LME-MCO Quarterly Performance Measures:

Performance Report

Third Quarter SFY 2022-2023

January 1 - March 31, 2023

(All Measures Reported)

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

Revised October 2, 2023

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

Quality
NC DMH/DD/SUS

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 2006[1]. 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 8/17/23 for the 3rd 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 8/28/23 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 9/18/23 so the report can be finalized. The data in this revised report includes all corrections received as of 10/2/23.

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.

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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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

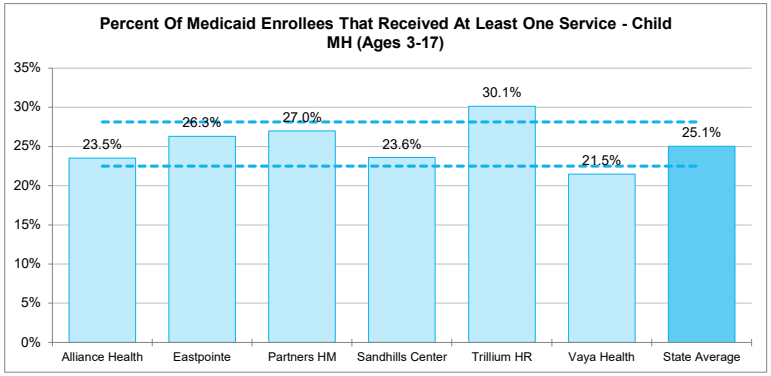
PENETRATION

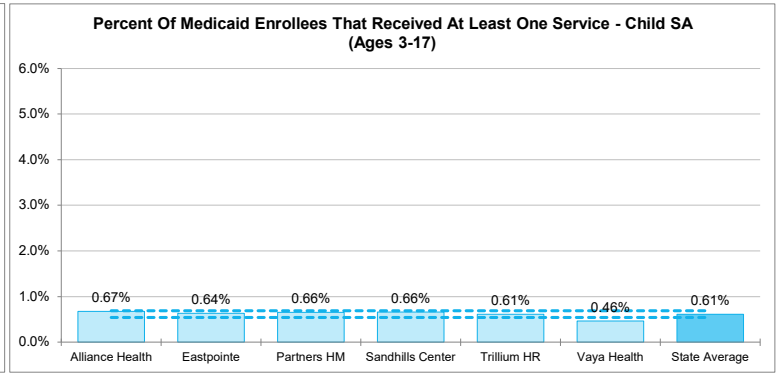
3.1 Persons Served: Medicaid Enrollees

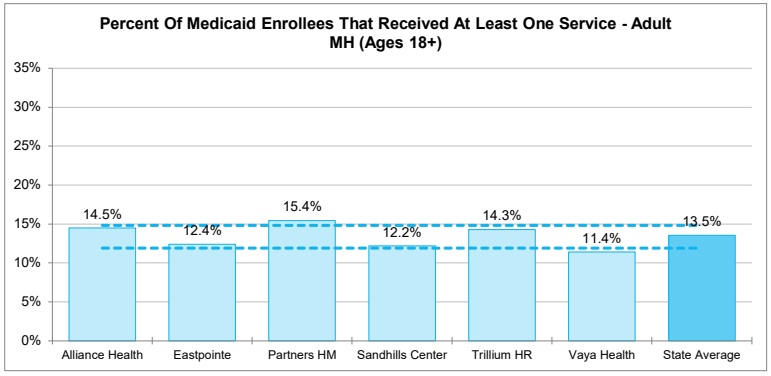
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

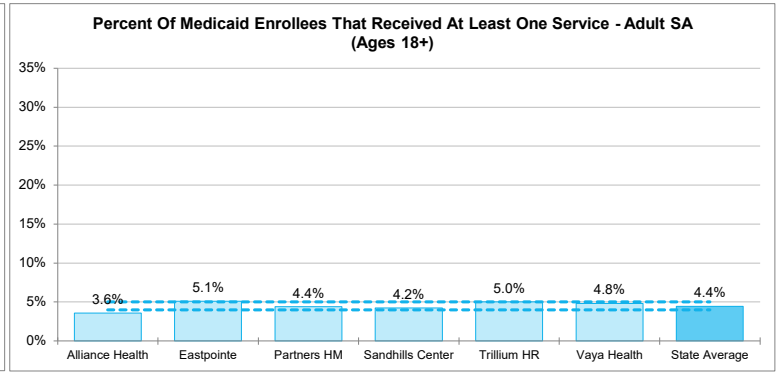
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**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**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	6,071	25,836	23.5%	13,538	93,554	14.5%	174	25,836	0.67%	3,361	93,554	3.6%
Eastpointe	2,069	7,868	26.3%	5,149	41,493	12.4%	50	7,868	0.64%	2,110	41,493	5.1%
Partners Health Management	5,231	19,388	27.0%	11,367	73,608	15.4%	127	19,388	0.66%	3,221	73,608	4.4%
Sandhills Center	3,133	13,285	23.6%	6,963	57,179	12.2%	88	13,285	0.66%	2,414	57,179	4.2%
Trillium Health Resources	4,993	16,570	30.1%	10,060	70,402	14.3%	101	16,570	0.61%	3,527	70,402	5.0%
Vaya Health	4,312	20,080	21.5%	8,485	74,422	11.4%	93	20,080	0.46%	3,584	74,422	4.8%
Statewide	25,809	103,027	25.1%	55,562	410,658	13.5%	633	103,027	0.61%	18,217	410,658	4.4%
Standard Deviation			2.8%			1.4%			0.07%			0.5%
LME-MCO Average			25.3%			13.4%			0.62%			4.5%









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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 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 disabilitites,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.

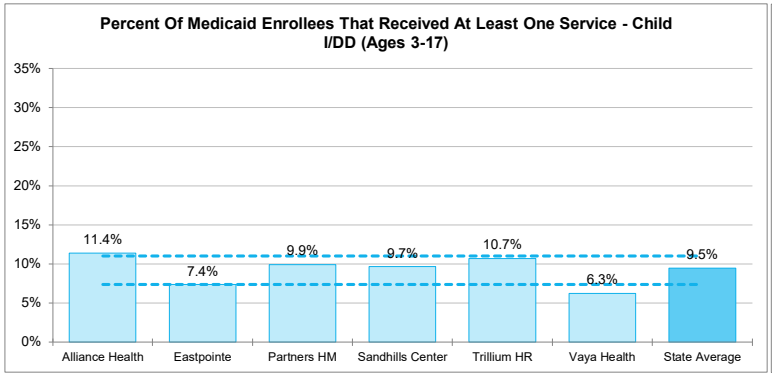
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

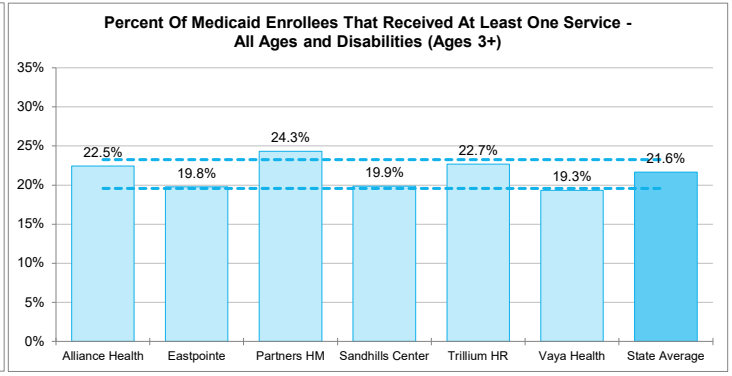
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	2,946	25,836	11.4%	5,646	93,554	6.0%	26,812	119,390	22.5%
Eastpointe	580	7,868	7.4%	1,721	41,493	4.1%	9,766	49,361	19.8%
Partners Health Management	1,926	19,388	9.9%	4,549	73,608	6.2%	22,629	92,996	24.3%
Sandhills Center	1,283	13,285	9.7%	2,914	57,179	5.1%	13,994	70,464	19.9%
Trillium Health Resources	1,775	16,570	10.7%	4,031	70,402	5.7%	19,725	86,972	22.7%
Vaya Health	1,256	20,080	6.3%	3,784	74,422	5.1%	18,278	94,502	19.3%
Statewide	9,766	103,027	9.5%	22,645	410,658	5.5%	111,204	513,685	21.6%
Standard Deviation			1.8%			0.7%			1.9%
LME-MCO Average			9.2%			5.4%			21.4%

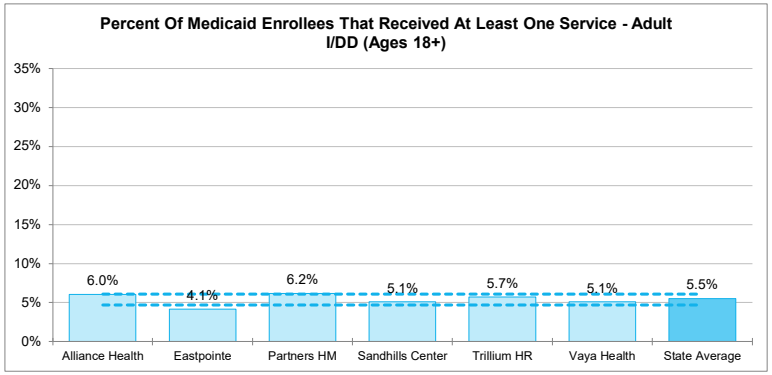
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
31,736	119,390
11,679	49,361
26,421	92,996
16,795	70,464
24,487	86,972
21,514	94,502

* 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 2022 - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

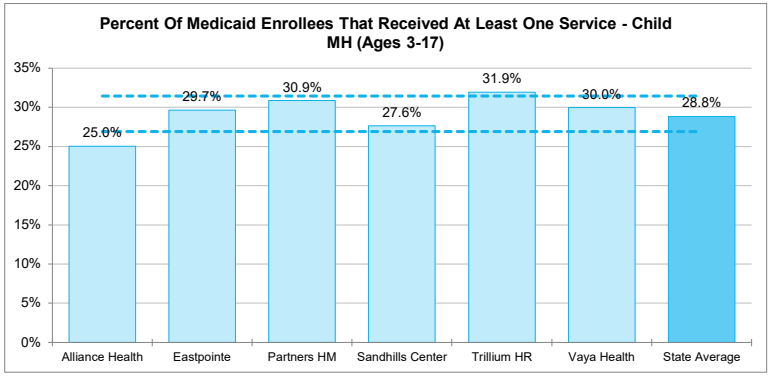
PENETRATION

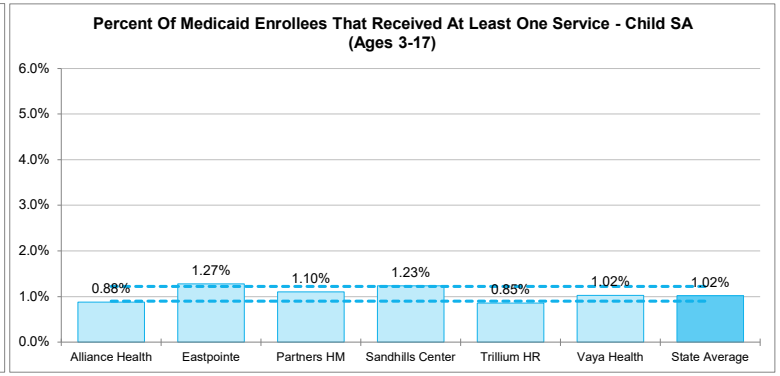
3.1 Persons Served: Medicaid Enrollees (SFYTD)

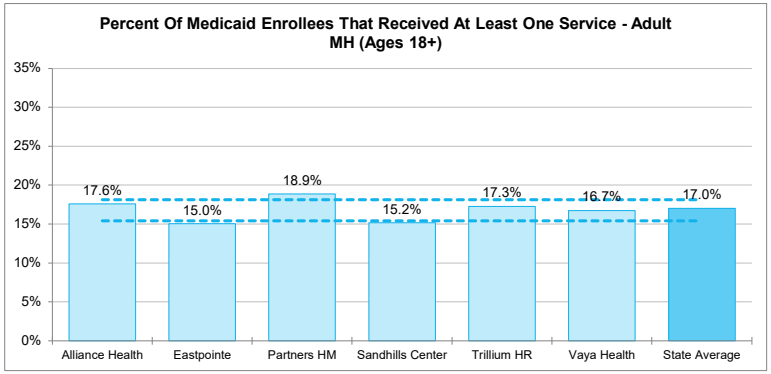
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

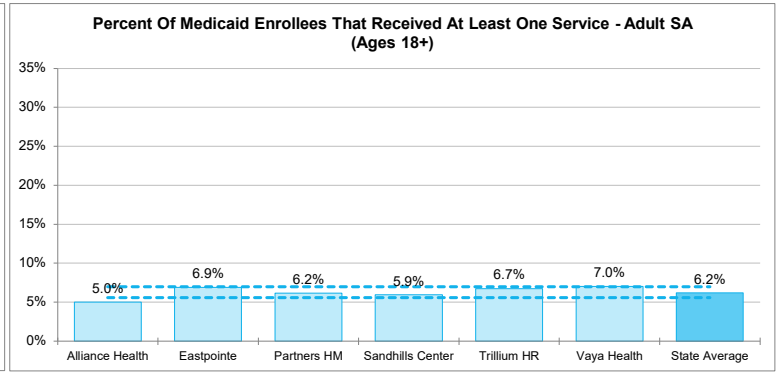
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**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**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	8,657	34,617	25.0%	19,444	110,582	17.6%	305	34,617	0.88%	5,541	110,582	5.0%
Eastpointe	2,979	10,044	29.7%	7,567	50,329	15.0%	128	10,044	1.27%	3,465	50,329	6.9%
Partners Health Management	7,374	23,900	30.9%	16,851	89,262	18.9%	264	23,900	1.10%	5,503	89,262	6.2%
Sandhills Center	4,684	16,957	27.6%	10,625	70,125	15.2%	209	16,957	1.23%	4,166	70,125	5.9%
Trillium Health Resources	6,998	21,906	31.9%	14,397	83,376	17.3%	187	21,906	0.85%	5,619	83,376	6.7%
Vaya Health	7,815	26,077	30.0%	15,809	94,450	16.7%	267	26,077	1.02%	6,616	94,450	7.0%
Statewide	38,507	133,501	28.8%	84,693	498,124	17.0%	1,360	133,501	1.02%	30,910	498,124	6.2%
Standard Deviation			2.3%			1.4%			0.2%			0.7%
LME-MCO Average			29.2%			16.8%			1.1%			6.3%









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

State Fiscal Year:	2023	**Measurement Period:**	Jul 2022 - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

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 disabilitites,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.

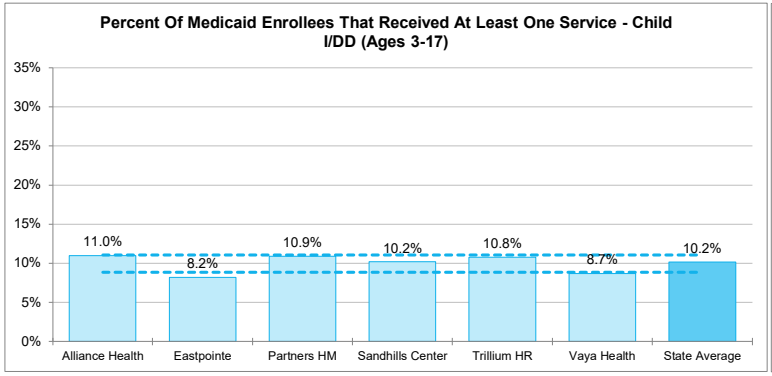
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

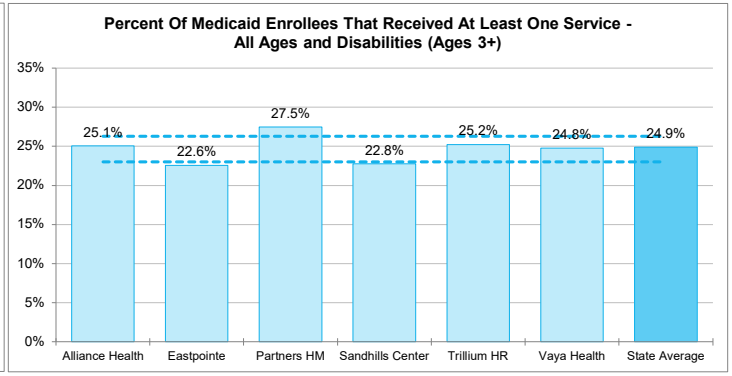
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	3,806	34,617	11.0%	6,166	110,582	5.6%	36,401	145,199	25.1%
Eastpointe	825	10,044	8.2%	1,885	50,329	3.7%	13,617	60,373	22.6%
Partners Health Management	2,603	23,900	10.9%	4,984	89,262	5.6%	31,064	113,162	27.5%
Sandhills Center	1,728	16,957	10.2%	3,172	70,125	4.5%	19,832	87,082	22.8%
Trillium Health Resources	2,358	21,906	10.8%	4,440	83,376	5.3%	26,564	105,282	25.2%
Vaya Health	2,269	26,077	8.7%	4,544	94,450	4.8%	29,874	120,527	24.8%
Statewide	13,589	133,501	10.2%	25,191	498,124	5.1%	157,352	631,625	24.9%
Standard Deviation			1.1%			0.7%			1.6%
LME-MCO Average			10.0%			4.9%			24.6%

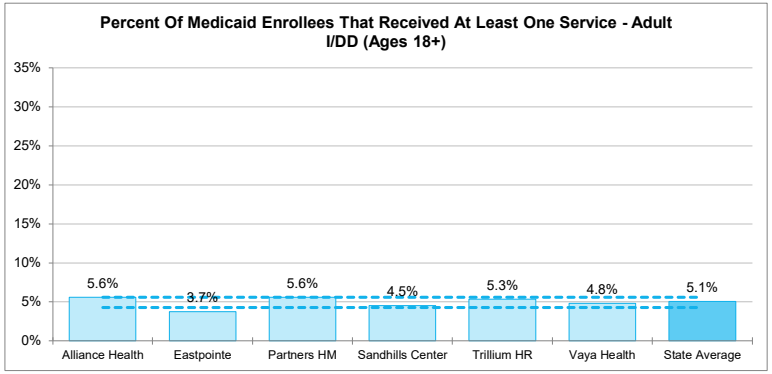
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
43,919	145,199
16,849	60,373
37,579	113,162
24,584	87,082
33,999	105,282
37,320	120,527

* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

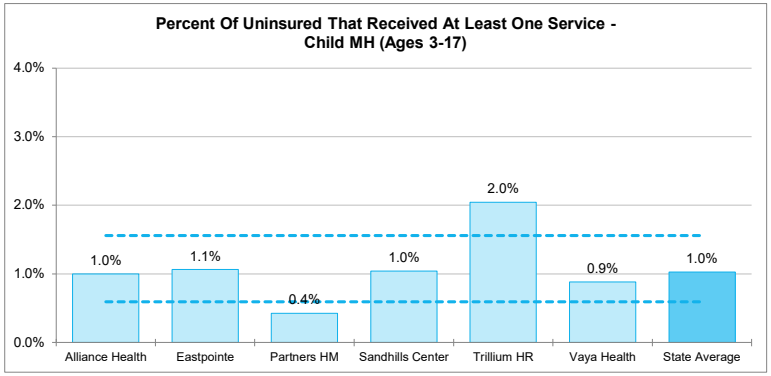
PENETRATION

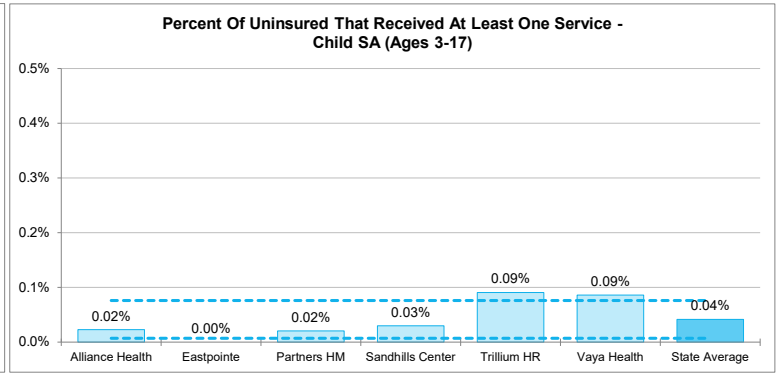
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

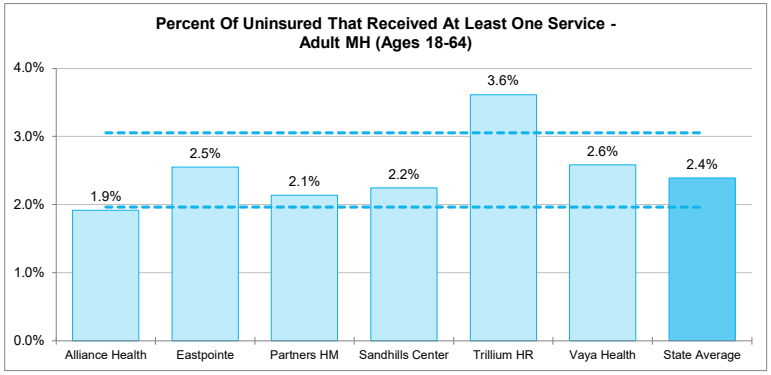
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

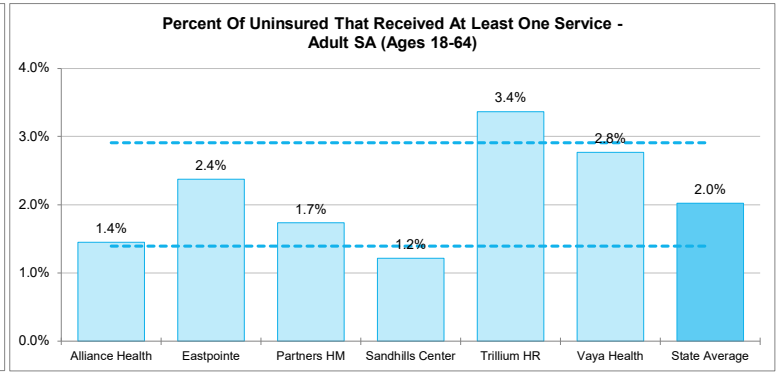
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of 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.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	306	30,659	1.0%	5,688	296,528	1.9%	7	30,659	0.02%	4,294	296,528	1.4%
Eastpointe	74	6,952	1.1%	1,788	70,173	2.5%	0	6,952	0.00%	1,666	70,173	2.4%
Partners Health Management	82	19,246	0.4%	4,067	190,537	2.1%	4	19,246	0.02%	3,304	190,537	1.7%
Sandhills Center	139	13,352	1.0%	3,103	138,192	2.2%	4	13,352	0.03%	1,678	138,192	1.2%
Trillium Health Resources	292	14,305	2.0%	4,889	135,307	3.6%	13	14,305	0.09%	4,554	135,307	3.4%
Vaya Health	144	16,307	0.9%	4,472	173,141	2.6%	14	16,307	0.09%	4,796	173,141	2.8%
Statewide	1,037	100,822	1.0%	24,007	1,003,878	2.4%	42	100,822	0.04%	20,292	1,003,878	2.0%
Standard Deviation			0.5%			0.5%			0.03%			0.8%
LME-MCO Average			1.1%			2.5%			0.04%			2.2%









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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

PENETRATION

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

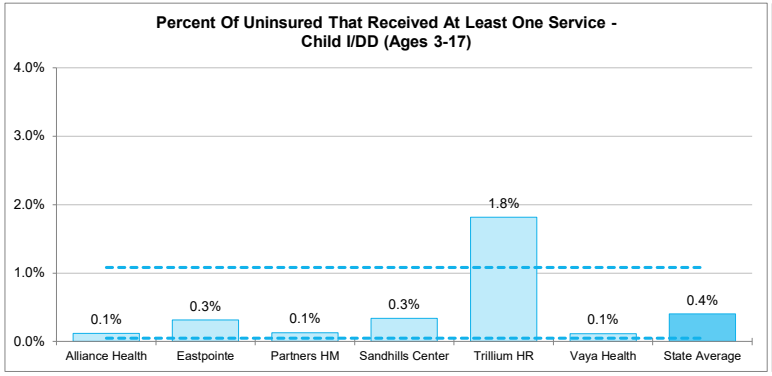
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

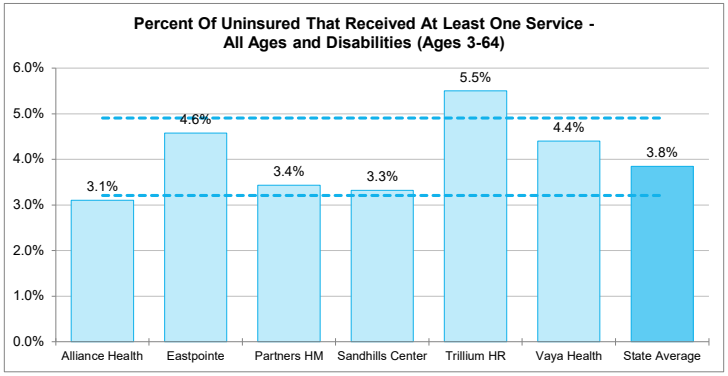
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

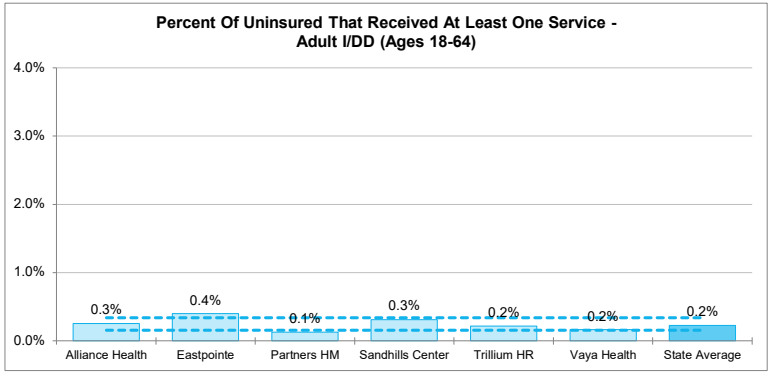
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	36	30,659	0.1%	758	296,528	0.3%	9,819	316,226	3.1%	11,089
Eastpointe	22	6,952	0.3%	279	70,173	0.4%	3,404	74,419	4.6%	3,829
Partners Health Management	25	19,246	0.1%	239	190,537	0.1%	6,903	201,301	3.4%	7,721
Sandhills Center	45	13,352	0.3%	432	138,192	0.3%	4,837	145,789	3.3%	5,401
Trillium Health Resources	260	14,305	1.8%	292	135,307	0.2%	8,047	146,187	5.5%	10,300
Vaya Health	19	16,307	0.1%	284	173,141	0.2%	8,077	183,642	4.4%	9,729
Statewide	407	100,822	0.4%	2,284	1,003,878	0.2%	41,087	1,067,565	3.8%	
Standard Deviation			0.6%			0.1%			0.8%	
LME-MCO Average			0.5%			0.2%			4.1%	

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

* 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 2022 - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

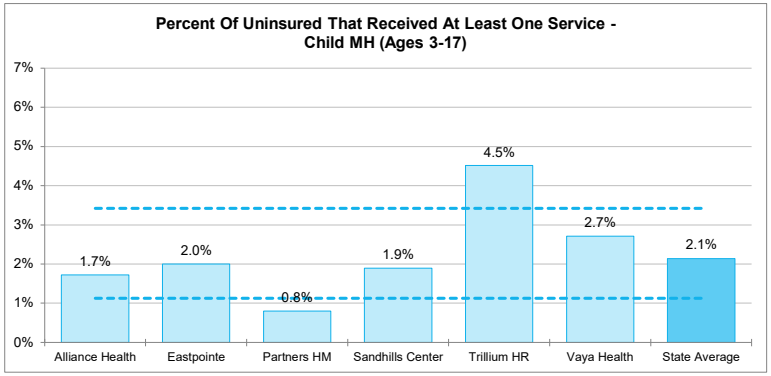
PENETRATION

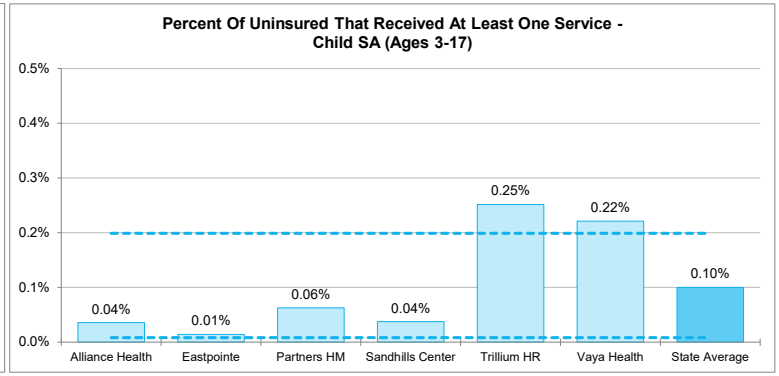
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

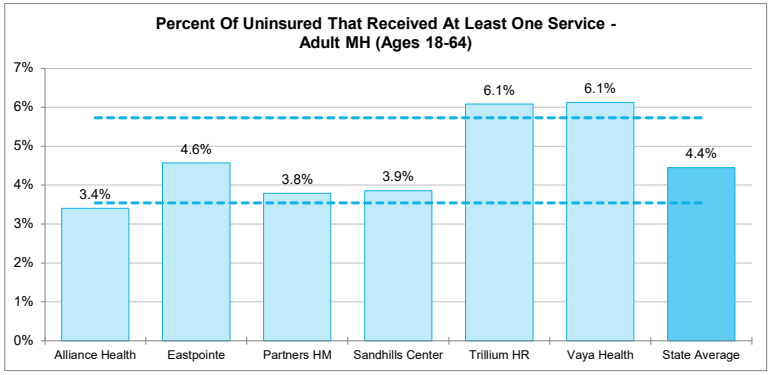
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

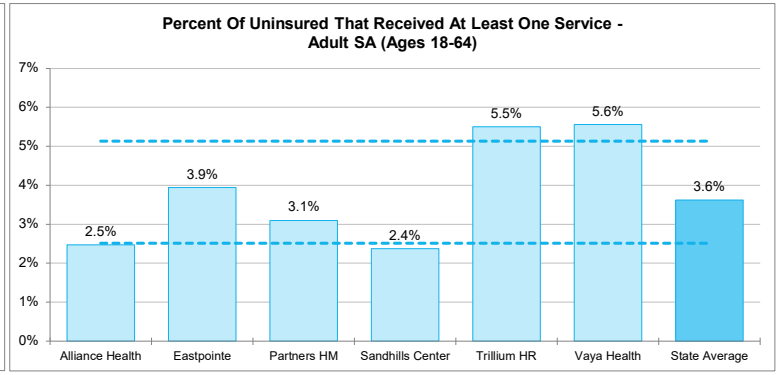
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	528	30,659	1.7%	10,084	296,528	3.4%	11	30,659	0.04%	7,321	296,528	2.5%
Eastpointe	139	6,952	2.0%	3,208	70,173	4.6%	1	6,952	0.01%	2,766	70,173	3.9%
Partners Health Management	154	19,246	0.8%	7,211	190,537	3.8%	12	19,246	0.06%	5,901	190,537	3.1%
Sandhills Center	253	13,352	1.9%	5,330	138,192	3.9%	5	13,352	0.04%	3,276	138,192	2.4%
Trillium Health Resources	646	14,305	4.5%	8,225	135,307	6.1%	36	14,305	0.25%	7,438	135,307	5.5%
Vaya Health	442	16,307	2.7%	10,607	173,141	6.1%	36	16,307	0.22%	9,616	173,141	5.6%
Statewide	2,162	100,822	2.1%	44,665	1,003,878	4.4%	101	100,822	0.10%	36,318	1,003,878	3.6%
Standard Deviation			1.1%			1.1%			0.10%			1.3%
LME-MCO Average			2.3%			4.6%			0.10%			3.8%









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

State Fiscal Year:	2023	**Measurement Period:**	Jul 2022 - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

PENETRATION

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

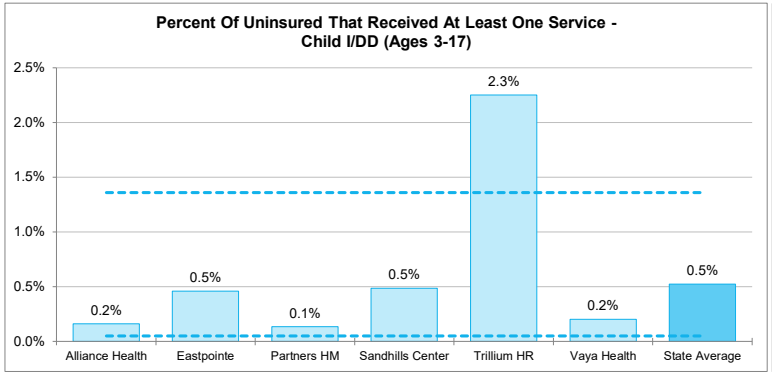
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

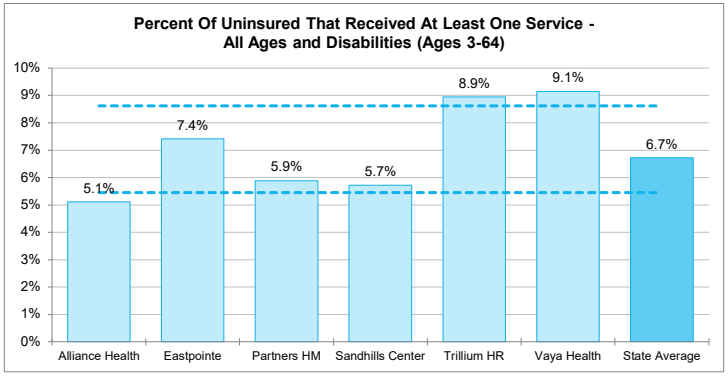
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

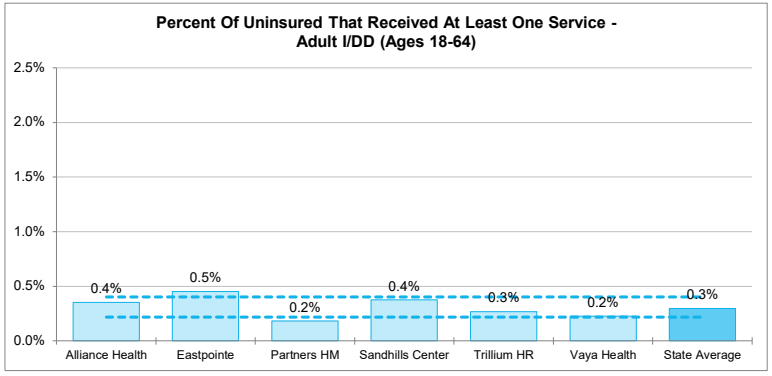
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	50	30,659	0.2%	1,044	296,528	0.4%	16,165	316,226	5.1%	19,038
Eastpointe	32	6,952	0.5%	318	70,173	0.5%	5,519	74,419	7.4%	6,464
Partners Health Management	26	19,246	0.1%	346	190,537	0.2%	11,847	201,301	5.9%	13,650
Sandhills Center	65	13,352	0.5%	519	138,192	0.4%	8,345	145,789	5.7%	9,448
Trillium Health Resources	322	14,305	2.3%	363	135,307	0.3%	13,073	146,187	8.9%	17,030
Vaya Health	33	16,307	0.2%	394	173,141	0.2%	16,803	183,642	9.1%	21,128
Statewide	528	100,822	0.5%	2,984	1,003,878	0.3%	71,752	1,067,565	6.7%	
Standard Deviation			0.7%			0.1%			1.6%	
LME-MCO Average			0.6%			0.3%			7.0%	

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

* 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	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

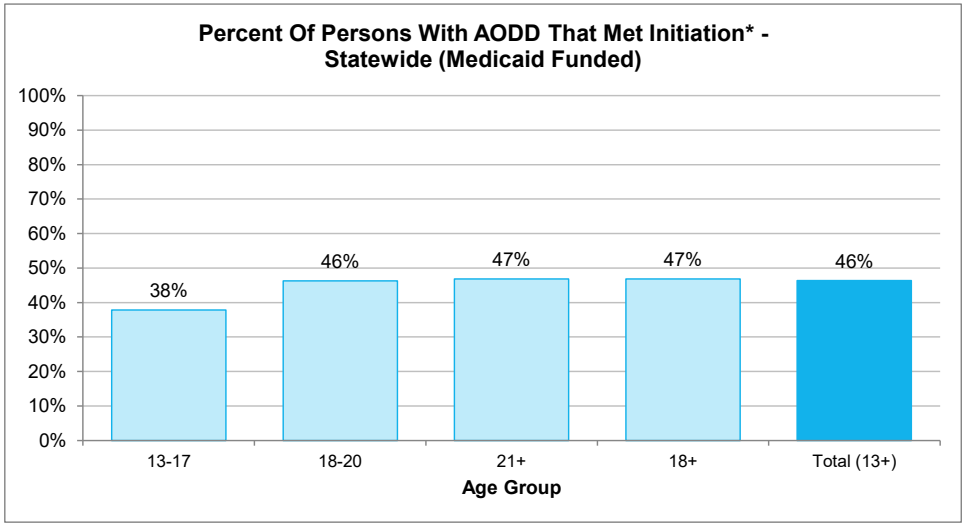
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

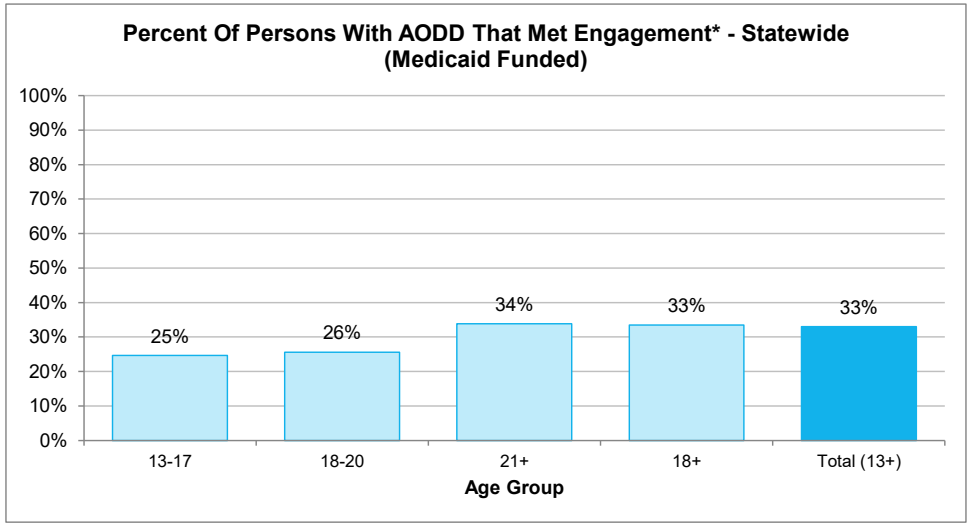
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	92	42	109	60	243	38%	17%	45%	25%
18-20	94	28	81	52	203	46%	14%	40%	26%
21+	2,006	577	1,701	1,450	4,284	47%	13%	40%	34%
18+	2,100	605	1,782	1,502	4,487	47%	13%	40%	33%
Total (13+)	2,192	647	1,891	1,562	4,730	46%	14%	40%	33%





* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

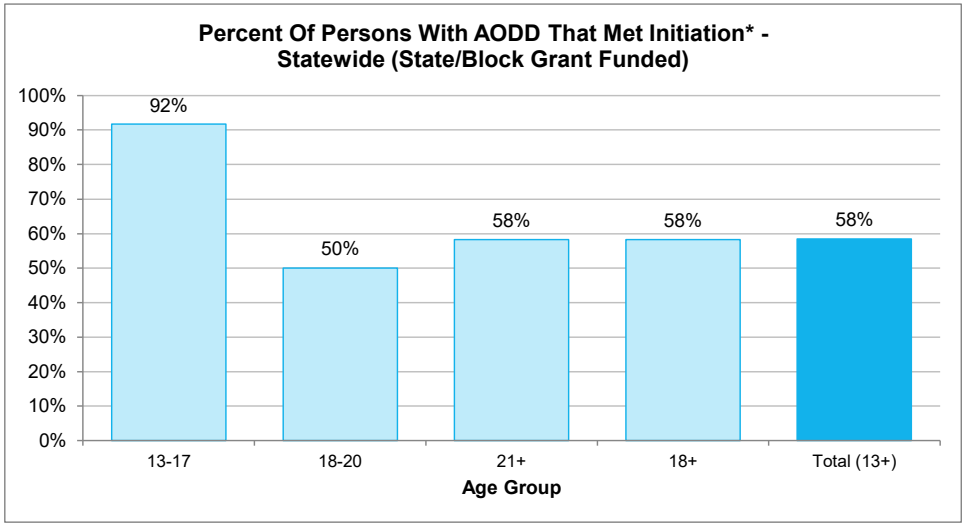
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

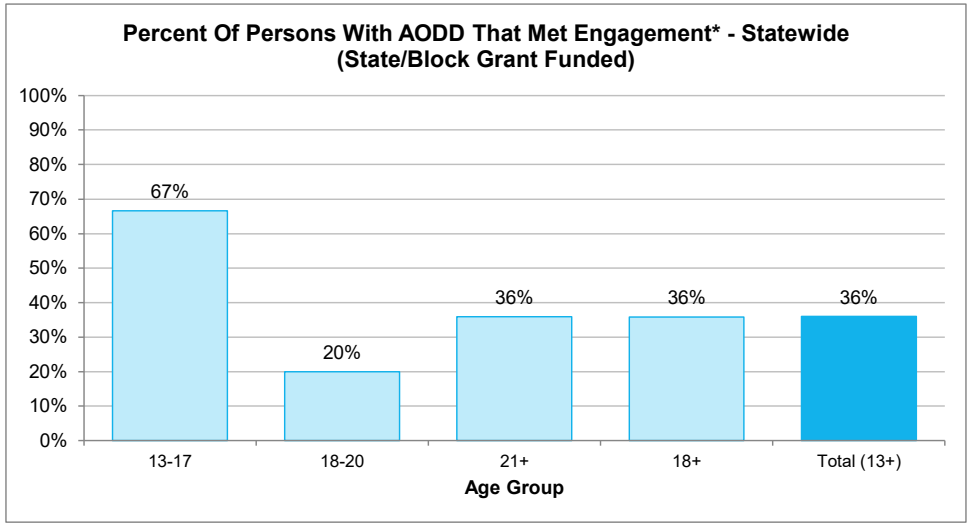
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	11	0	1	8	12	92%	0%	8%	67%
18-20	5	2	3	2	10	50%	20%	30%	20%
21+	1,196	322	533	736	2,051	58%	16%	26%	36%
18+	1,201	324	536	738	2,061	58%	16%	26%	36%
Total (13+)	1,212	324	537	746	2,073	58%	16%	26%	36%





* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

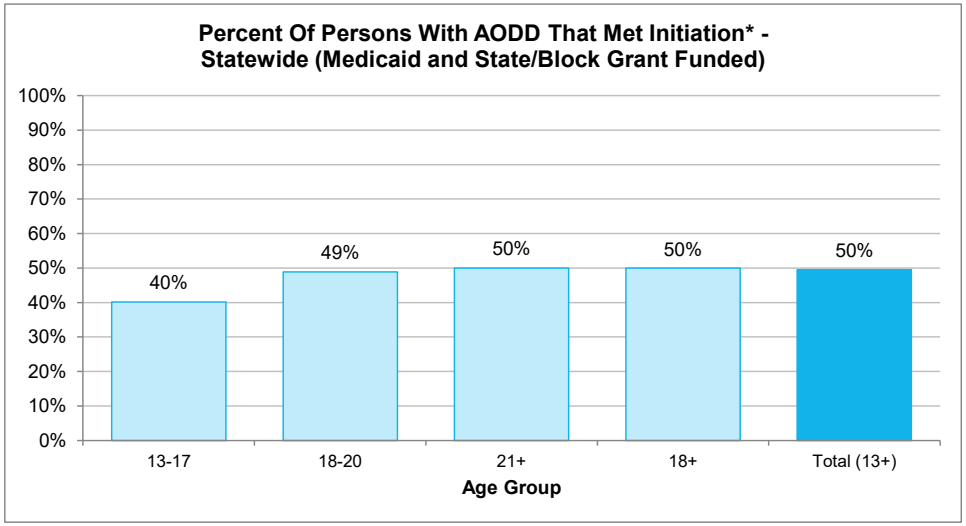
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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.

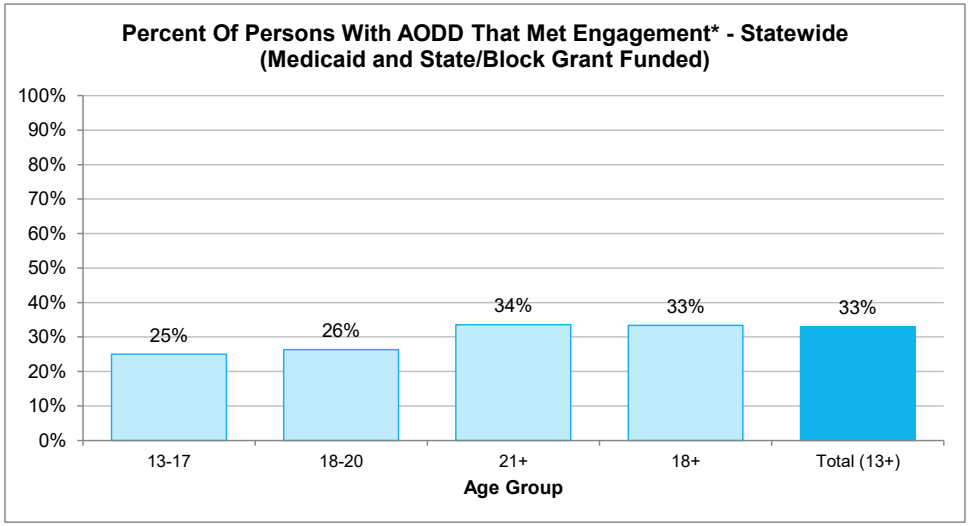
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days 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 and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	127	46	143	79	316	40%	15%	45%	25%
18-20	126	30	102	68	258	49%	12%	40%	26%
21+	3,521	945	2,574	2,364	7,040	50%	13%	37%	34%
18+	3,647	975	2,676	2,432	7,298	50%	13%	37%	33%
Total (13+)	3,774	1,021	2,819	2,511	7,614	50%	13%	37%	33%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 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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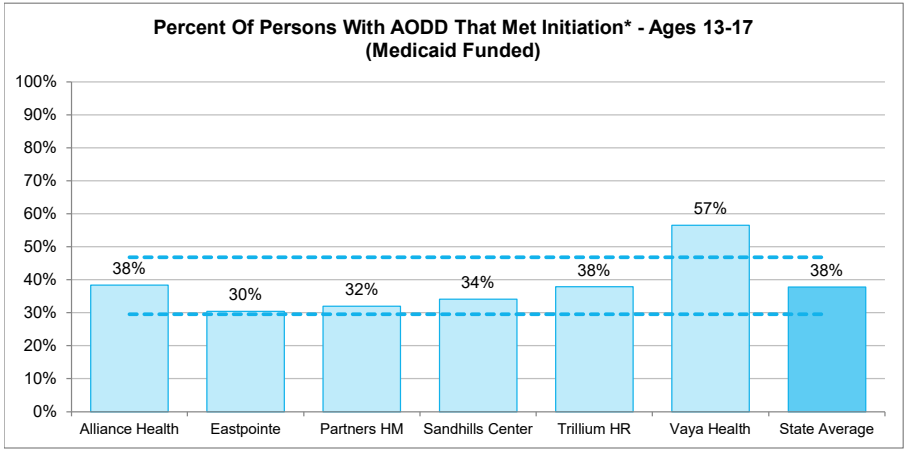
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
Persons Ages 13-17 (Medicaid Funded)									
Alliance Health	28	13	32	18	73	38%	18%	44%	25%
Eastpointe	7	3	13	7	23	30%	13%	57%	30%
Partners Health Management	8	8	9	8	25	32%	32%	36%	32%
Sandhills Center	14	7	20	7	41	34%	17%	49%	17%
Trillium Health Resources	22	10	26	13	58	38%	17%	45%	22%
Vaya Health	13	1	9	7	23	57%	4%	39%	30%
State Average	92	42	109	60	243	38%	17%	45%	25%
Standard Deviation						8.7%	8.2%	6.6%	5.3%
LME-MCO Average						38%	17%	45%	26%



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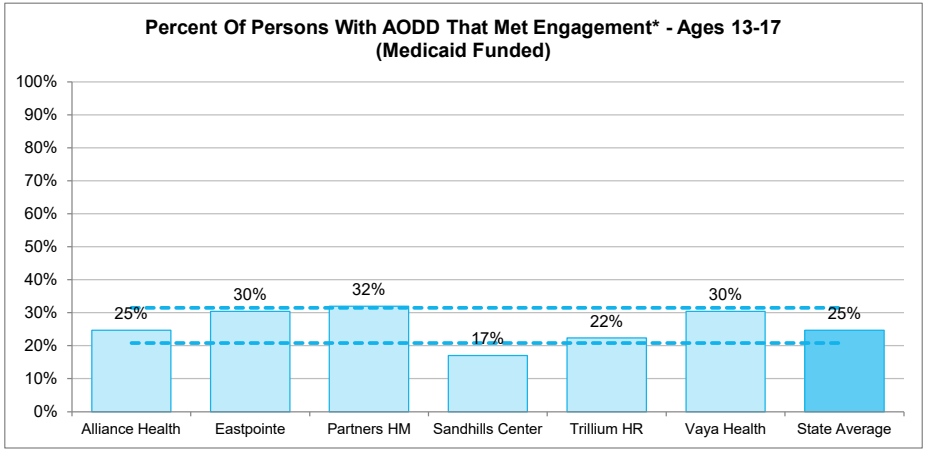

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

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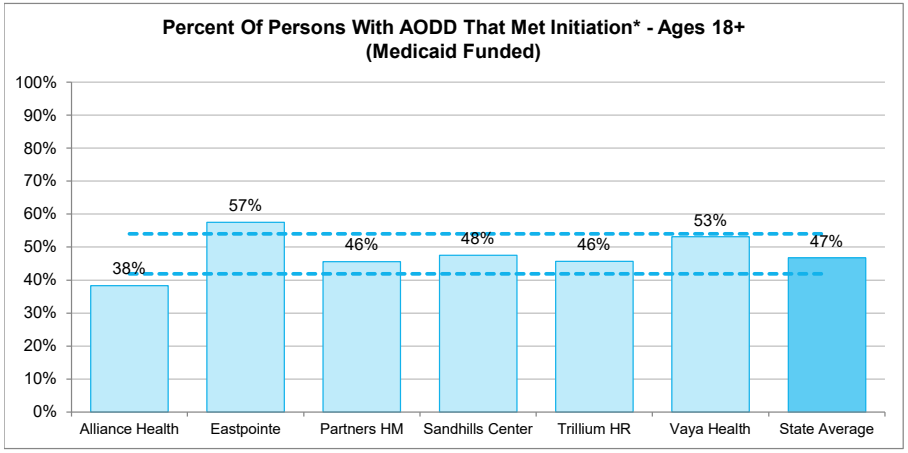
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	395	125	510	234	1,030	38%	12%	50%	23%
Eastpointe	376	68	210	311	654	57%	10%	32%	48%
Partners Health Management	224	78	189	162	491	46%	16%	38%	33%
Sandhills Center	333	75	292	264	700	48%	11%	42%	38%
Trillium Health Resources	517	190	425	344	1,132	46%	17%	38%	30%
Vaya Health	255	69	156	187	480	53%	14%	33%	39%
State Average	2,100	605	1,782	1,502	4,487	47%	13%	40%	33%
Standard Deviation						6.1%	2.5%	5.9%	7.7%
LME-MCO Average						48%	13%	39%	35%



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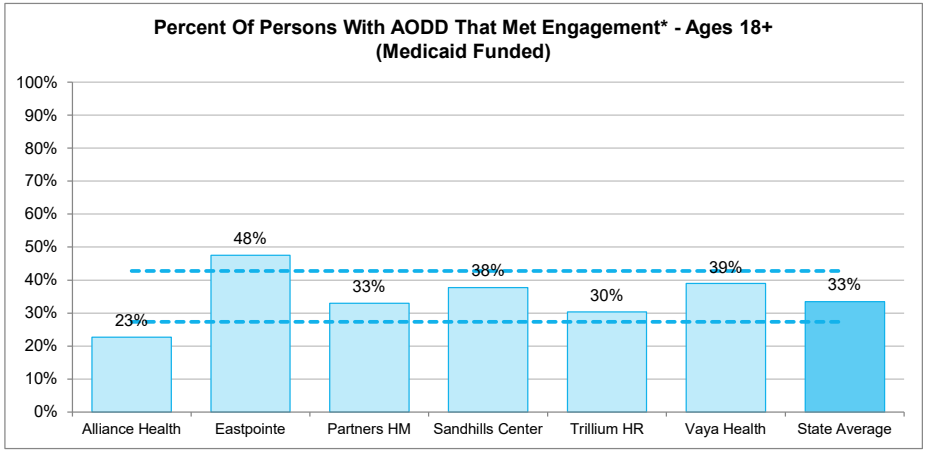

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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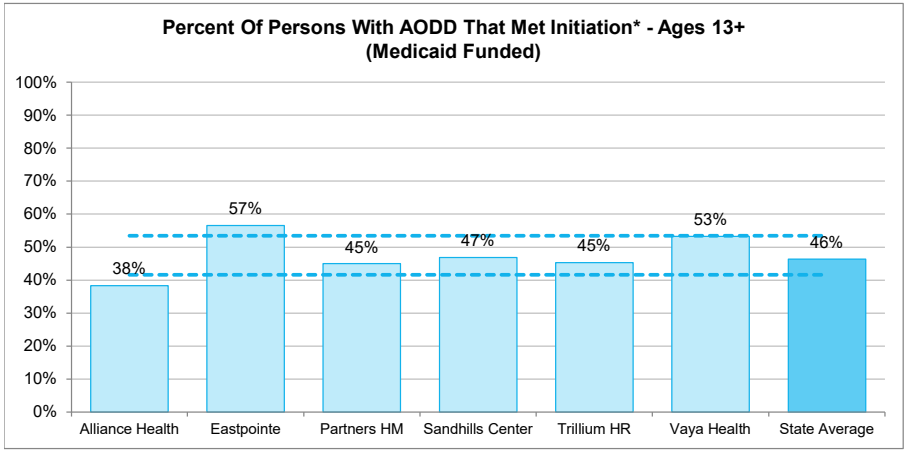
Persons Ages 13+ (Medicaid Funded)									
Alliance Health	423	138	542	252	1,103	38%	13%	49%	23%
Eastpointe	383	71	223	318	677	57%	10%	33%	47%
Partners Health Management	232	86	198	170	516	45%	17%	38%	33%
Sandhills Center	347	82	312	271	741	47%	11%	42%	37%
Trillium Health Resources	539	200	451	357	1,190	45%	17%	38%	30%
Vaya Health	268	70	165	194	503	53%	14%	33%	39%
State Average	2,192	647	1,891	1,562	4,730	46%	14%	40%	33%
Standard Deviation						5.9%	2.5%	5.6%	7.5%
LME-MCO Average						48%	14%	39%	35%



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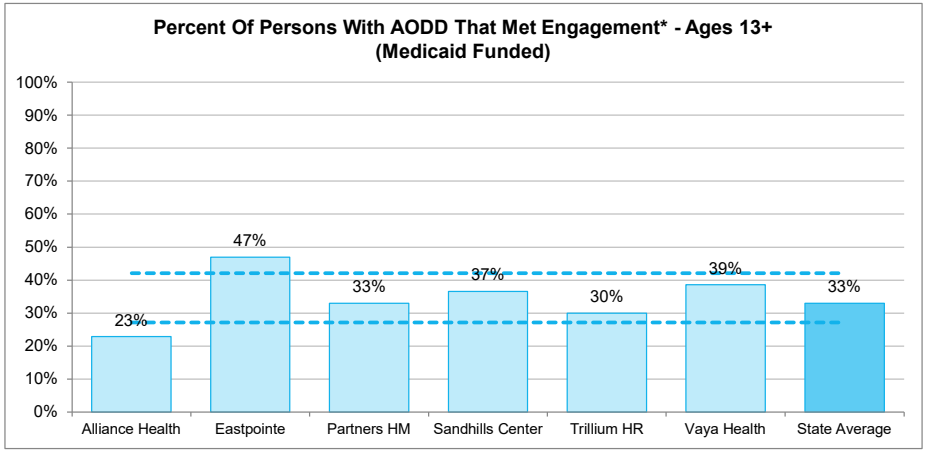

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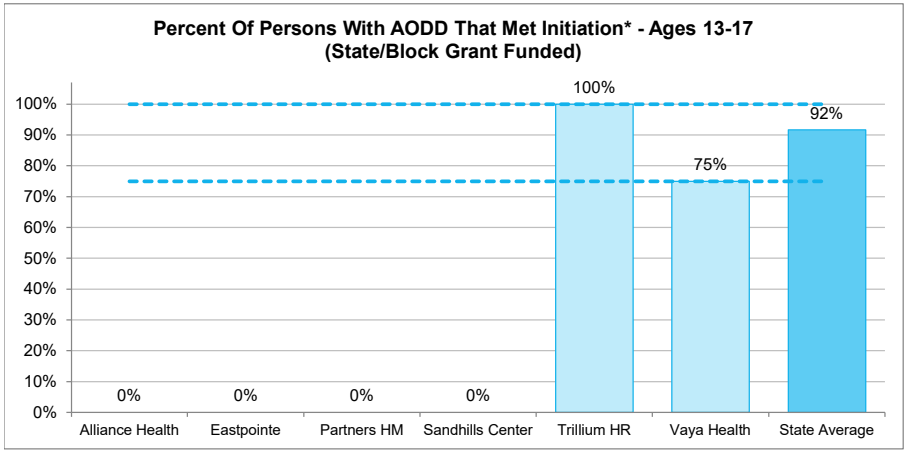
Persons Ages 13-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	8	0	0	6	8	100%	0%	0%	75%
Vaya Health	3	0	1	2	4	75%	0%	25%	50%
State Average	11	0	1	8	12	92%	0%	8%	67%
Standard Deviation						12.5%	0.0%	12.5%	12.5%
LME-MCO Average		[Alliance, Eastpointe, Partners, and Sandhills reported no individuals in this age group beginning a new episode of care this quarter.]				88%	0%	13%	63%



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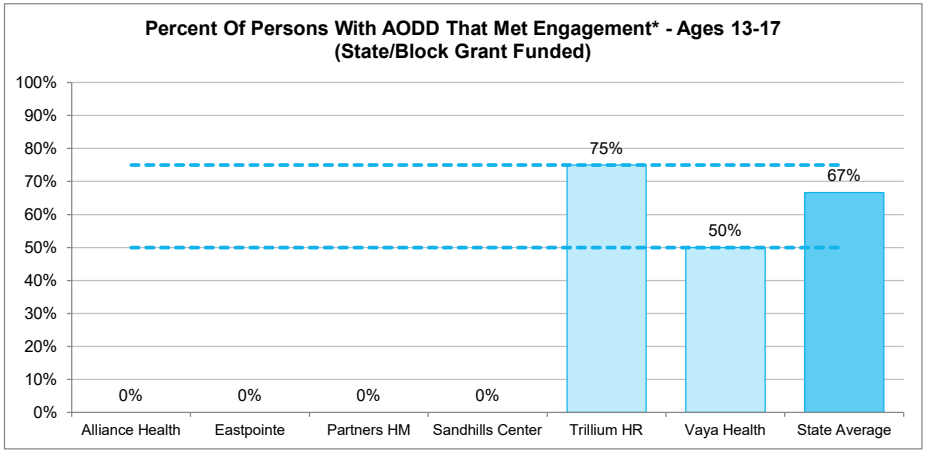

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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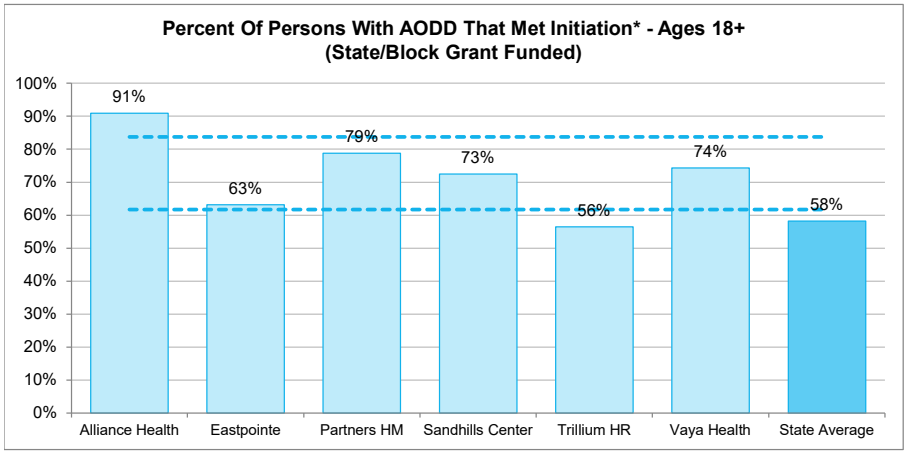
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	40	0	4	40	44	91%	0%	9%	91%
Eastpointe	12	1	6	11	19	63%	5%	32%	58%
Partners Health Management	26	0	7	24	33	79%	0%	21%	73%
Sandhills Center	29	2	9	26	40	73%	5%	23%	65%
Trillium Health Resources	1,065	319	502	613	1,886	56%	17%	27%	33%
Vaya Health	29	2	8	24	39	74%	5%	21%	62%
State Average	1,201	324	536	738	2,061	58%	16%	26%	36%
Standard Deviation						11.0%	5.6%	6.9%	17.5%
LME-MCO Average						73%	5%	22%	63%



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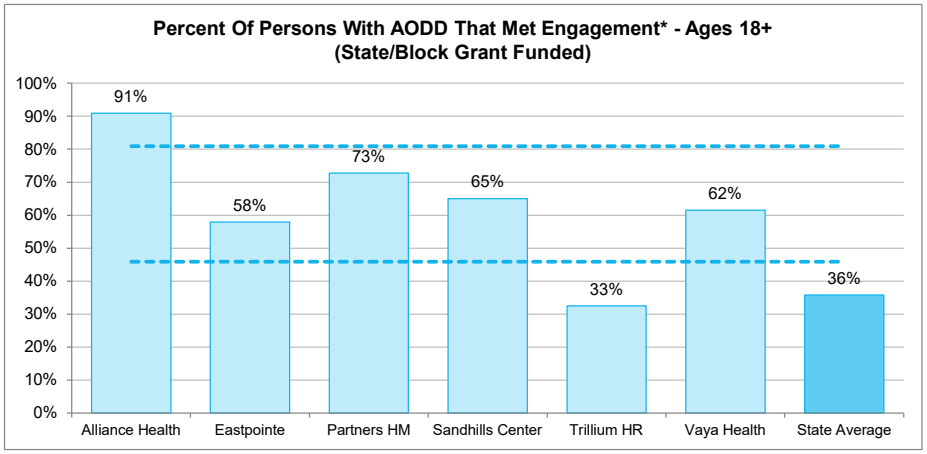

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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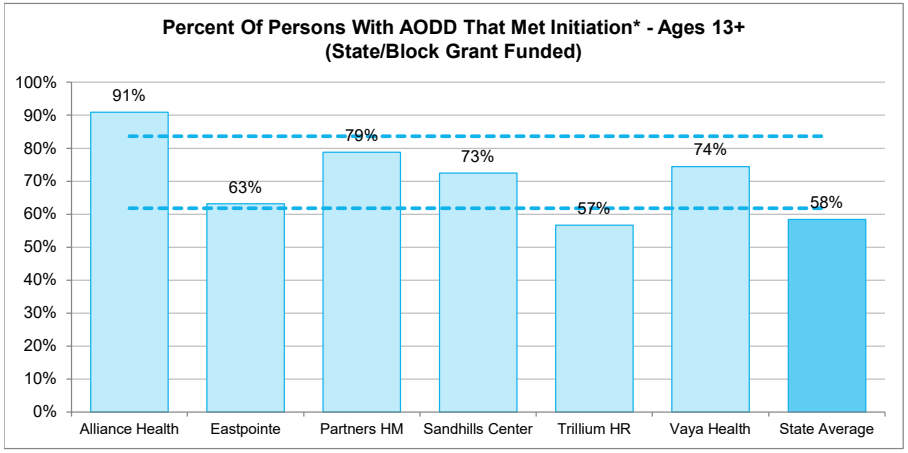
Persons Ages 13+ (State/Block Grant Funded)									
Alliance Health	40	0	4	40	44	91%	0%	9%	91%
Eastpointe	12	1	6	11	19	63%	5%	32%	58%
Partners Health Management	26	0	7	24	33	79%	0%	21%	73%
Sandhills Center	29	2	9	26	40	73%	5%	23%	65%
Trillium Health Resources	1,073	319	502	619	1,894	57%	17%	27%	33%
Vaya Health	32	2	9	26	43	74%	5%	21%	60%
State Average	1,212	324	537	746	2,073	58%	16%	26%	36%
Standard Deviation						11.0%	5.6%	6.8%	17.5%
LME-MCO Average						73%	5%	22%	63%



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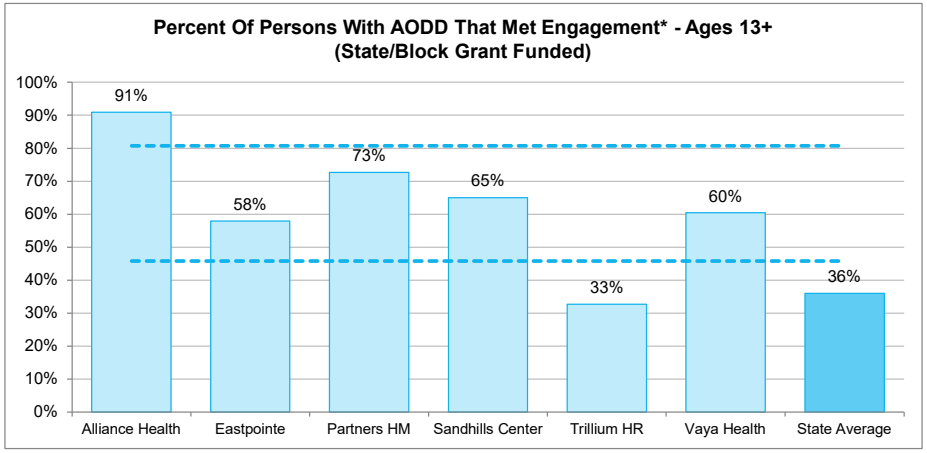

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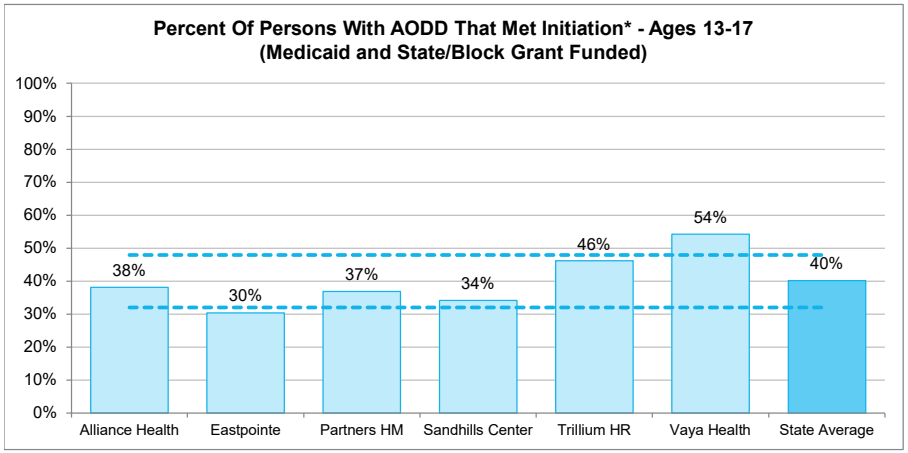
Persons Ages 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	29	13	34	19	76	38%	17%	45%	25%
Eastpointe	7	3	13	7	23	30%	13%	57%	30%
Partners Health Management	28	13	35	17	76	37%	17%	46%	22%
Sandhills Center	14	7	20	7	41	34%	17%	49%	17%
Trillium Health Resources	30	9	26	19	65	46%	14%	40%	29%
Vaya Health	19	1	15	10	35	54%	3%	43%	29%
State Average	127	46	143	79	316	40%	15%	45%	25%
Standard Deviation						8.0%	5.0%	5.2%	4.6%
LME-MCO Average						40%	14%	46%	25%



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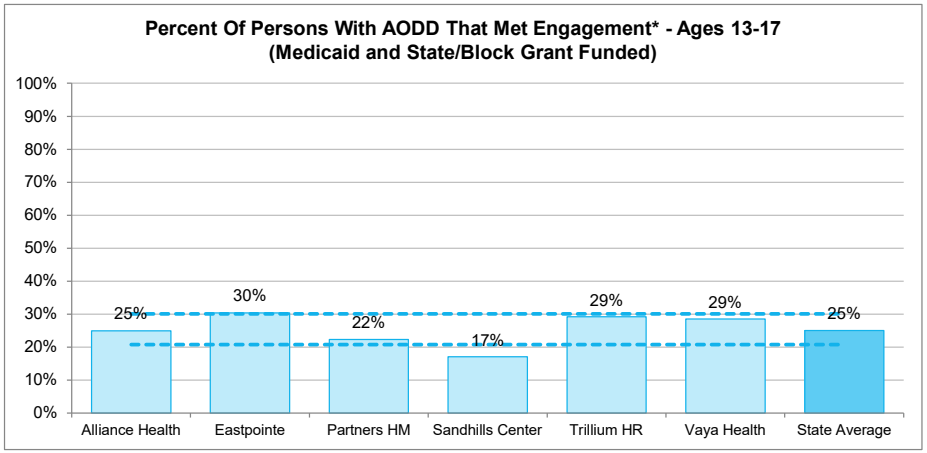

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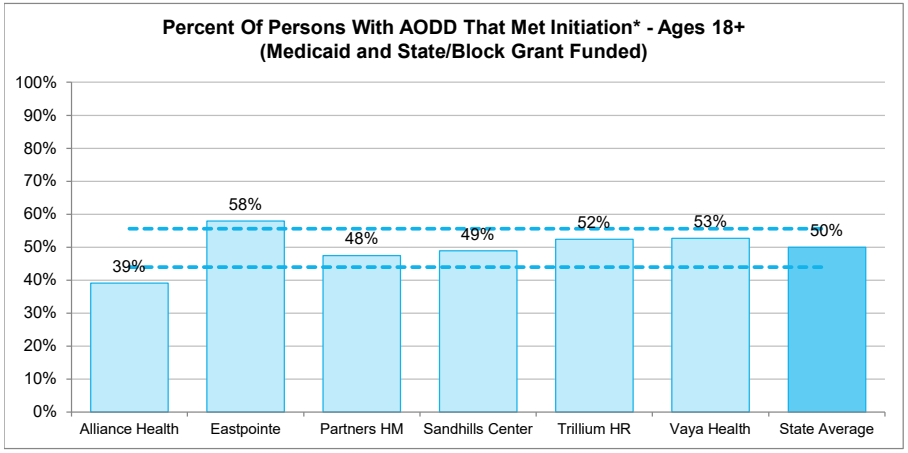
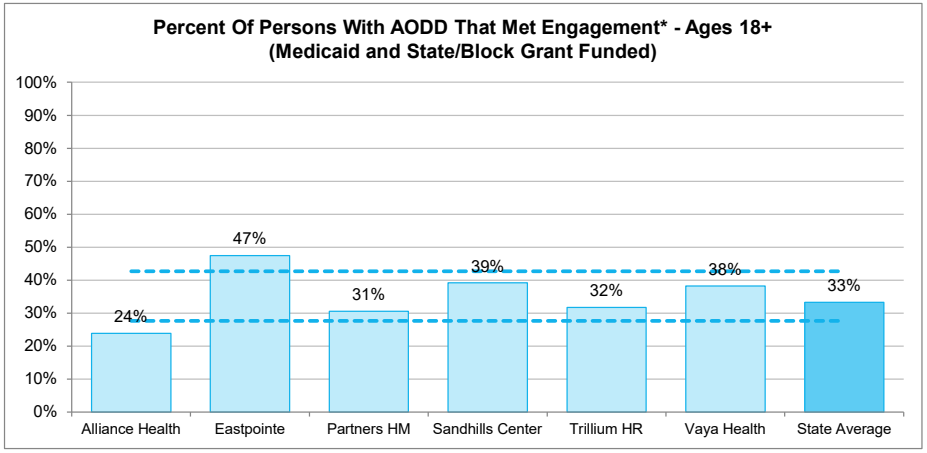
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days 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+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**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)**
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	414	128	517	253	1,059	39%	12%	49%	24%
Eastpointe	407	70	225	333	702	58%	10%	32%	47%
Partners Health Management	506	113	446	326	1,065	48%	11%	42%	31%
Sandhills Center	362	77	301	290	740	49%	10%	41%	39%
Trillium Health Resources	1,582	510	926	957	3,018	52%	17%	31%	32%
Vaya Health	376	77	261	273	714	53%	11%	37%	38%
State Average	3,647	975	2,676	2,432	7,298	50%	13%	37%	33%
Standard Deviation						5.8%	2.4%	6.2%	7.5%
LME-MCO Average						50%	12%	38%	35%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

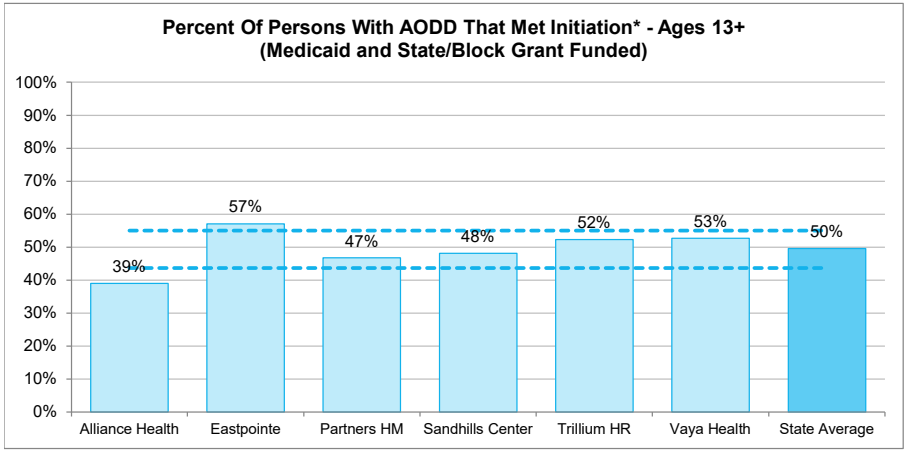
INITIATION AND ENGAGEMENT

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

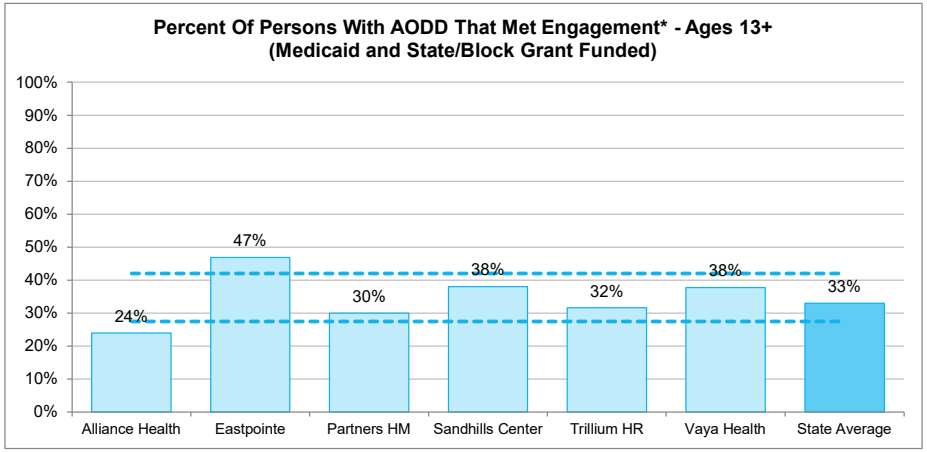
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**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)**
Persons Ages 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	443	141	551	272	1,135	39%	12%	49%	24%
Eastpointe	414	73	238	340	725	57%	10%	33%	47%
Partners Health Management	534	126	481	343	1,141	47%	11%	42%	30%
Sandhills Center	376	84	321	297	781	48%	11%	41%	38%
Trillium Health Resources	1,612	519	952	976	3,083	52%	17%	31%	32%
Vaya Health	395	78	276	283	749	53%	10%	37%	38%
State Average	3,774	1,021	2,819	2,511	7,614	50%	13%	37%	33%
Standard Deviation						5.7%	2.3%	6.0%	7.2%
LME-MCO Average						49%	12%	39%	35%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

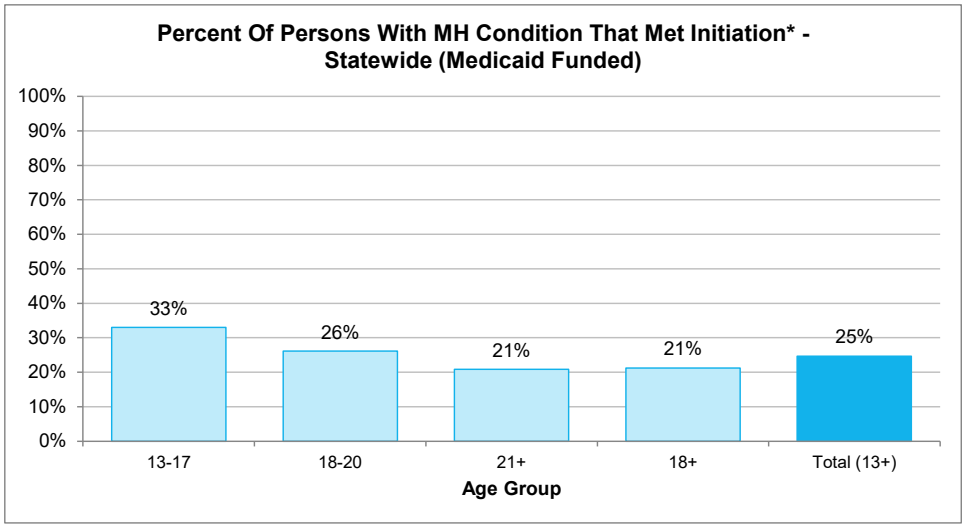
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

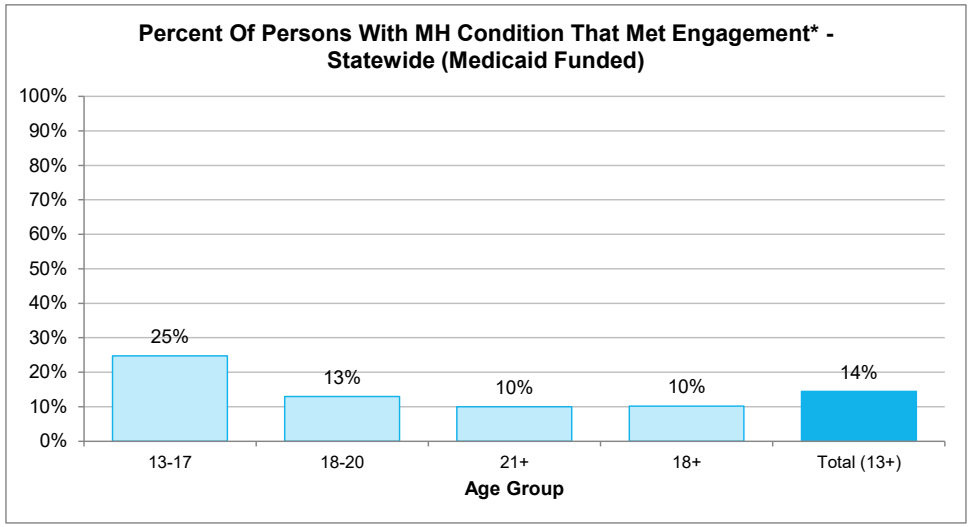
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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 (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	1,986	1,598	2,441	1,492	6,025	33%	27%	41%	25%
18-20	274	242	533	136	1,049	26%	23%	51%	13%
21+	2,827	2,753	7,968	1,352	13,548	21%	20%	59%	10%
18+	3,101	2,995	8,501	1,488	14,597	21%	21%	58%	10%
Total (13+)	5,087	4,593	10,942	2,980	20,622	25%	22%	53%	14%





* 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

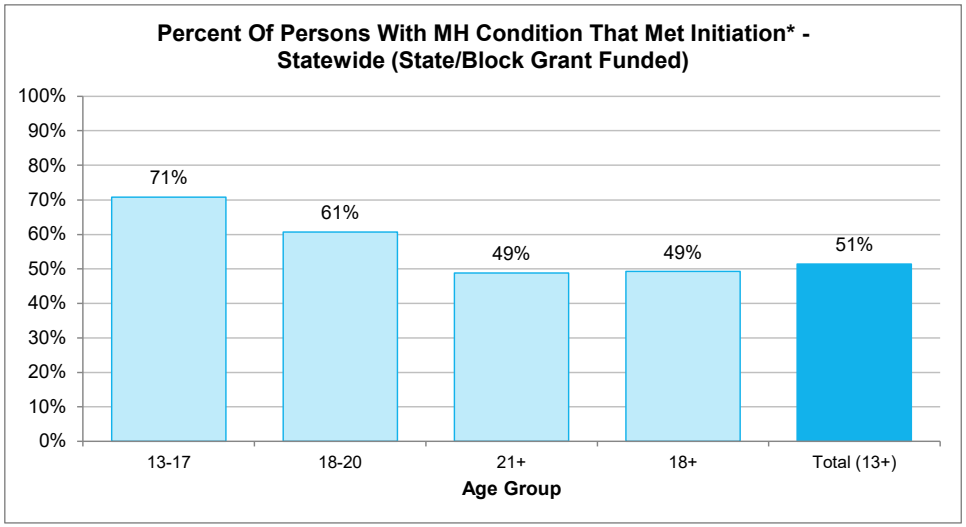
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

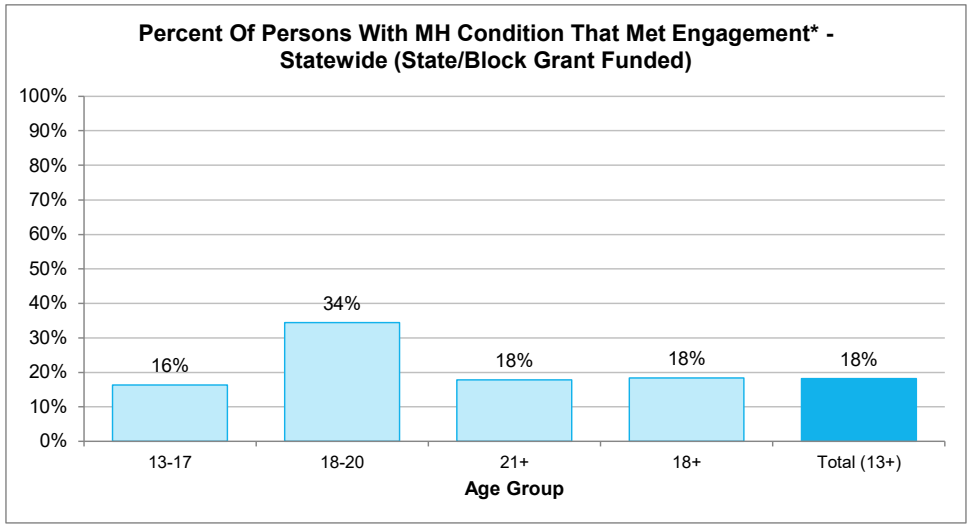
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	143	13	46	33	202	71%	6%	23%	16%
18-20	37	8	16	21	61	61%	13%	26%	34%
21+	858	340	558	313	1,756	49%	19%	32%	18%
18+	895	348	574	334	1,817	49%	19%	32%	18%
Total (13+)	1,038	361	620	367	2,019	51%	18%	31%	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

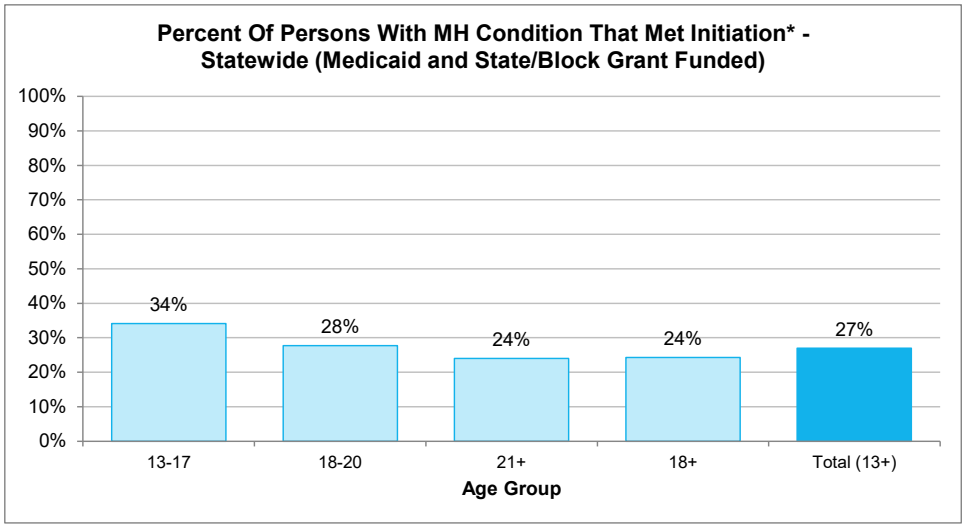
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

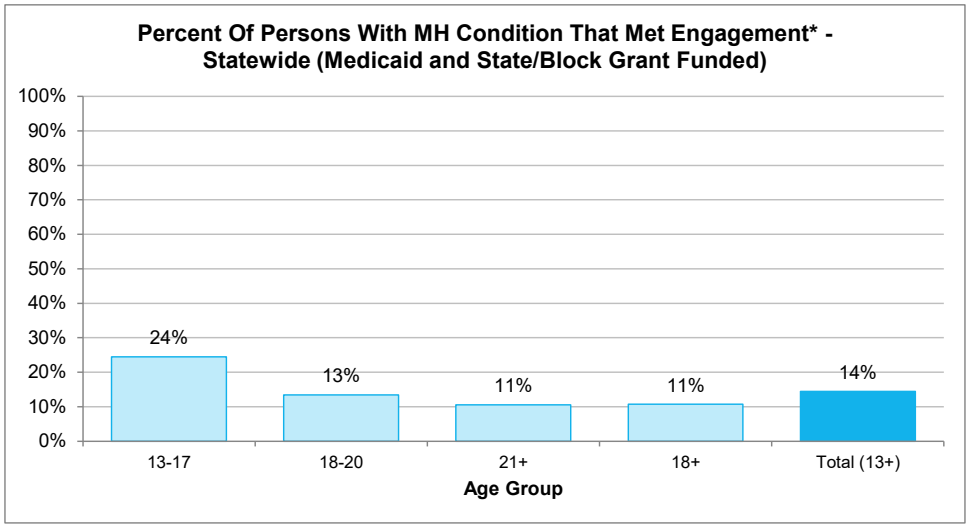
Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the 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 and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**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	2,473	1,720	3,051	1,772	7,244	34%	24%	42%	24%
18-20	370	276	689	179	1,335	28%	21%	52%	13%
21+	4,301	3,376	10,251	1,885	17,928	24%	19%	57%	11%
18+	4,671	3,652	10,940	2,064	19,263	24%	19%	57%	11%
Total (13+)	7,144	5,372	13,991	3,836	26,507	27%	20%	53%	14%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

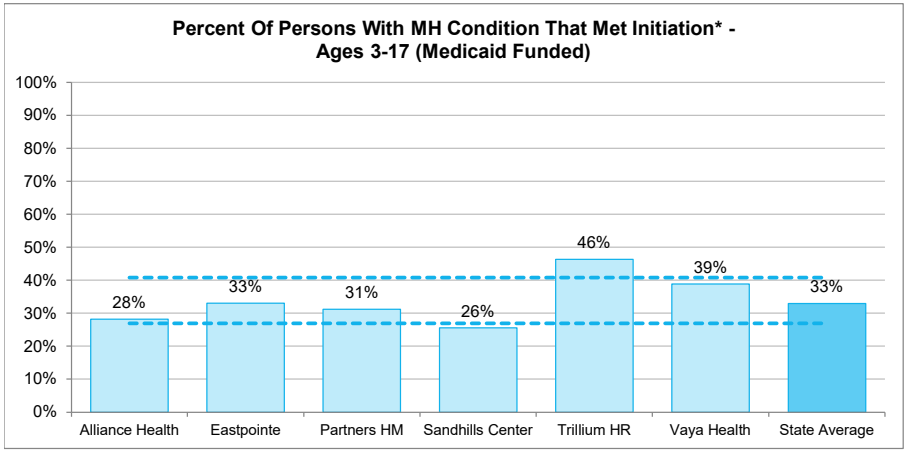
INITIATION AND ENGAGEMENT

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

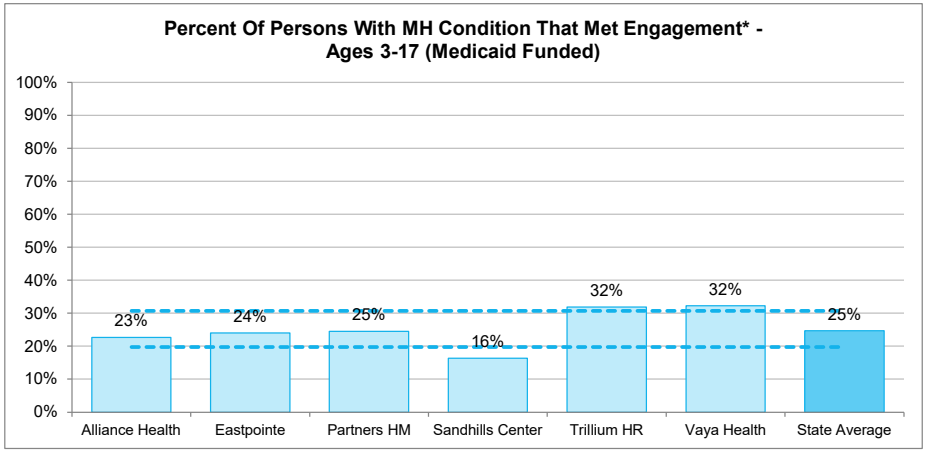
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**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)**
Persons Ages 3-17 (Medicaid Funded)									
Alliance Health	533	465	895	429	1,893	28%	25%	47%	23%
Eastpointe	241	187	301	175	729	33%	26%	41%	24%
Partners Health Management	219	237	246	172	702	31%	34%	35%	25%
Sandhills Center	244	244	466	156	954	26%	26%	49%	16%
Trillium Health Resources	434	278	225	299	937	46%	30%	24%	32%
Vaya Health	315	187	308	261	810	39%	23%	38%	32%
State Average	1,986	1,598	2,441	1,492	6,025	33%	27%	41%	25%
Standard Deviation						6.9%	3.6%	8.3%	5.5%
LME-MCO Average						34%	27%	39%	25%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

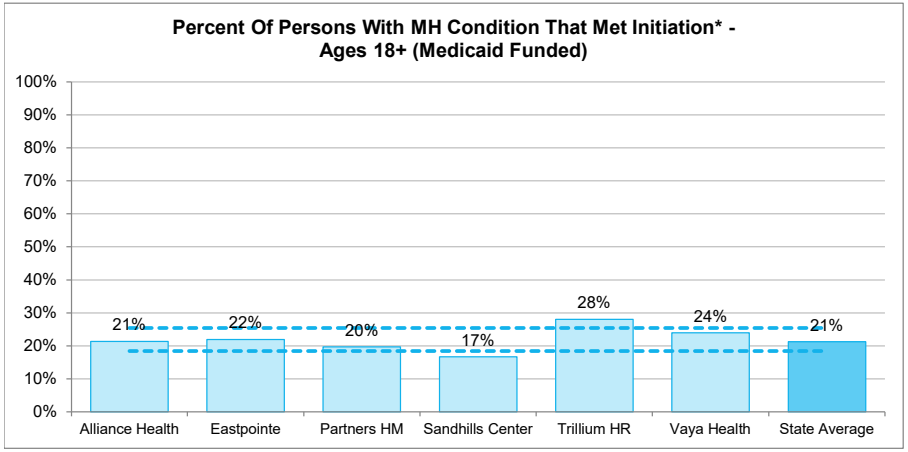
INITIATION AND ENGAGEMENT

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

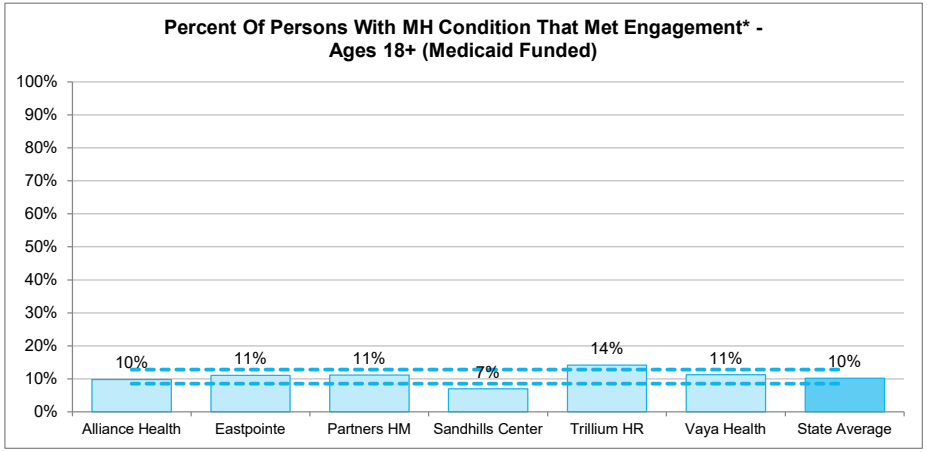
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**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)**
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	1,049	919	2,953	481	4,921	21%	19%	60%	10%
Eastpointe	390	332	1,056	196	1,778	22%	19%	59%	11%
Partners Health Management	416	638	1,057	236	2,111	20%	30%	50%	11%
Sandhills Center	459	467	1,829	191	2,755	17%	17%	66%	7%
Trillium Health Resources	414	352	711	209	1,477	28%	24%	48%	14%
Vaya Health	373	287	895	175	1,555	24%	18%	58%	11%
State Average	3,101	2,995	8,501	1,488	14,597	21%	21%	58%	10%
Standard Deviation						3.5%	4.6%	6.2%	2.1%
LME-MCO Average						22%	21%	57%	11%



* 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 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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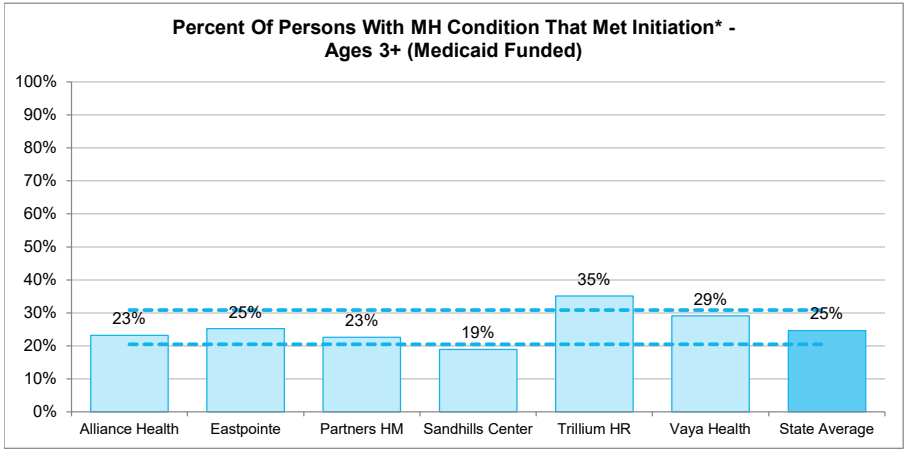
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total 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)**
Persons Ages 3+ (Medicaid Funded)									
Alliance Health	1,582	1,384	3,848	910	6,814	23%	20%	56%	13%
Eastpointe	631	519	1,357	371	2,507	25%	21%	54%	15%
Partners Health Management	635	875	1,303	408	2,813	23%	31%	46%	15%
Sandhills Center	703	711	2,295	347	3,709	19%	19%	62%	9%
Trillium Health Resources	848	630	936	508	2,414	35%	26%	39%	21%
Vaya Health	688	474	1,203	436	2,365	29%	20%	51%	18%
State Average	5,087	4,593	10,942	2,980	20,622	25%	22%	53%	14%
Standard Deviation						5.2%			3.7%
LME-MCO Average						26%	23%	51%	15%



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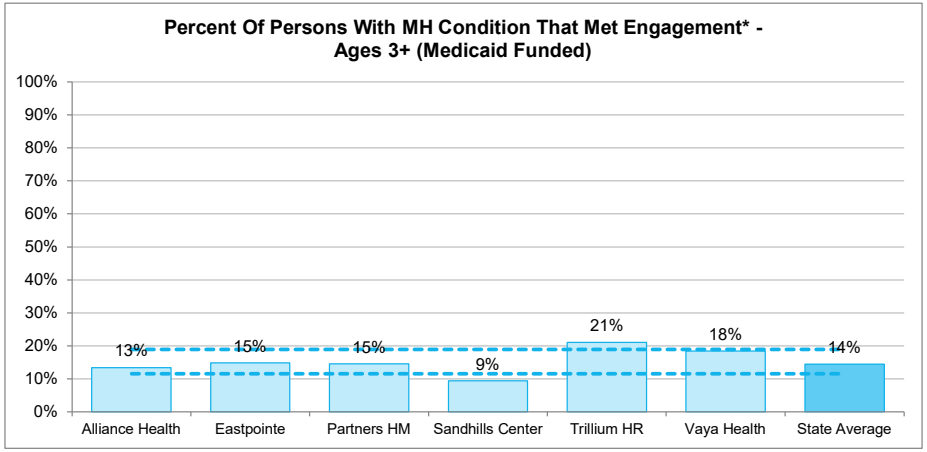

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

INITIATION AND ENGAGEMENT

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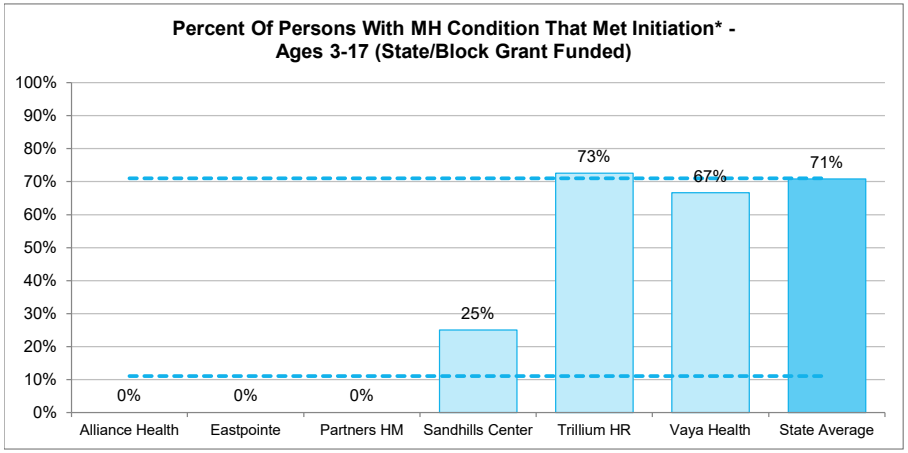
Persons Ages 3-17 (State/Block Grant Funded)									
Alliance Health	0	0	2	0	2	0%	0%	100%	0%
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Sandhills Center	1	0	3	0	4	25%	0%	75%	0%
Trillium Health Resources	140	13	40	32	193	73%	7%	21%	17%
Vaya Health	2	0	1	1	3	67%	0%	33%	33%
State Average	143	13	46	33	202	71%	6%	23%	16%
Standard Deviation						30.0%	2.9%	31.8%	13.8%
LME-MCO Average						41%	2%	57%	12%



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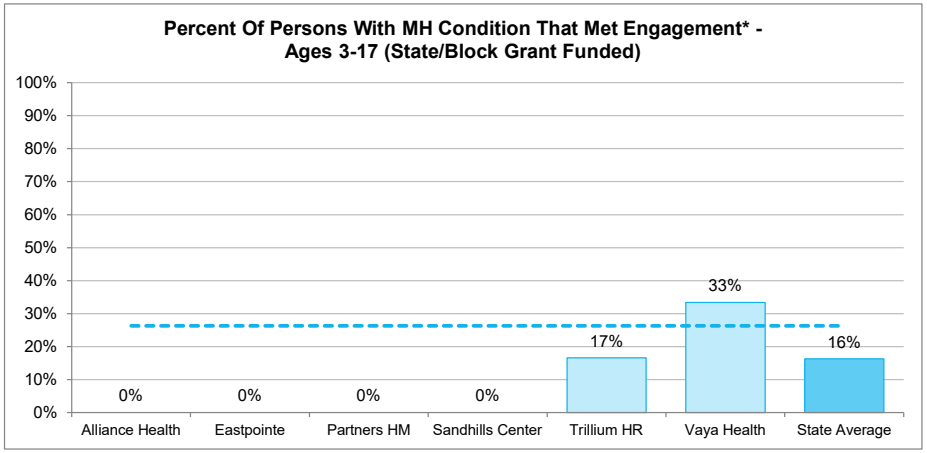

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

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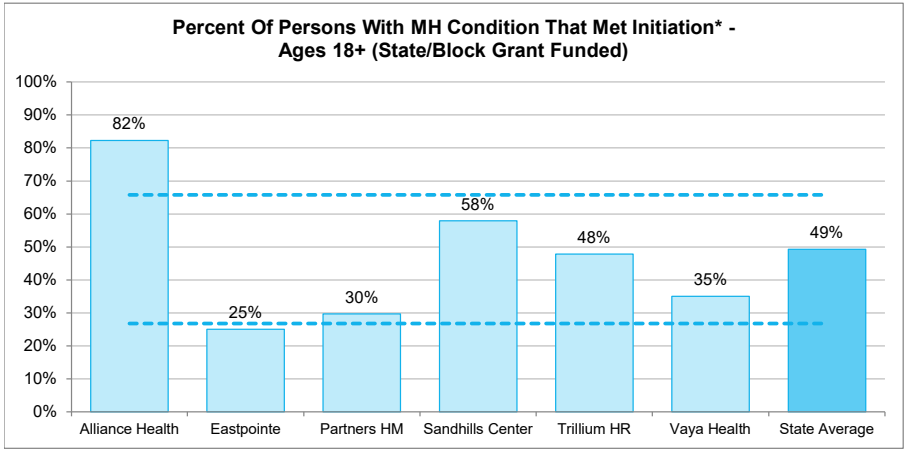
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	88	0	19	70	107	82%	0%	18%	65%
Eastpointe	5	1	14	3	20	25%	5%	70%	15%
Partners Health Management	11	4	22	4	37	30%	11%	59%	11%
Sandhills Center	33	5	19	25	57	58%	9%	33%	44%
Trillium Health Resources	744	332	480	220	1,556	48%	21%	31%	14%
Vaya Health	14	6	20	12	40	35%	15%	50%	30%
State Average	895	348	574	334	1,817	49%	19%	32%	18%
Standard Deviation						19.5%	6.8%	17.9%	19.5%
LME-MCO Average						46%	10%	44%	30%



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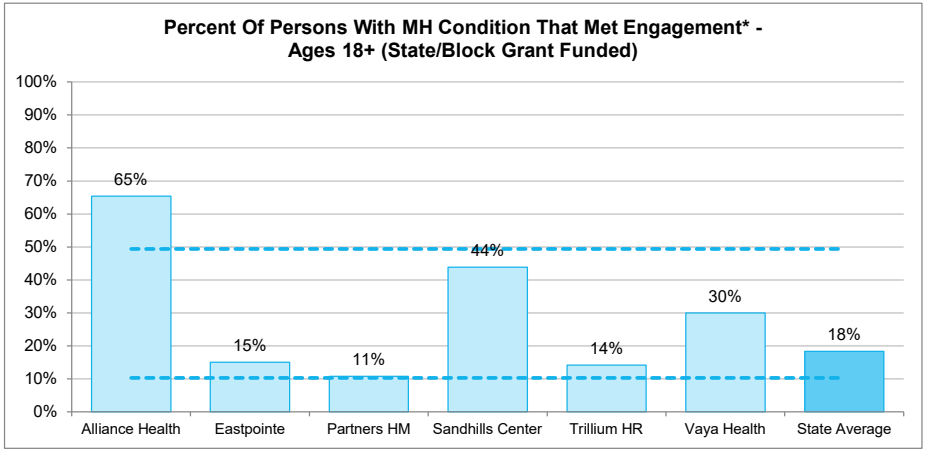

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2023	**Measurement Period:**	Jan - Mar 2023
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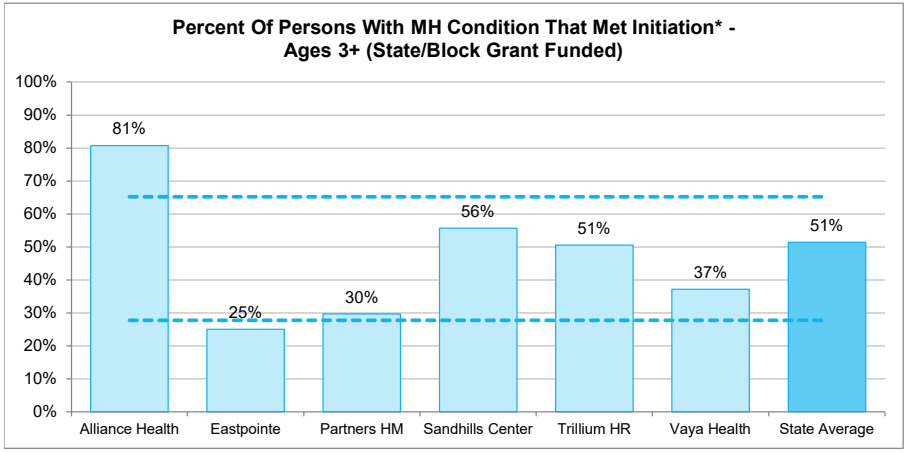
Persons Ages 3+ (State/Block Grant Funded)									
Alliance Health	88	0	21	70	109	81%	0%	19%	64%
Eastpointe	5	1	14	3	20	25%	5%	70%	15%
Partners Health Management	11	4	22	4	37	30%	11%	59%	11%
Sandhills Center	34	5	22	25	61	56%	8%	36%	41%
Trillium Health Resources	884	345	520	252	1,749	51%	20%	30%	14%
Vaya Health	16	6	21	13	43	37%	14%	49%	30%
State Average	1,038	361	620	367	2,019	51%	18%	31%	18%
Standard Deviation						18.7%	6.3%	17.4%	18.8%
LME-MCO Average						46%	10%	44%	29%



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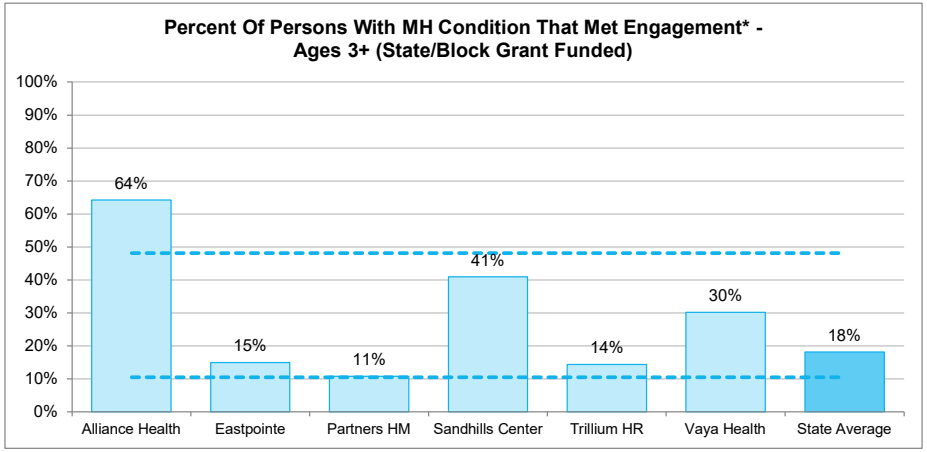

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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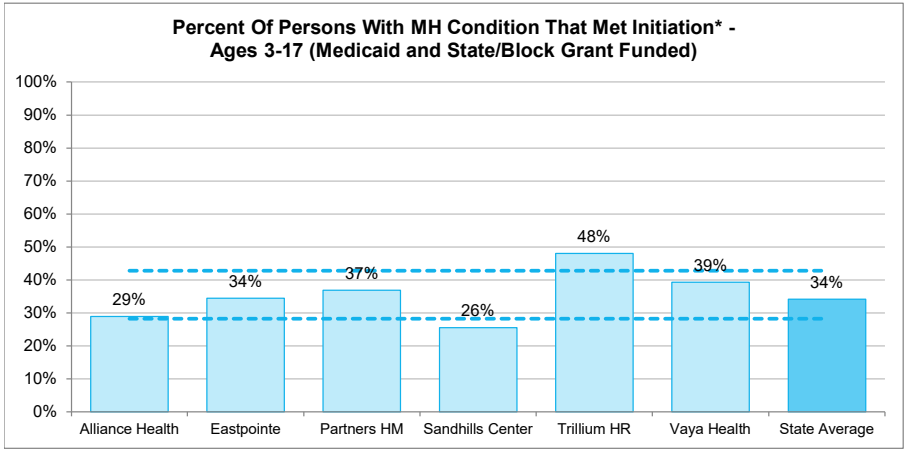
Persons Ages 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	580	489	933	475	2,002	29%	24%	47%	24%
Eastpointe	271	201	315	194	787	34%	26%	40%	25%
Partners Health Management	669	423	722	479	1,814	37%	23%	40%	26%
Sandhills Center	245	244	469	156	958	26%	25%	49%	16%
Trillium Health Resources	252	139	133	139	524	48%	27%	25%	27%
Vaya Health	456	224	479	329	1,159	39%	19%	41%	28%
State Average	2,473	1,720	3,051	1,772	7,244	34%	24%	42%	24%
Standard Deviation						7.3%	2.4%	7.5%	3.9%
LME-MCO Average						36%	24%	40%	24%



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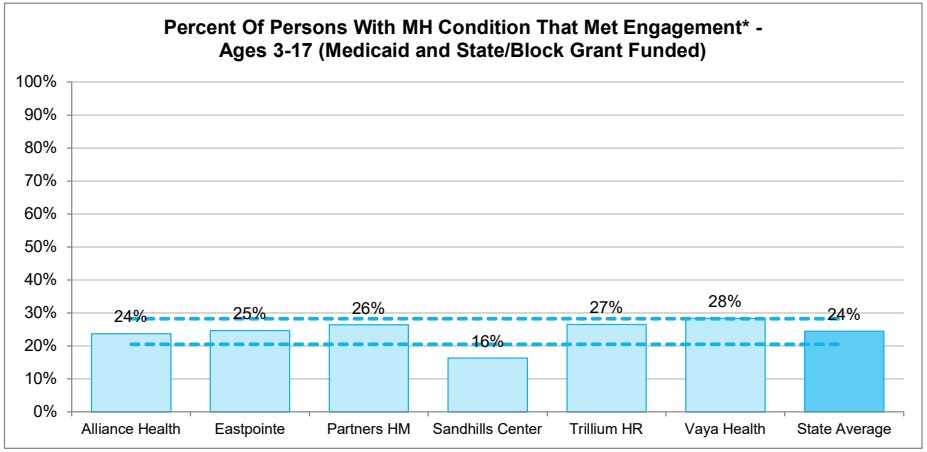

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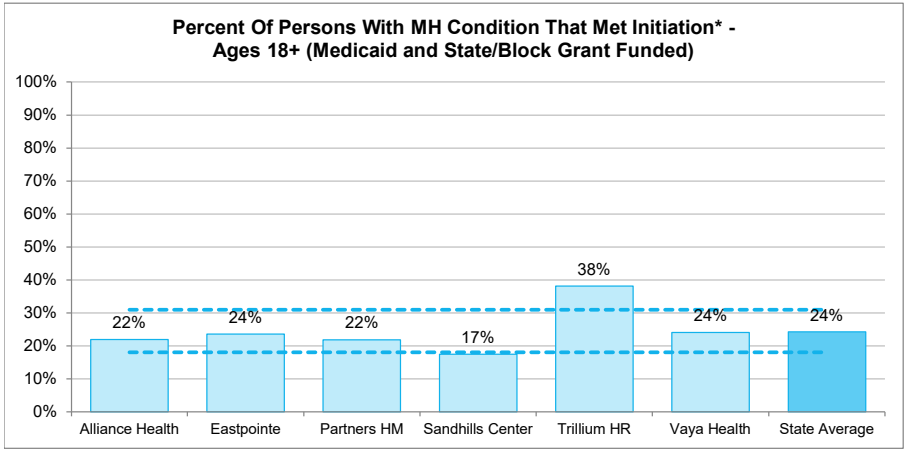
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,122	971	3,017	528	5,110	22%	19%	59%	10%
Eastpointe	447	353	1,092	238	1,892	24%	19%	58%	13%
Partners Health Management	925	846	2,454	408	4,225	22%	20%	58%	10%
Sandhills Center	492	472	1,848	216	2,812	17%	17%	66%	8%
Trillium Health Resources	1,158	690	1,185	432	3,033	38%	23%	39%	14%
Vaya Health	527	320	1,344	242	2,191	24%	15%	61%	11%
State Average	4,671	3,652	10,940	2,064	19,263	24%	19%	57%	11%
Standard Deviation						6.5%	2.5%	8.4%	2.1%
LME-MCO Average						25%	19%	57%	11%



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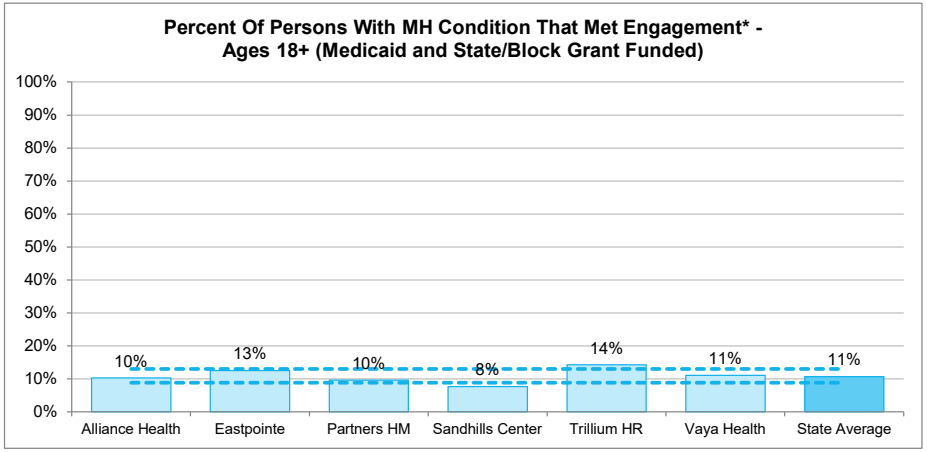

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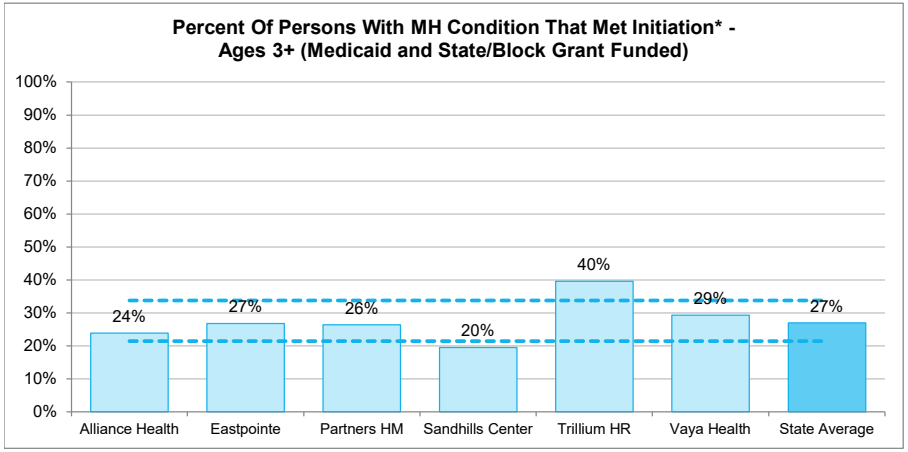
Persons Ages 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,702	1,460	3,950	1,003	7,112	24%	21%	56%	14%
Eastpointe	718	554	1,407	432	2,679	27%	21%	53%	16%
Partners Health Management	1,594	1,269	3,176	887	6,039	26%	21%	53%	15%
Sandhills Center	737	716	2,317	372	3,770	20%	19%	61%	10%
Trillium Health Resources	1,410	829	1,318	571	3,557	40%	23%	37%	16%
Vaya Health	983	544	1,823	571	3,350	29%	16%	54%	17%
State Average	7,144	5,372	13,991	3,836	26,507	27%	20%	53%	14%
Standard Deviation						6.2%	2.2%	7.4%	2.3%
LME-MCO Average						28%	20%	52%	15%



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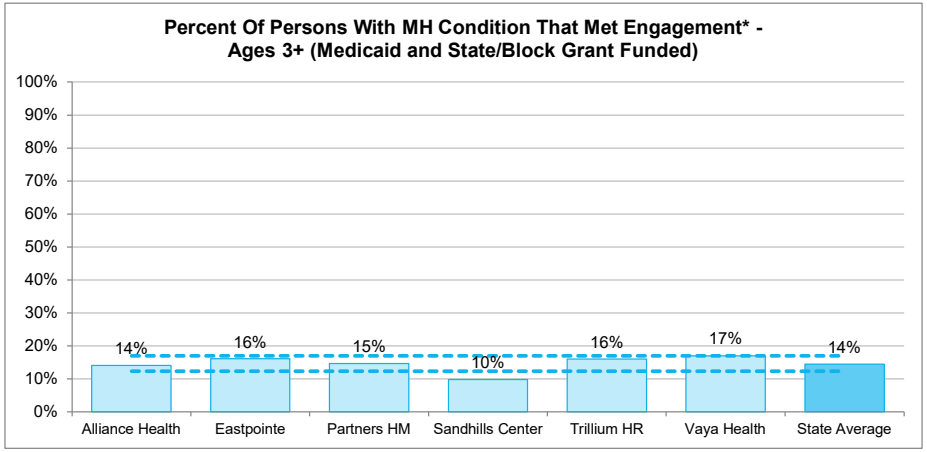

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2023 **Measurement Period:** Jan - Mar 2023
Report Quarter: 4th Quarter

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.

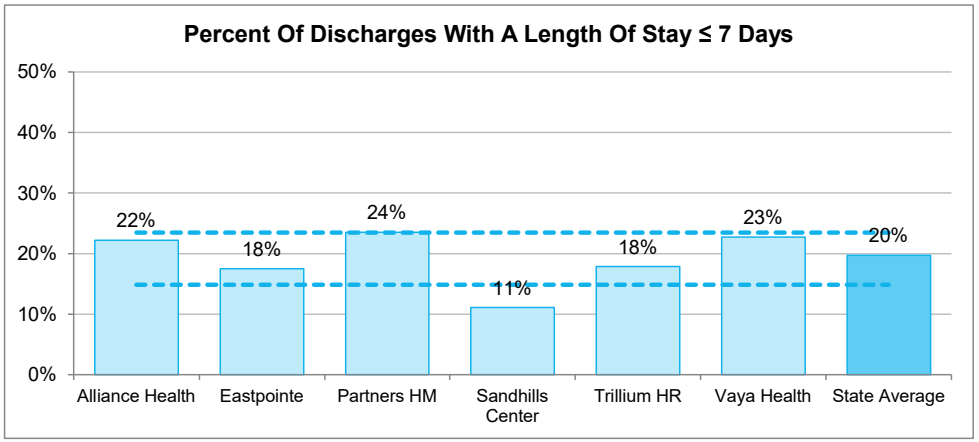
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

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.

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

	Numerator	Denominator	Rate
LME-MCO	**Number of Discharges with a LOS ≤ 7 Days**	**Total Discharges**	**Percent with a Length Of Stay ≤ 7 Days**
Alliance Health	8	36	22%
Eastpointe	7	40	18%
Partners Health Management	4	17	24%
Sandhills Center	1	9	11%
Trillium Health Resources	5	28	18%
Vaya Health	5	22	23%
State Average	30	152	20%
Standard Deviation			4.3%
LME-MCO Average			19%



Data Source: State Psychiatric Hospital data in CDW as of 4/17/23. 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:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

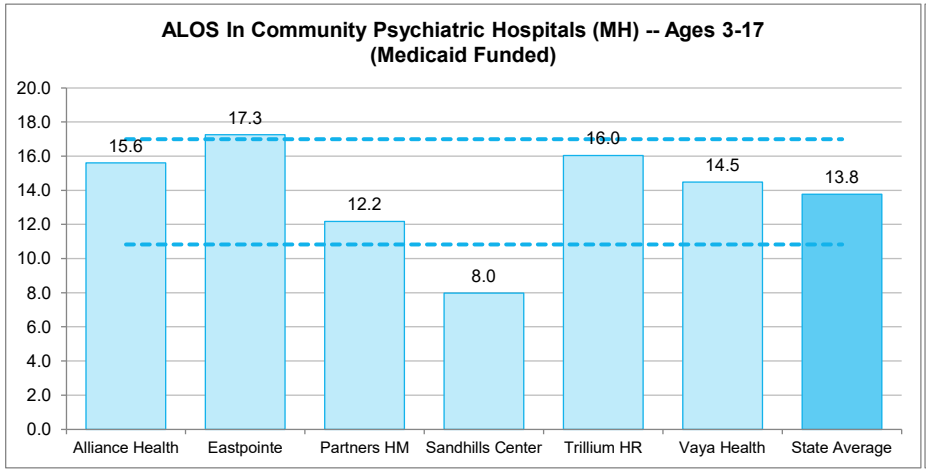
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

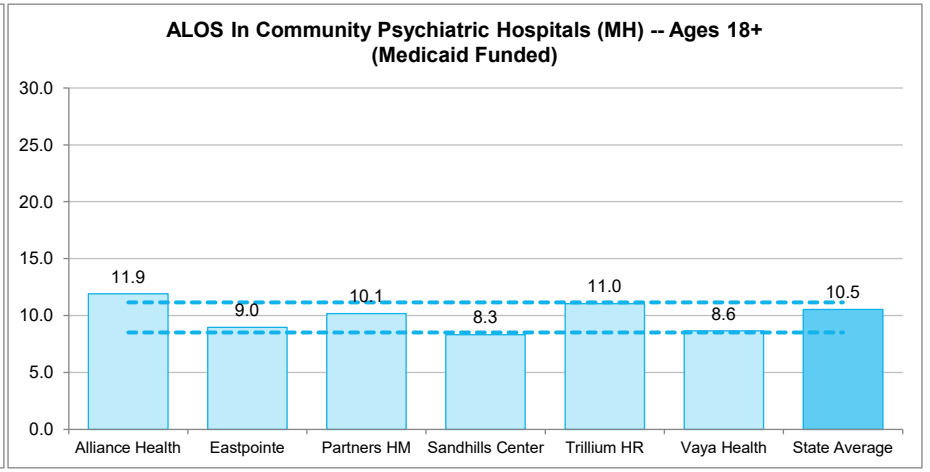
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	1,498	96	15.6	11,239	945	11.9	12,737	1,041	12.2
Eastpointe	535	31	17.3	1,899	212	9.0	2,434	243	10.0
Partners Health Management	1,669	137	12.2	5,146	507	10.1	6,815	644	10.6
Sandhills Center	534	67	8.0	2,129	256	8.3	2,663	323	8.2
Trillium Health Resources	1,732	108	16.0	5,641	511	11.0	7,373	619	11.9
Vaya Health	1,622	112	14.5	2,075	240	8.6	3,697	352	10.5
State Average	7,590	551	13.8	28,129	2,671	10.5	35,719	3,222	11.1
Standard Deviation			3.1			1.3			1.3
LME-MCO Average			13.9			9.8			10.6





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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

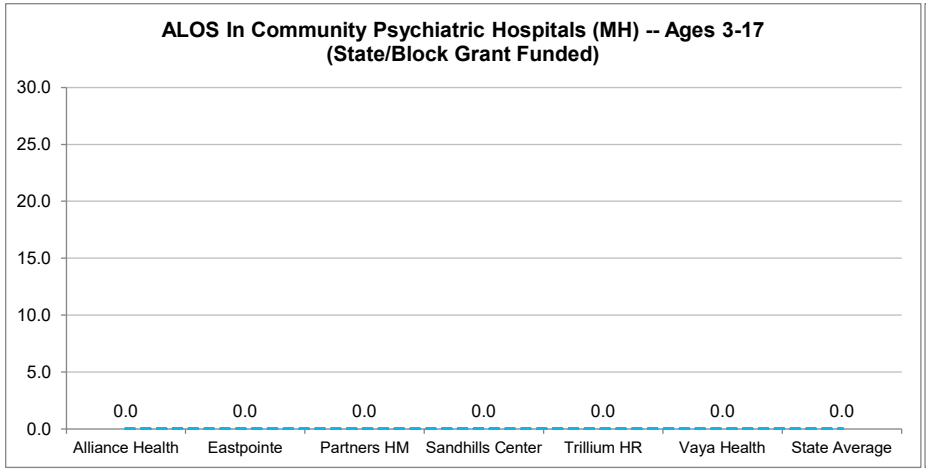
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

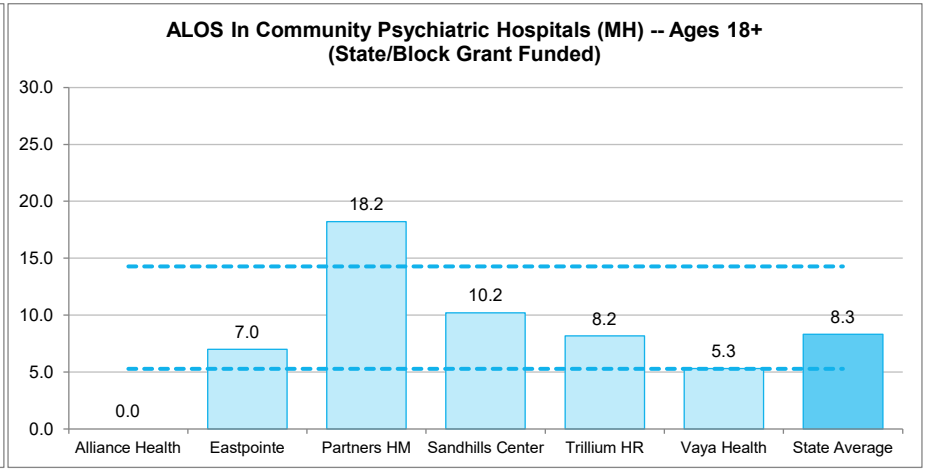
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	0	0		0	0				
Eastpointe	0	0		7	1	7.0	7	1	7.0
Partners Health Management	0	0		91	5	18.2	91	5	18.2
Sandhills Center	0	0		51	5	10.2	51	5	10.2
Trillium Health Resources	0	0		2,034	249	8.2	2,034	249	8.2
Vaya Health	0	0		37	7	5.3	37	7	5.3
State Average	0	0		2,220	267	8.3	2,220	267	8.3
Standard Deviation			0.0			4.5			4.5
LME-MCO Average			0.0			9.8			9.8





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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

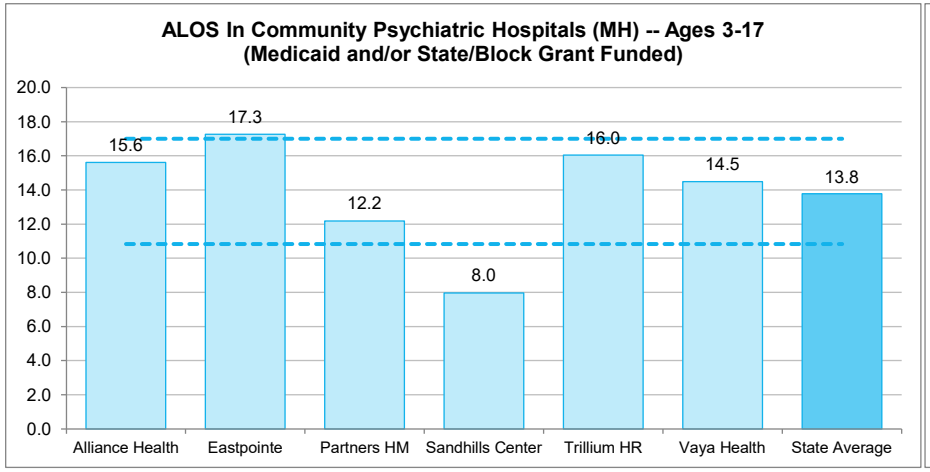
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

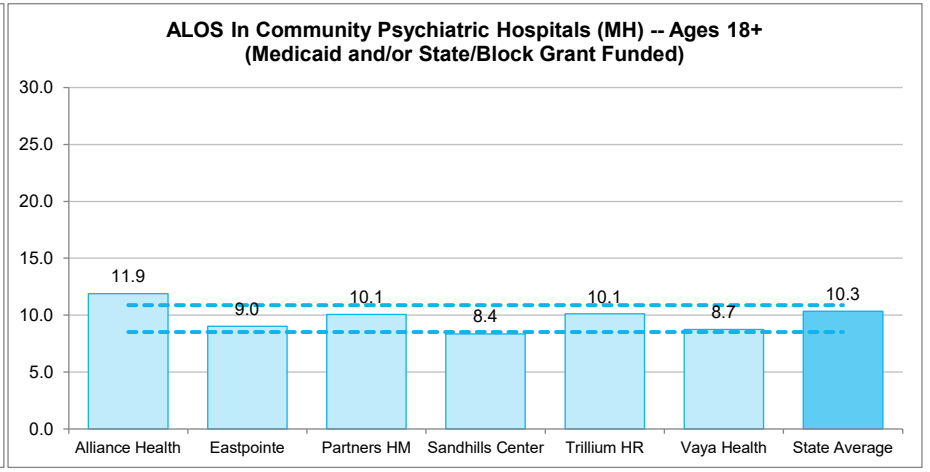
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	1,498	96	15.6	11,239	945	11.9	12,737	1,041	12.2
Eastpointe	535	31	17.3	1,913	212	9.0	2,448	243	10.1
Partners Health Management	1,669	137	12.2	5,055	502	10.1	6,724	639	10.5
Sandhills Center	534	67	8.0	2,180	261	8.4	2,714	328	8.3
Trillium Health Resources	1,732	108	16.0	7,675	760	10.1	9,407	868	10.8
Vaya Health	1,622	112	14.5	2,044	234	8.7	3,666	346	10.6
State Average	7,590	551	13.8	30,106	2,914	10.3	37,696	3,465	10.9
Standard Deviation			3.1			1.2			1.2
LME-MCO Average			13.9			9.7			10.4





CRISIS AND INPATIENT SERVICES

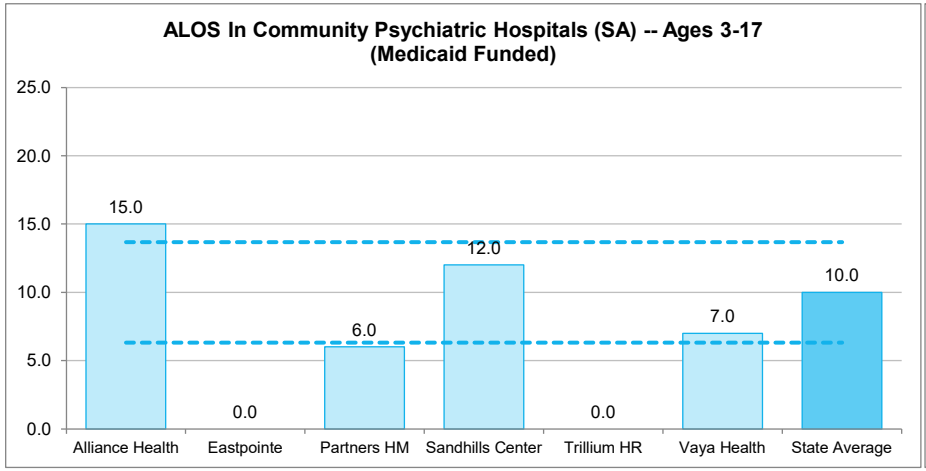
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

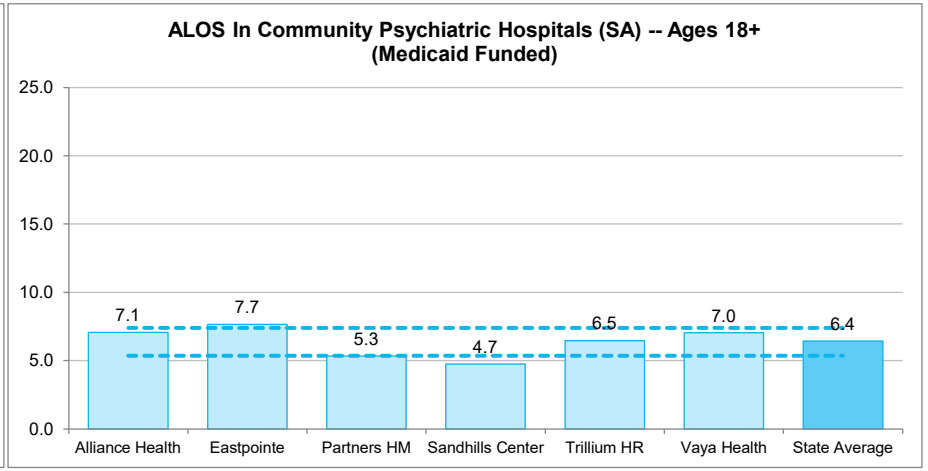
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	15	1	15.0	452	64	7.1	467	65	7.2
Eastpointe	0	0		306	40	7.7	306	40	7.7
Partners Health Management	6	1	6.0	331	62	5.3	337	63	5.3
Sandhills Center	12	1	12.0	109	23	4.7	121	24	5.0
Trillium Health Resources	0	0		168	26	6.5	168	26	6.5
Vaya Health	7	1	7.0	218	31	7.0	225	32	7.0
State Average	40	4	10.0	1,584	246	6.4	1,624	250	6.5
Standard Deviation			3.7			1.0			1.0
LME-MCO Average			10.0			6.4			6.5





CRISIS AND INPATIENT SERVICES

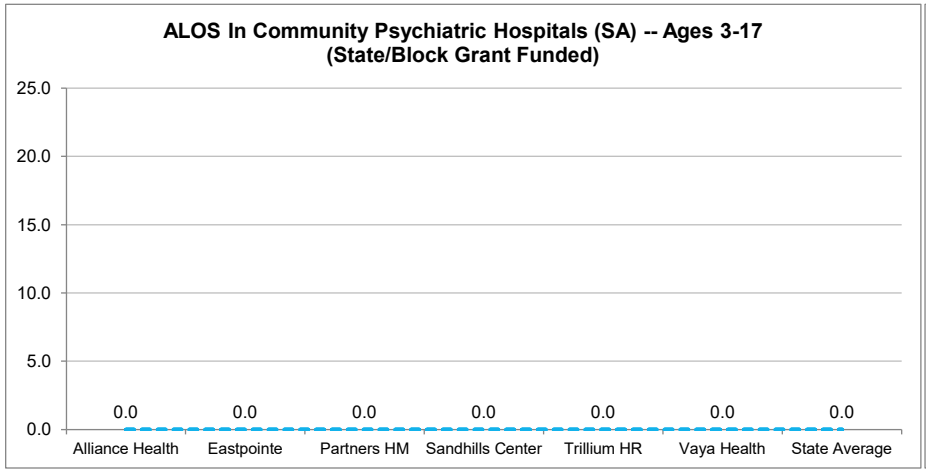
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

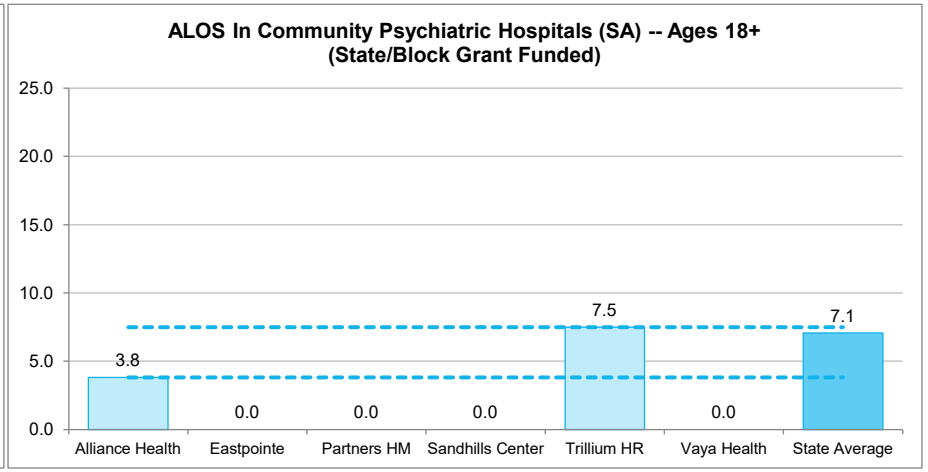
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	0	0		19	5	3.8	19	5	3.8
Eastpointe	0	0		0	0				
Partners Health Management	0	0		0	0				
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		292	39	7.5	292	39	7.5
Vaya Health	0	0		0	0				
State Average	0	0		311	44	7.1	311	44	7.1
Standard Deviation						1.8			1.8
LME-MCO Average						5.6			5.6





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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

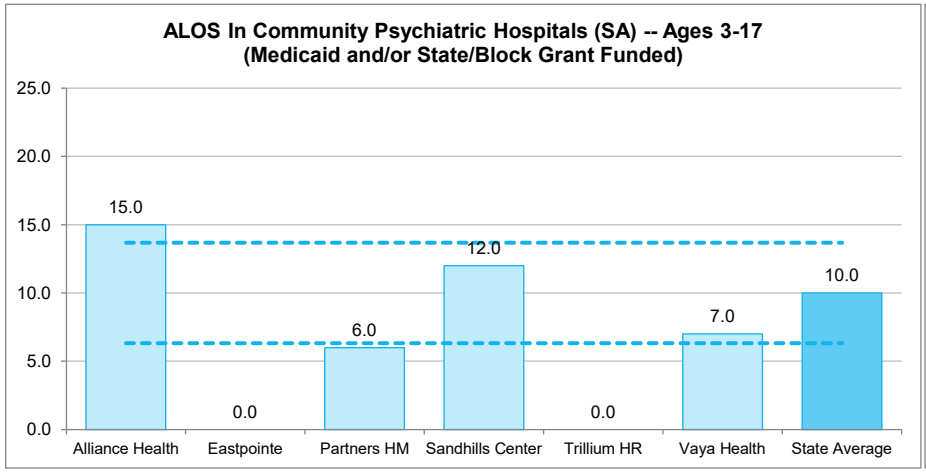
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

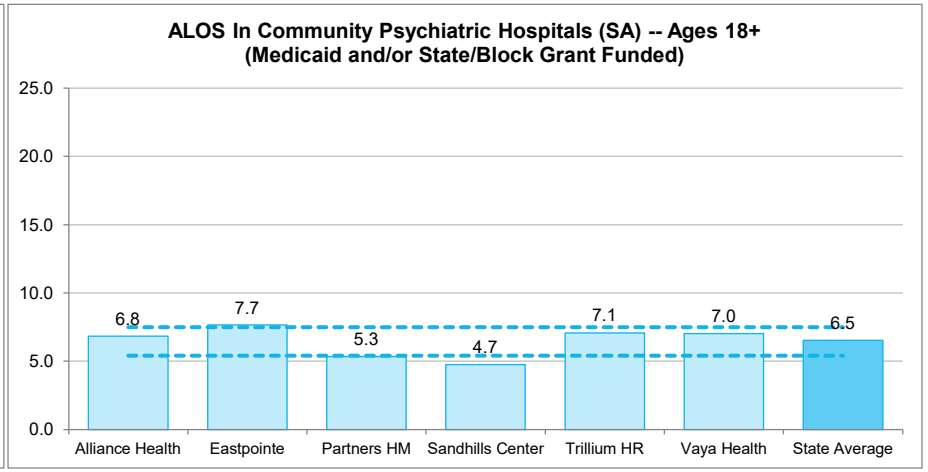
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	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
Alliance Health	15	1	15.0	471	69	6.8	486	70	6.9
Eastpointe	0	0		306	40	7.7	306	40	7.7
Partners Health Management	6	1	6.0	331	62	5.3	337	63	5.3
Sandhills Center	12	1	12.0	109	23	4.7	121	24	5.0
Trillium Health Resources	0	0		460	65	7.1	460	65	7.1
Vaya Health	7	1	7.0	218	31	7.0	225	32	7.0
State Average	40	4	10.0	1,895	290	6.5	1,935	294	6.6
Standard Deviation			3.7			1.0			1.0
LME-MCO Average			10.0			6.4			6.5





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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT

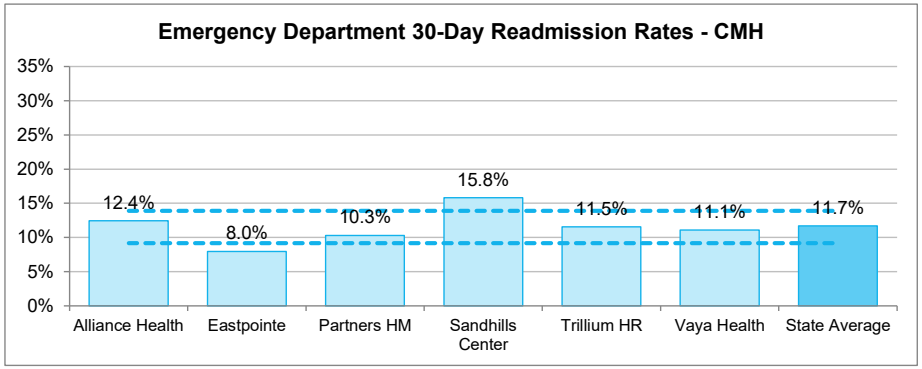
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a 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.

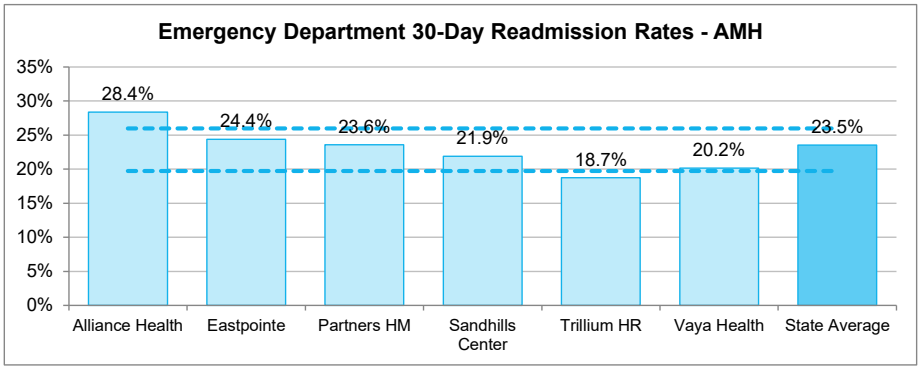
Child Mental Health (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	45	362	12.4%
Eastpointe	9	113	8.0%
Partners Health Management	32	311	10.3%
Sandhills Center	28	177	15.8%
Trillium Health Resources	30	260	11.5%
Vaya Health	22	198	11.1%
State Average	166	1,421	11.7%
Standard Deviation			2.4%
LME-MCO Average			11.5%



Adult Mental Health (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	282	994	28.4%
Eastpointe	91	373	24.4%
Partners Health Management	173	734	23.6%
Sandhills Center	102	466	21.9%
Trillium Health Resources	106	566	18.7%
Vaya Health	102	506	20.2%
State Average	856	3,639	23.5%
Standard Deviation			3.1%
LME-MCO Average			22.9%



CRISIS AND INPATIENT

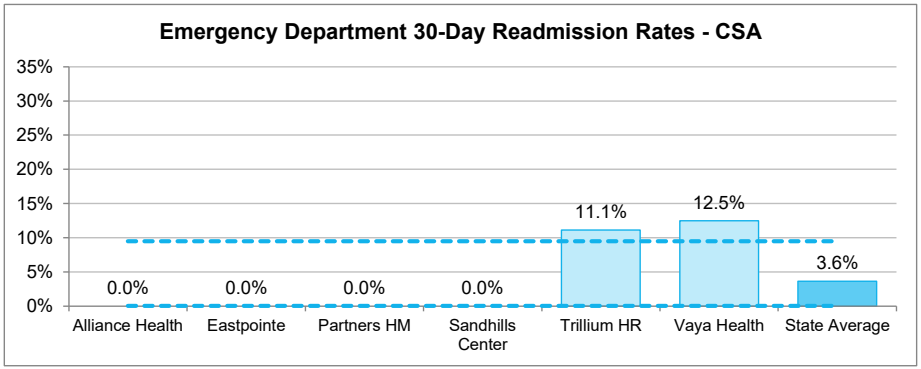
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a 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.

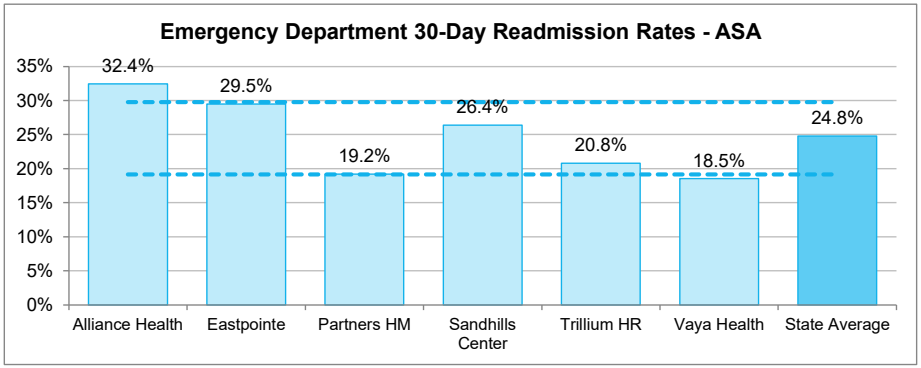
Child Substance Abuse (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	0	13	0.0%
Eastpointe	0	3	0.0%
Partners Health Management	0	13	0.0%
Sandhills Center	0	9	0.0%
Trillium Health Resources	1	9	11.1%
Vaya Health	1	8	12.5%
State Average	2	55	3.6%
Standard Deviation			5.6%
LME-MCO Average			3.9%



Adult Substance Abuse (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	120	370	32.4%
Eastpointe	38	129	29.5%
Partners Health Management	59	307	19.2%
Sandhills Center	48	182	26.4%
Trillium Health Resources	41	197	20.8%
Vaya Health	35	189	18.5%
State Average	341	1,374	24.8%
Standard Deviation			5.3%
LME-MCO Average			24.5%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT

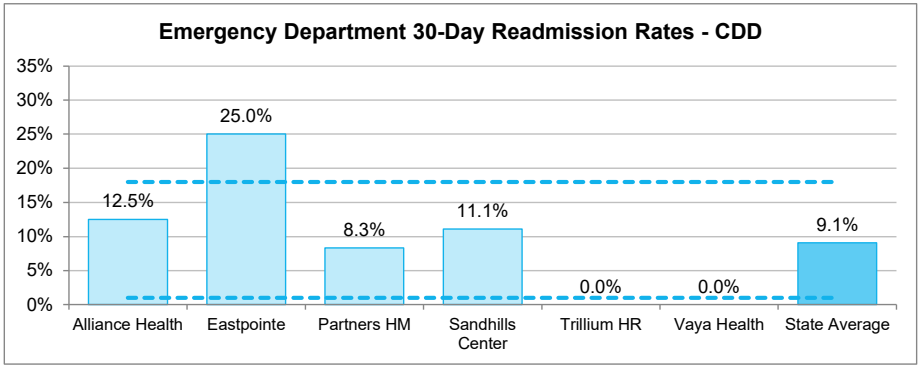
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a 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.

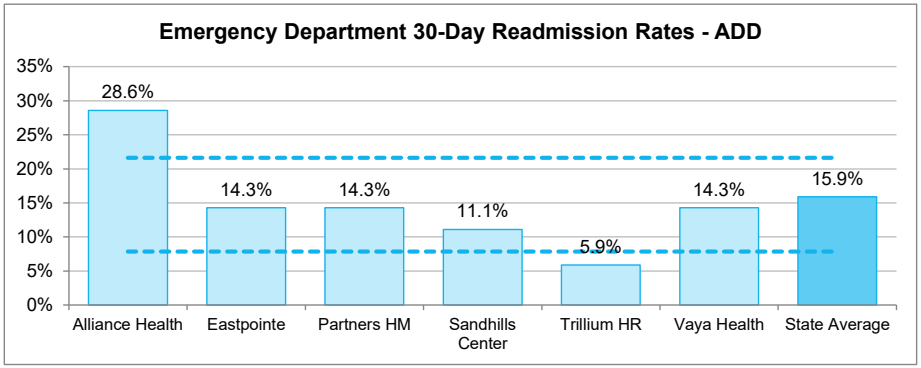
Child Intellectual or Developmental Disabilities (Ages 3-17)

	Numerator	Denominator	Rate
LME-MCO	**Number that are Readmissions within 30 days**	**Number of ED Admissions**	**Percent that are Readmissions within 30 Days**
Alliance Health	3	24	12.5%
Eastpointe	1	4	25.0%
Partners Health Management	1	12	8.3%
Sandhills Center	1	9	11.1%
Trillium Health Resources	0	9	0.0%
Vaya Health	0	8	0.0%
State Average	6	66	9.1%
Standard Deviation			8.5%
LME-MCO Average			9.5%



Adult Intellectual or Developmental Disabilities (Ages 18+)

Alliance Health	6	21	28.6%
Eastpointe	1	7	14.3%
Partners Health Management	2	14	14.3%
Sandhills Center	1	9	11.1%
Trillium Health Resources	1	17	5.9%
Vaya Health	2	14	14.3%
State Average	13	82	15.9%
Standard Deviation			6.9%
LME-MCO Average			14.7%



State Fiscal Year: 2023 **Measurement Period:** Jan - Mar 2023
Report Quarter: 4th Quarter **Based On Claims Paid As Of:** Jul 31, 2023

CRISIS AND INPATIENT

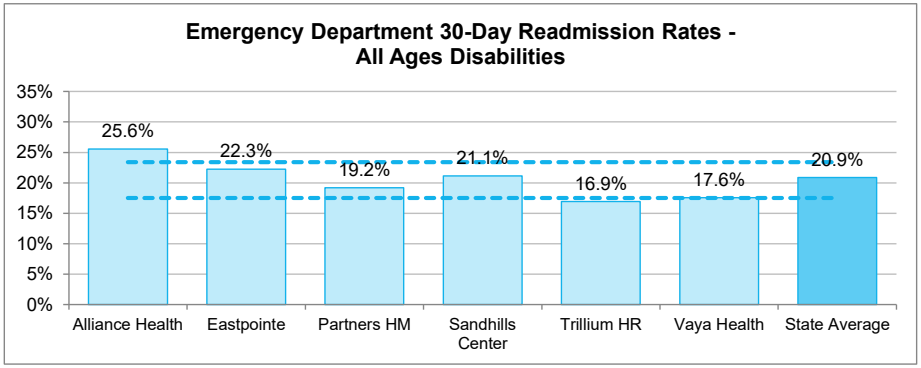
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a 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.

All Ages and Disabilities (Ages 3+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	456	1,784	25.6%
Eastpointe	140	629	22.3%
Partners Health Management	267	1,391	19.2%
Sandhills Center	180	852	21.1%
Trillium Health Resources	179	1,058	16.9%
Vaya Health	162	923	17.6%
State Average	1,384	6,637	20.9%
Standard Deviation			3.0%
LME-MCO Average			20.4%



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

State Fiscal Year:	2023	**30-Day Readmission Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**180-Day Readmission Measurement Period:**	Oct - Dec 2022

CRISIS AND INPATIENT SERVICES

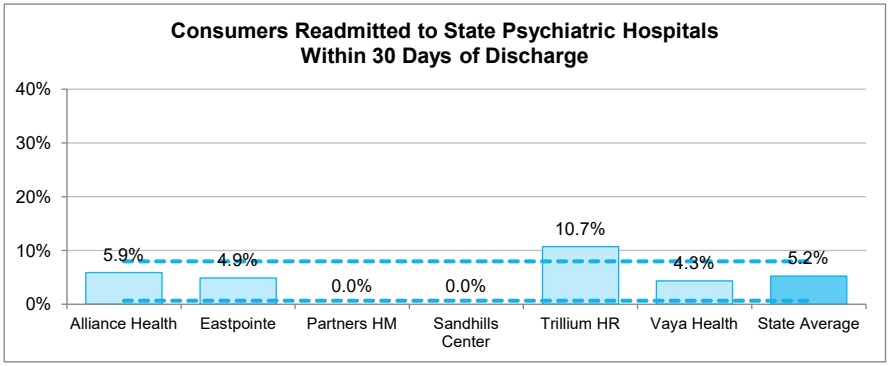
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

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.

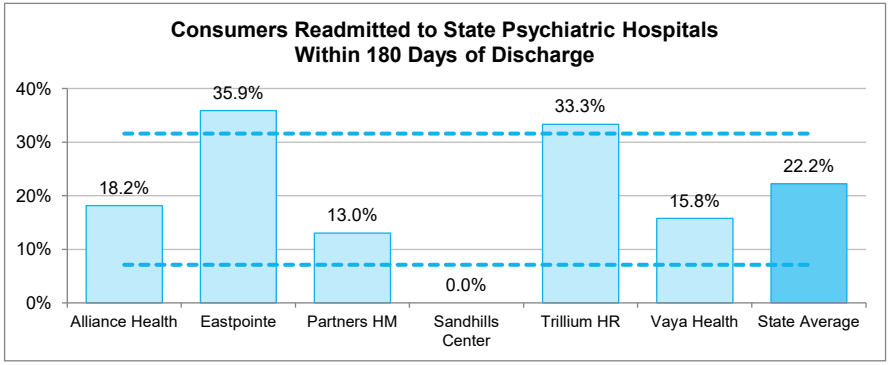
Readmitted within 30 Days (Discharges Jan - Mar 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	2	34	5.9%
Eastpointe	2	41	4.9%
Partners Health Management	0	18	0.0%
Sandhills Center	0	9	0.0%
Trillium Health Resources	3	28	10.7%
Vaya Health	1	23	4.3%
State Average	8	153	5.2%
Standard Deviation			3.7%
LME-MCO Average			4.3%



Readmitted within 180 Days (Discharges Oct - Dec 2022)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	8	44	18.2%
Eastpointe	14	39	35.9%
Partners Health Management	3	23	13.0%
Sandhills Center	0	10	0.0%
Trillium Health Resources	6	18	33.3%
Vaya Health	3	19	15.8%
State Average	34	153	22.2%
Standard Deviation			12.2%
LME-MCO Average			19.4%



Data Source: State Hospital data in CDW as of 8/15/23. 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.

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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

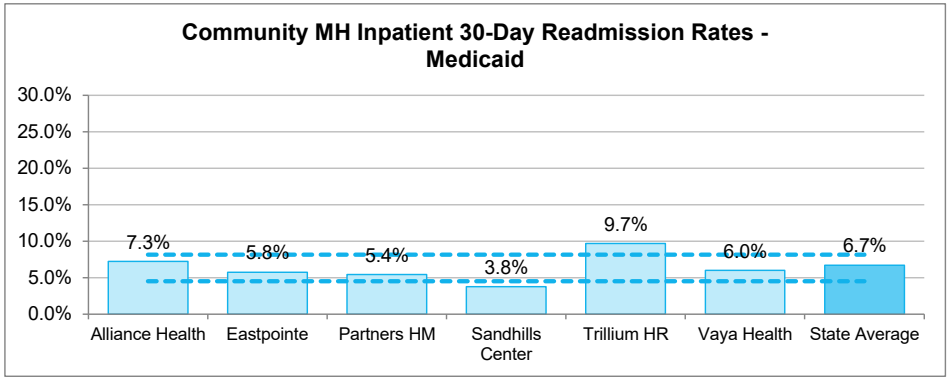
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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.

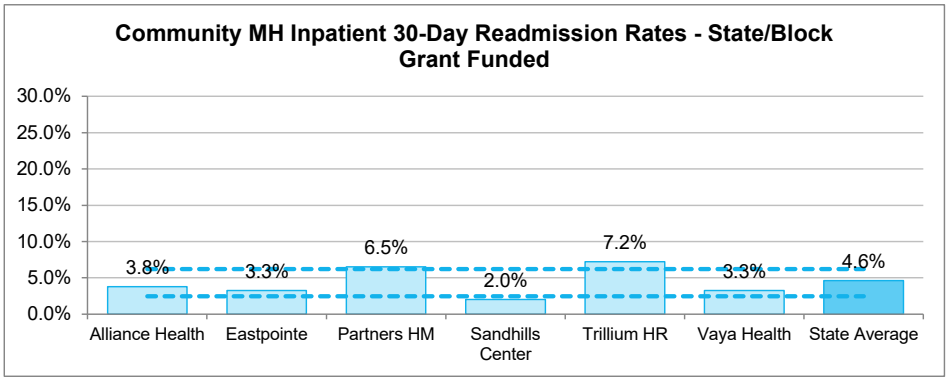
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	78	1,075	7.3%
Eastpointe	14	243	5.8%
Partners Health Management	35	643	5.4%
Sandhills Center	12	318	3.8%
Trillium Health Resources	60	619	9.7%
Vaya Health	40	666	6.0%
State Average	239	3,564	6.7%
Standard Deviation			1.8%
LME-MCO Average			6.3%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	23	606	3.8%
Eastpointe	3	92	3.3%
Partners Health Management	37	567	6.5%
Sandhills Center	5	249	2.0%
Trillium Health Resources	18	249	7.2%
Vaya Health	10	307	3.3%
State Average	96	2,070	4.6%
Standard Deviation			1.9%
LME-MCO Average			4.3%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

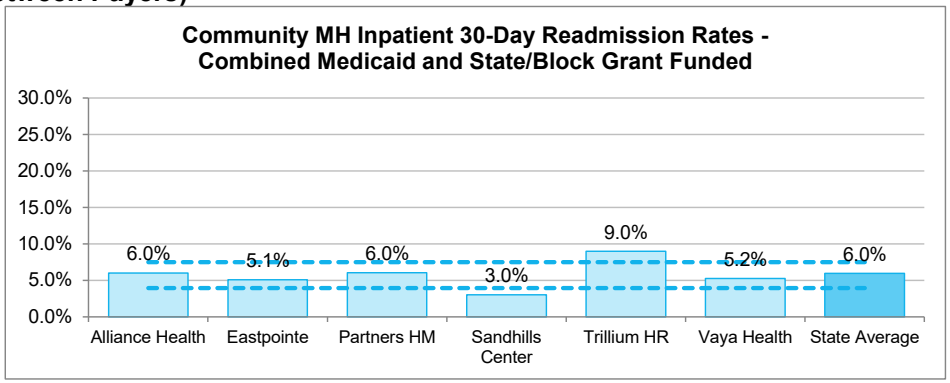
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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.

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

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	101	1,681	6.0%
Eastpointe	17	335	5.1%
Partners Health Management	73	1,210	6.0%
Sandhills Center	17	567	3.0%
Trillium Health Resources	78	868	9.0%
Vaya Health	51	973	5.2%
State Average	337	5,634	6.0%
Standard Deviation			1.8%
LME-MCO Average			5.7%



CRISIS AND INPATIENT SERVICES

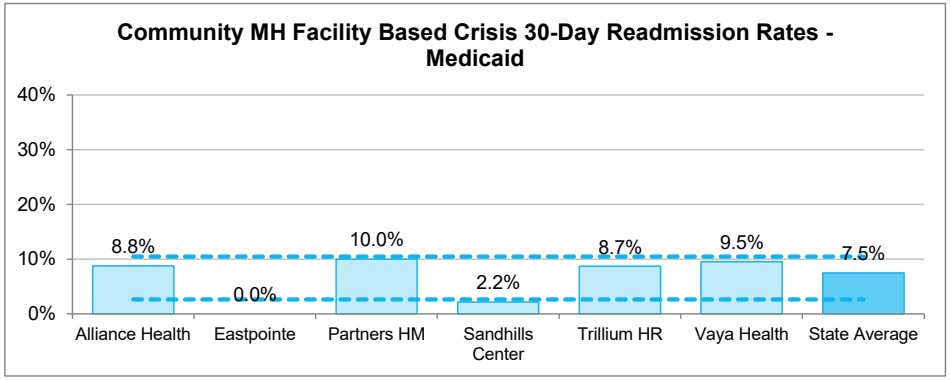
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

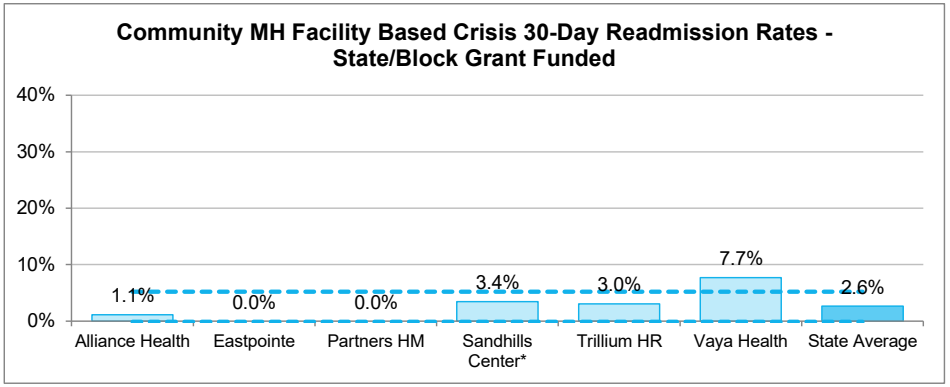
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	5	57	8.8%
Eastpointe	0	11	0.0%
Partners Health Management	4	40	10.0%
Sandhills Center	1	46	2.2%
Trillium Health Resources	2	23	8.7%
Vaya Health	6	63	9.5%
State Average	18	240	7.5%
Standard Deviation			3.9%
LME-MCO Average			6.5%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	1	87	1.1%
Eastpointe	0	2	0.0%
Partners Health Management	0	17	0.0%
Sandhills Center	1	29	3.4%
Trillium Health Resources	2	66	3.0%
Vaya Health	2	26	7.7%
State Average	6	227	2.6%
Standard Deviation			2.7%
LME-MCO Average			2.6%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

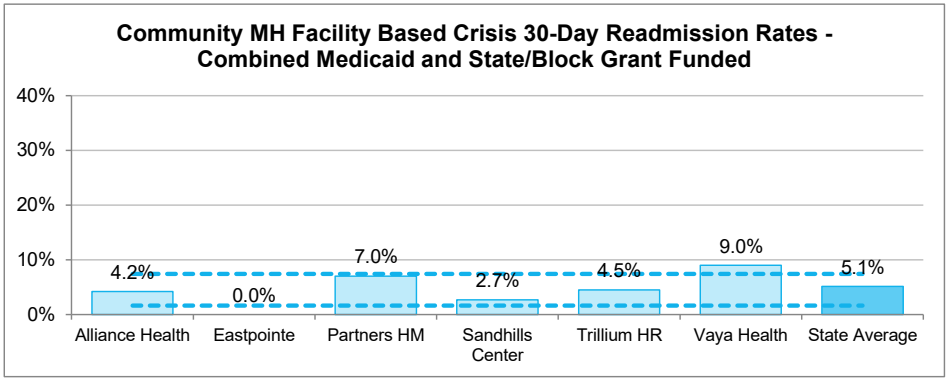
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

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

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	6	144	4.2%
Eastpointe	0	13	0.0%
Partners Health Management	4	57	7.0%
Sandhills Center	2	75	2.7%
Trillium Health Resources	4	89	4.5%
Vaya Health	8	89	9.0%
State Average	24	467	5.1%
Standard Deviation			2.9%
LME-MCO Average			4.6%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

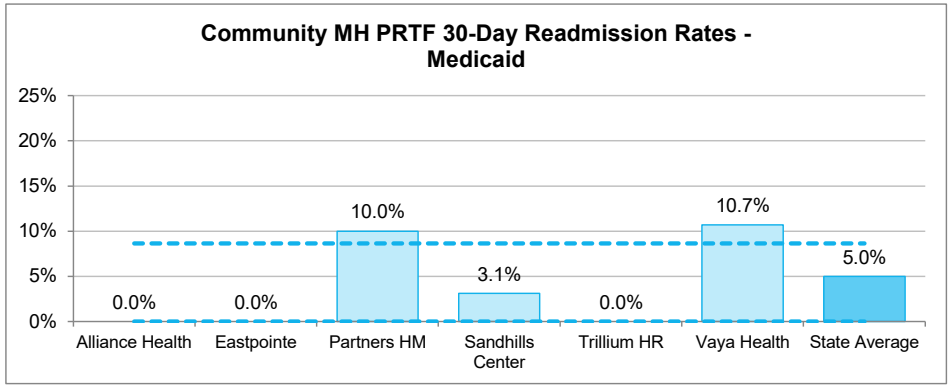
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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.

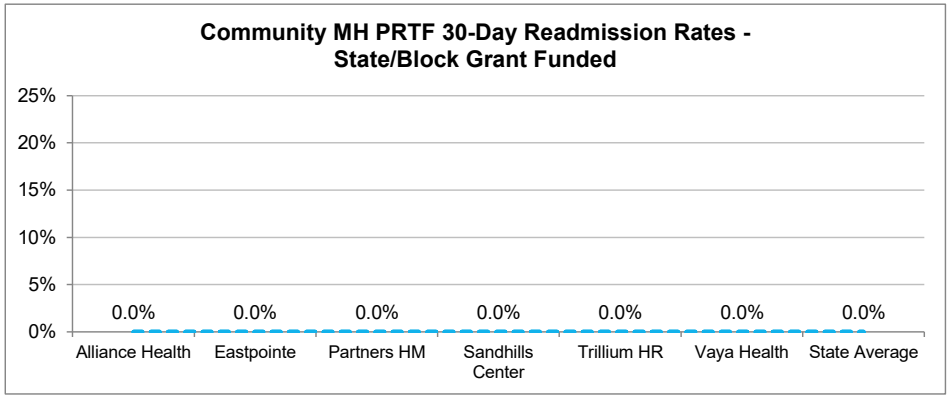
Medicaid Funded

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	0	27	0.0%
Eastpointe	0	10	0.0%
Partners Health Management	4	40	10.0%
Sandhills Center	1	32	3.1%
Trillium Health Resources	0	23	0.0%
Vaya Health	3	28	10.7%
State Average	8	160	5.0%
Standard Deviation			4.7%
LME-MCO Average			4.0%



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%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

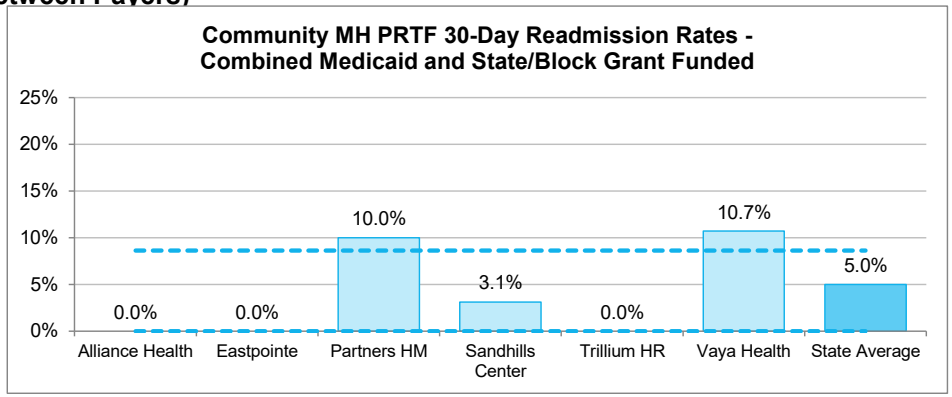
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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.

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

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	0	27	0.0%
Eastpointe	0	10	0.0%
Partners Health Management	4	40	10.0%
Sandhills Center	1	32	3.1%
Trillium Health Resources	0	23	0.0%
Vaya Health	3	28	10.7%
State Average	8	160	5.0%
Standard Deviation			4.7%
LME-MCO Average			4.0%



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

State Fiscal Year:	2023	**30-Day Readmission Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**180-Day Readmission Measurement Period:**	Oct - Dec 2022

CRISIS AND INPATIENT SERVICES

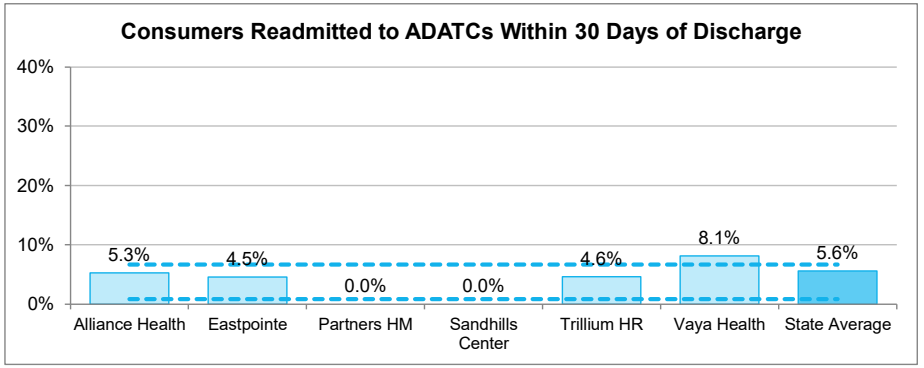
5.8 State ADATC Readmissions within 30 Days and 180 Days

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.

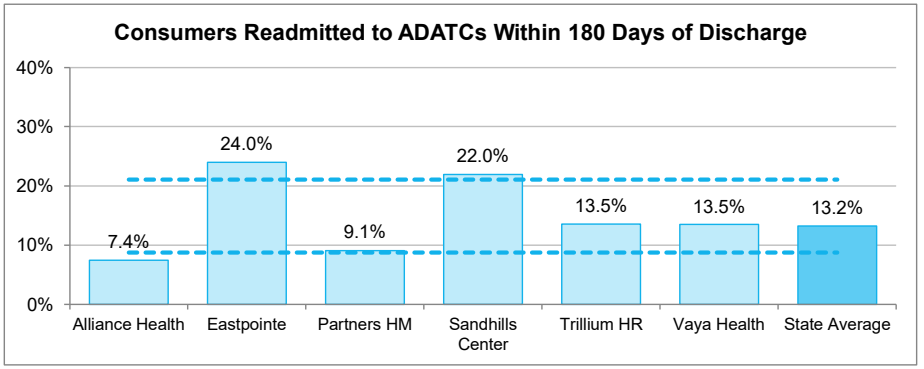
Readmitted within 30 Days (Discharges Jan - Mar 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	2	38	5.3%
Eastpointe	1	22	4.5%
Partners Health Management	0	23	0.0%
Sandhills Center	0	19	0.0%
Trillium Health Resources	5	109	4.6%
Vaya Health	12	148	8.1%
State Average	20	359	5.6%
Standard Deviation			2.9%
LME-MCO Average			3.8%



Readmitted within 180 Days (Discharges Oct - Dec 2022)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	7	94	7.4%
Eastpointe	6	25	24.0%
Partners Health Management	4	44	9.1%
Sandhills Center	9	41	22.0%
Trillium Health Resources	21	155	13.5%
Vaya Health	31	230	13.5%
State Average	78	589	13.2%
Standard Deviation			6.1%
LME-MCO Average			14.9%



Data Source: State ADATC data in CDW as of 8/15/23. 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.

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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

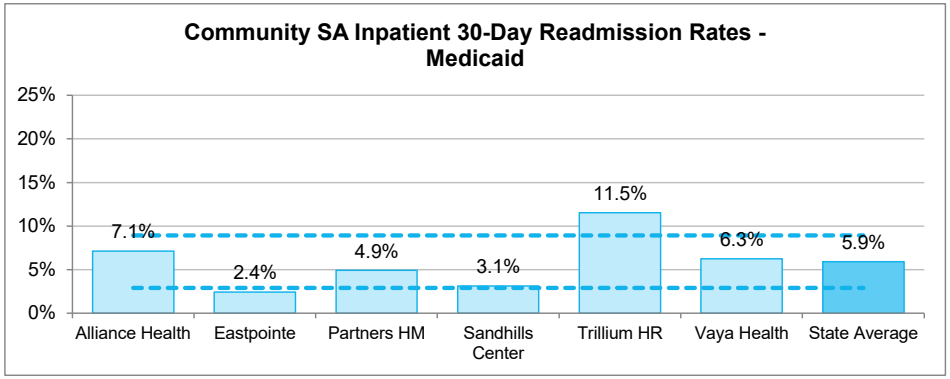
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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, I/DD, SUD principal diagnosis within 30 days following discharge.

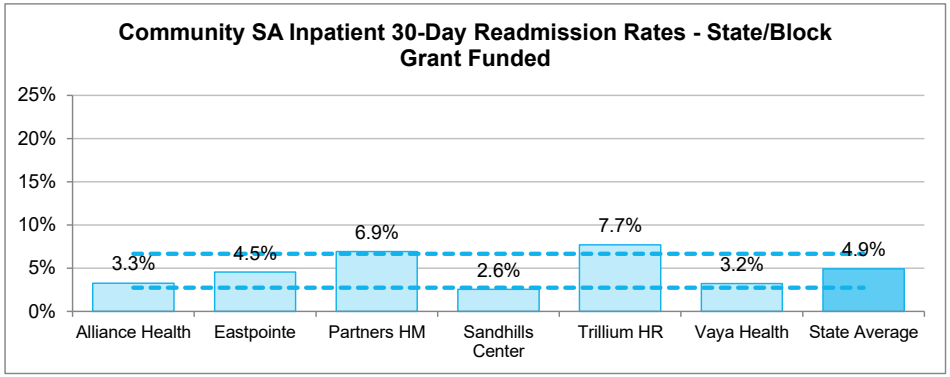
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	8	112	7.1%
Eastpointe	1	41	2.4%
Partners Health Management	4	81	4.9%
Sandhills Center	1	32	3.1%
Trillium Health Resources	3	26	11.5%
Vaya Health	5	80	6.3%
State Average	22	372	5.9%
Standard Deviation			3.0%
LME-MCO Average			5.9%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	2	61	3.3%
Eastpointe	1	22	4.5%
Partners Health Management	10	144	6.9%
Sandhills Center	2	78	2.6%
Trillium Health Resources	3	39	7.7%
Vaya Health	2	62	3.2%
State Average	20	406	4.9%
Standard Deviation			1.9%
LME-MCO Average			4.7%



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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CRISIS AND INPATIENT SERVICES

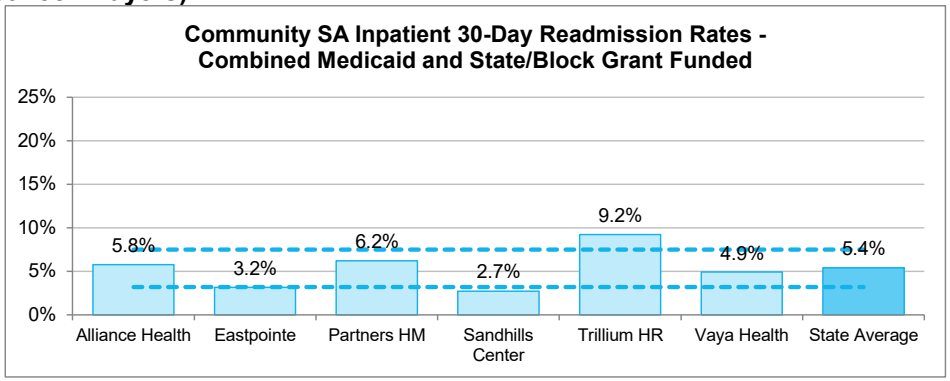
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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, I/DD, SUD principal diagnosis within 30 days following discharge.

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

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	10	173	5.8%
Eastpointe	2	63	3.2%
Partners Health Management	14	225	6.2%
Sandhills Center	3	110	2.7%
Trillium Health Resources	6	65	9.2%
Vaya Health	7	142	4.9%
State Average	42	778	5.4%
Standard Deviation			2.2%
LME-MCO Average			5.3%



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

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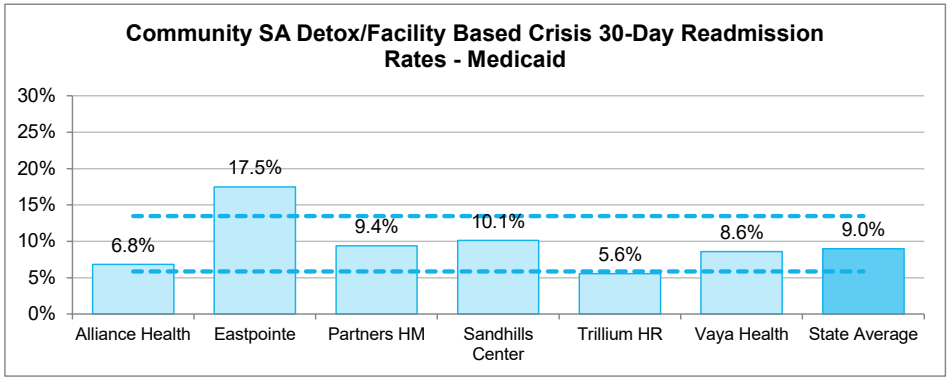
CRISIS AND INPATIENT SERVICES

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

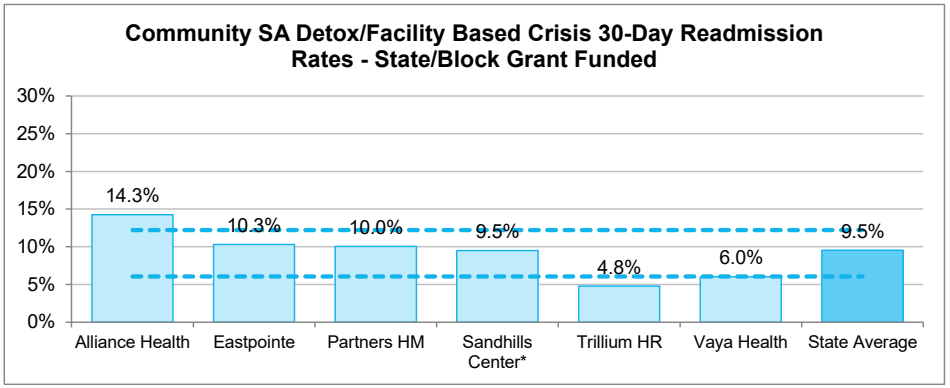
Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission 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	8	117	6.8%
Eastpointe	11	63	17.5%
Partners Health Management	15	160	9.4%
Sandhills Center	7	69	10.1%
Trillium Health Resources	6	108	5.6%
Vaya Health	9	105	8.6%
State Average	56	622	9.0%
Standard Deviation			3.8%
LME-MCO Average			9.7%



State/Block Grant Funded			
Alliance Health	67	470	14.3%
Eastpointe	10	97	10.3%
Partners Health Management	57	568	10.0%
Sandhills Center	23	242	9.5%
Trillium Health Resources	20	419	4.8%
Vaya Health	10	166	6.0%
State Average	187	1,962	9.5%
Standard Deviation			3.1%
LME-MCO Average			9.2%



North Carolina LME-MCO Performance Measurement Reporting
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CRISIS AND INPATIENT SERVICES

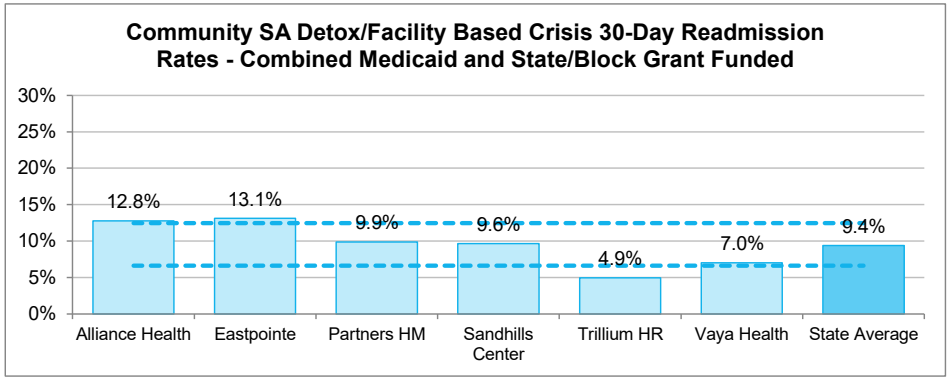
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

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

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	75	587	12.8%
Eastpointe	21	160	13.1%
Partners Health Management	72	728	9.9%
Sandhills Center	30	311	9.6%
Trillium Health Resources	26	527	4.9%
Vaya Health	19	271	7.0%
State Average	243	2,584	9.4%
Standard Deviation			2.9%
LME-MCO Average			9.6%



North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

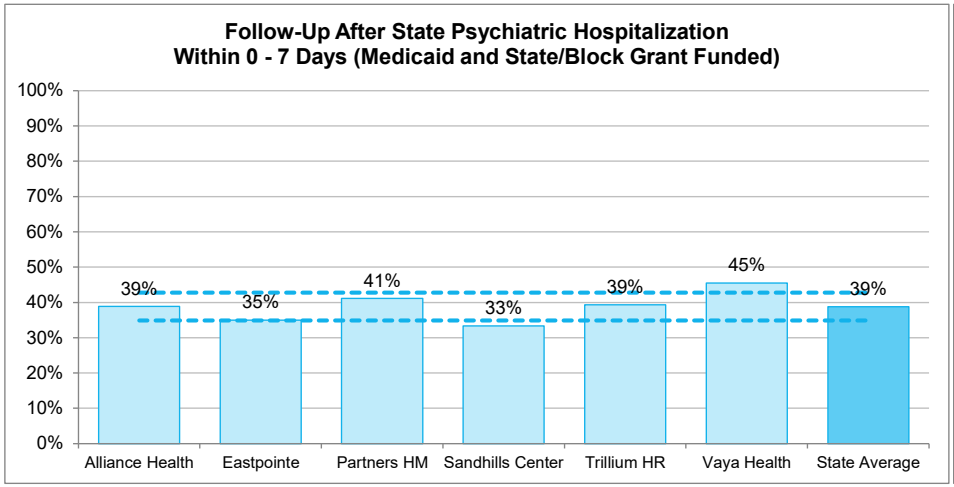
6.1 Follow-Up After Discharge: State Psychiatric Hospitals

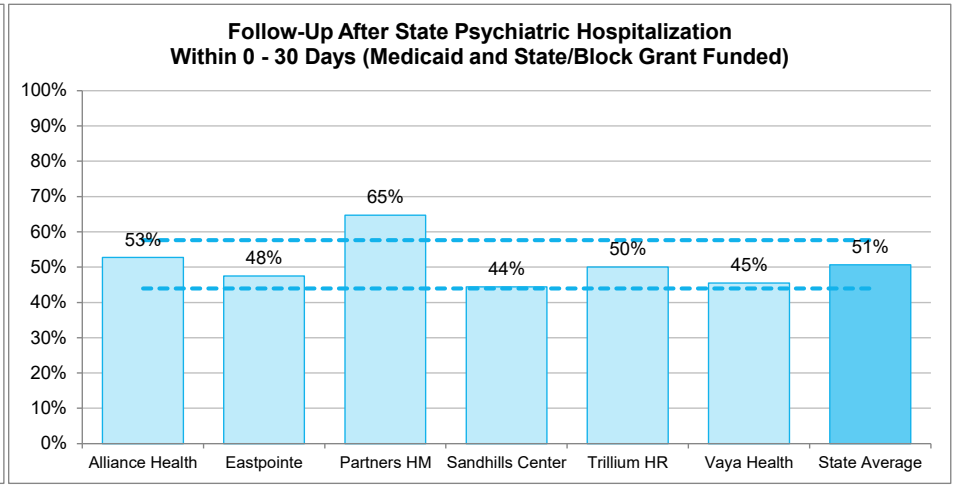
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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 .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
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)**			
	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	14	5	4	13	36	39%	14%	11%	36%
Eastpointe	14	5	4	17	40	35%	13%	10%	43%
Partners Health Management	7	4	0	6	17	41%	24%	0%	35%
Sandhills Center	3	1	0	5	9	33%	11%	0%	56%
Trillium Health Resources	11	3	5	9	28	39%	11%	18%	32%
Vaya Health	10	0	0	12	22	45%	0%	0%	55%
State Average	59	18	13	62	152	39%	12%	9%	41%
Standard Deviation						4.0%			
LME-MCO Average						39%			

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





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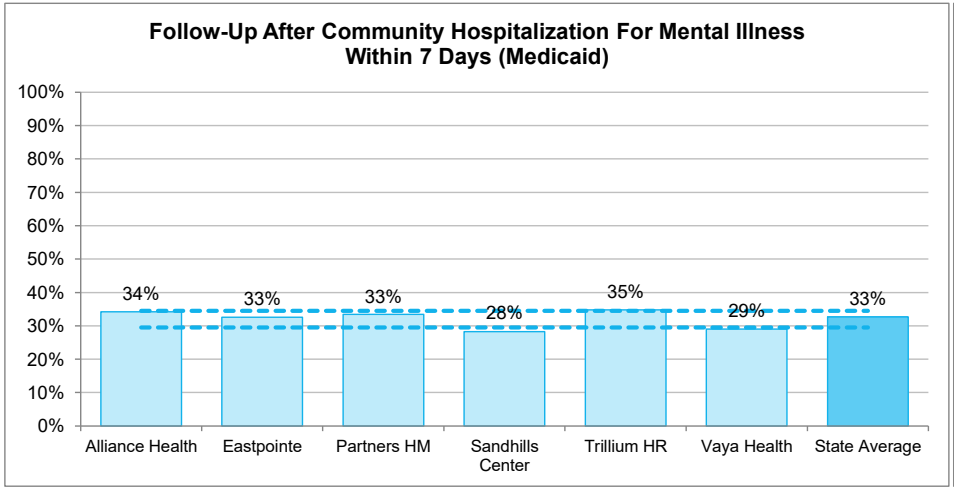
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

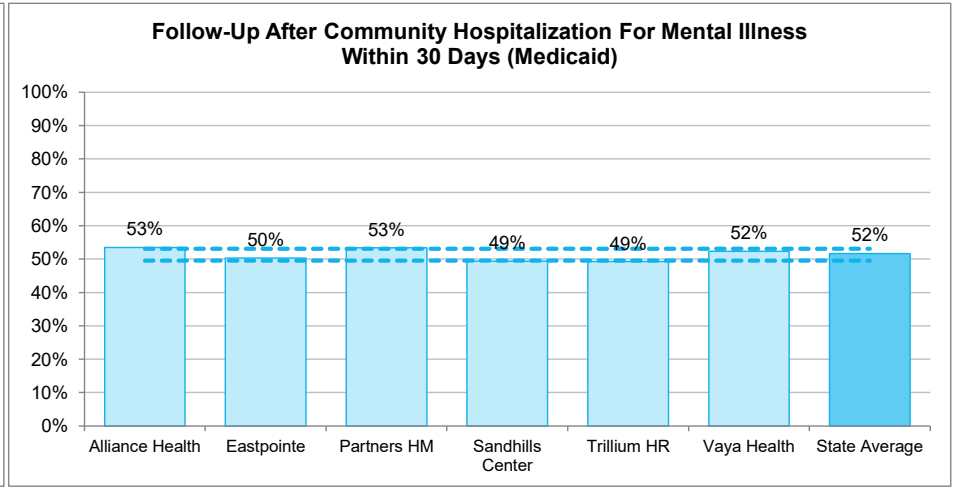
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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 .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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	300	469	159	249	877	34%	53%	18%	28%
Eastpointe	97	150	38	110	298	33%	50%	13%	37%
Partners Health Management	152	243	78	134	455	33%	53%	17%	29%
Sandhills Center	110	192	46	151	389	28%	49%	12%	39%
Trillium Health Resources	183	259	83	184	526	35%	49%	16%	35%
Vaya Health	81	146	55	78	279	29%	52%	20%	28%
State Average	923	1,459	459	906	2,824	33%	52%	16%	32%
Standard Deviation						2.5%	1.8%		
LME-MCO Average						32%	51%	16%	33%

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





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CONTINUITY OF CARE

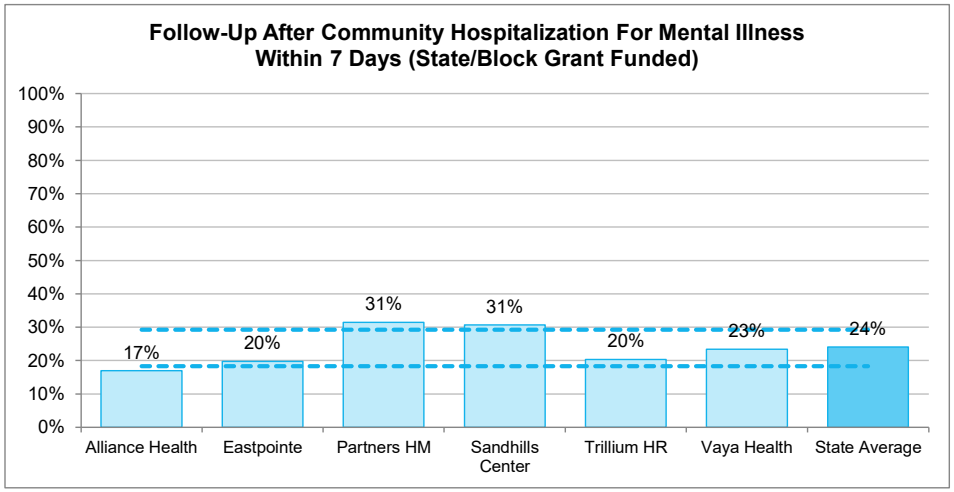
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

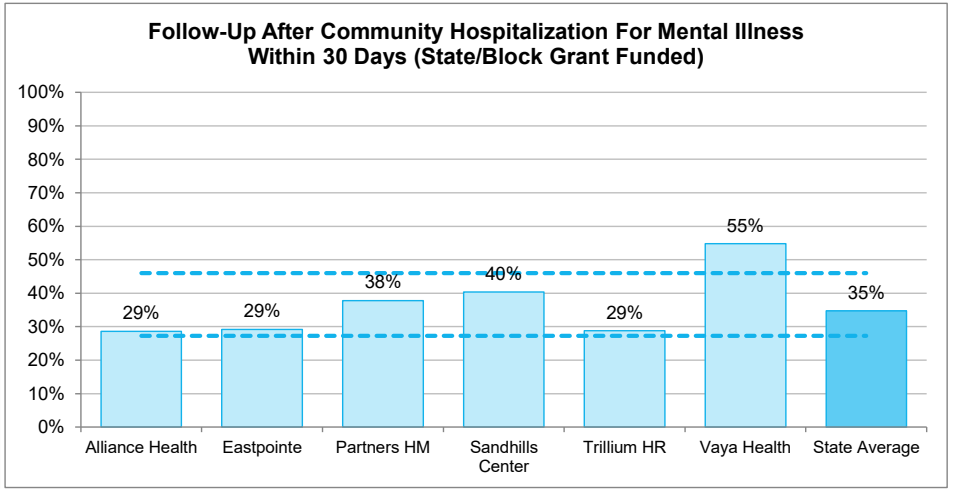
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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 .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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	98	165	59	352	576	17%	29%	10%	61%
Eastpointe	19	28	7	61	96	20%	29%	7%	64%
Partners Health Management	164	197	35	289	521	31%	38%	7%	55%
Sandhills Center	76	100	16	132	248	31%	40%	6%	53%
Trillium Health Resources	48	68	11	157	236	20%	29%	5%	67%
Vaya Health	29	68	11	45	124	23%	55%	9%	36%
State Average	434	626	139	1,036	1,801	24%	35%	8%	58%
Standard Deviation						5.5%	9.4%		
LME-MCO Average						24%	37%	7%	56%

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





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CONTINUITY OF CARE

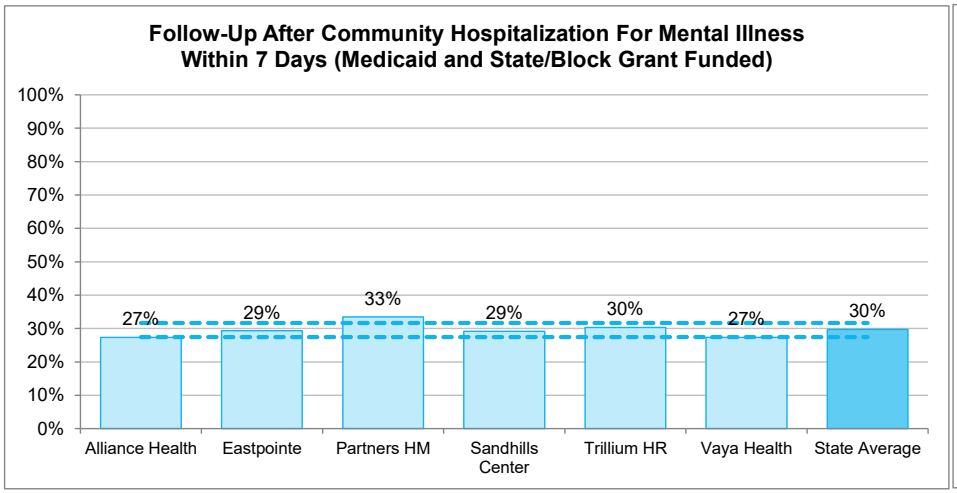
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

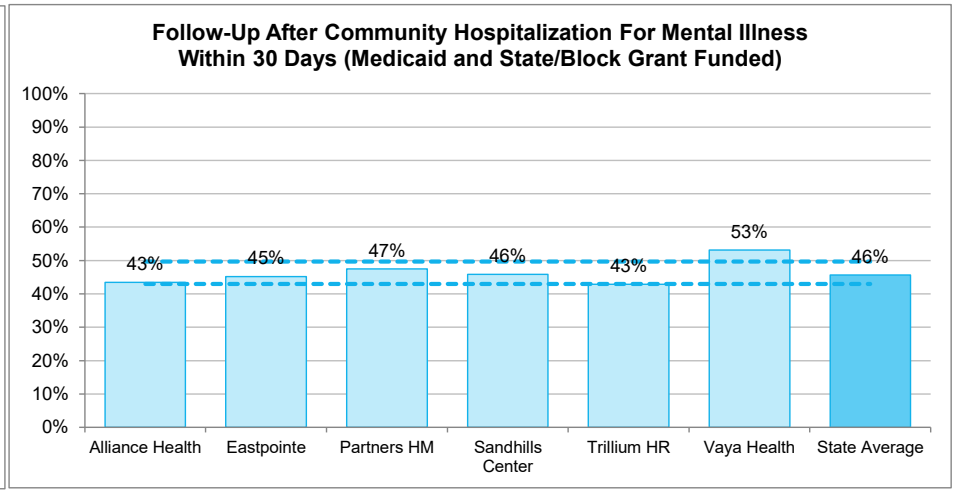
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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 .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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	401	637	218	610	1,465	27%	43%	15%	42%
Eastpointe	117	180	45	173	398	29%	45%	11%	43%
Partners Health Management	403	571	143	489	1,203	33%	47%	12%	41%
Sandhills Center	186	292	62	283	637	29%	46%	10%	44%
Trillium Health Resources	231	327	94	341	762	30%	43%	12%	45%
Vaya Health	110	214	66	123	403	27%	53%	16%	31%
State Average	1,448	2,221	628	2,019	4,868	30%	46%	13%	41%
Standard Deviation						2.1%	3.4%		
LME-MCO Average						30%	46%	13%	41%

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





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

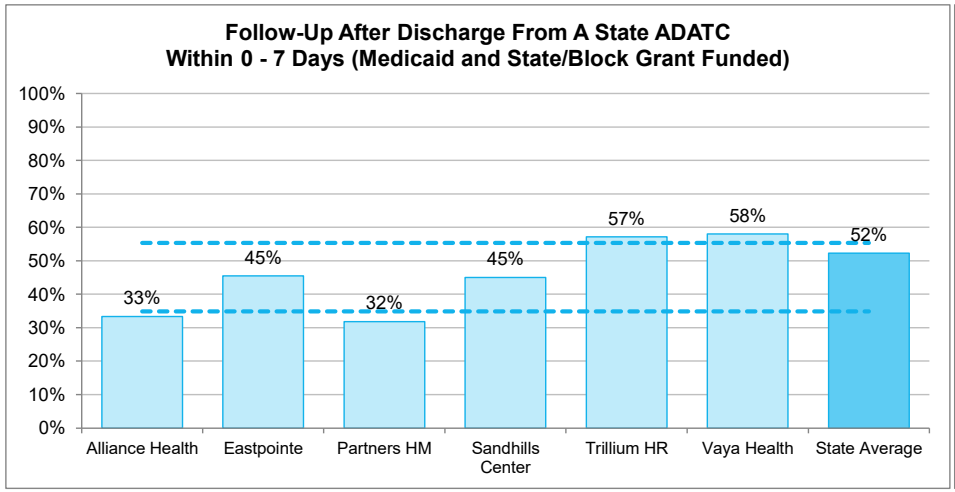
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge 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.

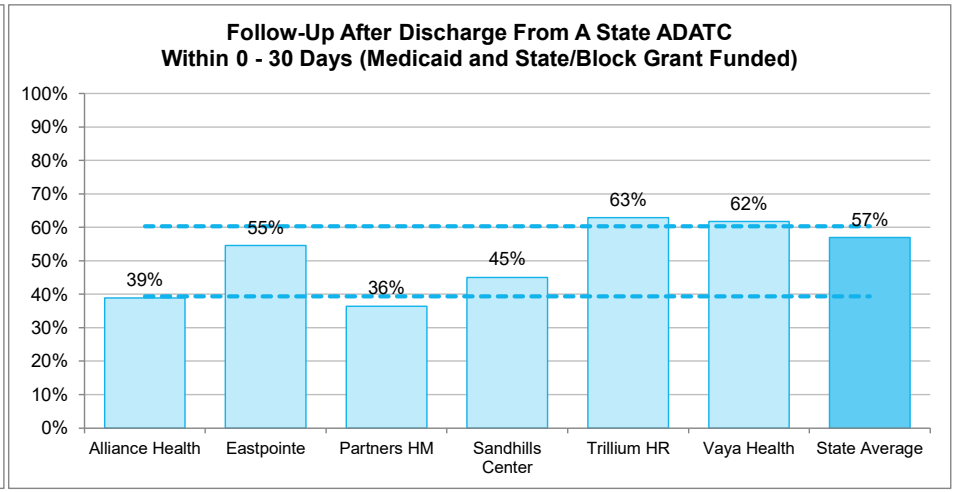
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

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

LME-MCO	Numerator: Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Numerator: 8 - 30 Days	Numerator: >30 Days	Numerator: Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Rate: 8 - 30 Days	Rate: >30 Days	Rate: Not Seen*
Alliance Health	12	2	3	19	36	33%	6%	8%	53%
Eastpointe	10	2	3	7	22	45%	9%	14%	32%
Partners Health Management	7	1	0	14	22	32%	5%	0%	64%
Sandhills Center	9	0	0	11	20	45%	0%	0%	55%
Trillium Health Resources	60	6	6	33	105	57%	6%	6%	31%
Vaya Health	94	6	3	59	162	58%	4%	2%	36%
State Average	192	17	15	143	367	52%	5%	4%	39%
Standard Deviation						10.2%			
LME-MCO Average						45%			

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





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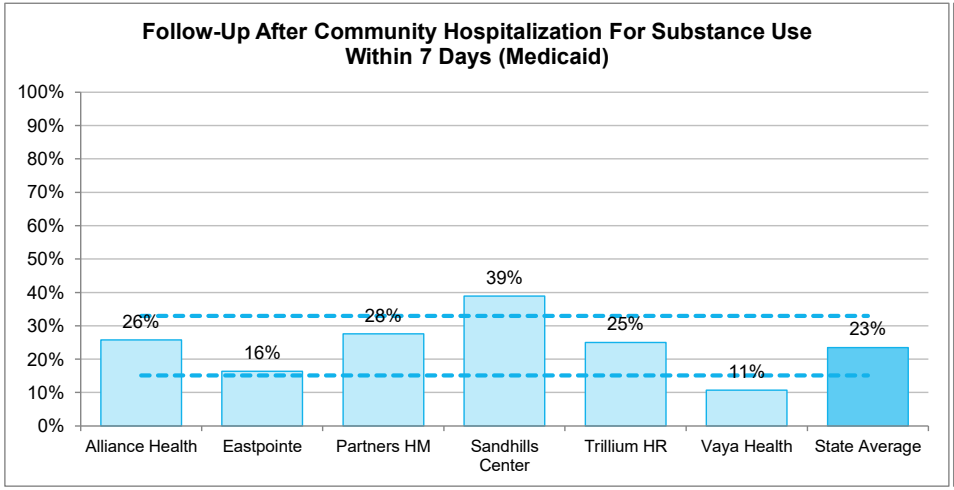
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

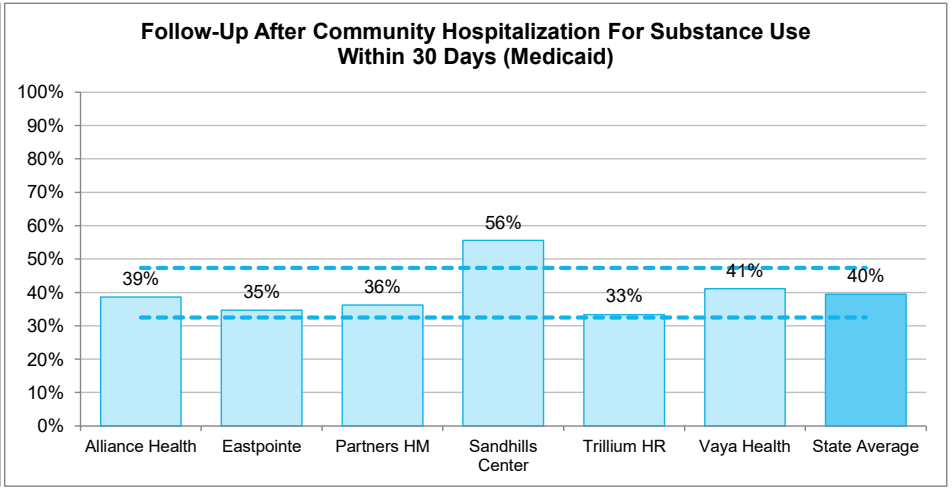
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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 .

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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	26	39	9	53	101	26%	39%	9%	52%
Eastpointe	8	17	8	24	49	16%	35%	16%	49%
Partners Health Management	16	21	10	27	58	28%	36%	17%	47%
Sandhills Center	14	20	5	11	36	39%	56%	14%	31%
Trillium Health Resources	6	8	1	15	24	25%	33%	4%	63%
Vaya Health	6	23	9	24	56	11%	41%	16%	43%
State Average	76	128	42	154	324	23%	40%	13%	48%
Standard Deviation						8.9%	7.4%		
LME-MCO Average						24%	40%		

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





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

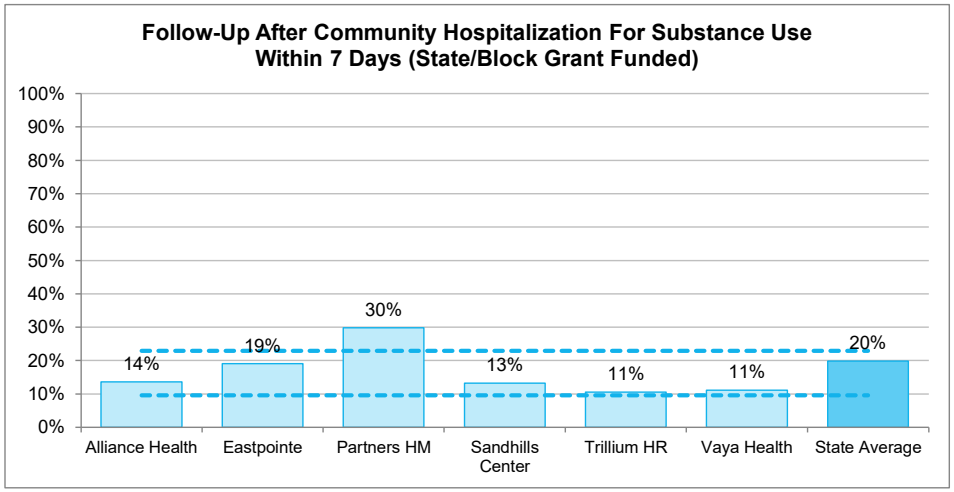
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

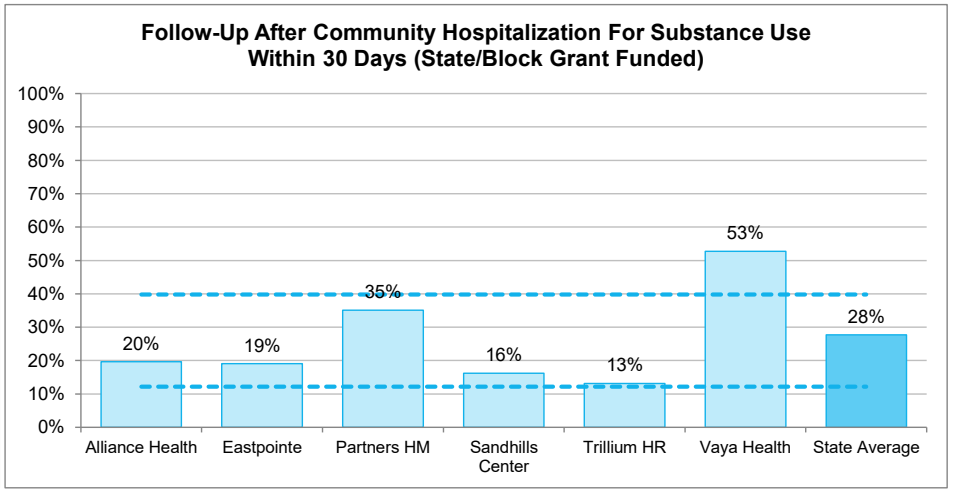
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	9	13	7	46	66	14%	20%	11%	70%
Eastpointe	4	4	1	16	21	19%	19%	5%	76%
Partners Health Management	46	54	9	91	154	30%	35%	6%	59%
Sandhills Center	9	11	3	54	68	13%	16%	4%	79%
Trillium Health Resources	4	5	1	32	38	11%	13%	3%	84%
Vaya Health	4	19	1	16	36	11%	53%	3%	44%
State Average	76	106	22	255	383	20%	28%	6%	67%
Standard Deviation						6.7%	13.8%		
LME-MCO Average						16%	26%		

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





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

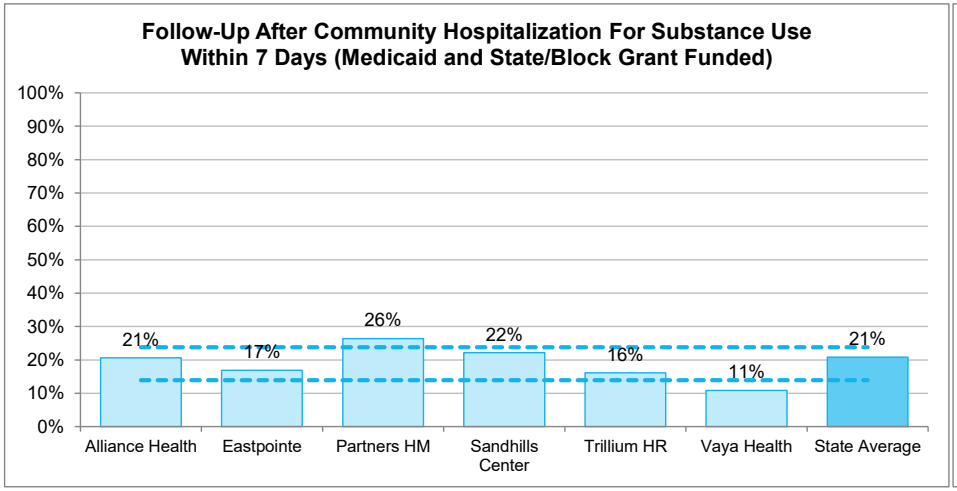
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

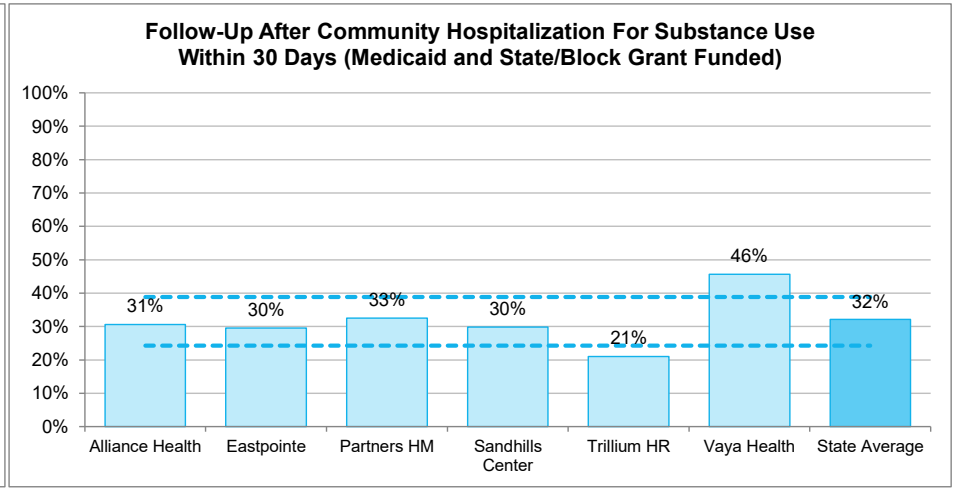
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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***
Alliance Health	35	52	16	102	170	21%	31%	9%	60%
Eastpointe	12	21	9	41	71	17%	30%	13%	58%
Partners Health Management	64	79	28	136	243	26%	33%	12%	56%
Sandhills Center	23	31	8	65	104	22%	30%	8%	63%
Trillium Health Resources	10	13	2	47	62	16%	21%	3%	76%
Vaya Health	10	42	10	40	92	11%	46%	11%	43%
State Average	154	238	73	431	742	21%	32%	10%	58%
Standard Deviation						4.9%	7.3%		
LME-MCO Average						19%	32%		

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





North Carolina LME-MCO Performance Measurement Reporting
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Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CONTINUITY OF CARE

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

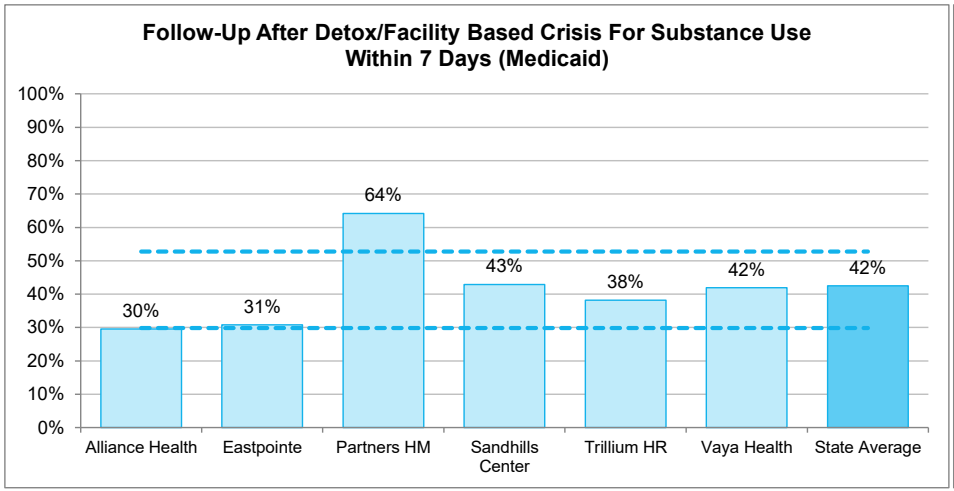
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

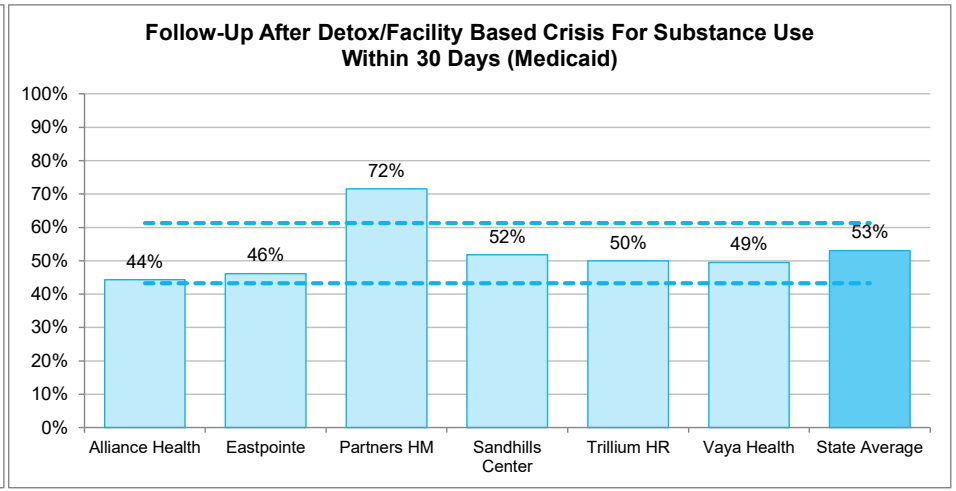
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	26	39	19	30	88	30%	44%	22%	34%
Eastpointe	12	18	6	15	39	31%	46%	15%	38%
Partners Health Management	61	68	8	19	95	64%	72%	8%	20%
Sandhills Center	24	29	6	21	56	43%	52%	11%	38%
Trillium Health Resources	39	51	13	38	102	38%	50%	13%	37%
Vaya Health	39	46	19	28	93	42%	49%	20%	30%
State Average	201	251	71	151	473	42%	53%	15%	32%
Standard Deviation						11.4%	9.0%		
LME-MCO Average						41%	52%		

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





North Carolina LME-MCO Performance Measurement Reporting
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Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

CONTINUITY OF CARE

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

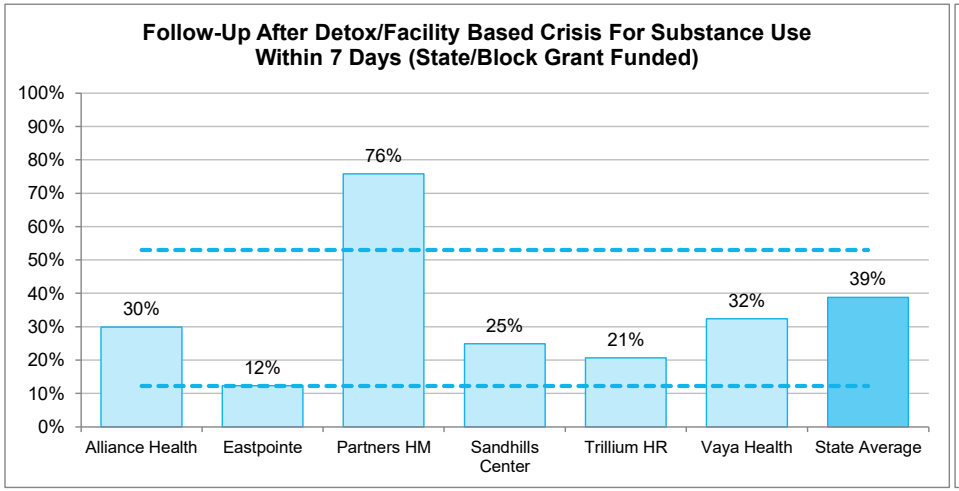
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

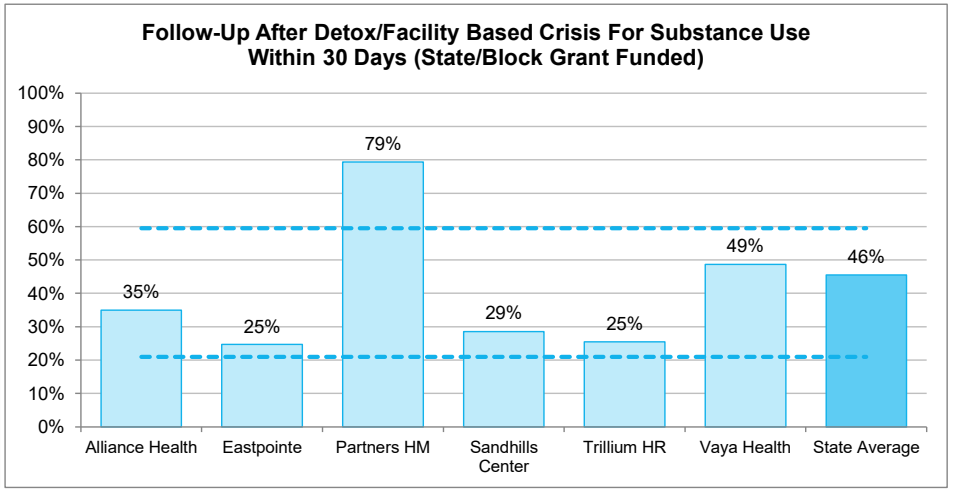
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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***
Alliance Health	106	124	44	187	355	30%	35%	12%	53%
Eastpointe	10	20	10	51	81	12%	25%	12%	63%
Partners Health Management	363	380	18	81	479	76%	79%	4%	17%
Sandhills Center	54	62	21	134	217	25%	29%	10%	62%
Trillium Health Resources	83	102	32	267	401	21%	25%	8%	67%
Vaya Health	99	149	34	123	306	32%	49%	11%	40%
State Average	715	837	159	843	1,839	39%	46%	9%	46%
Standard Deviation						20.3%	19.3%		
LME-MCO Average						33%	40%		

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





North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

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

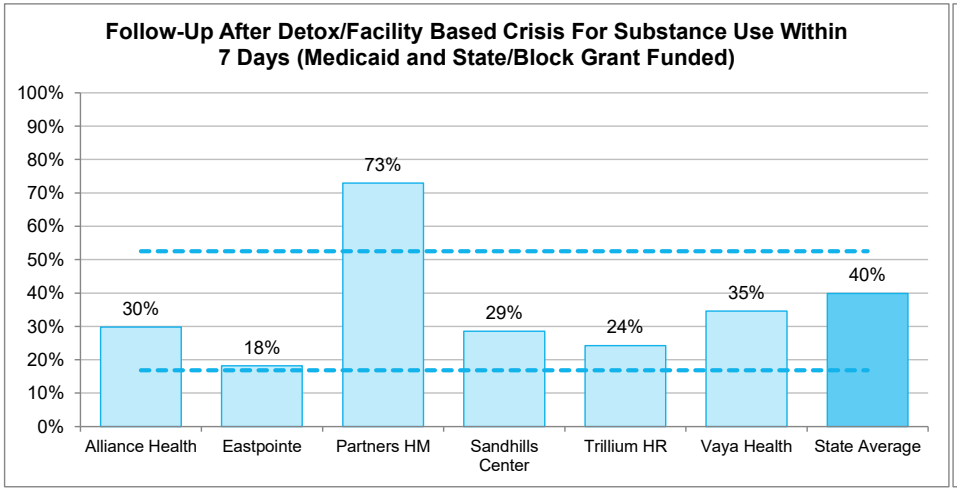
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

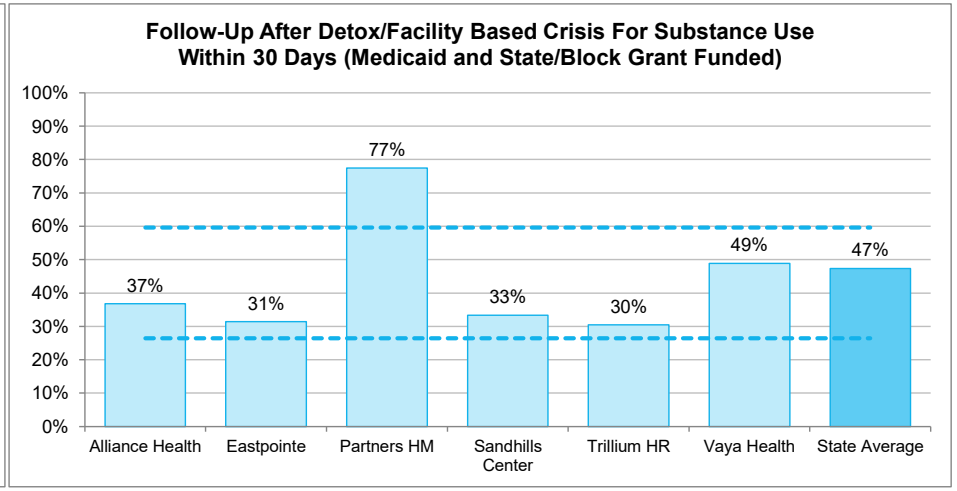
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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***
Alliance Health	132	163	63	217	443	30%	37%	14%	49%
Eastpointe	22	38	16	67	121	18%	31%	13%	55%
Partners Health Management	447	475	32	106	613	73%	77%	5%	17%
Sandhills Center	78	91	27	155	273	29%	33%	10%	57%
Trillium Health Resources	122	153	45	305	503	24%	30%	9%	61%
Vaya Health	138	195	53	151	399	35%	49%	13%	38%
State Average	939	1,115	236	1,001	2,352	40%	47%	10%	43%
Standard Deviation						17.8%	16.6%		
LME-MCO Average						35%	43%		

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





North Carolina LME-MCO Performance Measurement Reporting
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6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

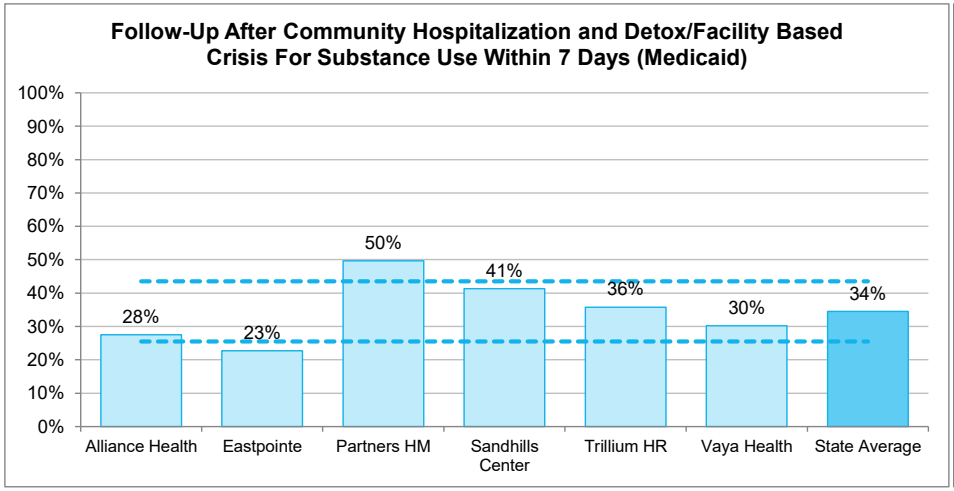
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

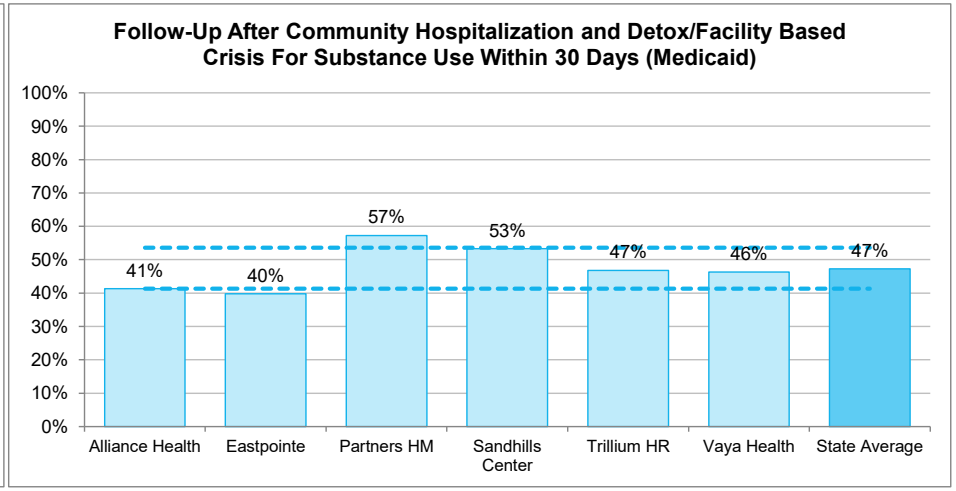
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	52	78	28	83	189	28%	41%	15%	44%
Eastpointe	20	35	14	39	88	23%	40%	16%	44%
Partners Health Management	72	83	17	45	145	50%	57%	12%	31%
Sandhills Center	38	49	11	32	92	41%	53%	12%	35%
Trillium Health Resources	45	59	14	53	126	36%	47%	11%	42%
Vaya Health	45	69	28	52	149	30%	46%	19%	35%
State Average	272	373	112	304	789	34%	47%	14%	39%
Standard Deviation						9.0%	6.2%		
LME-MCO Average						35%	47%		

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





North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

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

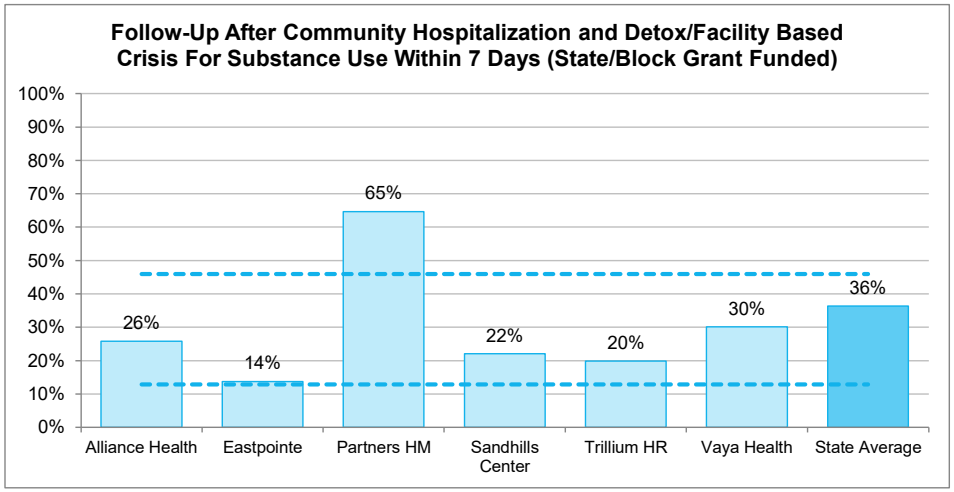
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

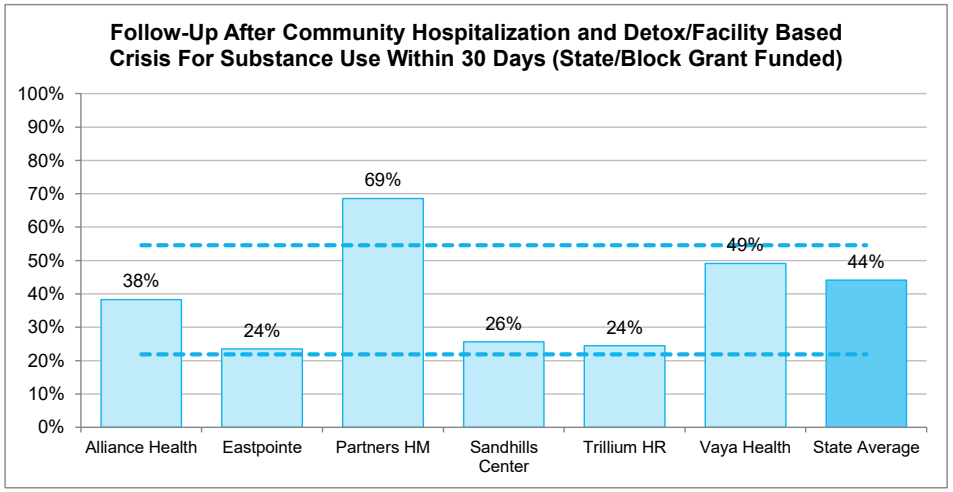
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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***
Alliance Health	54	80	29	100	209	26%	38%	14%	48%
Eastpointe	14	24	11	67	102	14%	24%	11%	66%
Partners Health Management	409	434	27	172	633	65%	69%	4%	27%
Sandhills Center	63	73	24	188	285	22%	26%	8%	66%
Trillium Health Resources	87	107	33	298	438	20%	24%	8%	68%
Vaya Health	103	168	35	139	342	30%	49%	10%	41%
State Average	730	886	159	964	2,009	36%	44%	8%	48%
Standard Deviation						16.5%	16.4%		
LME-MCO Average						29%	38%		

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





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

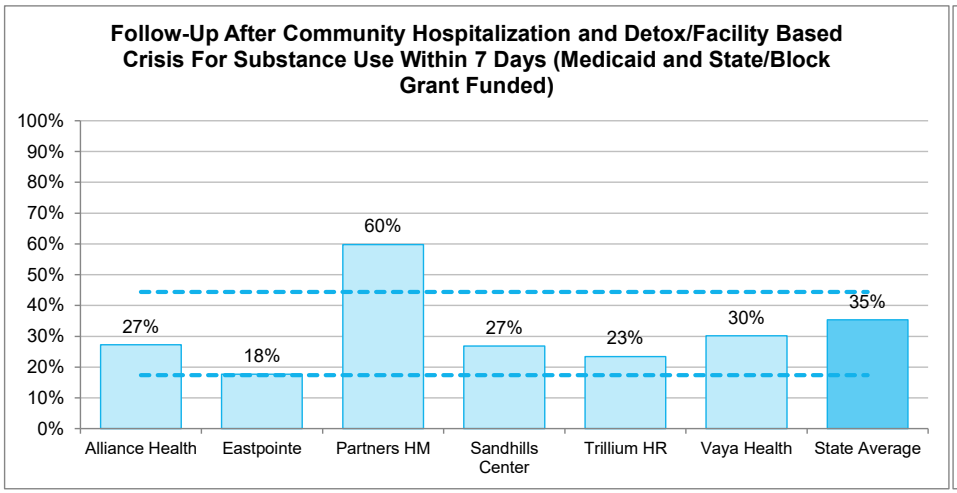
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

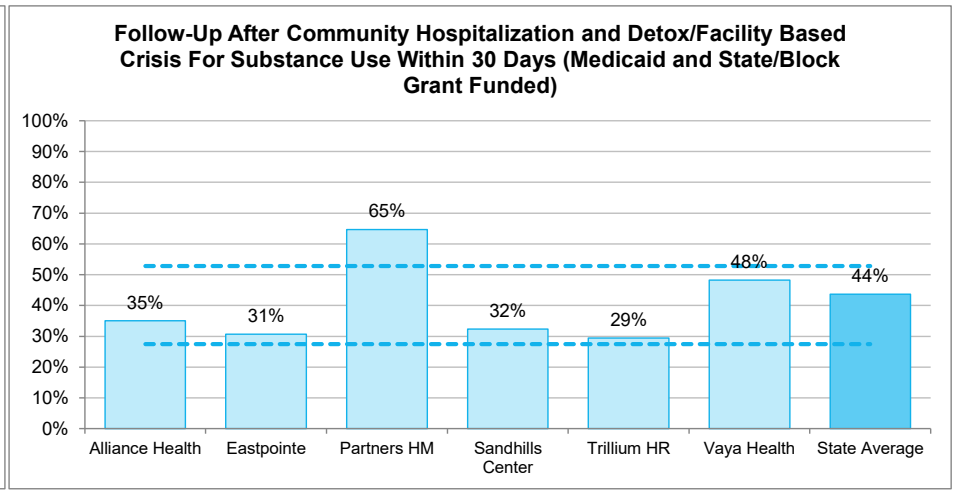
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**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***
Alliance Health	167	215	79	319	613	27%	35%	12.9%	52.0%
Eastpointe	34	59	25	108	192	18%	31%	13%	56%
Partners Health Management	506	548	58	241	847	60%	65%	7%	28%
Sandhills Center	101	122	35	220	377	27%	32%	9%	58%
Trillium Health Resources	132	166	47	351	564	23%	29%	8%	62%
Vaya Health	148	237	63	191	491	30%	48%	13%	39%
State Average	1,088	1,347	307	1,430	3,084	35%	44%	10%	46%
Standard Deviation						13.5%	12.6%		
LME-MCO Average						31%	40%		

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





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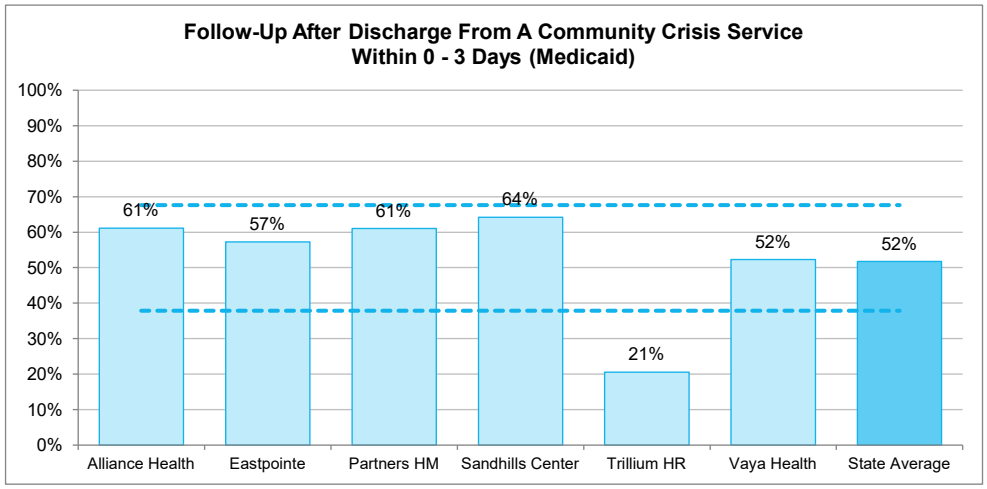
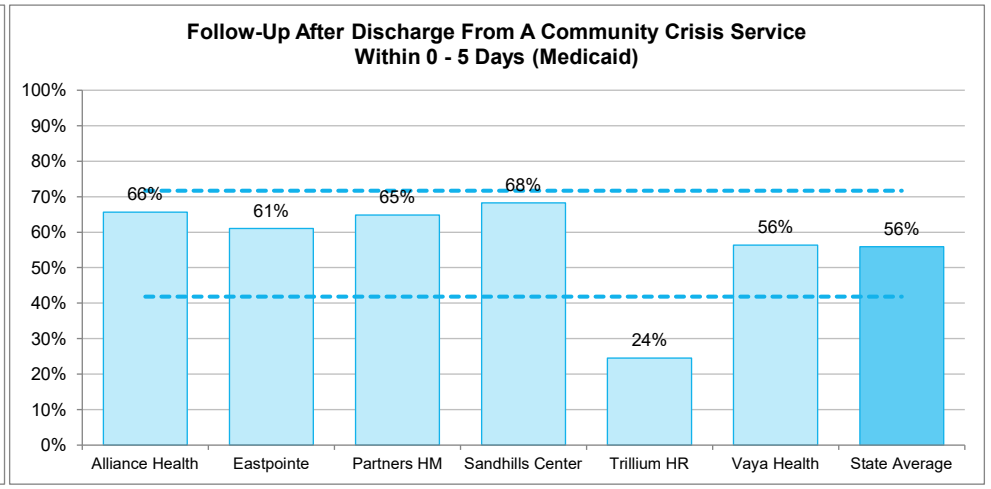
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

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 .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**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	1,747	129	263	456	264	2,859	61%	5%	9%	16%	9%
Eastpointe	623	42	105	150	169	1,089	57%	4%	10%	14%	16%
Partners Health Management	337	21	43	39	112	552	61%	4%	8%	7%	20%
Sandhills Center	816	52	87	168	148	1,271	64%	4%	7%	13%	12%
Trillium Health Resources	355	68	152	384	768	1,727	21%	4%	9%	22%	44%
Vaya Health	516	40	87	69	275	987	52%	4%	9%	7%	28%
State Average	4,394	352	737	1,266	1,736	8,485	52%	4%	9%	15%	20%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						14.9%	0.2%			
LME-MCO Average							53%	4%			





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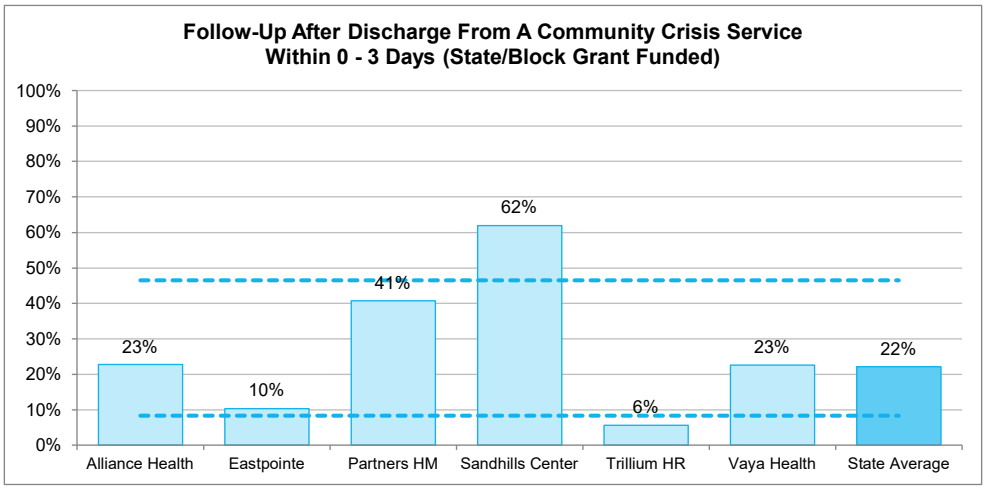
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

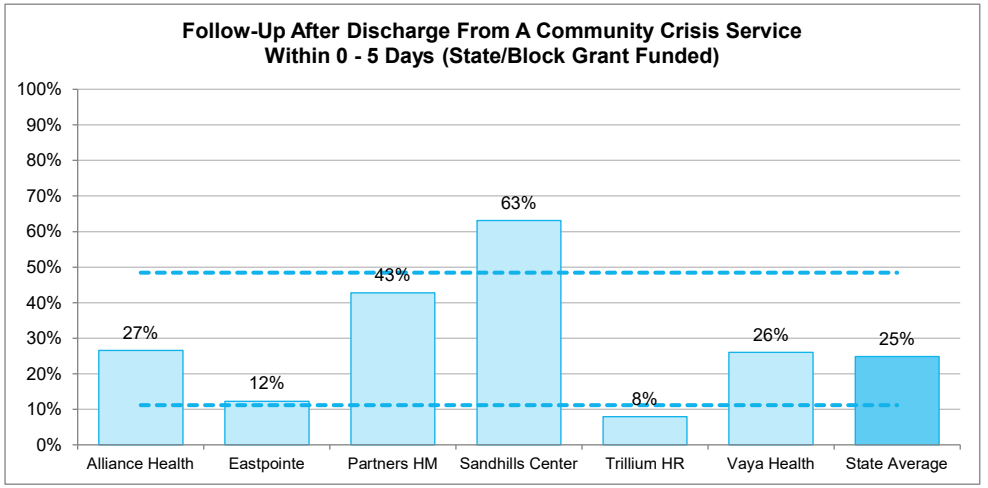
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of 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 .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**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	204	34	72	114	472	896	23%	4%	8%	13%	53%
Eastpointe	21	4	17	38	123	203	10%	2%	8%	19%	61%
Partners Health Management	239	12	34	53	248	586	41%	2%	6%	9%	42%
Sandhills Center	217	4	10	35	84	350	62%	1%	3%	10%	24%
Trillium Health Resources	80	33	66	133	1,114	1,426	6%	2%	5%	9%	78%
Vaya Health	226	34	94	49	596	999	23%	3%	9%	5%	60%
State Average	987	121	293	422	2,637	4,460	22%	3%	7%	9%	59%
Standard Deviation							19.1%	0.9%			
LME-MCO Average							27%	2%			

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





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

State Fiscal Year:	2023	**Measurement Period:**	Jan - Mar 2023
Report Quarter:	4th Quarter	**Based On Claims Paid As Of:**	Jul 31, 2023

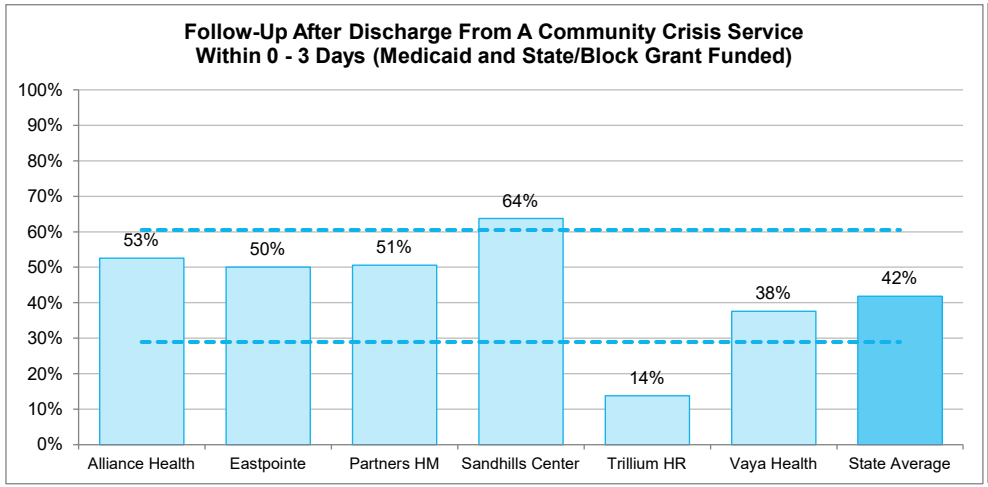
CONTINUITY OF CARE

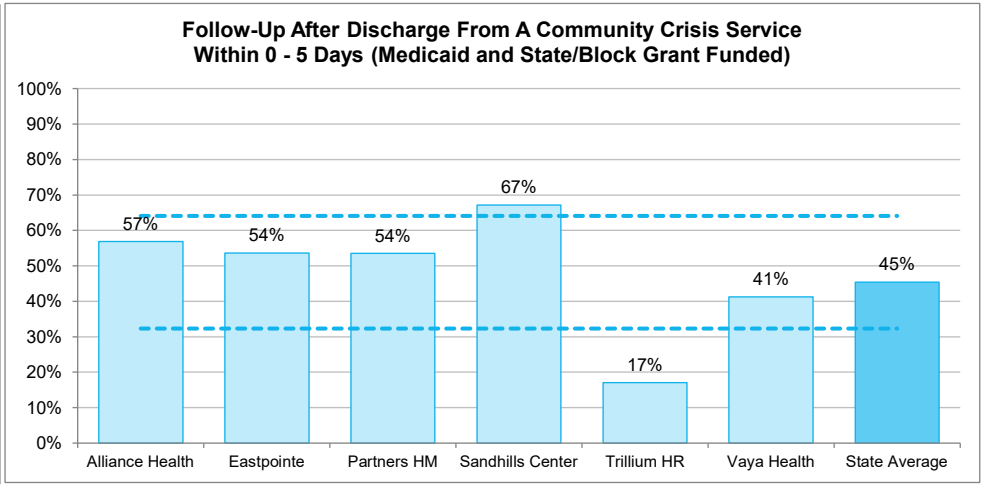
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

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 .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**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-Overs Between Payers											
Alliance Health	1,975	161	333	558	728	3,755	53%	4%	9%	15%	19%
Eastpointe	647	46	122	189	288	1,292	50%	4%	9%	15%	22%
Partners Health Management	576	33	77	92	360	1,138	51%	3%	7%	8%	32%
Sandhills Center	1,033	56	97	203	232	1,621	64%	3%	6%	13%	14%
Trillium Health Resources	435	101	218	517	1,881	3,152	14%	3%	7%	16%	60%
Vaya Health	747	72	180	118	869	1,986	38%	4%	9%	6%	44%
State Average	5,413	469	1,027	1,677	4,358	12,944	42%	4%	8%	13%	34%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						15.8%				
LME-MCO Average							45%	4%			





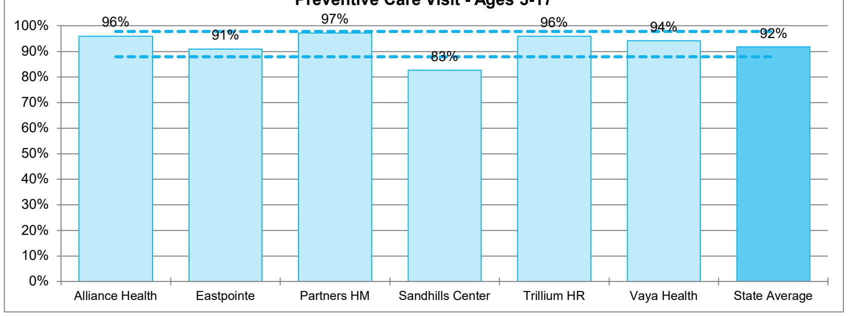
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

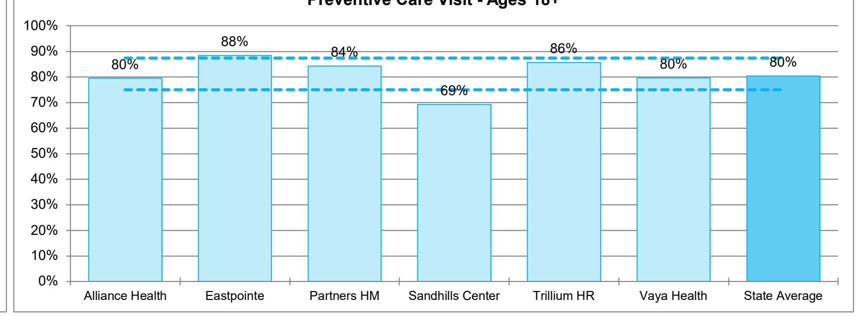
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) 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.

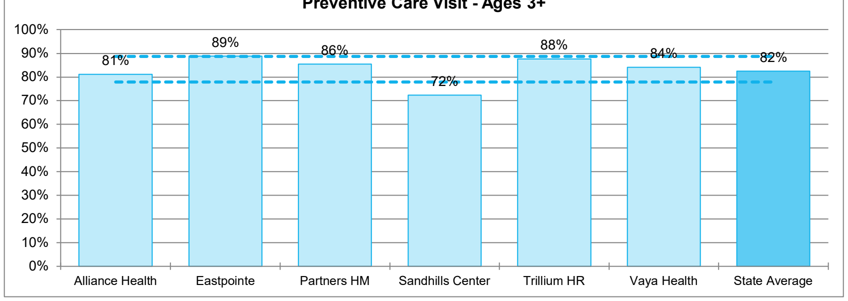
	MH/SA Ages 3-17			MH/SA Ages 18+			MH/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement 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	1,951	2,032	96%	14,442	18,154	80%	16,393	20,186	81%
Eastpointe	1,818	2,000	91%	8,331	9,419	88%	10,149	11,419	89%
Partners Health Management	1,640	1,686	97%	13,075	15,520	84%	14,715	17,206	86%
Sandhills Center	4,147	5,014	83%	11,299	16,325	69%	15,446	21,339	72%
Trillium Health Resources	2,828	2,947	96%	11,072	12,921	86%	13,900	15,868	88%
Vaya Health	6,300	6,688	94%	12,240	15,356	80%	18,540	22,044	84%
Statewide	18,684	20,367	92%	70,459	87,695	80%	89,143	108,062	82%
Standard Deviation			5.0%			6.2%			5.5%
LME-MCO Average			93%			81%			83%



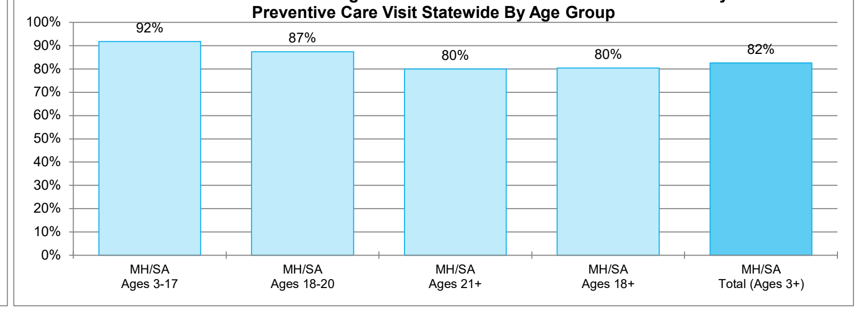
Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3-17



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 18+



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3+



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit Statewide By Age Group

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2023
Report Quarter: 4th Quarter
Measurement Period: Apr 2022 - Mar 2023

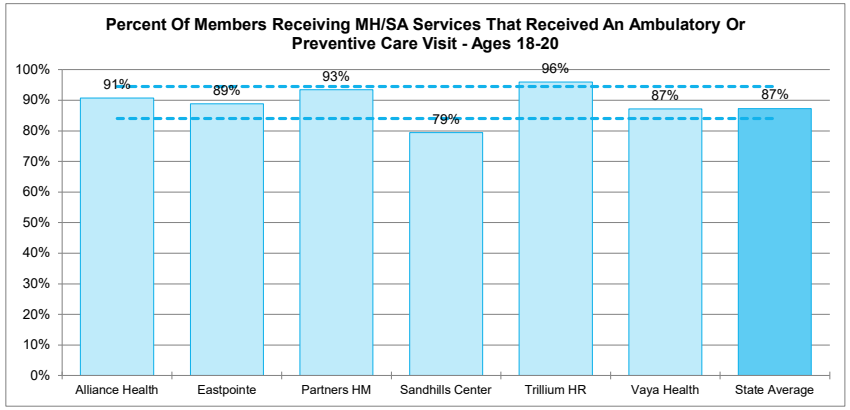
CONTINUITY OF CARE

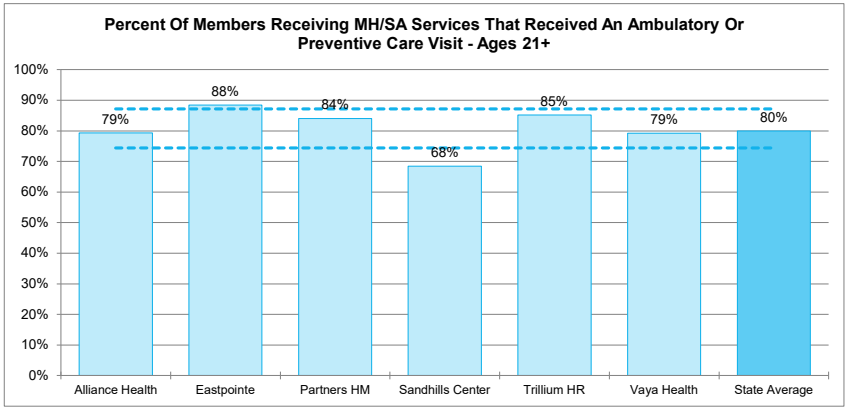
6.6 Medical Care Coordination (Medicaid Only)

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.

	MH/SA Ages 18-20			MH/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**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	383	422	91%	14,059	17,732	79%
Eastpointe	552	621	89%	7,779	8,798	88%
Partners Health Management	298	319	93%	12,777	15,201	84%
Sandhills Center	925	1,165	79%	10,374	15,160	68%
Trillium Health Resources	555	578	96%	10,517	12,343	85%
Vaya Health	817	937	87%	11,423	14,419	79%
Statewide	3,530	4,042	87%	66,929	83,653	80%
Standard Deviation			5.3%			6.4%
LME-MCO Average			89%			81%





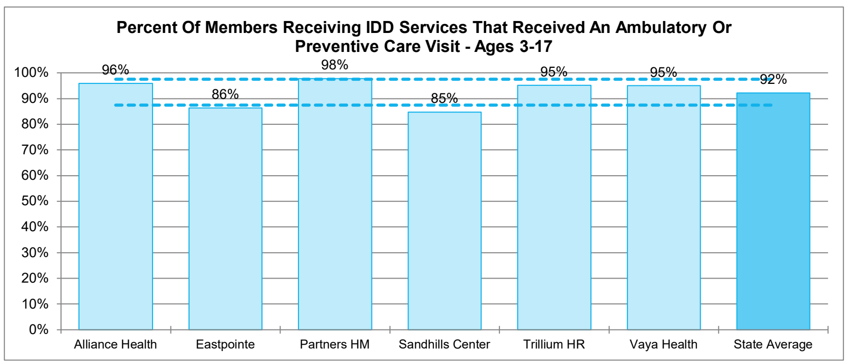
CONTINUITY OF CARE

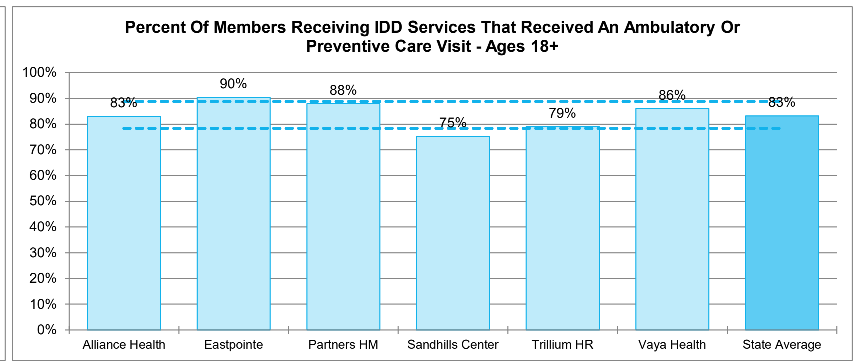
6.6 Medical Care Coordination (Medicaid Only)

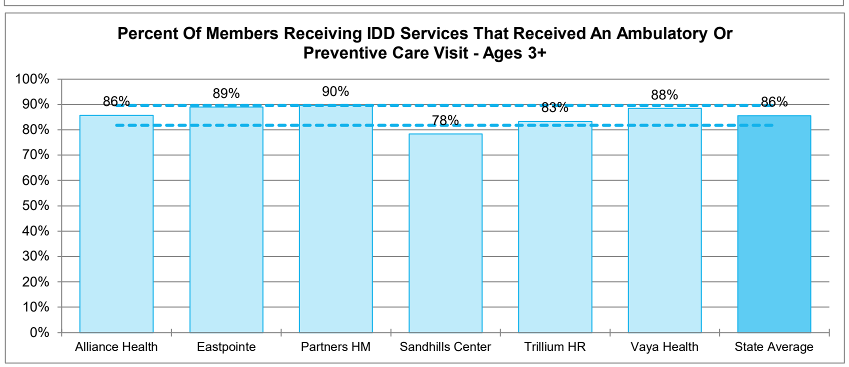
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

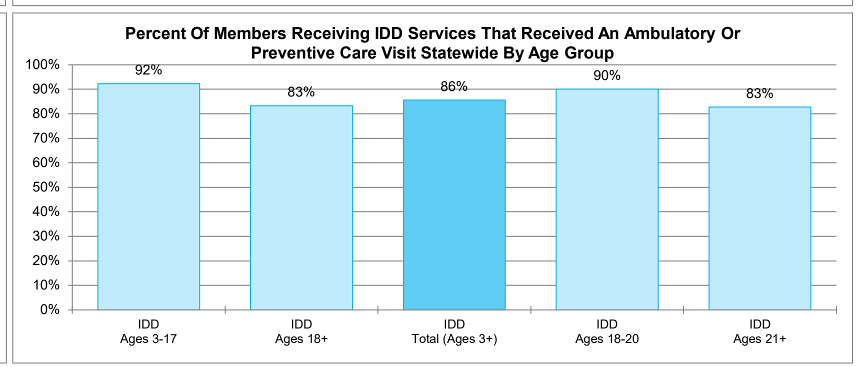
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For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

	IDD Ages 3-17			IDD Ages 18+			IDD Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	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	1,332	1,389	96%	4,363	5,257	83%	5,695	6,646	86%
Eastpointe	1,035	1,198	86%	1,721	1,902	90%	2,756	3,100	89%
Partners Health Management	944	965	98%	4,070	4,628	88%	5,014	5,593	90%
Sandhills Center	1,283	1,514	85%	2,327	3,094	75%	3,610	4,608	78%
Trillium Health Resources	1,471	1,546	95%	3,362	4,257	79%	4,833	5,803	83%
Vaya Health	1,177	1,239	95%	2,988	3,472	86%	4,165	4,711	88%
Statewide	7,242	7,851	92%	18,831	22,610	83%	26,073	30,461	86%
Standard Deviation			5.0%			5.2%			3.9%
LME-MCO Average			93%			84%			86%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2023
Report Quarter: 4th Quarter
Measurement Period: Apr 2022 - Mar 2023

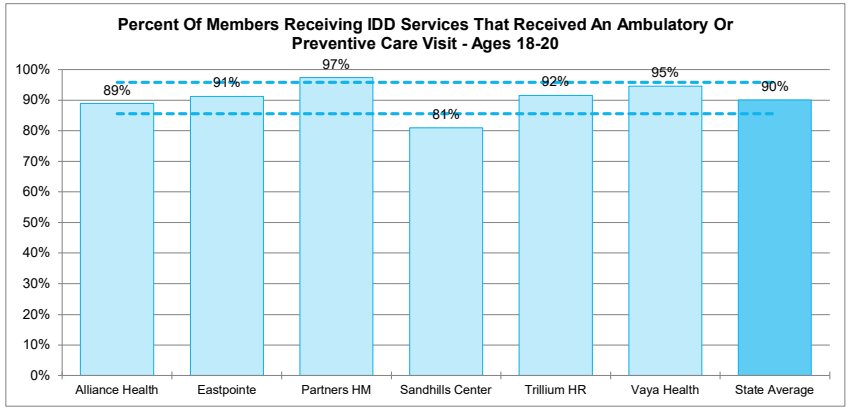
CONTINUITY OF CARE

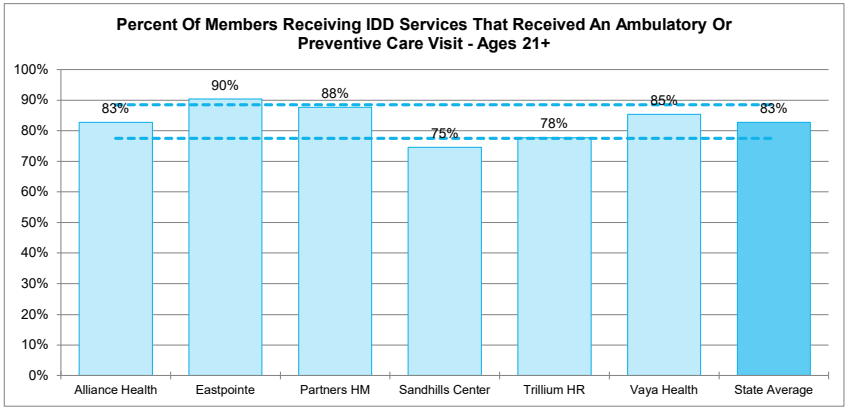
6.6 Medical Care Coordination (Medicaid Only)

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.

	IDD Ages 18-20			IDD Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**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	208	234	89%	4,155	5,023	83%
Eastpointe	155	170	91%	1,566	1,732	90%
Partners Health Management	150	154	97%	3,920	4,474	88%
Sandhills Center	247	305	81%	2,080	2,789	75%
Trillium Health Resources	348	380	92%	3,014	3,877	78%
Vaya Health	244	258	95%	2,744	3,214	85%
Statewide	1,352	1,501	90%	17,479	21,109	83%
Standard Deviation			5.1%			5.5%
LME-MCO Average			91%			83%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2023
Report Quarter: 4th Quarter
Measurement Period: Apr 2022 - Mar 2023

CONTINUITY OF CARE

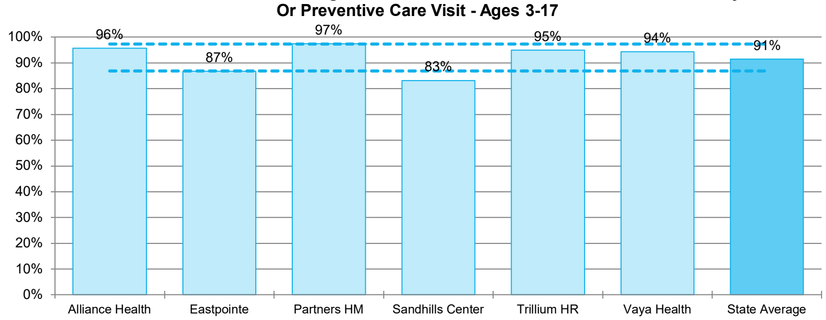
6.6 Medical Care Coordination (Medicaid Only)

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.

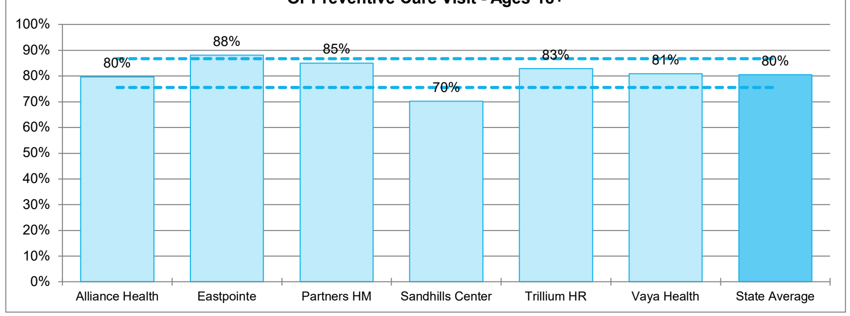
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For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

	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
LME-MCO	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	2,950	3,081	96%	17,595	22,066	80%	20,545	25,147	82%
Eastpointe	2,164	2,495	87%	8,890	10,083	88%	11,054	12,578	88%
Partners Health Management	2,584	2,651	97%	17,145	20,148	85%	19,729	22,799	87%
Sandhills Center	5,430	6,528	83%	13,626	19,419	70%	19,056	25,947	73%
Trillium Health Resources	3,426	3,605	95%	12,626	15,226	83%	16,052	18,831	85%
Vaya Health	7,477	7,927	94%	15,228	18,828	81%	22,705	26,755	85%
Statewide	24,031	26,287	91%	85,110	105,770	80%	109,141	132,057	83%
Standard Deviation			5.2%			5.6%			4.8%
LME-MCO Average			92%			81%			83%

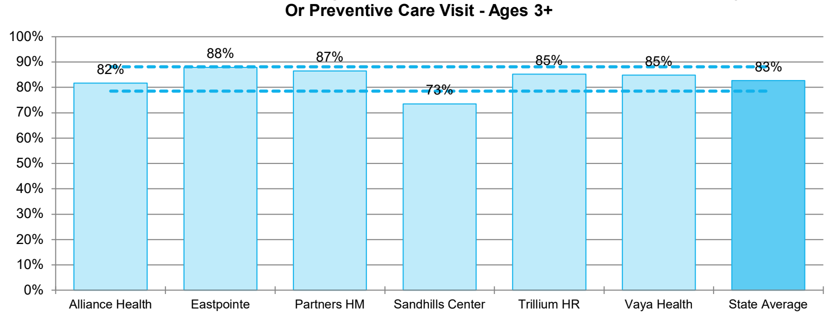
Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3-17



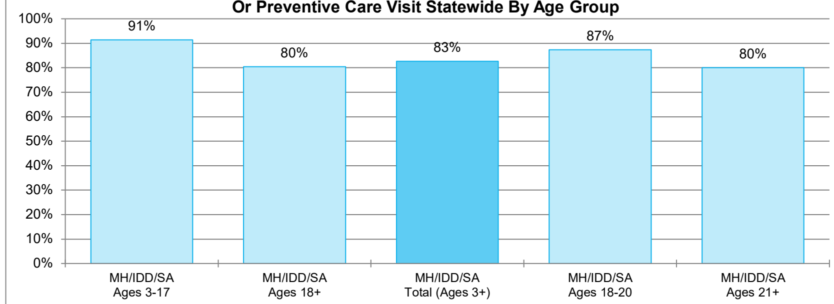
Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 18+



Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3+



Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit Statewide By Age Group



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2023
Report Quarter: 4th Quarter
Measurement Period: Apr 2022 - Mar 2023

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.

	MH/IDD/SA Ages 18-20			MH/IDD/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**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	527	588	90%	17,068	21,478	79%
Eastpointe	594	673	88%	8,296	9,410	88%
Partners Health Management	448	473	95%	16,697	19,675	85%
Sandhills Center	1,172	1,470	80%	12,454	17,949	69%
Trillium Health Resources	691	744	93%	11,935	14,482	82%
Vaya Health	1,061	1,195	89%	14,167	17,633	80%
Statewide	4,493	5,143	87%	80,617	100,627	80%
Standard Deviation			4.7%			5.9%
LME-MCO Average			89%			81%