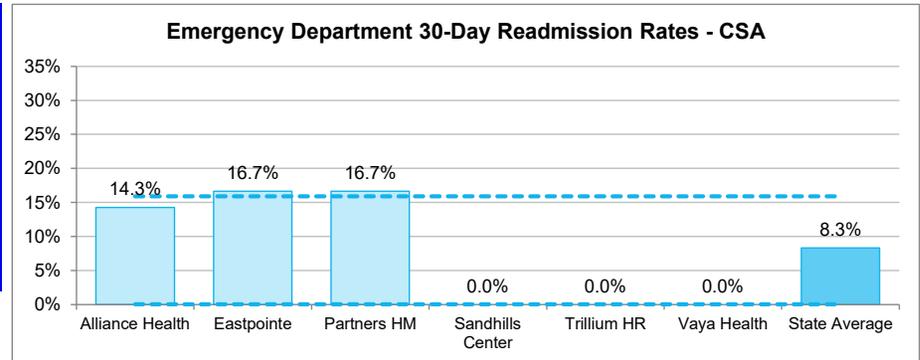
Rationale: Successful community living following discharge from an emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Numerator Number that are Readmissions within 30 days | Denominator Number of ED Admissions | Rate Percent that are Readmissions within 30 Days |
|---------|--|--|--|
|---------|--|--|--|

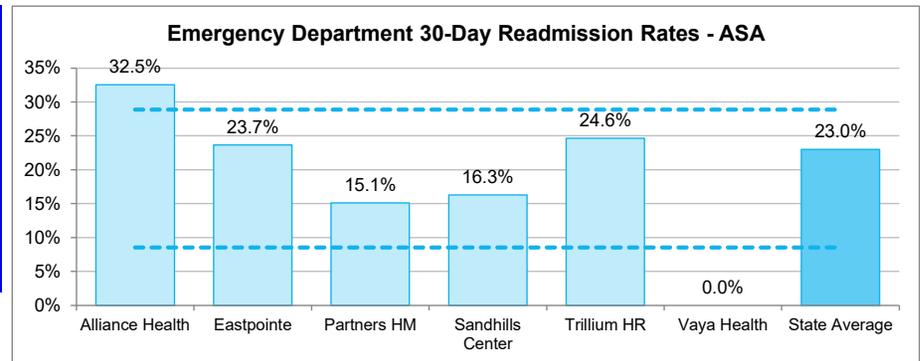
Child Substance Abuse (Ages 3-17)

| | | | |
|----------------------------|---|----|-------|
| Alliance Health | 2 | 14 | 14.3% |
| Eastpointe | 1 | 6 | 16.7% |
| Partners Health Management | 1 | 6 | 16.7% |
| Sandhills Center | 0 | 13 | 0.0% |
| Trillium Health Resources | 0 | 6 | 0.0% |
| Vaya Health | 0 | 3 | 0.0% |
| State Average | 4 | 48 | 8.3% |
| Standard Deviation | | | 8.0% |
| LME-MCO Average | | | 7.9% |



Adult Substance Abuse (Ages 18+)

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 124 | 381 | 32.5% |
| Eastpointe | 31 | 131 | 23.7% |
| Partners Health Management | 36 | 238 | 15.1% |
| Sandhills Center | 34 | 209 | 16.3% |
| Trillium Health Resources | 51 | 207 | 24.6% |
| Vaya Health | 0 | 33 | 0.0% |
| State Average | 276 | 1,199 | 23.0% |
| Standard Deviation | | | 10.2% |
| LME-MCO Average | | | 18.7% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023
Report Quarter: 3rd Quarter

Measurement Period: Oct - Dec 2022
Based On Claims Paid As Of: Apr 30, 2023

CRISIS AND INPATIENT

5.5 Emergency Department Readmissions (Medicaid Only)

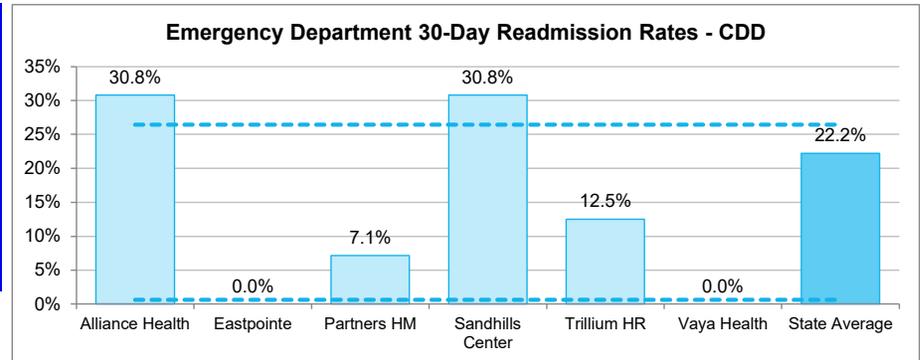
Rationale: Successful community living following discharge from an emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Numerator Number that are Readmissions within 30 days | Denominator Number of ED Admissions | Rate Percent that are Readmissions within 30 Days |
|---------|--|--|--|
|---------|--|--|--|

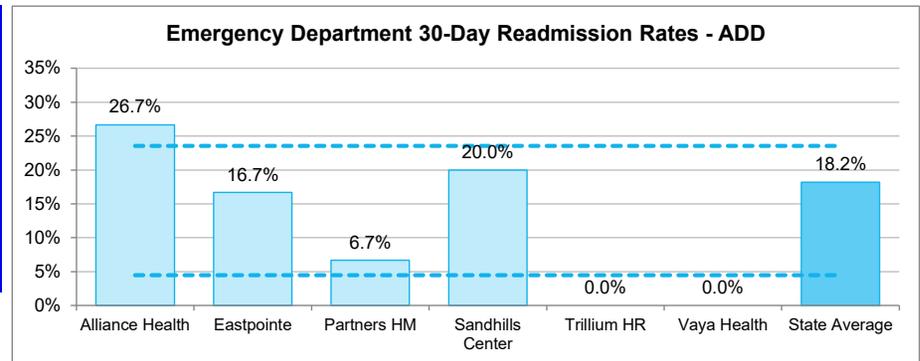
Child Intellectual or Developmental Disabilities (Ages 3-17)

| | | | |
|----------------------------|----|----|-------|
| Alliance Health | 12 | 39 | 30.8% |
| Eastpointe | 0 | 6 | 0.0% |
| Partners Health Management | 1 | 14 | 7.1% |
| Sandhills Center | 4 | 13 | 30.8% |
| Trillium Health Resources | 1 | 8 | 12.5% |
| Vaya Health | 0 | 1 | 0.0% |
| State Average | 18 | 81 | 22.2% |
| Standard Deviation | | | 12.9% |
| LME-MCO Average | | | 13.5% |



Adult Intellectual or Developmental Disabilities (Ages 18+)

| | | | |
|----------------------------|----|----|-------|
| Alliance Health | 8 | 30 | 26.7% |
| Eastpointe | 1 | 6 | 16.7% |
| Partners Health Management | 1 | 15 | 6.7% |
| Sandhills Center | 2 | 10 | 20.0% |
| Trillium Health Resources | 0 | 5 | 0.0% |
| Vaya Health | 0 | 0 | 0.0% |
| State Average | 12 | 66 | 18.2% |
| Standard Deviation | | | 9.5% |
| LME-MCO Average | | | 14.0% |



**North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures**

State Fiscal Year:
Report Quarter:

2023
3rd Quarter

Measurement Period:
Based On Claims Paid As Of:

Oct - Dec 2022
Apr 30, 2023

CRISIS AND INPATIENT

5.5 Emergency Department Readmissions (Medicaid Only)

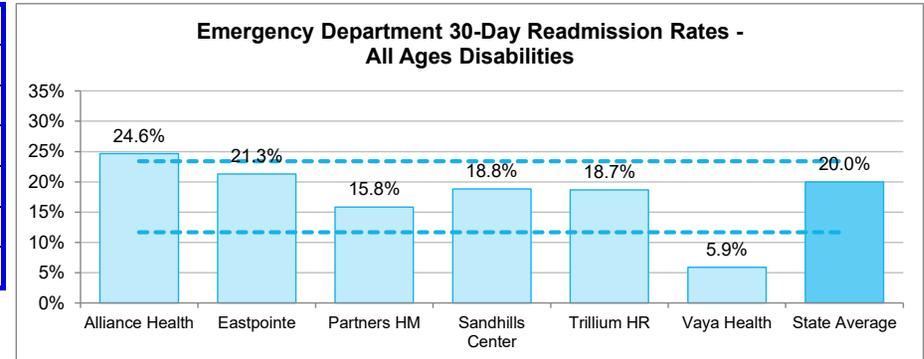
Rationale: Successful community living following discharge from an emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

| LME-MCO | Numerator Number that are Readmissions within 30 days | Denominator Number of ED Admissions | Rate Percent that are Readmissions within 30 Days |
|---------|--|--|--|
|---------|--|--|--|

All Ages and Disabilities (Ages 3+)

| | | | |
|----------------------------|-------|-------|-------|
| Alliance Health | 441 | 1,790 | 24.6% |
| Eastpointe | 128 | 601 | 21.3% |
| Partners Health Management | 179 | 1,130 | 15.8% |
| Sandhills Center | 166 | 881 | 18.8% |
| Trillium Health Resources | 187 | 1,002 | 18.7% |
| Vaya Health | 9 | 152 | 5.9% |
| State Average | 1,110 | 5,556 | 20.0% |
| Standard Deviation | | | 5.8% |
| LME-MCO Average | | | 17.5% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:
 Report Quarter:

2023
 3rd Quarter

30-Day Readmission Measurement Period: Oct - Dec 2022
 180-Day Readmission Measurement Period: Jul - Sep 2022

CRISIS AND INPATIENT SERVICES

5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

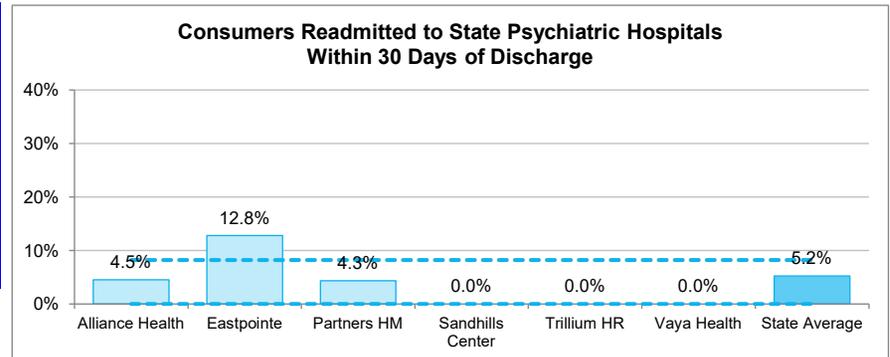
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low psychiatric hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations. This is a MH Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below) that are readmitted to any state psychiatric hospital within 30 days and within 180 days following discharge.

| LME-MCO | Numerator | Denominator | Rate |
|---------|---------------------|------------------|--------------------|
| | Number Readmissions | Total Discharges | Percent Readmitted |

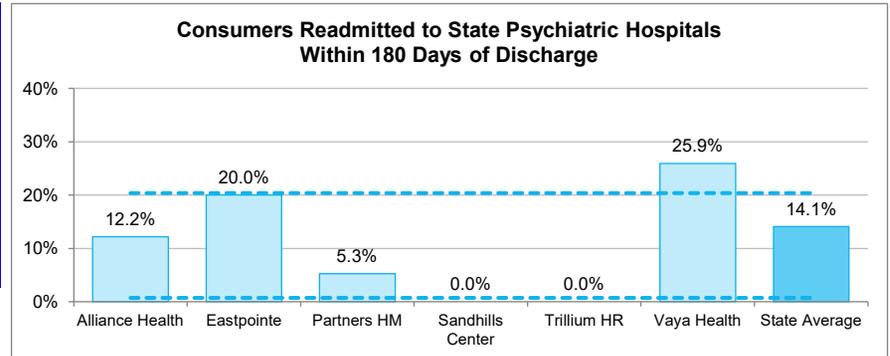
Readmitted within 30 Days (Discharges Oct - Dec 2022)

| | | | |
|----------------------------|---|-----|-------|
| Alliance Health | 2 | 44 | 4.5% |
| Eastpointe | 5 | 39 | 12.8% |
| Partners Health Management | 1 | 23 | 4.3% |
| Sandhills Center | 0 | 10 | 0.0% |
| Trillium Health Resources | 0 | 18 | 0.0% |
| Vaya Health | 0 | 19 | 0.0% |
| State Average | 8 | 153 | 5.2% |
| Standard Deviation | | | 4.6% |
| LME-MCO Average | | | 3.6% |



Readmitted within 180 Days (Discharges Jul - Sep 2022)

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 5 | 41 | 12.2% |
| Eastpointe | 8 | 40 | 20.0% |
| Partners Health Management | 1 | 19 | 5.3% |
| Sandhills Center | 0 | 13 | 0.0% |
| Trillium Health Resources | 0 | 9 | 0.0% |
| Vaya Health | 7 | 27 | 25.9% |
| State Average | 21 | 149 | 14.1% |
| Standard Deviation | | | 9.8% |
| LME-MCO Average | | | 10.6% |



Data Source: State Hospital data in CDW as of 4/18/23. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

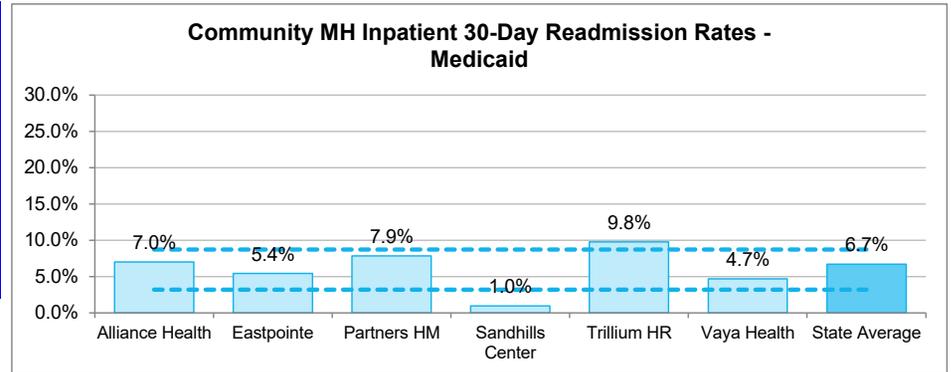
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

| LME-MCO | Numerator Total Number of Readmissions within 30 days | Denominator Total Number of Discharges | Rate Percent Readmitted Within 30 Days |
|---------|--|---|---|
|---------|--|---|---|

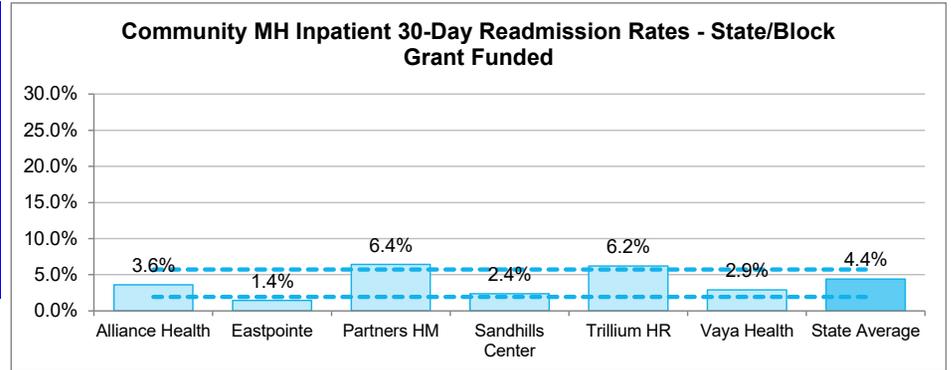
Medicaid Funded

| | | | |
|----------------------------|-----|-------|------|
| Alliance Health | 67 | 953 | 7.0% |
| Eastpointe | 13 | 239 | 5.4% |
| Partners Health Management | 48 | 611 | 7.9% |
| Sandhills Center | 3 | 312 | 1.0% |
| Trillium Health Resources | 67 | 685 | 9.8% |
| Vaya Health | 24 | 511 | 4.7% |
| State Average | 222 | 3,311 | 6.7% |
| Standard Deviation | | | 2.8% |
| LME-MCO Average | | | 6.0% |



State/Block Grant Funded

| | | | |
|----------------------------|----|-------|------|
| Alliance Health | 22 | 606 | 3.6% |
| Eastpointe | 1 | 69 | 1.4% |
| Partners Health Management | 36 | 559 | 6.4% |
| Sandhills Center | 6 | 253 | 2.4% |
| Trillium Health Resources | 19 | 305 | 6.2% |
| Vaya Health | 9 | 309 | 2.9% |
| State Average | 93 | 2,101 | 4.4% |
| Standard Deviation | | | 1.9% |
| LME-MCO Average | | | 3.8% |



CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

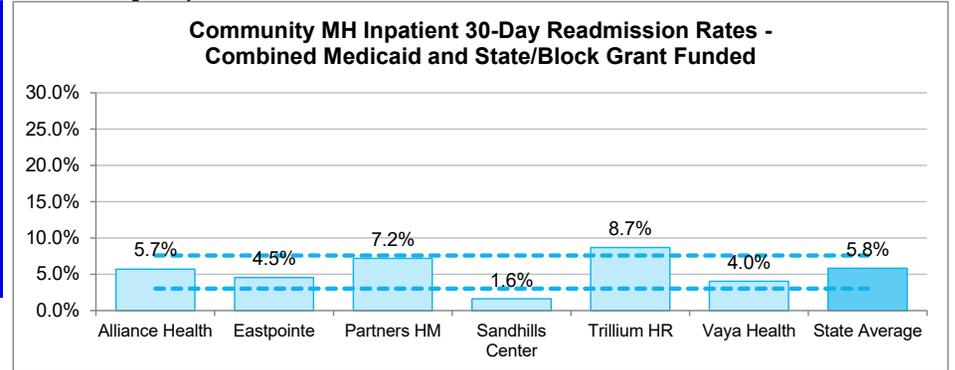
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

| | Numerator | Denominator | Rate |
|----------------|--|-----------------------------------|--|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

| | | | |
|----------------------------|-----|-------|------|
| Alliance Health | 89 | 1,559 | 5.7% |
| Eastpointe | 14 | 308 | 4.5% |
| Partners Health Management | 84 | 1,170 | 7.2% |
| Sandhills Center | 9 | 565 | 1.6% |
| Trillium Health Resources | 86 | 990 | 8.7% |
| Vaya Health | 33 | 820 | 4.0% |
| State Average | 315 | 5,412 | 5.8% |
| Standard Deviation | | | 2.3% |
| LME-MCO Average | | | 5.3% |



CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

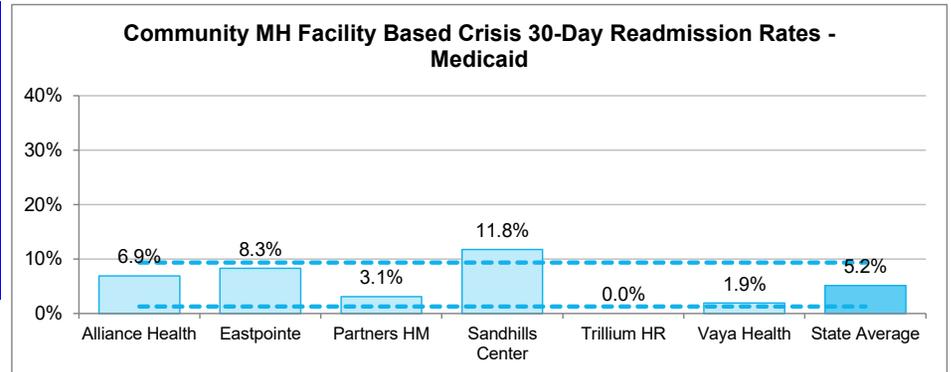
Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

| LME-MCO | Numerator Total Number of Readmissions within 30 days | Denominator Total Number of Discharges | Rate Percent Readmitted Within 30 Days |
|---------|--|---|---|
|---------|--|---|---|

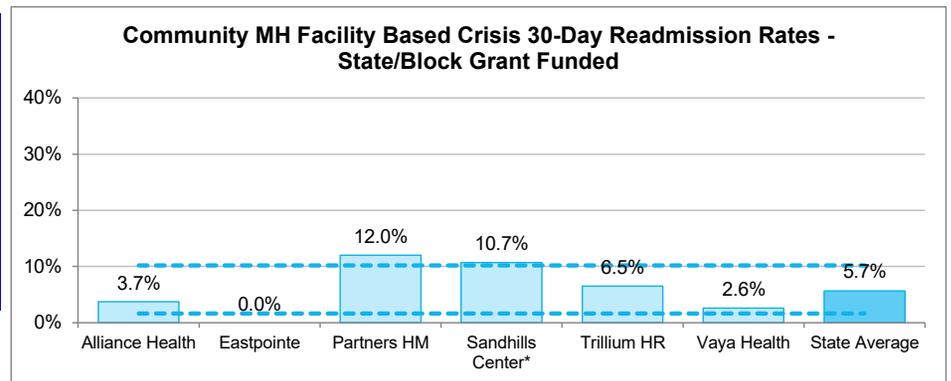
Medicaid Funded

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 4 | 58 | 6.9% |
| Eastpointe | 1 | 12 | 8.3% |
| Partners Health Management | 1 | 32 | 3.1% |
| Sandhills Center | 4 | 34 | 11.8% |
| Trillium Health Resources | 0 | 25 | 0.0% |
| Vaya Health | 1 | 52 | 1.9% |
| State Average | 11 | 213 | 5.2% |
| Standard Deviation | | | 4.0% |
| LME-MCO Average | | | 5.3% |



State/Block Grant Funded

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 4 | 107 | 3.7% |
| Eastpointe | 0 | 6 | 0.0% |
| Partners Health Management | 3 | 25 | 12.0% |
| Sandhills Center | 3 | 28 | 10.7% |
| Trillium Health Resources | 5 | 77 | 6.5% |
| Vaya Health | 1 | 38 | 2.6% |
| State Average | 16 | 281 | 5.7% |
| Standard Deviation | | | 4.3% |
| LME-MCO Average | | | 5.9% |



CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

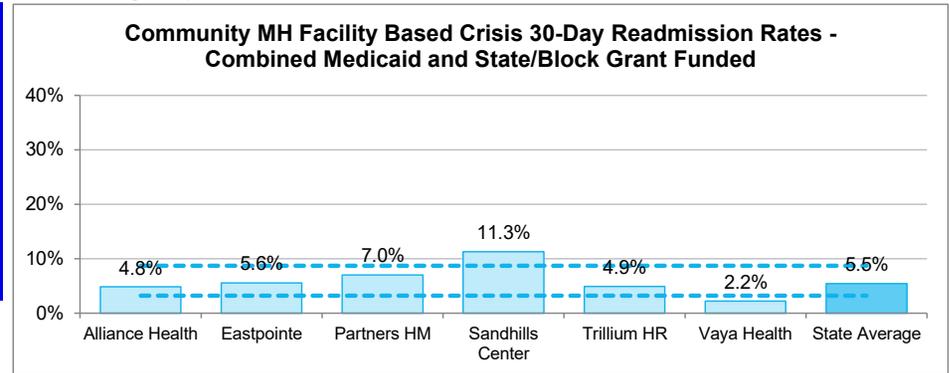
Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

| | Numerator | Denominator | Rate |
|---------|---|----------------------------|-----------------------------------|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 8 | 165 | 4.8% |
| Eastpointe | 1 | 18 | 5.6% |
| Partners Health Management | 4 | 57 | 7.0% |
| Sandhills Center | 7 | 62 | 11.3% |
| Trillium Health Resources | 5 | 102 | 4.9% |
| Vaya Health | 2 | 90 | 2.2% |
| State Average | 27 | 494 | 5.5% |
| Standard Deviation | | | 2.8% |
| LME-MCO Average | | | 6.0% |



CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

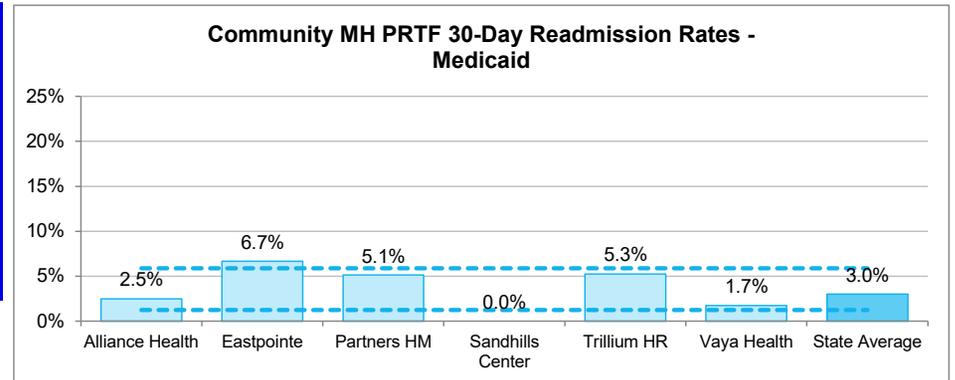
Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

| LME-MCO | Numerator Total Number of Readmissions within 30 days | Denominator Total Number of Discharges | Rate Percent Readmitted Within 30 Days |
|---------|--|---|---|
|---------|--|---|---|

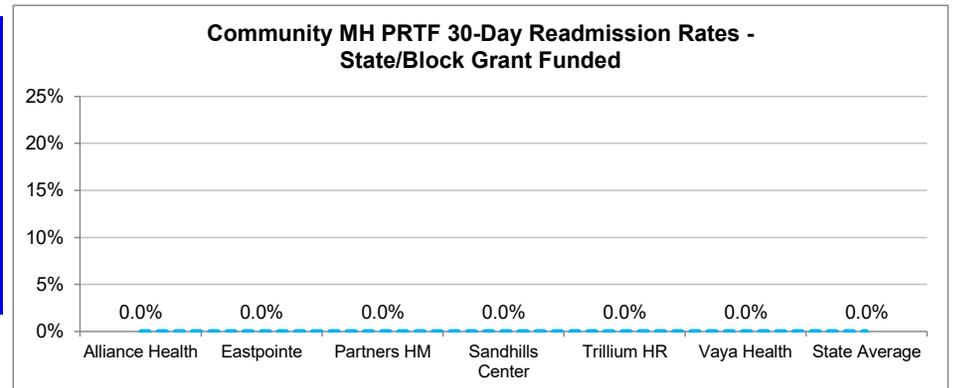
Medicaid Funded

| | | | |
|----------------------------|---|-----|------|
| Alliance Health | 1 | 40 | 2.5% |
| Eastpointe | 1 | 15 | 6.7% |
| Partners Health Management | 2 | 39 | 5.1% |
| Sandhills Center | 0 | 29 | 0.0% |
| Trillium Health Resources | 1 | 19 | 5.3% |
| Vaya Health | 1 | 58 | 1.7% |
| State Average | 6 | 200 | 3.0% |
| Standard Deviation | | | 2.3% |
| LME-MCO Average | | | 3.5% |



State/Block Grant Funded

| | | | |
|----------------------------|---|---|------|
| Alliance Health | 0 | 0 | |
| Eastpointe | 0 | 0 | |
| Partners Health Management | 0 | 0 | |
| Sandhills Center | 0 | 0 | |
| Trillium Health Resources | 0 | 0 | |
| Vaya Health | 0 | 0 | |
| State Average | 0 | 0 | |
| Standard Deviation | | | 0.0% |
| LME-MCO Average | | | 0.0% |



CRISIS AND INPATIENT SERVICES

5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

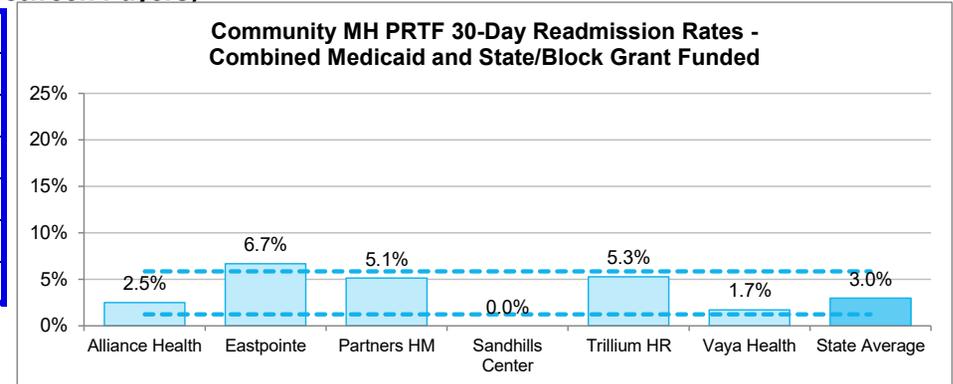
Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

| | Numerator | Denominator | Rate |
|---------|---|----------------------------|-----------------------------------|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

Combined Medicaid and State/Block Grant Funded (Includes Cross-Over Between Payers)

| | | | |
|----------------------------|---|-----|------|
| Alliance Health | 1 | 40 | 2.5% |
| Eastpointe | 1 | 15 | 6.7% |
| Partners Health Management | 2 | 39 | 5.1% |
| Sandhills Center | 0 | 29 | 0.0% |
| Trillium Health Resources | 1 | 19 | 5.3% |
| Vaya Health | 1 | 58 | 1.7% |
| State Average | 6 | 200 | 3.0% |
| Standard Deviation | | | 2.3% |
| LME-MCO Average | | | 3.5% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023
 Report Quarter: 3rd Quarter

30-Day Readmission Measurement Period: Oct - Dec 2022
 180-Day Readmission Measurement Period: Jul - Sep 2022

CRISIS AND INPATIENT SERVICES

5.8 State ADATC Readmissions within 30 Days and 180 Days

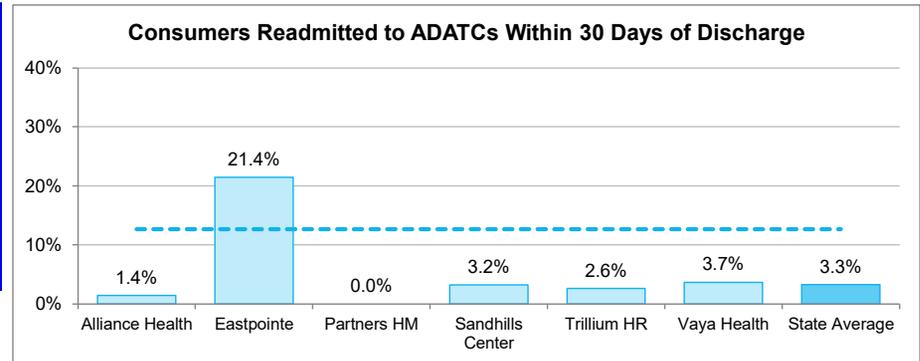
Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in an ADATC.

Description: This indicator measures the percent of persons discharged from a State ADATC for a principal SUD diagnosis each quarter that are readmitted to any ADATC within 30 days and within 180 days following discharge.

| LME-MCO | Numerator Number Readmissions | Denominator Total Discharges | Rate Percent Readmitted |
|---------|----------------------------------|---------------------------------|----------------------------|
|---------|----------------------------------|---------------------------------|----------------------------|

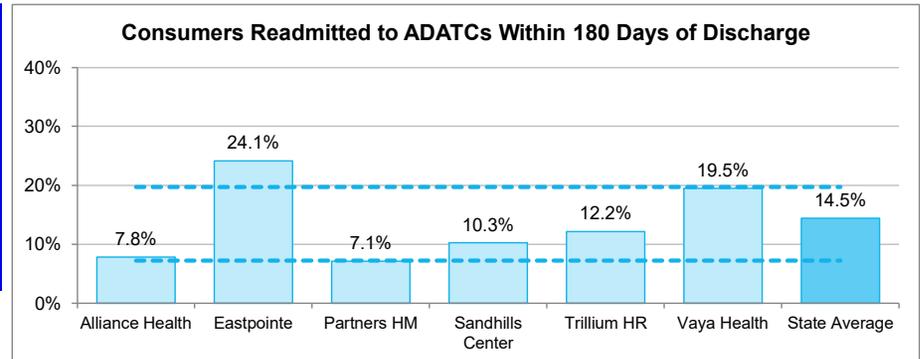
Readmitted within 30 Days (Discharges Oct - Dec 2022)

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 1 | 71 | 1.4% |
| Eastpointe | 3 | 14 | 21.4% |
| Partners Health Management | 0 | 35 | 0.0% |
| Sandhills Center | 1 | 31 | 3.2% |
| Trillium Health Resources | 3 | 115 | 2.6% |
| Vaya Health | 6 | 164 | 3.7% |
| State Average | 14 | 430 | 3.3% |
| Standard Deviation | | | 7.3% |
| LME-MCO Average | | | 5.4% |



Readmitted within 180 Days (Discharges Jul - Sep 2022)

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 5 | 64 | 7.8% |
| Eastpointe | 7 | 29 | 24.1% |
| Partners Health Management | 2 | 28 | 7.1% |
| Sandhills Center | 4 | 39 | 10.3% |
| Trillium Health Resources | 14 | 115 | 12.2% |
| Vaya Health | 30 | 154 | 19.5% |
| State Average | 62 | 429 | 14.5% |
| Standard Deviation | | | 6.2% |
| LME-MCO Average | | | 13.5% |



Data Source: State ADATC data in CDW as of 4/18/23. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

CRISIS AND INPATIENT SERVICES

5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

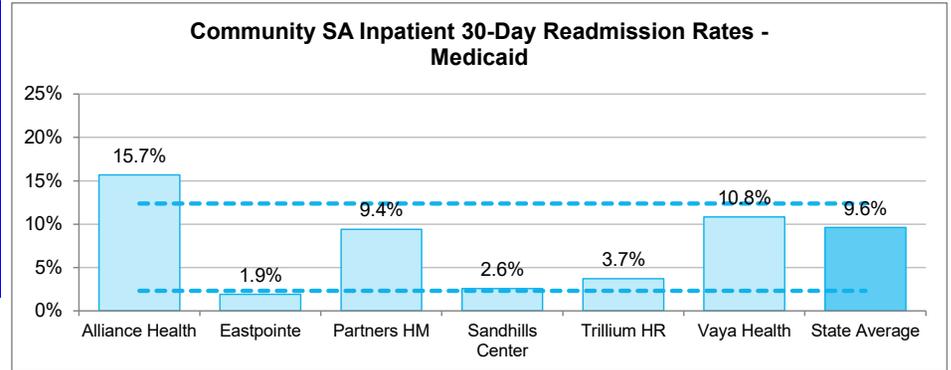
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, IDD, SUD principal diagnosis within 30 days following discharge.

| LME-MCO | Numerator Total Number of Readmissions within 30 days | Denominator Total Number of Discharges | Rate Percent Readmitted Within 30 Days |
|---------|--|---|---|
|---------|--|---|---|

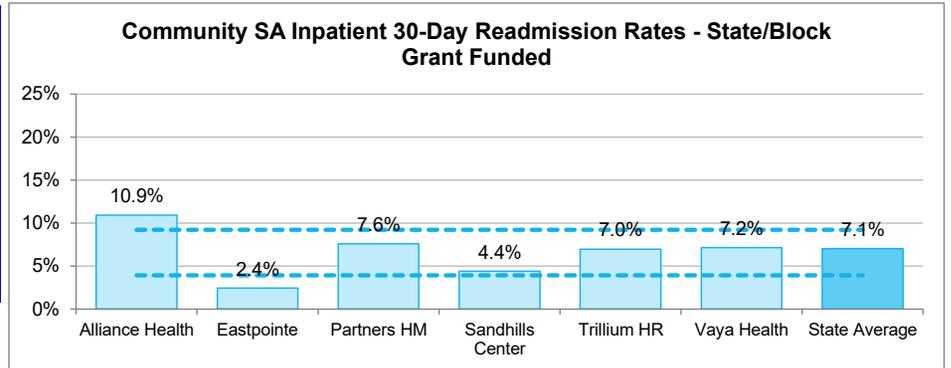
Medicaid Funded

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 16 | 102 | 15.7% |
| Eastpointe | 1 | 52 | 1.9% |
| Partners Health Management | 8 | 85 | 9.4% |
| Sandhills Center | 1 | 39 | 2.6% |
| Trillium Health Resources | 1 | 27 | 3.7% |
| Vaya Health | 21 | 194 | 10.8% |
| State Average | 48 | 499 | 9.6% |
| Standard Deviation | | | 5.0% |
| LME-MCO Average | | | 7.4% |



State/Block Grant Funded

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 7 | 64 | 10.9% |
| Eastpointe | 1 | 41 | 2.4% |
| Partners Health Management | 11 | 145 | 7.6% |
| Sandhills Center | 3 | 68 | 4.4% |
| Trillium Health Resources | 3 | 43 | 7.0% |
| Vaya Health | 35 | 489 | 7.2% |
| State Average | 60 | 850 | 7.1% |
| Standard Deviation | | | 2.7% |
| LME-MCO Average | | | 6.6% |



CRISIS AND INPATIENT SERVICES

5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

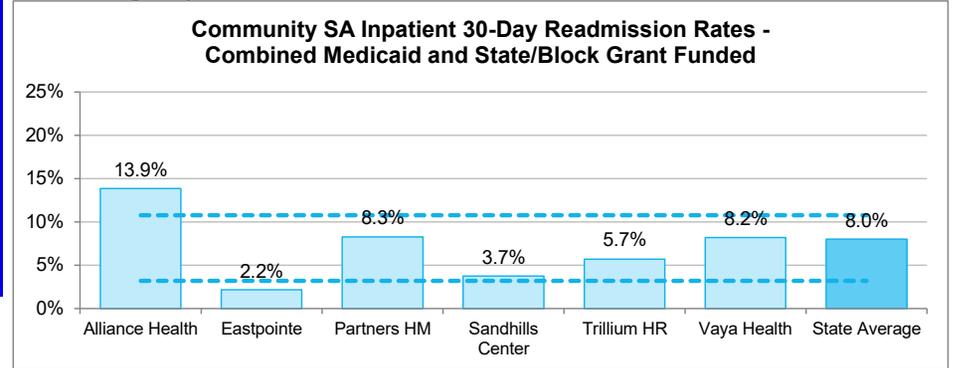
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, IDD, SUD principal diagnosis within 30 days following discharge.

| | Numerator | Denominator | Rate |
|---------|---|----------------------------|-----------------------------------|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 23 | 166 | 13.9% |
| Eastpointe | 2 | 93 | 2.2% |
| Partners Health Management | 19 | 230 | 8.3% |
| Sandhills Center | 4 | 107 | 3.7% |
| Trillium Health Resources | 4 | 70 | 5.7% |
| Vaya Health | 56 | 683 | 8.2% |
| State Average | 108 | 1,349 | 8.0% |
| Standard Deviation | | | 3.8% |
| LME-MCO Average | | | 7.0% |



CRISIS AND INPATIENT SERVICES

5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

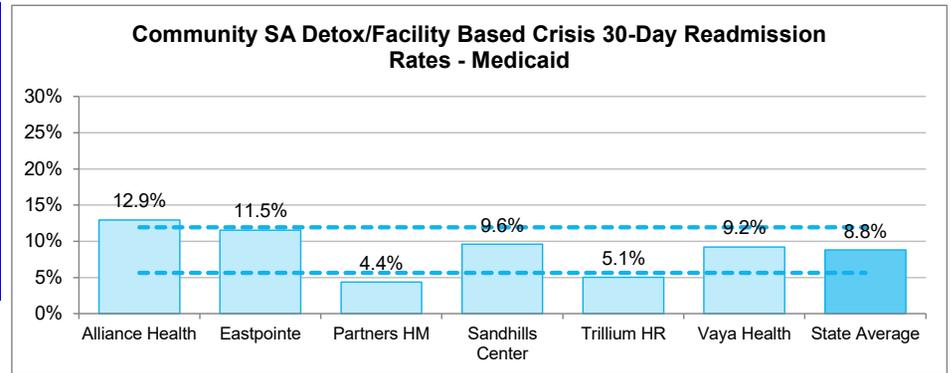
Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

| | Numerator | Denominator | Rate |
|----------------|--|-----------------------------------|--|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

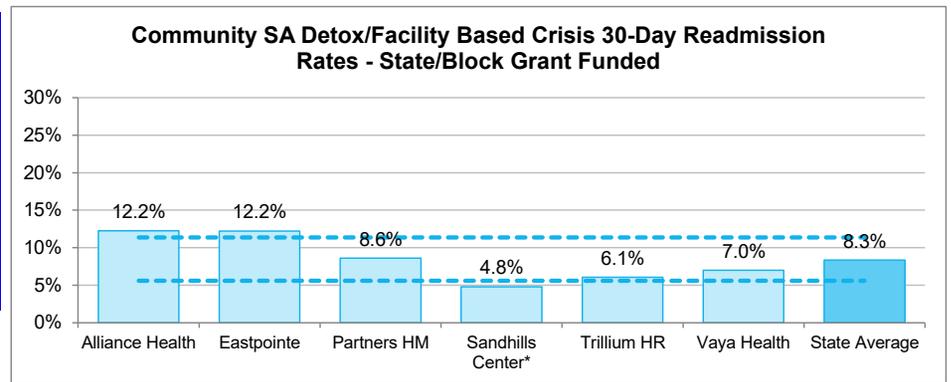
Medicaid Funded

| | | | |
|----------------------------|----|-----|-------|
| Alliance Health | 19 | 147 | 12.9% |
| Eastpointe | 6 | 52 | 11.5% |
| Partners Health Management | 5 | 114 | 4.4% |
| Sandhills Center | 7 | 73 | 9.6% |
| Trillium Health Resources | 5 | 99 | 5.1% |
| Vaya Health | 14 | 152 | 9.2% |
| State Average | 56 | 637 | 8.8% |
| Standard Deviation | | | 3.1% |
| LME-MCO Average | | | 8.8% |



State/Block Grant Funded

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 61 | 498 | 12.2% |
| Eastpointe | 11 | 90 | 12.2% |
| Partners Health Management | 40 | 465 | 8.6% |
| Sandhills Center | 11 | 229 | 4.8% |
| Trillium Health Resources | 27 | 444 | 6.1% |
| Vaya Health | 30 | 430 | 7.0% |
| State Average | 180 | 2,156 | 8.3% |
| Standard Deviation | | | 2.9% |
| LME-MCO Average | | | 8.5% |



CRISIS AND INPATIENT SERVICES

5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

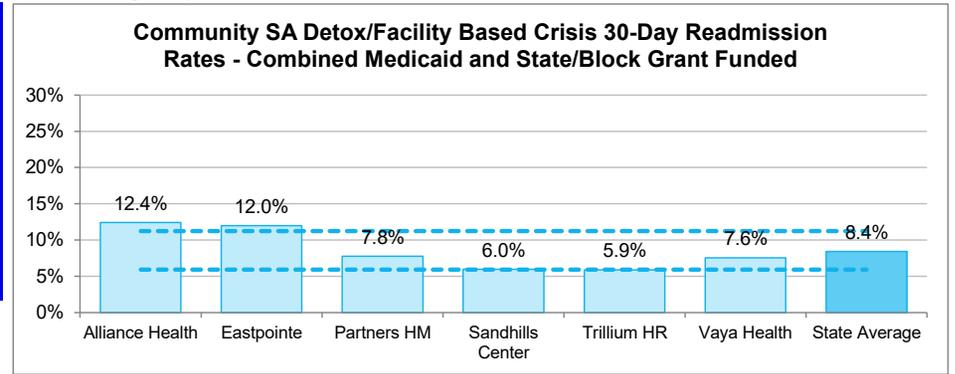
Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

| | Numerator | Denominator | Rate |
|----------------|--|-----------------------------------|--|
| LME-MCO | Total Number of Readmissions within 30 days | Total Number of Discharges | Percent Readmitted Within 30 Days |

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

| | | | |
|----------------------------|-----|-------|-------|
| Alliance Health | 80 | 645 | 12.4% |
| Eastpointe | 17 | 142 | 12.0% |
| Partners Health Management | 45 | 579 | 7.8% |
| Sandhills Center | 18 | 302 | 6.0% |
| Trillium Health Resources | 32 | 543 | 5.9% |
| Vaya Health | 44 | 582 | 7.6% |
| State Average | 236 | 2,793 | 8.4% |
| Standard Deviation | | | 2.6% |
| LME-MCO Average | | | 8.6% |



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.1 Follow-Up After Discharge: State Psychiatric Hospitals

Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one’s community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system’s community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) | | | | Denominator Total Number of Discharges | Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) | | | |
|---------|---|-------------|-----------|-----------|---|--|-------------|----------|-----------|
| | Numerator | Numerator | Numerator | Numerator | | Rate | Rate | Rate | Rate |
| | 0 - 7 Days | 8 - 30 Days | >30 Days | Not Seen* | | 0 - 7 Days | 8 - 30 Days | >30 Days | Not Seen* |

Follow-Up After State Psychiatric Hospitalization (Medicaid and/or State/Block Grant Funded)

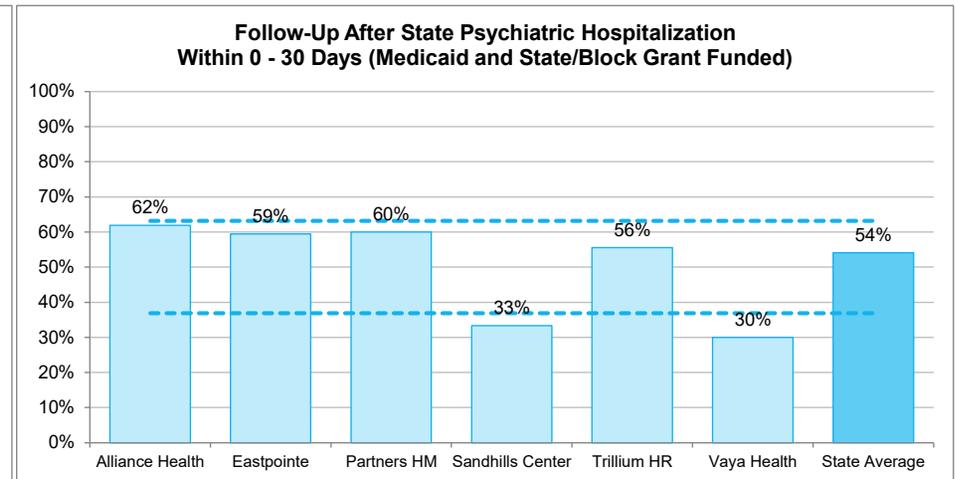
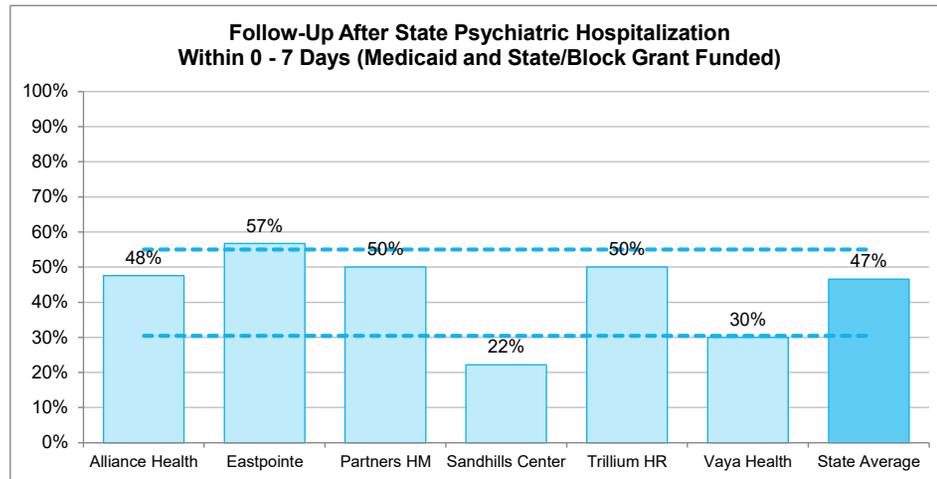
| | | | | | | | | | |
|----------------------------|----|----|---|----|-----|-----|-----|-----|-----|
| Alliance Health | 20 | 6 | 3 | 13 | 42 | 48% | 14% | 7% | 31% |
| Eastpointe | 21 | 1 | 2 | 13 | 37 | 57% | 3% | 5% | 35% |
| Partners Health Management | 10 | 2 | 0 | 8 | 20 | 50% | 10% | 0% | 40% |
| Sandhills Center | 2 | 1 | 0 | 6 | 9 | 22% | 11% | 0% | 67% |
| Trillium Health Resources | 9 | 1 | 2 | 6 | 18 | 50% | 6% | 11% | 33% |
| Vaya Health | 6 | 0 | 2 | 12 | 20 | 30% | 0% | 10% | 60% |
| State Average | 68 | 11 | 9 | 58 | 146 | 47% | 8% | 6% | 40% |

Standard Deviation * Not Seen by the claims paid cutoff date for the measure.

LME-MCO Average

12.3%

43%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 **Measurement Period:** Oct - Dec 2022
Report Quarter: 3rd Quarter **Based On Claims Paid As Of:** Apr 30, 2023

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

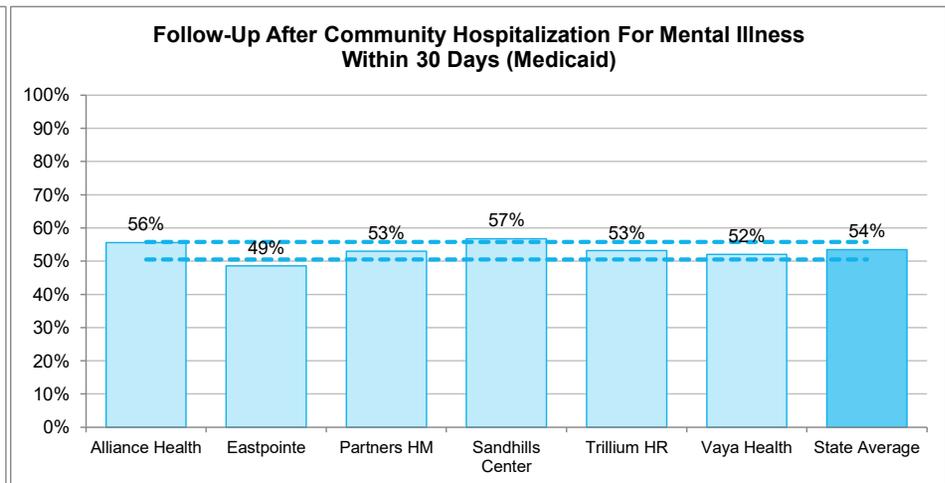
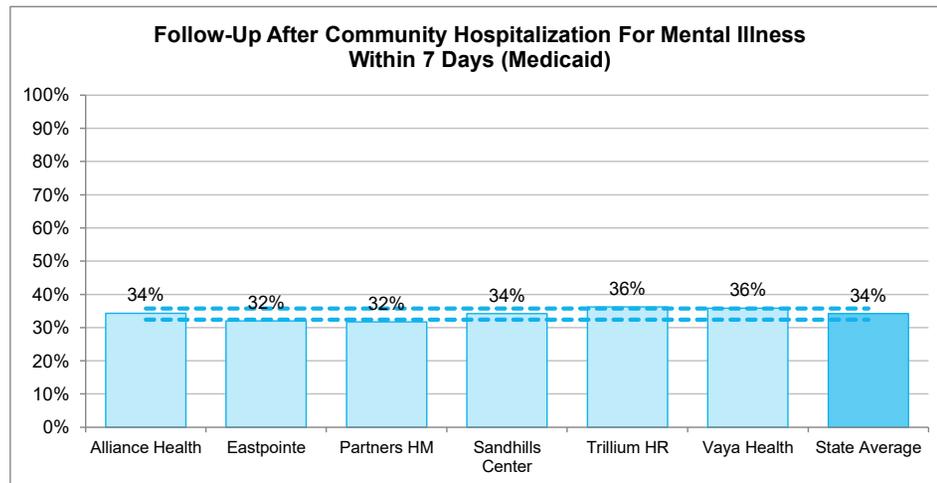
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|--|-------|-----|-----|-------|------|------|-----|-----|
| Alliance Health | 261 | 423 | 134 | 204 | 761 | 34% | 56% | 18% | 27% |
| Eastpointe | 91 | 138 | 36 | 110 | 284 | 32% | 49% | 13% | 39% |
| Partners Health Management | 200 | 334 | 104 | 192 | 630 | 32% | 53% | 17% | 30% |
| Sandhills Center | 121 | 201 | 57 | 96 | 354 | 34% | 57% | 16% | 27% |
| Trillium Health Resources | 207 | 304 | 73 | 195 | 572 | 36% | 53% | 13% | 34% |
| Vaya Health | 198 | 287 | 70 | 195 | 552 | 36% | 52% | 13% | 35% |
| State Average | 1,078 | 1,687 | 474 | 992 | 3,153 | 34% | 54% | 15% | 31% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 1.7% | 2.6% | | |
| LME-MCO Average | | | | | | 34% | 53% | 15% | 32% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

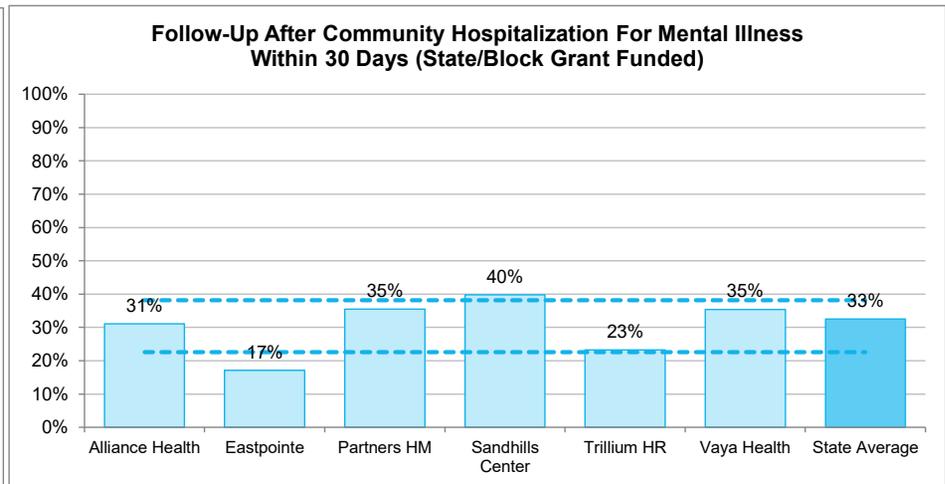
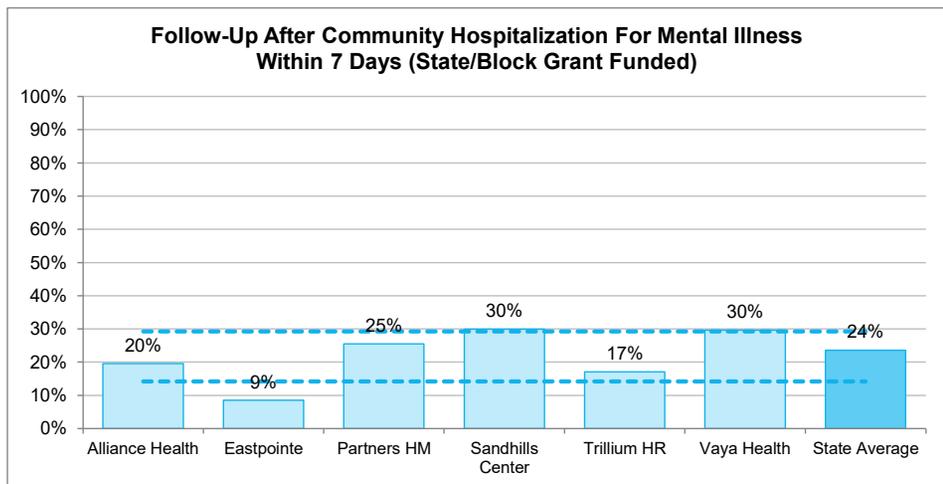
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

| | | | | | | | | | |
|----------------------------|--|-----|-----|-------|-------|------|------|-----|-----|
| Alliance Health | 112 | 178 | 64 | 330 | 572 | 20% | 31% | 11% | 58% |
| Eastpointe | 6 | 12 | 5 | 53 | 70 | 9% | 17% | 7% | 76% |
| Partners Health Management | 130 | 181 | 30 | 299 | 510 | 25% | 35% | 6% | 59% |
| Sandhills Center | 76 | 101 | 24 | 129 | 254 | 30% | 40% | 9% | 51% |
| Trillium Health Resources | 50 | 68 | 21 | 204 | 293 | 17% | 23% | 7% | 70% |
| Vaya Health | 133 | 159 | 23 | 267 | 449 | 30% | 35% | 5% | 59% |
| State Average | 507 | 699 | 167 | 1,282 | 2,148 | 24% | 33% | 8% | 60% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 7.6% | 7.8% | | |
| LME-MCO Average | | | | | | 22% | 30% | 8% | 62% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 **Measurement Period:** Oct - Dec 2022
Report Quarter: 3rd Quarter **Based On Claims Paid As Of:** Apr 30, 2023

CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

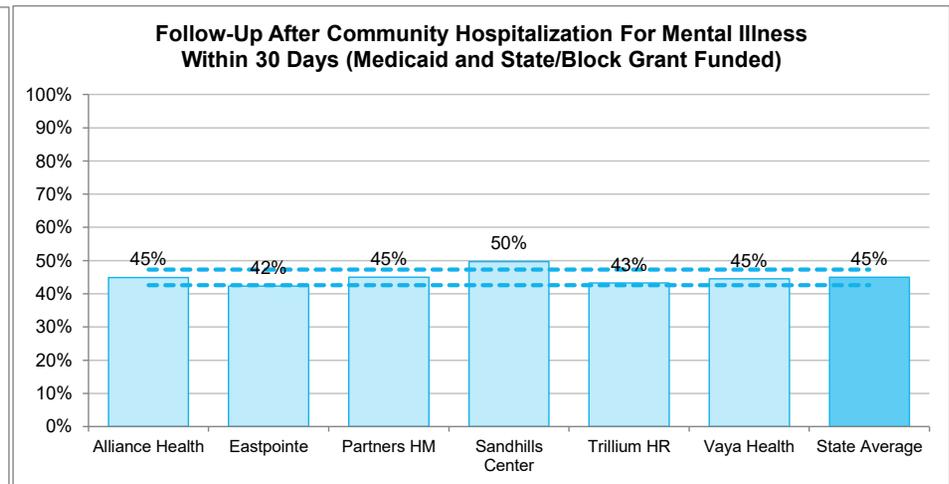
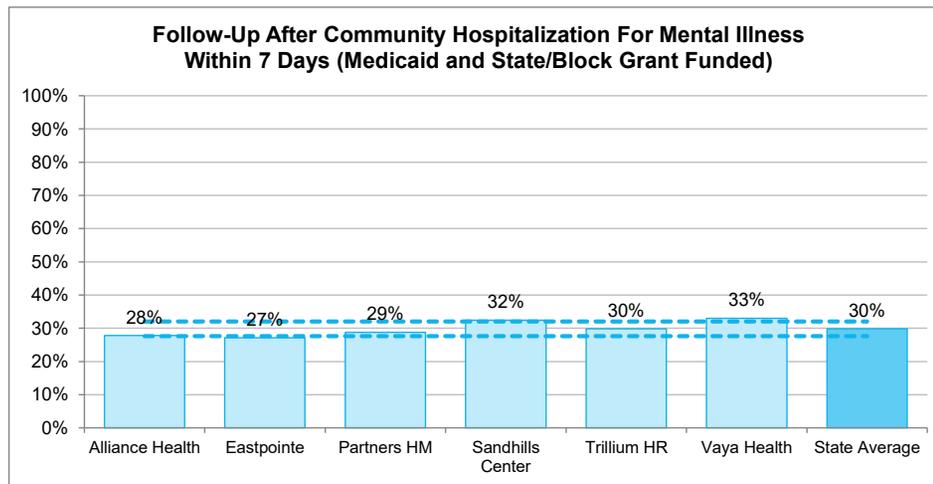
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

| | | | | | | | | | |
|----------------------------|--|-------|-----|-------|-------|------|------|-----|-----|
| Alliance Health | 373 | 602 | 198 | 541 | 1,341 | 28% | 45% | 15% | 40% |
| Eastpointe | 97 | 151 | 41 | 165 | 357 | 27% | 42% | 11% | 46% |
| Partners Health Management | 335 | 523 | 136 | 504 | 1,163 | 29% | 45% | 12% | 43% |
| Sandhills Center | 197 | 302 | 81 | 225 | 608 | 32% | 50% | 13% | 37% |
| Trillium Health Resources | 258 | 374 | 95 | 396 | 865 | 30% | 43% | 11% | 46% |
| Vaya Health | 333 | 449 | 93 | 466 | 1,008 | 33% | 45% | 9% | 46% |
| State Average | 1,593 | 2,401 | 644 | 2,297 | 5,342 | 30% | 45% | 12% | 43% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 2.2% | 2.3% | | |
| LME-MCO Average | | | | | | 30% | 45% | 12% | 43% |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 **Measurement Period:** Oct - Dec 2022
Report Quarter: 3rd Quarter **Based On Claims Paid As Of:** Apr 30, 2023

CONTINUITY OF CARE

6.3 Follow-Up After Discharge: State Alcohol and Drug Abuse Treatment Centers (ADATCs)

Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

| LME-MCO | Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) | | | | Total Number of Discharges | Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) | | | |
|---------|---|-------------|-----------|-----------|----------------------------|--|-------------|----------|-----------|
| | Numerator | Numerator | Numerator | Numerator | | Rate | Rate | Rate | Rate |
| | 0 - 7 Days | 8 - 30 Days | >30 Days | Not Seen* | | 0 - 7 Days | 8 - 30 Days | >30 Days | Not Seen* |

Follow-Up After Discharge From A State ADATC (Medicaid and/or State/Block Grant Funded)

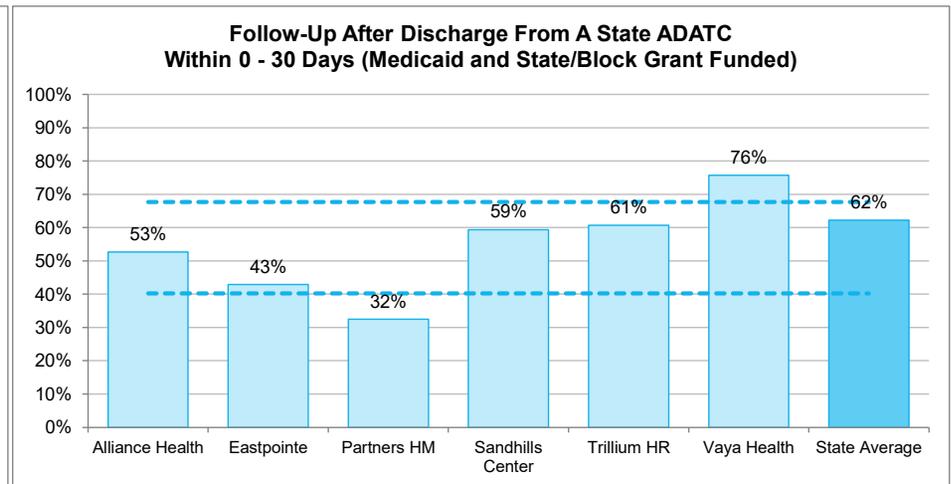
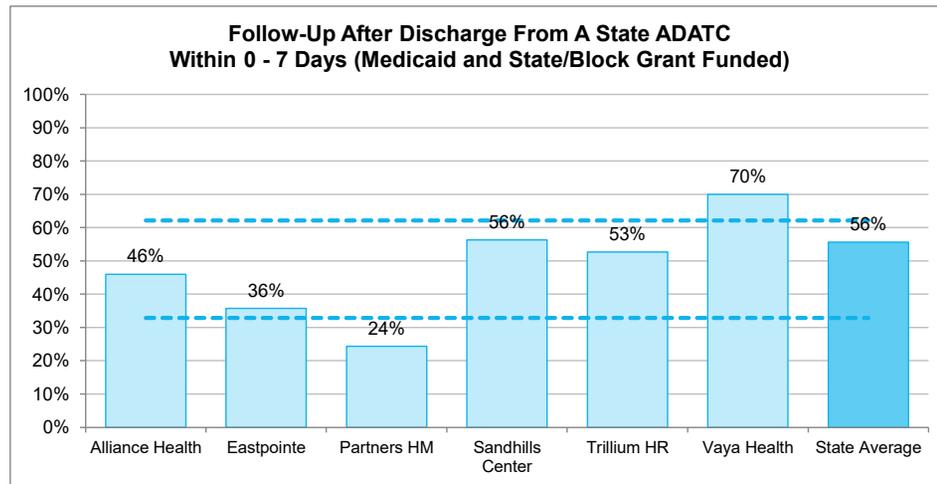
| | | | | | | | | | |
|----------------------------|-----|----|----|-----|-----|-----|----|-----|-----|
| Alliance Health | 34 | 5 | 3 | 32 | 74 | 46% | 7% | 4% | 43% |
| Eastpointe | 5 | 1 | 3 | 5 | 14 | 36% | 7% | 21% | 36% |
| Partners Health Management | 9 | 3 | 0 | 25 | 37 | 24% | 8% | 0% | 68% |
| Sandhills Center | 18 | 1 | 2 | 11 | 32 | 56% | 3% | 6% | 34% |
| Trillium Health Resources | 59 | 9 | 11 | 33 | 112 | 53% | 8% | 10% | 29% |
| Vaya Health | 121 | 10 | 6 | 36 | 173 | 70% | 6% | 3% | 21% |
| State Average | 246 | 29 | 25 | 142 | 442 | 56% | 7% | 6% | 32% |

Standard Deviation * Not Seen by the claims paid cutoff date for the measure.

LME-MCO Average

14.6%

47%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

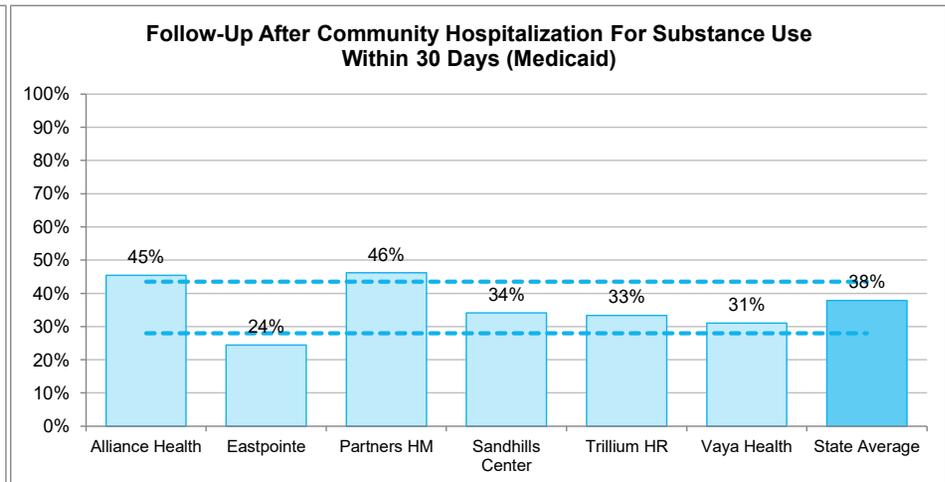
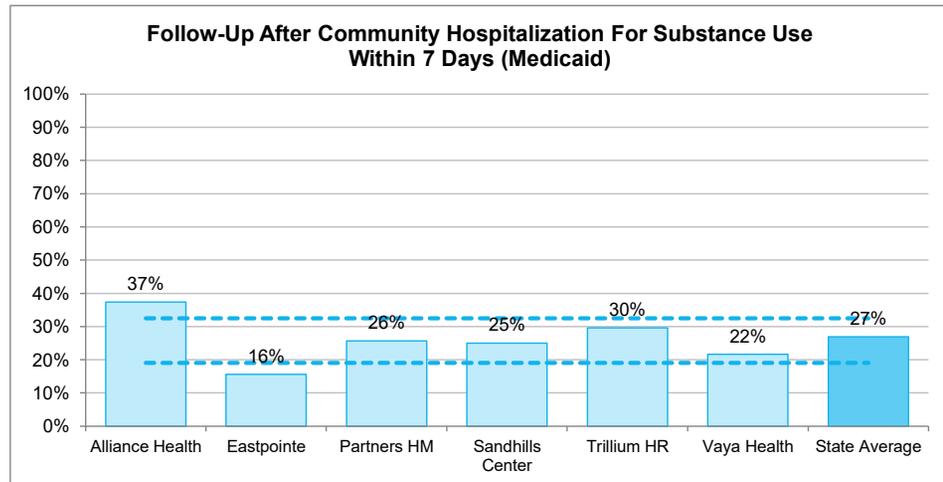
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|--|-----|----|-----|-----|------|------|-----|-----|
| Alliance Health | 37 | 45 | 15 | 39 | 99 | 37% | 45% | 15% | 39% |
| Eastpointe | 7 | 11 | 5 | 29 | 45 | 16% | 24% | 11% | 64% |
| Partners Health Management | 20 | 36 | 14 | 28 | 78 | 26% | 46% | 18% | 36% |
| Sandhills Center | 11 | 15 | 5 | 24 | 44 | 25% | 34% | 11% | 55% |
| Trillium Health Resources | 8 | 9 | 3 | 15 | 27 | 30% | 33% | 11% | 56% |
| Vaya Health | 16 | 23 | 15 | 36 | 74 | 22% | 31% | 20% | 49% |
| State Average | 99 | 139 | 57 | 171 | 367 | 27% | 38% | 16% | 47% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 6.7% | 7.8% | | |
| LME-MCO Average | | | | | | 26% | 36% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

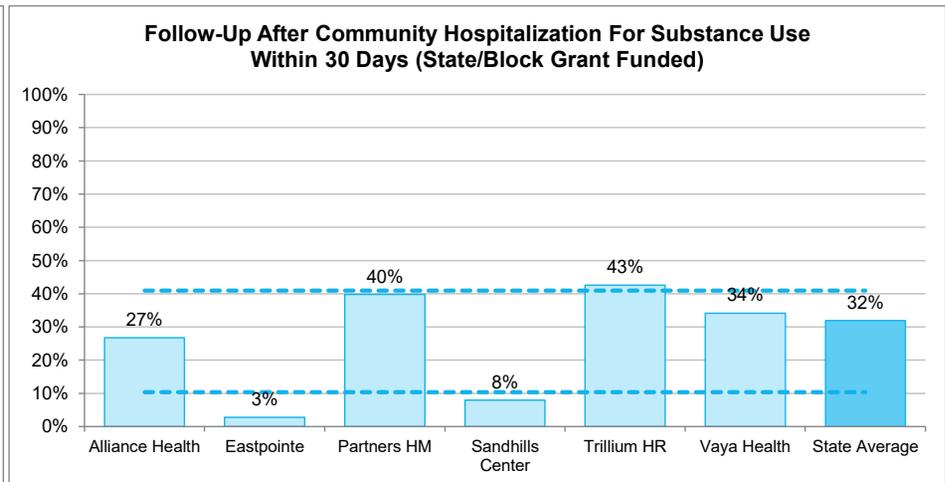
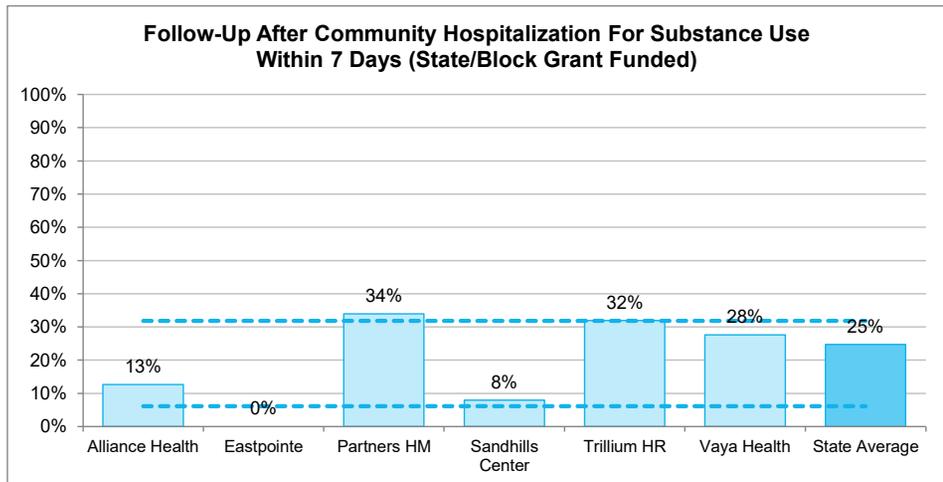
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

| | | | | | | | | | |
|----------------------------|--|-----|----|-----|-----|-------|-------|-----|-----|
| Alliance Health | 9 | 19 | 13 | 39 | 71 | 13% | 27% | 18% | 55% |
| Eastpointe | 0 | 1 | 4 | 31 | 36 | 0% | 3% | 11% | 86% |
| Partners Health Management | 58 | 68 | 14 | 89 | 171 | 34% | 40% | 8% | 52% |
| Sandhills Center | 5 | 5 | 5 | 53 | 63 | 8% | 8% | 8% | 84% |
| Trillium Health Resources | 39 | 52 | 13 | 57 | 122 | 32% | 43% | 11% | 47% |
| Vaya Health | 34 | 42 | 8 | 73 | 123 | 28% | 34% | 7% | 59% |
| State Average | 145 | 187 | 57 | 342 | 586 | 25% | 32% | 10% | 58% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 12.8% | 15.3% | | |
| LME-MCO Average | | | | | | 19% | 26% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

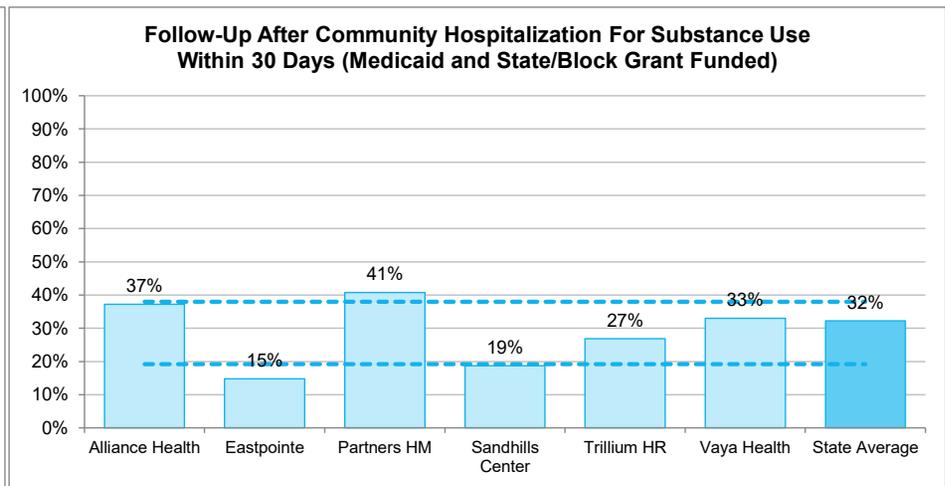
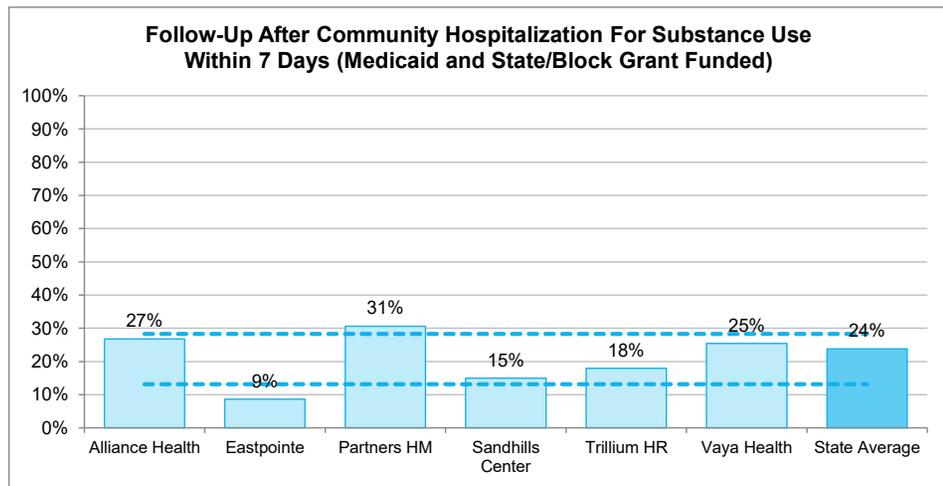
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

| | | | | | | | | | |
|----------------------------|--|-----|-----|-----|-----|------|------|-----|-----|
| Alliance Health | 46 | 64 | 28 | 80 | 172 | 27% | 37% | 16% | 47% |
| Eastpointe | 7 | 12 | 9 | 60 | 81 | 9% | 15% | 11% | 74% |
| Partners Health Management | 78 | 104 | 29 | 122 | 255 | 31% | 41% | 11% | 48% |
| Sandhills Center | 16 | 20 | 10 | 77 | 107 | 15% | 19% | 9% | 72% |
| Trillium Health Resources | 12 | 18 | 7 | 42 | 67 | 18% | 27% | 10% | 63% |
| Vaya Health | 50 | 65 | 23 | 109 | 197 | 25% | 33% | 12% | 55% |
| State Average | 209 | 283 | 106 | 490 | 879 | 24% | 32% | 12% | 56% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 7.6% | 9.4% | | |
| LME-MCO Average | | | | | | 21% | 29% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

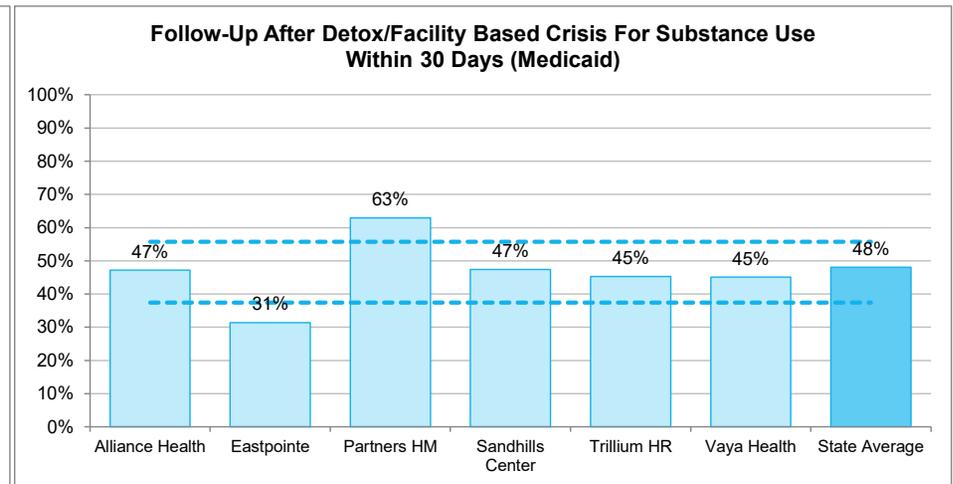
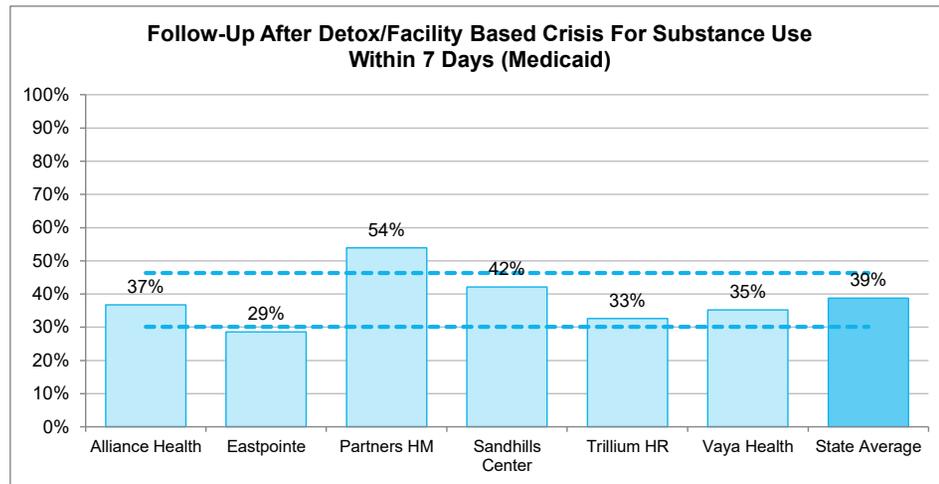
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Detox/Facility Based Crisis Services (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|--|-----|----|-----|-----|------|------|-----|-----|
| Alliance Health | 39 | 50 | 21 | 35 | 106 | 37% | 47% | 20% | 33% |
| Eastpointe | 10 | 11 | 7 | 17 | 35 | 29% | 31% | 20% | 49% |
| Partners Health Management | 48 | 56 | 12 | 21 | 89 | 54% | 63% | 13% | 24% |
| Sandhills Center | 24 | 27 | 8 | 22 | 57 | 42% | 47% | 14% | 39% |
| Trillium Health Resources | 31 | 43 | 10 | 42 | 95 | 33% | 45% | 11% | 44% |
| Vaya Health | 43 | 55 | 12 | 55 | 122 | 35% | 45% | 10% | 45% |
| State Average | 195 | 242 | 70 | 192 | 504 | 39% | 48% | 14% | 38% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 8.1% | 9.1% | | |
| LME-MCO Average | | | | | | 38% | 47% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 **Measurement Period:** Oct - Dec 2022
Report Quarter: 3rd Quarter **Based On Claims Paid As Of:** Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

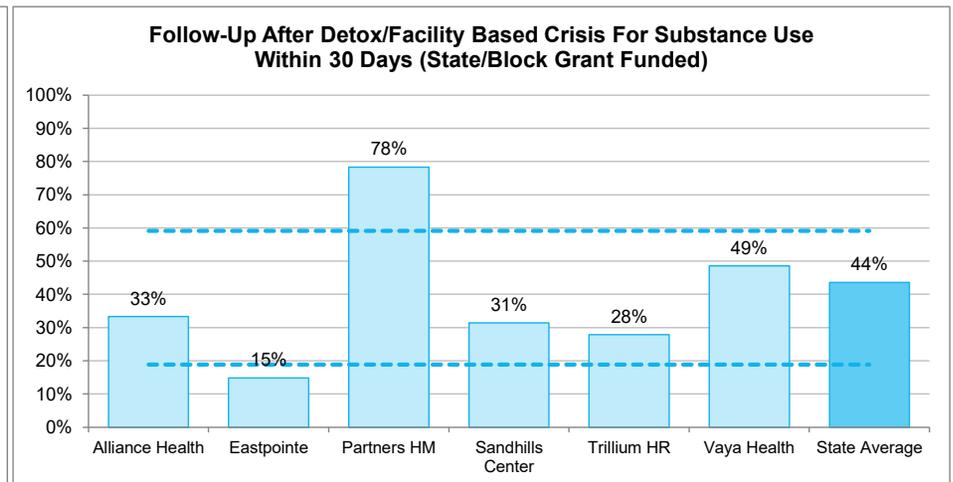
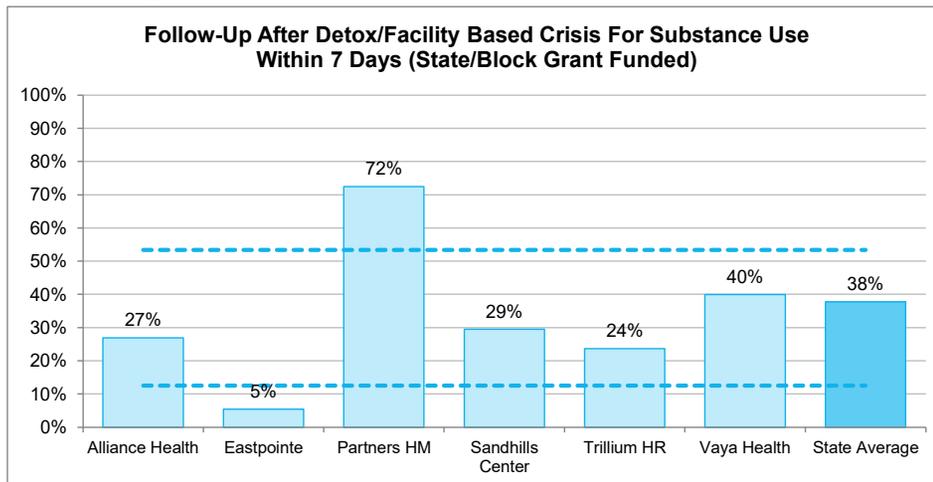
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Detox/Facility Based Crisis Services (State/Federal Block Grant Funded)

| | | | | | | | | | |
|----------------------------|--|-----|-----|-----|-------|-------|-------|-----|-----|
| Alliance Health | 109 | 135 | 64 | 206 | 405 | 27% | 33% | 16% | 51% |
| Eastpointe | 4 | 11 | 10 | 53 | 74 | 5% | 15% | 14% | 72% |
| Partners Health Management | 284 | 307 | 13 | 72 | 392 | 72% | 78% | 3% | 18% |
| Sandhills Center | 61 | 65 | 27 | 115 | 207 | 29% | 31% | 13% | 56% |
| Trillium Health Resources | 100 | 118 | 45 | 260 | 423 | 24% | 28% | 11% | 61% |
| Vaya Health | 157 | 191 | 33 | 169 | 393 | 40% | 49% | 8% | 43% |
| State Average | 715 | 827 | 192 | 875 | 1,894 | 38% | 44% | 10% | 46% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 20.4% | 20.1% | | |
| LME-MCO Average | | | | | | 33% | 39% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

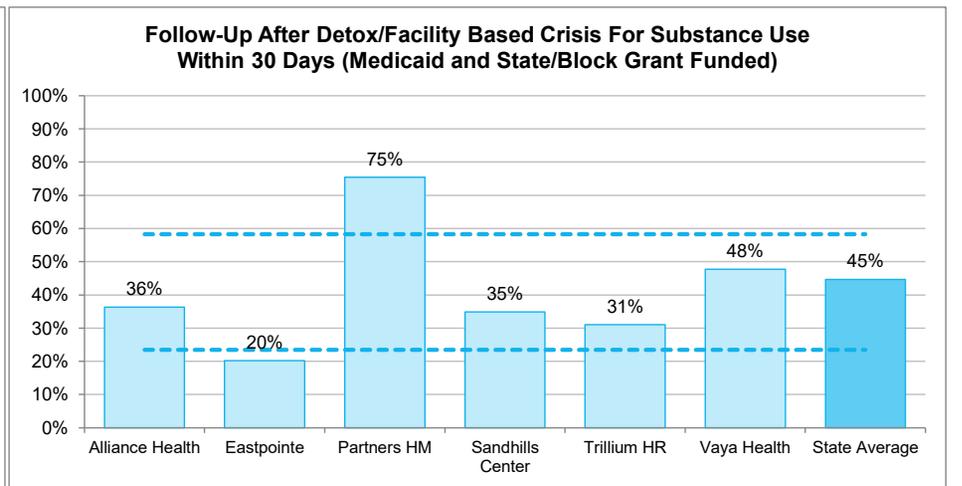
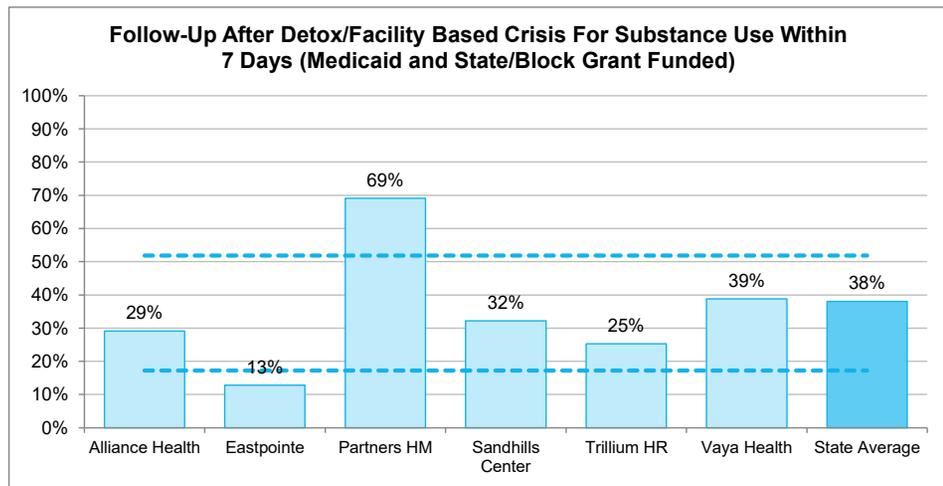
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Detox/Facility Based Crisis Services (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

| | | | | | | | | | |
|----------------------------|--|-------|-----|-------|-------|-------|-------|-----|-----|
| Alliance Health | 149 | 186 | 85 | 241 | 512 | 29% | 36% | 17% | 47% |
| Eastpointe | 14 | 22 | 17 | 70 | 109 | 13% | 20% | 16% | 64% |
| Partners Health Management | 337 | 368 | 25 | 95 | 488 | 69% | 75% | 5% | 19% |
| Sandhills Center | 85 | 92 | 35 | 137 | 264 | 32% | 35% | 13% | 52% |
| Trillium Health Resources | 131 | 161 | 57 | 300 | 518 | 25% | 31% | 11% | 58% |
| Vaya Health | 200 | 246 | 45 | 225 | 516 | 39% | 48% | 9% | 44% |
| State Average | 916 | 1,075 | 264 | 1,068 | 2,407 | 38% | 45% | 11% | 44% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 17.3% | 17.4% | | |
| LME-MCO Average | | | | | | 35% | 41% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 **Measurement Period:** Oct - Dec 2022
Report Quarter: 3rd Quarter **Based On Claims Paid As Of:** Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

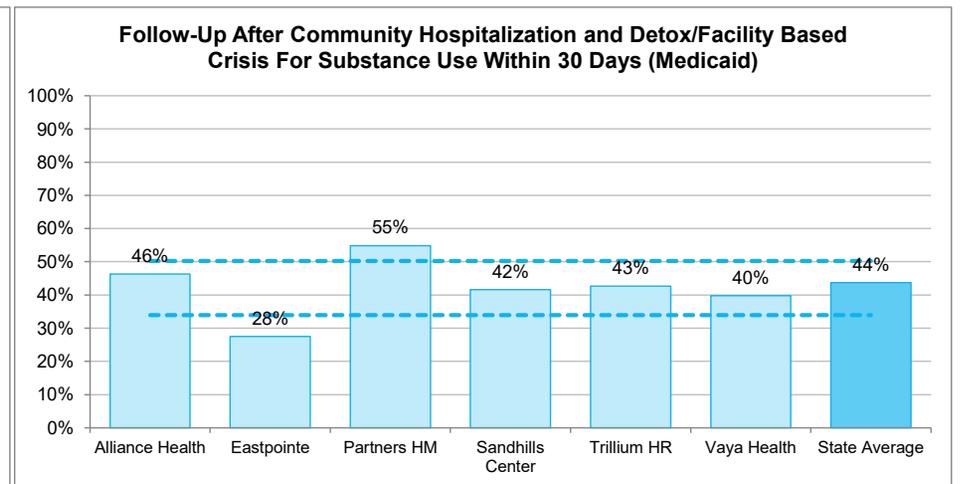
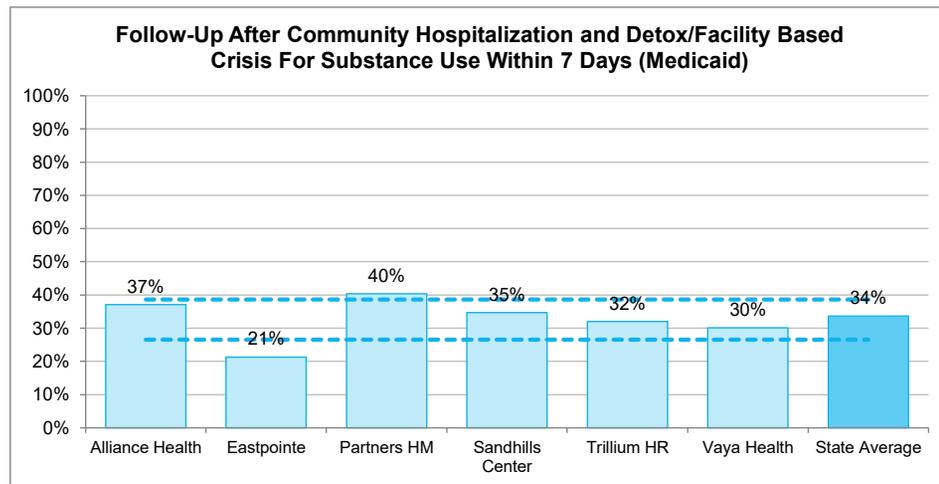
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Medicaid Funded)

| | | | | | | | | | |
|----------------------------|--|-----|-----|-----|-----|------|------|-----|-----|
| Alliance Health | 76 | 95 | 36 | 74 | 205 | 37% | 46% | 18% | 36% |
| Eastpointe | 17 | 22 | 12 | 46 | 80 | 21% | 28% | 15% | 58% |
| Partners Health Management | 67 | 91 | 26 | 49 | 166 | 40% | 55% | 16% | 30% |
| Sandhills Center | 35 | 42 | 13 | 46 | 101 | 35% | 42% | 13% | 46% |
| Trillium Health Resources | 39 | 52 | 13 | 57 | 122 | 32% | 43% | 11% | 47% |
| Vaya Health | 59 | 78 | 27 | 91 | 196 | 30% | 40% | 14% | 46% |
| State Average | 293 | 380 | 127 | 363 | 870 | 34% | 44% | 15% | 42% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 6.1% | 8.2% | | |
| LME-MCO Average | | | | | | 33% | 42% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

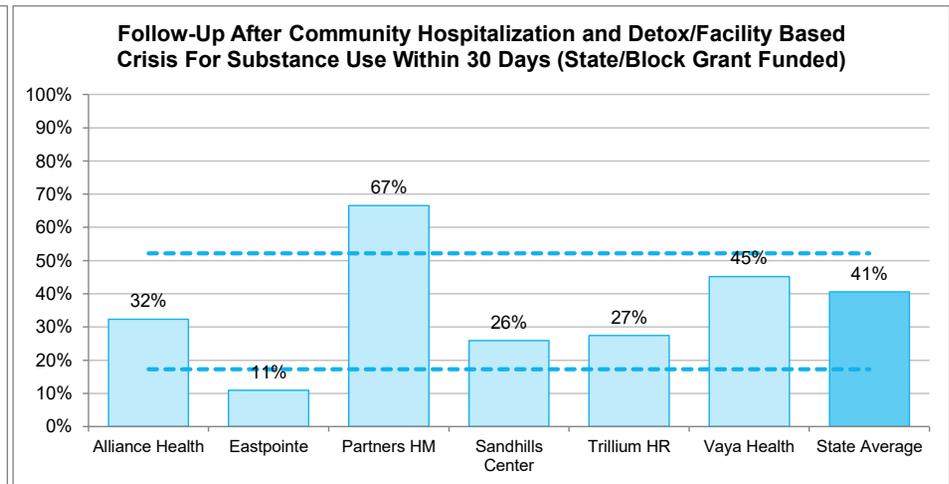
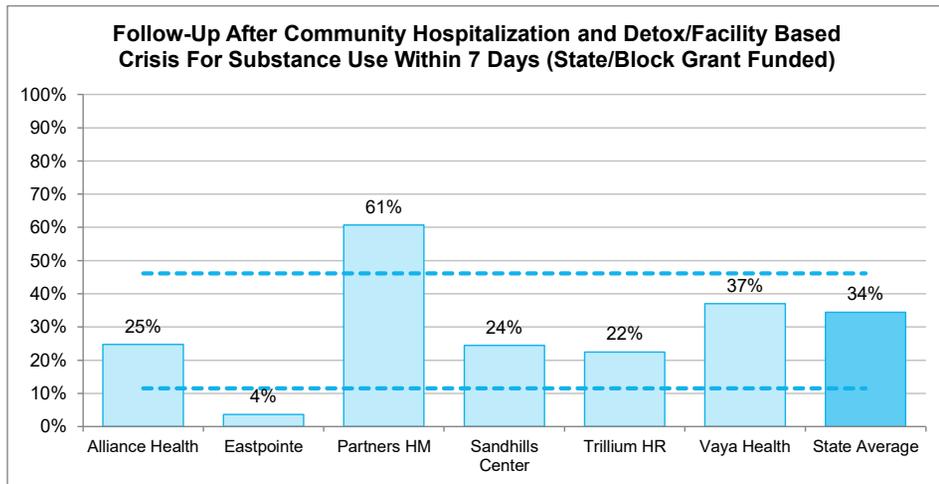
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (State/Federal Block Grant Funded)

| | | | | | | | | | |
|----------------------------|--|-----|-----|-------|-------|-------|-------|-----|-----|
| Alliance Health | 118 | 154 | 77 | 245 | 476 | 25% | 32% | 16% | 51% |
| Eastpointe | 4 | 12 | 14 | 84 | 110 | 4% | 11% | 13% | 76% |
| Partners Health Management | 342 | 375 | 27 | 161 | 563 | 61% | 67% | 5% | 29% |
| Sandhills Center | 66 | 70 | 32 | 168 | 270 | 24% | 26% | 12% | 62% |
| Trillium Health Resources | 103 | 126 | 47 | 286 | 459 | 22% | 27% | 10% | 62% |
| Vaya Health | 191 | 233 | 41 | 242 | 516 | 37% | 45% | 8% | 47% |
| State Average | 824 | 970 | 238 | 1,186 | 2,394 | 34% | 41% | 10% | 50% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 17.3% | 17.5% | | |
| LME-MCO Average | | | | | | 29% | 35% | | |



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

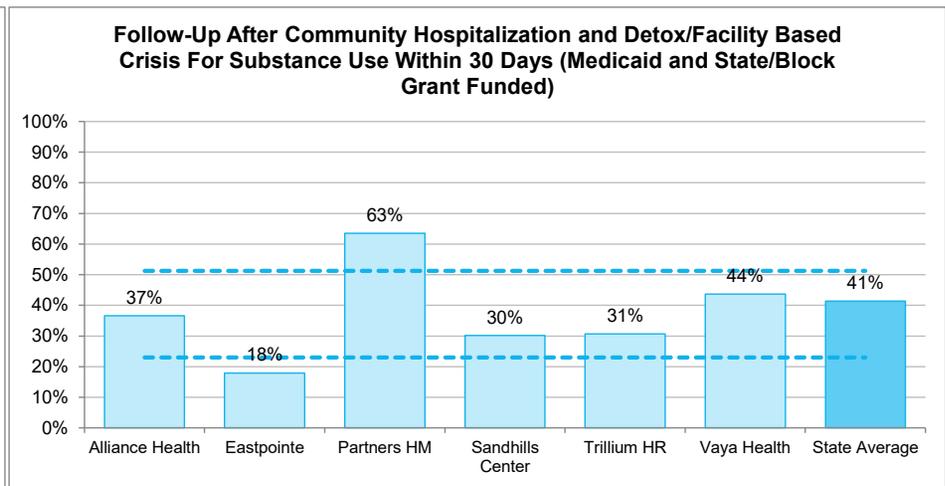
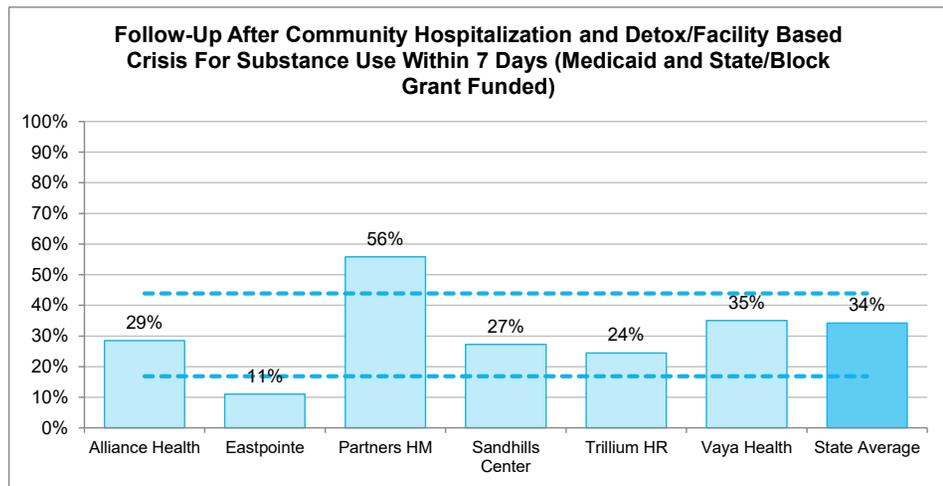
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate |
|---------|--|-------------|-----------|-----------|----------------------------|-----------------------------------|-------------|-----------|-----------|
| | Total Number Received Outpatient Visit | | | | Total Number of Discharges | Percent Received Outpatient Visit | | | |
| | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* | | 0 - 7 Days | 0 - 30 Days | > 30 Days | Not Seen* |

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Combined Medicaid and State/Block Grant Funded)

| | | | | | | | | | |
|----------------------------|--|-------|-----|-------|-------|-------|-------|-------|-------|
| Alliance Health | 195 | 250 | 113 | 321 | 684 | 29% | 37% | 16.5% | 46.9% |
| Eastpointe | 21 | 34 | 26 | 130 | 190 | 11% | 18% | 14% | 68% |
| Partners Health Management | 414 | 471 | 54 | 217 | 742 | 56% | 63% | 7% | 29% |
| Sandhills Center | 101 | 112 | 45 | 214 | 371 | 27% | 30% | 12% | 58% |
| Trillium Health Resources | 142 | 178 | 62 | 341 | 581 | 24% | 31% | 11% | 59% |
| Vaya Health | 250 | 311 | 68 | 334 | 713 | 35% | 44% | 10% | 47% |
| State Average | 1,123 | 1,356 | 368 | 1,557 | 3,281 | 34% | 41% | 11% | 47% |
| Standard Deviation | ----- * Not Seen by the claims paid cutoff date for the measure. | | | | | 13.5% | 14.1% | | |
| LME-MCO Average | | | | | | 30% | 37% | | |



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate | Rate |
|---------|---|------------|-------------|-----------|-----------|----------------------------|--|------------|-------------|-----------|-----------|
| | Total Number Received Non-Crisis Follow-Up Care | | | | | Total Number of Discharges | Percent Received Non-Crisis Follow-Up Care | | | | |
| | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* | | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* |

Medicaid Funded

| | | | | | | | | | | | |
|----------------------------|-------|-----|-----|-------|-------|-------|-----|----|-----|-----|-----|
| Alliance Health | 1,732 | 131 | 233 | 500 | 356 | 2,952 | 59% | 4% | 8% | 17% | 12% |
| Eastpointe | 641 | 37 | 65 | 138 | 174 | 1,055 | 61% | 4% | 6% | 13% | 16% |
| Partners Health Management | 241 | 27 | 48 | 57 | 48 | 421 | 57% | 6% | 11% | 14% | 11% |
| Sandhills Center | 820 | 49 | 77 | 183 | 183 | 1,312 | 63% | 4% | 6% | 14% | 14% |
| Trillium Health Resources | 393 | 72 | 157 | 327 | 750 | 1,699 | 23% | 4% | 9% | 19% | 44% |
| Vaya Health | 677 | 53 | 121 | 167 | 173 | 1,191 | 57% | 4% | 10% | 14% | 15% |
| State Average | 4,504 | 369 | 701 | 1,372 | 1,684 | 8,630 | 52% | 4% | 8% | 16% | 20% |

Standard Deviation * Not Seen by the claims paid cutoff date for the measure.

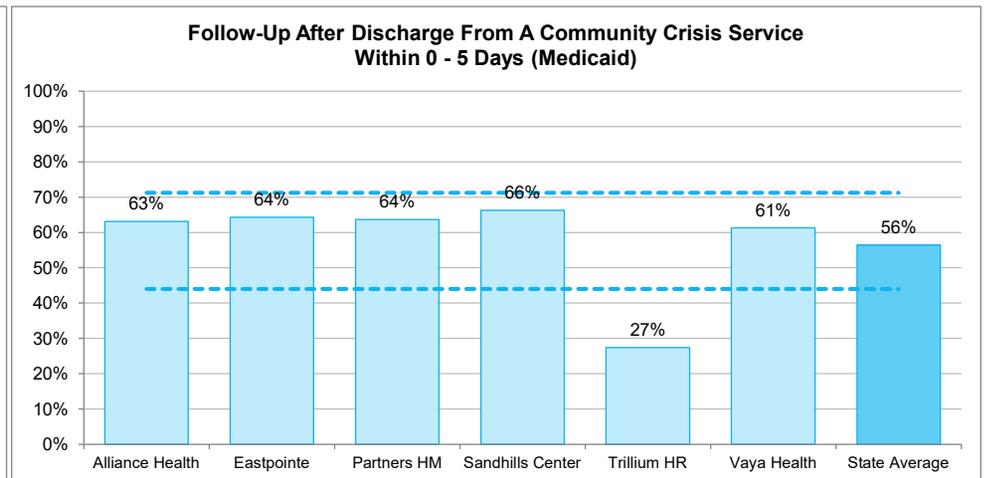
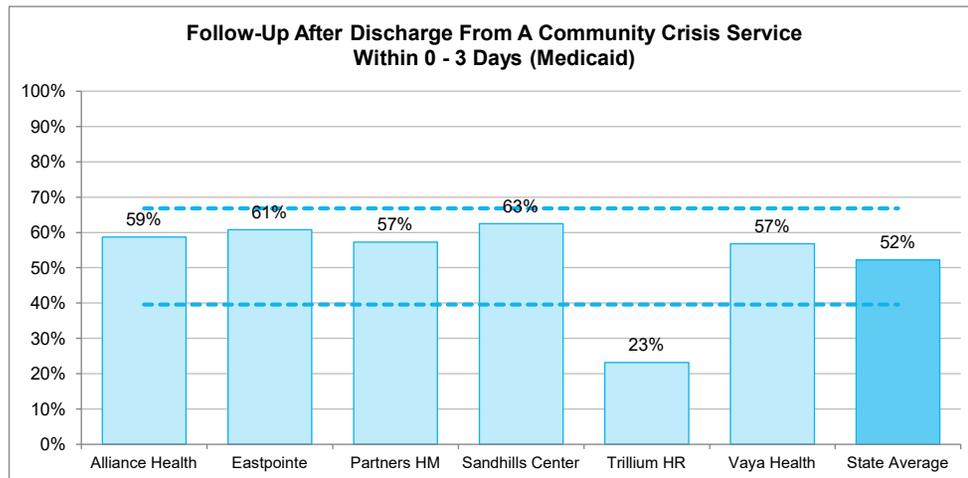
LME-MCO Average

13.6%

0.9%

53%

4%



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge.

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate | Rate |
|---------|---|------------|-------------|-----------|-----------|----------------------------|--|------------|-------------|-----------|-----------|
| | Total Number Received Non-Crisis Follow-Up Care | | | | | Total Number of Discharges | Percent Received Non-Crisis Follow-Up Care | | | | |
| | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* | | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* |

State/Federal Block Grant Funded

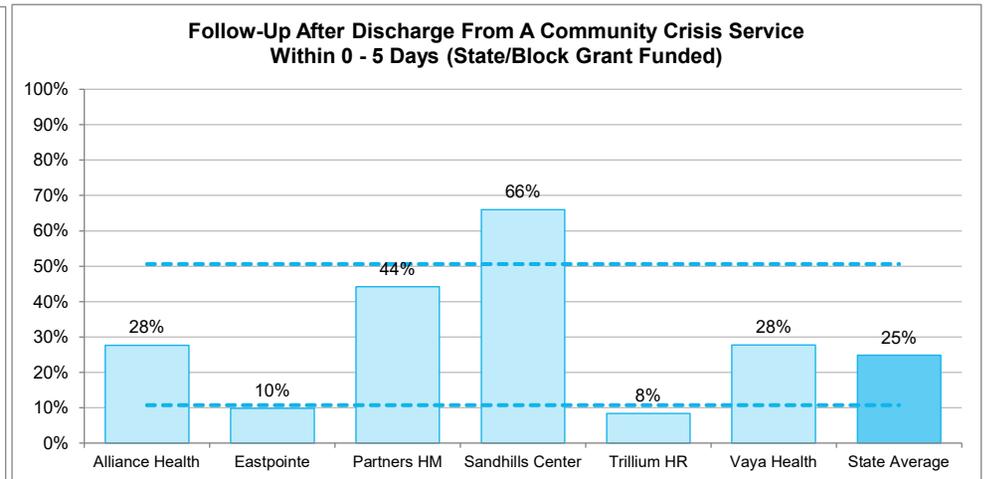
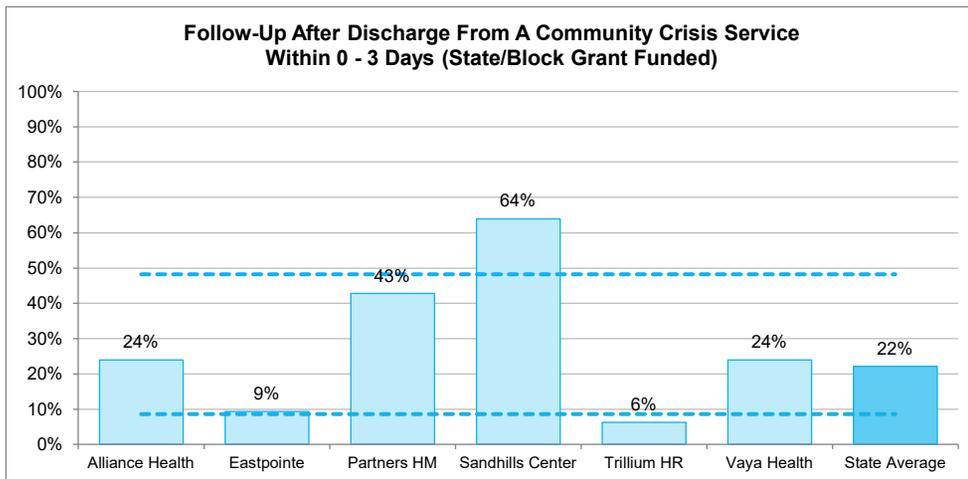
| | | | | | | | | | | | |
|----------------------------|-------|-----|-----|-----|-------|-------|-----|----|-----|-----|-----|
| Alliance Health | 218 | 34 | 71 | 141 | 445 | 909 | 24% | 4% | 8% | 16% | 49% |
| Eastpointe | 19 | 1 | 10 | 30 | 143 | 203 | 9% | 0% | 5% | 15% | 70% |
| Partners Health Management | 211 | 7 | 26 | 47 | 202 | 493 | 43% | 1% | 5% | 10% | 41% |
| Sandhills Center | 190 | 6 | 7 | 25 | 69 | 297 | 64% | 2% | 2% | 8% | 23% |
| Trillium Health Resources | 95 | 32 | 70 | 163 | 1,152 | 1,512 | 6% | 2% | 5% | 11% | 76% |
| Vaya Health | 292 | 47 | 145 | 164 | 572 | 1,220 | 24% | 4% | 12% | 13% | 47% |
| State Average | 1,025 | 127 | 329 | 570 | 2,583 | 4,634 | 22% | 3% | 7% | 12% | 56% |

Standard Deviation * Not Seen by the claims paid cutoff date for the measure.

LME-MCO Average

19.8% 1.2%

28% 2%



North Carolina LME-MCO Performance Measurement Reporting

Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year: 2023 Measurement Period: Oct - Dec 2022
 Report Quarter: 3rd Quarter Based On Claims Paid As Of: Apr 30, 2023

CONTINUITY OF CARE

6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

| LME-MCO | Numerator | Numerator | Numerator | Numerator | Numerator | Denominator | Rate | Rate | Rate | Rate | Rate |
|---------|---|------------|-------------|-----------|-----------|----------------------------|--|------------|-------------|-----------|-----------|
| | Total Number Received Non-Crisis Follow-Up Care | | | | | Total Number of Discharges | Percent Received Non-Crisis Follow-Up Care | | | | |
| | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* | | 0 - 3 Days | 4 - 5 Days | 6 - 14 Days | > 14 Days | Not Seen* |

Combined Medicaid and State/Block Grant Funded -- Includes Cross-Over Between Payers

| | | | | | | | | | | | |
|----------------------------|-------|-----|-------|-------|-------|--------|-----|----|-----|-----|-----|
| Alliance Health | 1,972 | 163 | 305 | 626 | 795 | 3,861 | 51% | 4% | 8% | 16% | 21% |
| Eastpointe | 661 | 39 | 76 | 170 | 312 | 1,258 | 53% | 3% | 6% | 14% | 25% |
| Partners Health Management | 452 | 34 | 74 | 104 | 250 | 914 | 49% | 4% | 8% | 11% | 27% |
| Sandhills Center | 1,010 | 55 | 84 | 208 | 252 | 1,609 | 63% | 3% | 5% | 13% | 16% |
| Trillium Health Resources | 487 | 104 | 227 | 490 | 1,902 | 3,210 | 15% | 3% | 7% | 15% | 59% |
| Vaya Health | 975 | 101 | 263 | 331 | 741 | 2,411 | 40% | 4% | 11% | 14% | 31% |
| State Average | 5,557 | 496 | 1,029 | 1,929 | 4,252 | 13,263 | 42% | 4% | 8% | 15% | 32% |

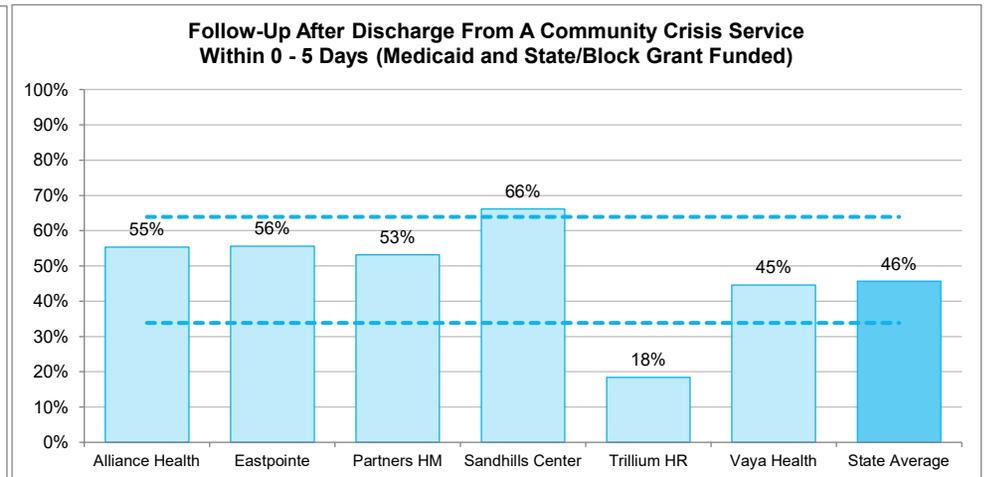
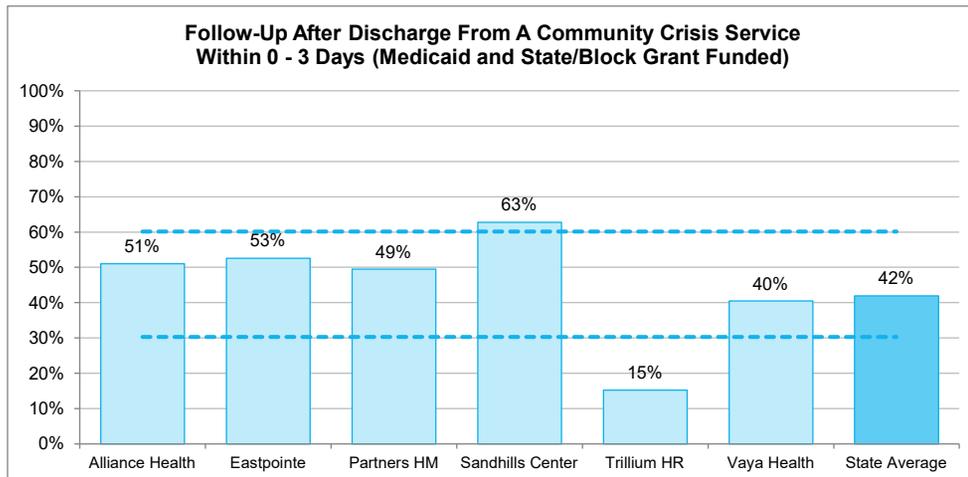
Standard Deviation ----- * Not Seen by the claims paid cutoff date for the measure.

LME-MCO Average

14.9%

45%

4%



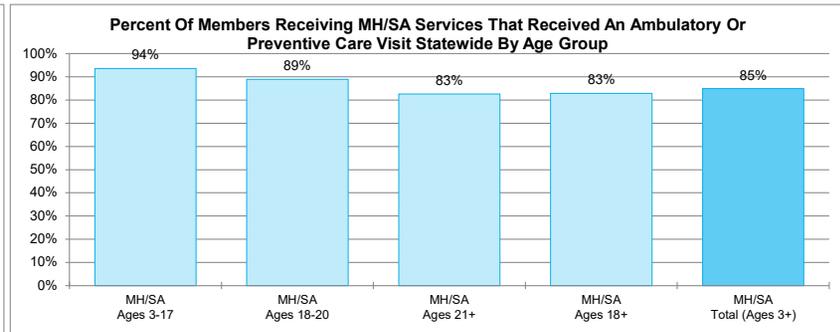
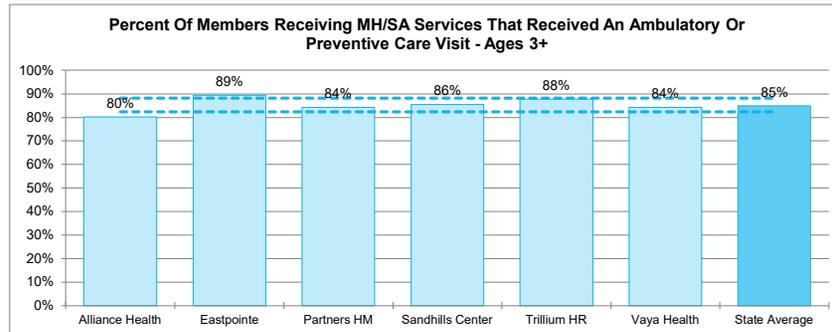
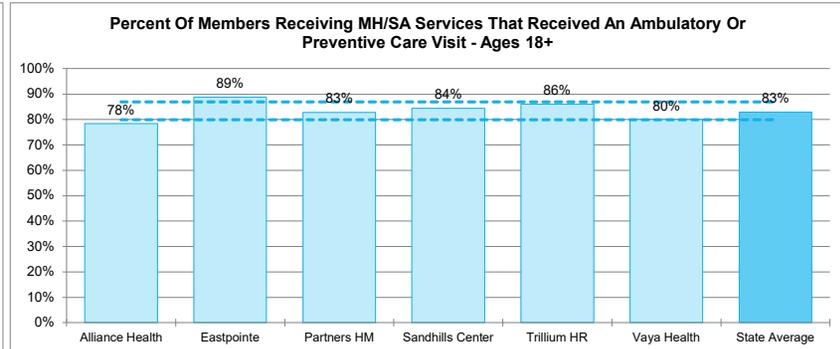
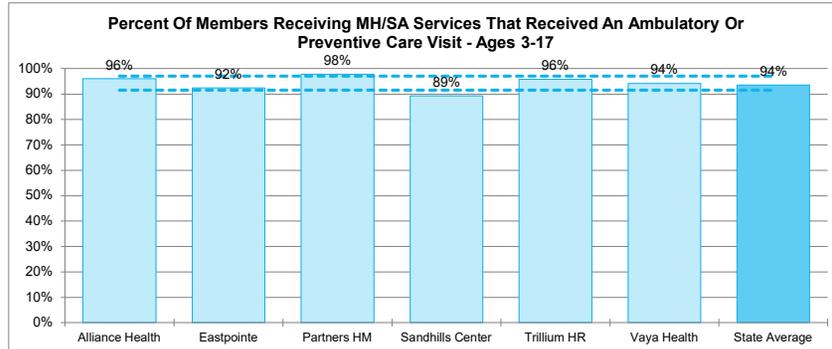
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | MH/SA Ages 3-17 | | | MH/SA Ages 18+ | | | MH/SA Total (Ages 3+) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period | Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period | Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period | Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 1,881 | 1,957 | 96% | 14,019 | 17,869 | 78% | 15,900 | 19,826 | 80% |
| Eastpointe | 2,081 | 2,251 | 92% | 8,489 | 9,564 | 89% | 10,570 | 11,815 | 89% |
| Partners Health Management | 1,556 | 1,590 | 98% | 12,507 | 15,095 | 83% | 14,063 | 16,685 | 84% |
| Sandhills Center | 4,151 | 4,648 | 89% | 13,619 | 16,131 | 84% | 17,770 | 20,779 | 86% |
| Trillium Health Resources | 2,634 | 2,749 | 96% | 11,002 | 12,786 | 86% | 13,636 | 15,535 | 88% |
| Vaya Health | 6,408 | 6,805 | 94% | 12,524 | 15,657 | 80% | 18,932 | 22,462 | 84% |
| Statewide | 18,711 | 20,000 | 94% | 72,160 | 87,102 | 83% | 90,871 | 107,102 | 85% |
| Standard Deviation | | | 2.8% | | | 3.5% | | | 2.9% |
| LME-MCO Average | | | 94% | | | 83% | | | 85% |



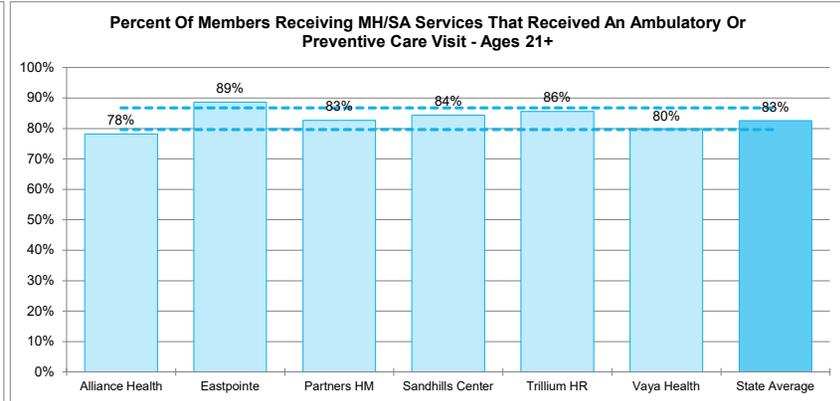
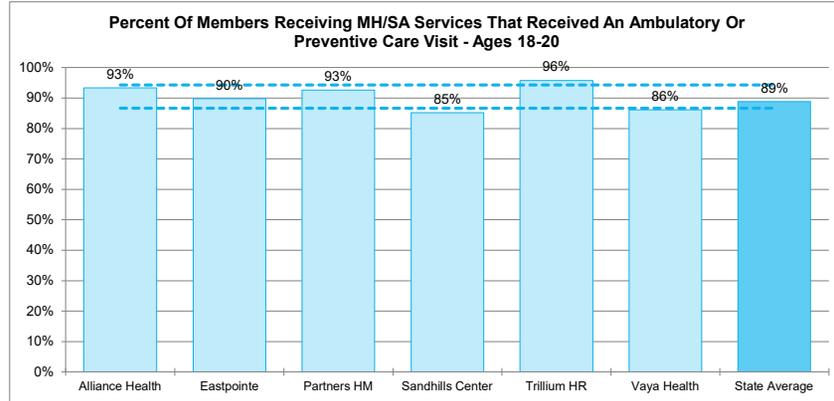
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | MH/SA Ages 18-20 | | | MH/SA Ages 21+ | | |
|----------------------------|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period | Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period | Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 340 | 364 | 93% | 13,679 | 17,505 | 78% |
| Eastpointe | 602 | 670 | 90% | 7,887 | 8,894 | 89% |
| Partners Health Management | 225 | 243 | 93% | 12,282 | 14,852 | 83% |
| Sandhills Center | 1,023 | 1,201 | 85% | 12,596 | 14,930 | 84% |
| Trillium Health Resources | 519 | 542 | 96% | 10,483 | 12,244 | 86% |
| Vaya Health | 806 | 936 | 86% | 11,718 | 14,721 | 80% |
| Statewide | 3,515 | 3,956 | 89% | 68,645 | 83,146 | 83% |
| Standard Deviation | 3.8% | | | 3.6% | | |
| LME-MCO Average | 90% | | | 83% | | |



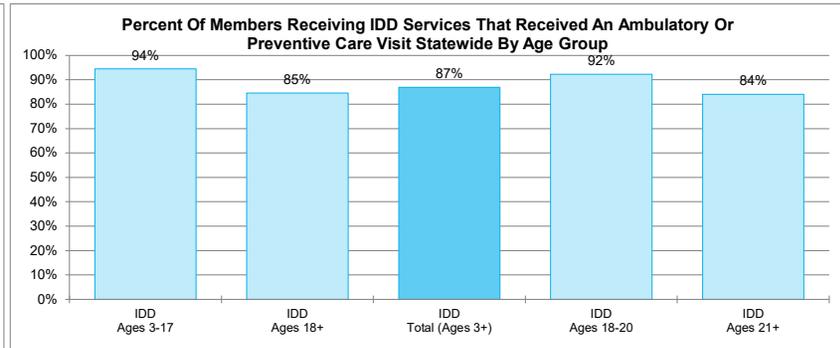
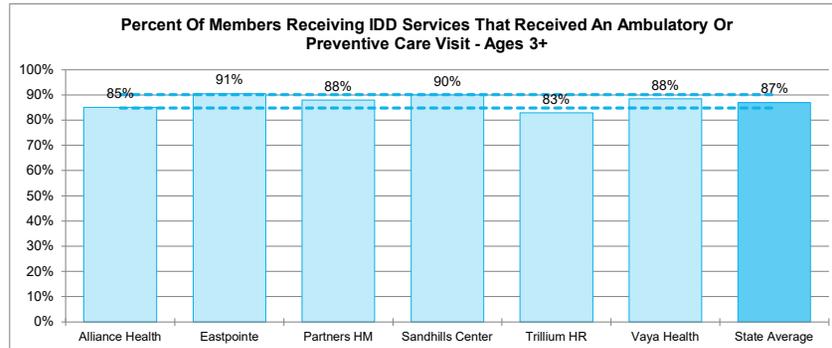
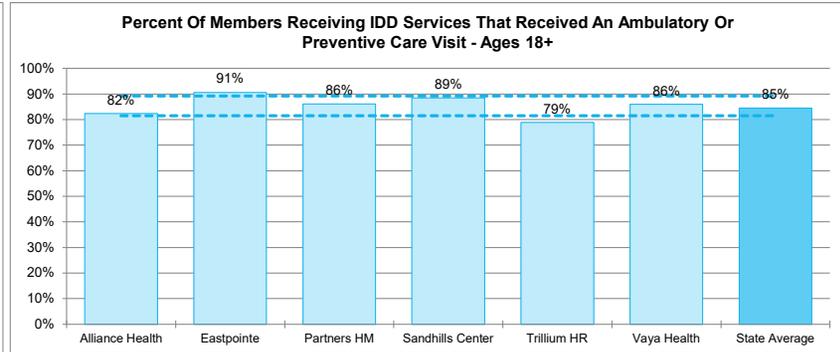
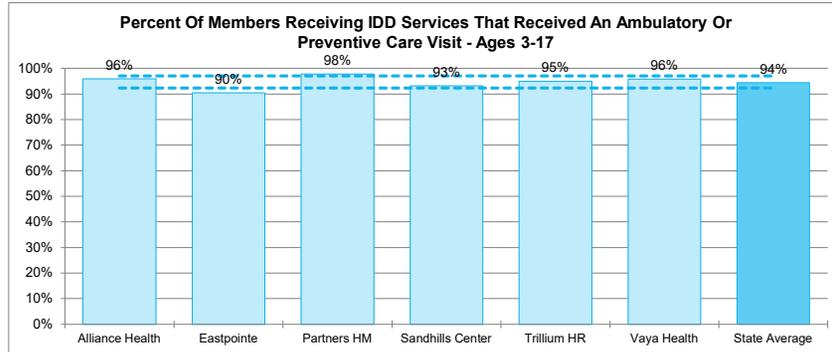
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, IDD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | IDD Ages 3-17 | | | IDD Ages 18+ | | | IDD Total (Ages 3+) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period | Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period | Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period | Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 1,216 | 1,268 | 96% | 4,146 | 5,035 | 82% | 5,362 | 6,303 | 85% |
| Eastpointe | 1,156 | 1,278 | 90% | 1,709 | 1,887 | 91% | 2,865 | 3,165 | 91% |
| Partners Health Management | 813 | 831 | 98% | 3,903 | 4,531 | 86% | 4,716 | 5,362 | 88% |
| Sandhills Center | 1,221 | 1,311 | 93% | 2,565 | 2,898 | 89% | 3,786 | 4,209 | 90% |
| Trillium Health Resources | 1,306 | 1,375 | 95% | 3,299 | 4,183 | 79% | 4,605 | 5,558 | 83% |
| Vaya Health | 1,120 | 1,169 | 96% | 2,991 | 3,480 | 86% | 4,111 | 4,649 | 88% |
| Statewide | 6,832 | 7,232 | 94% | 18,613 | 22,014 | 85% | 25,445 | 29,246 | 87% |
| Standard Deviation | | | 2.3% | | | 3.9% | | | 2.7% |
| LME-MCO Average | | | 95% | | | 85% | | | 87% |



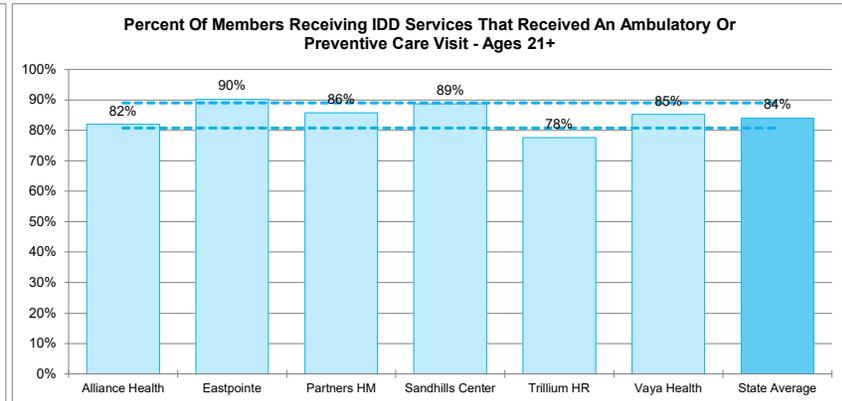
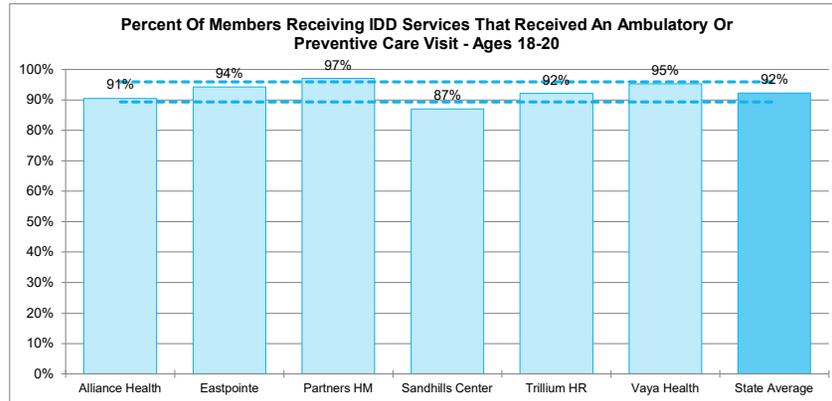
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, IDD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | IDD Ages 18-20 | | | IDD Ages 21+ | | |
|----------------------------|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period | Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period | Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 181 | 200 | 91% | 3,965 | 4,835 | 82% |
| Eastpointe | 164 | 174 | 94% | 1,545 | 1,713 | 90% |
| Partners Health Management | 131 | 135 | 97% | 3,772 | 4,396 | 86% |
| Sandhills Center | 221 | 254 | 87% | 2,344 | 2,644 | 89% |
| Trillium Health Resources | 327 | 355 | 92% | 2,972 | 3,828 | 78% |
| Vaya Health | 243 | 255 | 95% | 2,748 | 3,225 | 85% |
| Statewide | 1,267 | 1,373 | 92% | 17,346 | 20,641 | 84% |
| Standard Deviation | | | 3.3% | | | 4.2% |
| LME-MCO Average | | | 93% | | | 85% |



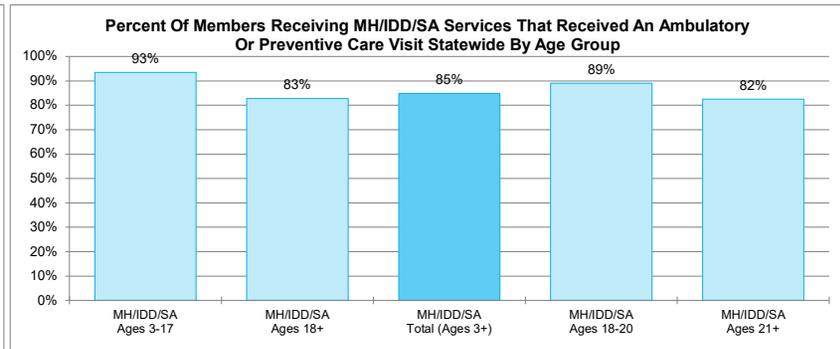
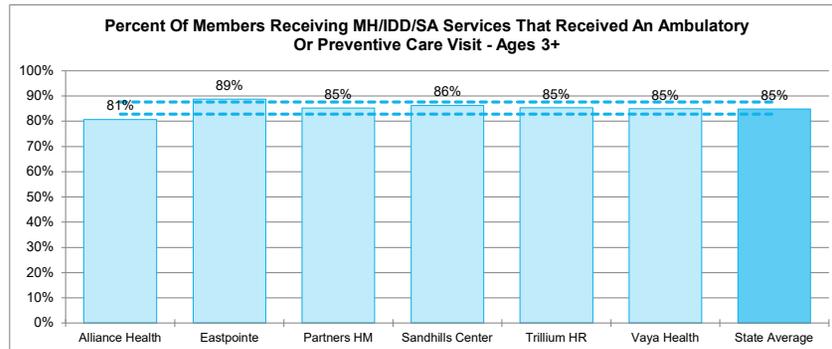
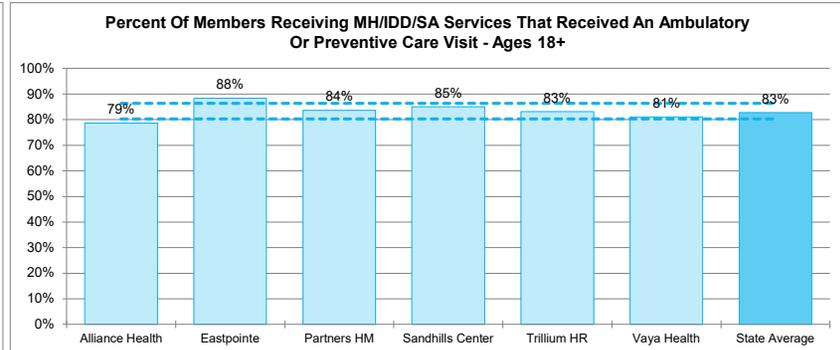
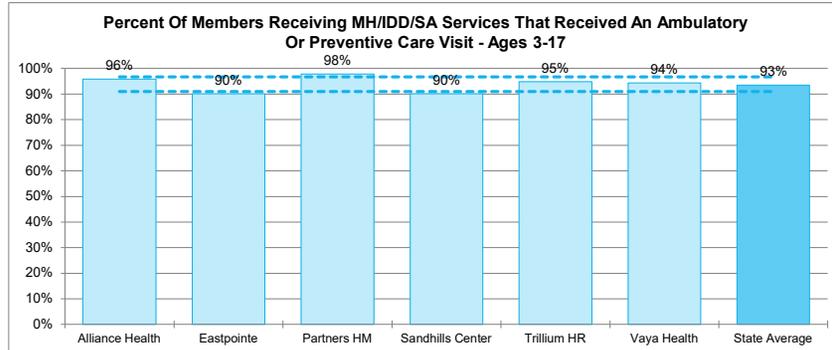
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, IDD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | MH/IDD/SA Ages 3-17 | | | MH/IDD/SA Ages 18+ | | | MH/IDD/SA Total (Ages 3+) | | |
|----------------------------|--|---|--|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period | Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period | Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period | Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 2,786 | 2,907 | 96% | 16,999 | 21,610 | 79% | 19,785 | 24,517 | 81% |
| Eastpointe | 2,495 | 2,768 | 90% | 9,027 | 10,207 | 88% | 11,522 | 12,975 | 89% |
| Partners Health Management | 2,369 | 2,421 | 98% | 16,410 | 19,626 | 84% | 18,779 | 22,047 | 85% |
| Sandhills Center | 5,372 | 5,959 | 90% | 16,184 | 19,029 | 85% | 21,566 | 24,988 | 86% |
| Trillium Health Resources | 3,149 | 3,319 | 95% | 12,517 | 15,042 | 83% | 15,666 | 18,361 | 85% |
| Vaya Health | 7,528 | 7,974 | 94% | 15,515 | 19,137 | 81% | 23,043 | 27,111 | 85% |
| Statewide | 23,699 | 25,348 | 93% | 86,652 | 104,651 | 83% | 110,351 | 129,999 | 85% |
| Standard Deviation | | | 2.9% | | | 3.1% | | | 2.4% |
| LME-MCO Average | | | 94% | | | 83% | | | 85% |



CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, IDD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

| LME-MCO | MH/IDD/SA Ages 18-20 | | | MH/IDD/SA Ages 21+ | | |
|----------------------------|--|---|--|--|---|--|
| | Numerator | Denominator | Rate | Numerator | Denominator | Rate |
| | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period | Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit | Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits | Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period | Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit |
| Alliance Health | 458 | 497 | 92% | 16,541 | 21,113 | 78% |
| Eastpointe | 649 | 724 | 90% | 8,378 | 9,483 | 88% |
| Partners Health Management | 356 | 378 | 94% | 16,054 | 19,248 | 83% |
| Sandhills Center | 1,244 | 1,455 | 85% | 14,940 | 17,574 | 85% |
| Trillium Health Resources | 638 | 685 | 93% | 11,879 | 14,357 | 83% |
| Vaya Health | 1,049 | 1,191 | 88% | 14,466 | 17,946 | 81% |
| Statewide | 4,394 | 4,930 | 89% | 82,258 | 99,721 | 82% |
| Standard Deviation | 3.0% | | | 3.2% | | |
| LME-MCO Average | 90% | | | 83% | | |

