LME-MCO Quarterly Performance Measures:

Performance Report

Fourth Quarter SFY 2022-2023

April 1 - June 30, 2023

(All Measures Reported)

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

Revised February 12, 2024

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 11/17/23 for the 4th 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 1/18/24 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 2/9/24 so the report can be finalized. The data in this revised report includes all corrections received as of 2/12/24.

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

---

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

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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

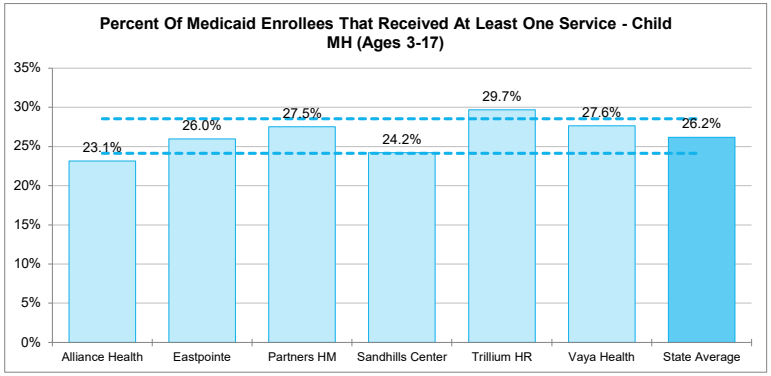
PENETRATION

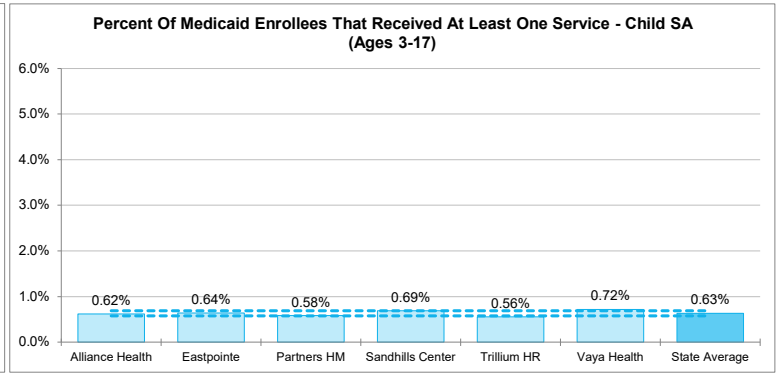
3.1 Persons Served: Medicaid Enrollees

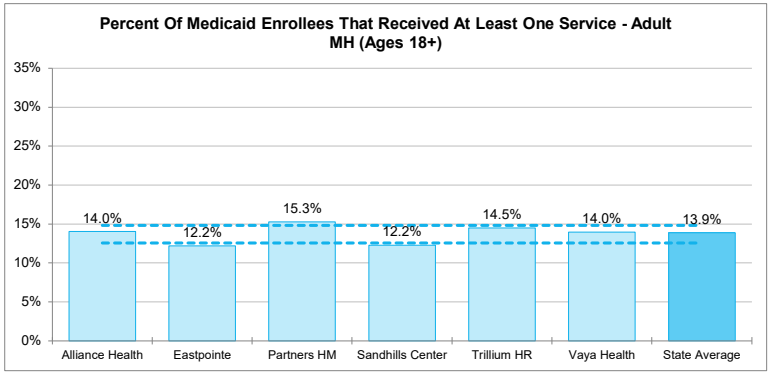
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

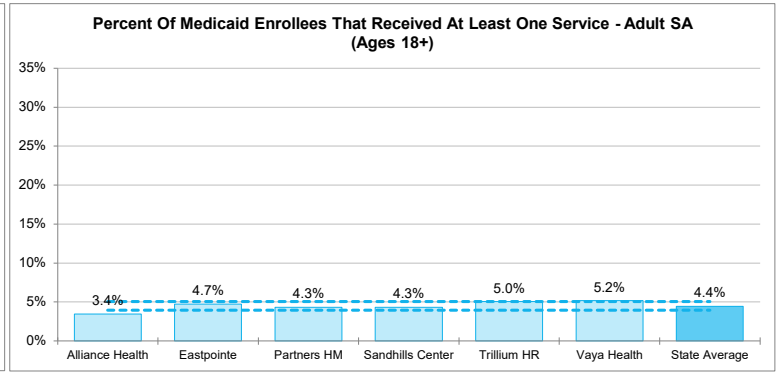
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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	6,532	28,239	23.1%	13,691	97,678	14.0%	174	28,239	0.62%	3,361	97,678	3.4%
Eastpointe	2,185	8,416	26.0%	5,109	41,993	12.2%	54	8,416	0.64%	1,987	41,993	4.7%
Partners Health Management	5,056	18,370	27.5%	10,999	71,987	15.3%	107	18,370	0.58%	3,112	71,987	4.3%
Sandhills Center	3,419	14,123	24.2%	7,030	57,403	12.2%	97	14,123	0.69%	2,477	57,403	4.3%
Trillium Health Resources	5,206	17,551	29.7%	10,306	71,127	14.5%	98	17,551	0.56%	3,580	71,127	5.0%
Vaya Health	5,611	20,310	27.6%	10,248	73,408	14.0%	146	20,310	0.72%	3,792	73,408	5.2%
Statewide	28,009	107,009	26.2%	57,383	413,596	13.9%	676	107,009	0.63%	18,309	413,596	4.4%
Standard Deviation			2.2%			1.1%			0.06%			0.6%
LME-MCO Average			26.4%			13.7%			0.63%			4.5%









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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 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.

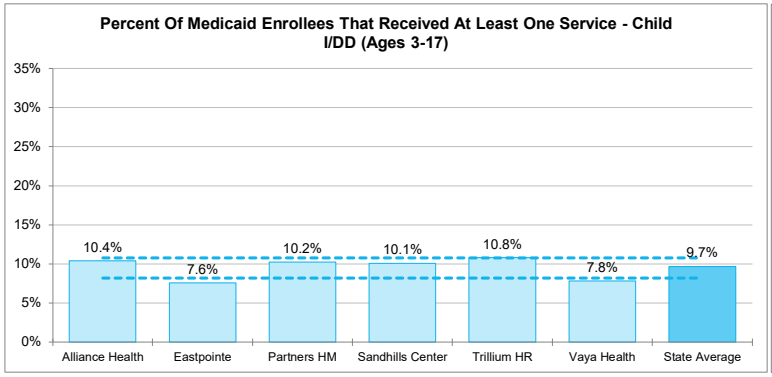
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received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

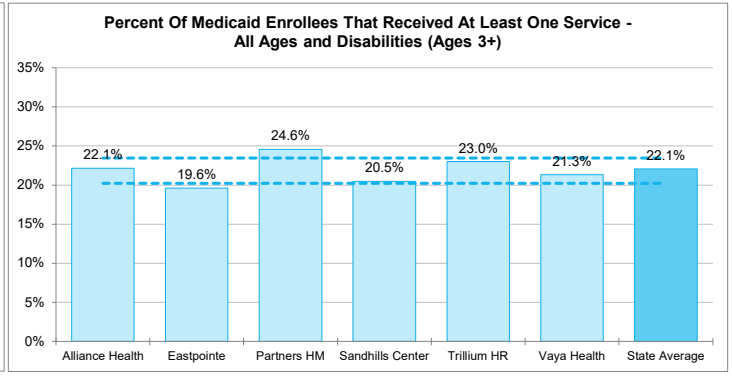
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	28,239	10.4%	5,646	97,678	5.8%	27,880	125,917	22.1%
Eastpointe	639	8,416	7.6%	1,738	41,993	4.1%	9,880	50,409	19.6%
Partners Health Management	1,880	18,370	10.2%	4,618	71,987	6.4%	22,183	90,357	24.6%
Sandhills Center	1,422	14,123	10.1%	3,144	57,403	5.5%	14,651	71,526	20.5%
Trillium Health Resources	1,896	17,551	10.8%	4,093	71,127	5.8%	20,398	88,678	23.0%
Vaya Health	1,588	20,310	7.8%	3,652	73,408	5.0%	19,988	93,718	21.3%
Statewide	10,371	107,009	9.7%	22,891	413,596	5.5%	114,980	520,605	22.1%
Standard Deviation			1.3%			0.7%			1.6%
LME-MCO Average			9.5%			5.4%			21.9%

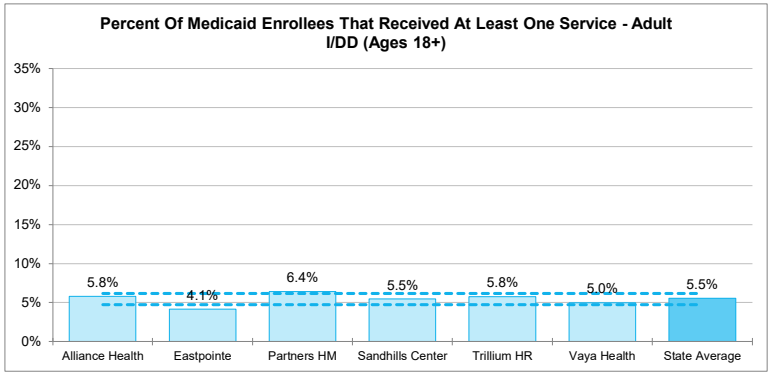
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
32,350	125,917
11,712	50,409
25,772	90,357
17,589	71,526
25,179	88,678
25,037	93,718

* 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:	2024	**Measurement Period:**	Jul 2022 - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

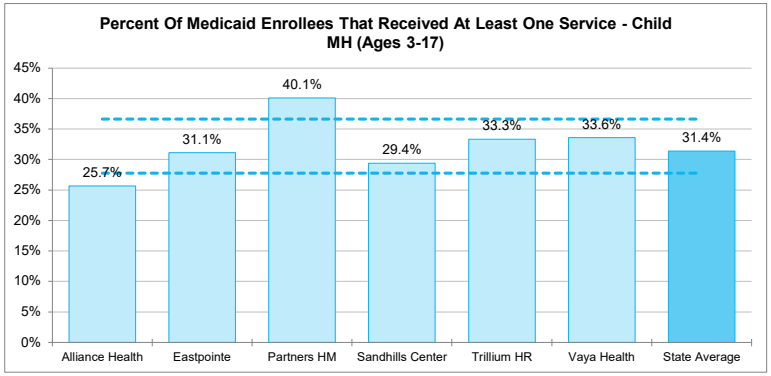
PENETRATION

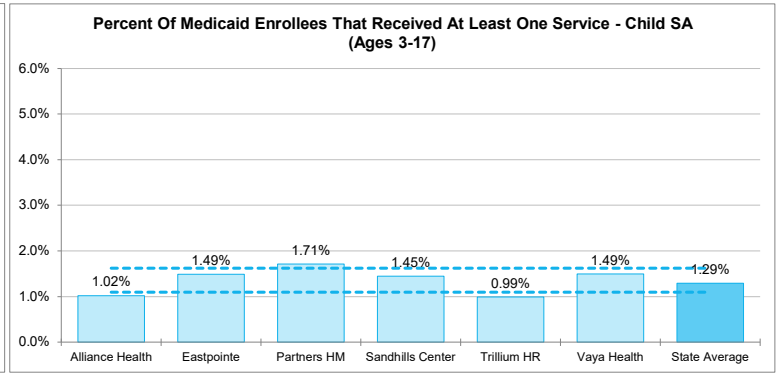
3.1 Persons Served: Medicaid Enrollees (SFYTD)

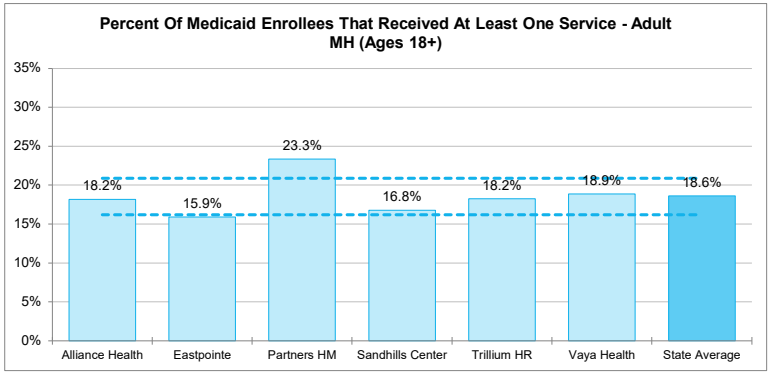
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

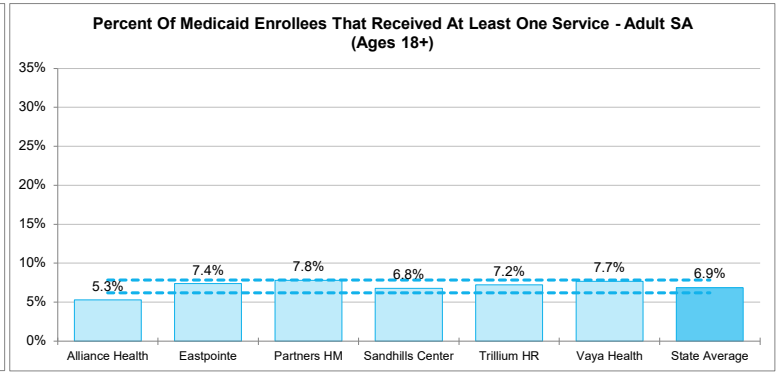
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withinn a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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	10,101	39,373	25.7%	21,611	118,988	18.2%	402	39,373	1.02%	6,312	118,988	5.3%
Eastpointe	3,454	11,096	31.1%	8,435	53,067	15.9%	165	11,096	1.49%	3,914	53,067	7.4%
Partners Health Management	7,561	18,842	40.1%	16,836	72,180	23.3%	322	18,842	1.71%	5,638	72,180	7.8%
Sandhills Center	5,485	18,654	29.4%	12,415	74,066	16.8%	270	18,654	1.45%	5,006	74,066	6.8%
Trillium Health Resources	7,977	23,931	33.3%	15,942	87,448	18.2%	237	23,931	0.99%	6,321	87,448	7.2%
Vaya Health	8,651	25,745	33.6%	17,275	91,561	18.9%	384	25,745	1.49%	7,010	91,561	7.7%
Statewide	43,229	137,641	31.4%	92,514	497,310	18.6%	1,780	137,641	1.29%	34,201	497,310	6.9%
Standard Deviation			4.4%			2.4%			0.3%			0.8%
LME-MCO Average			32.2%			18.5%			1.4%			7.0%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul 2022 - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 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.

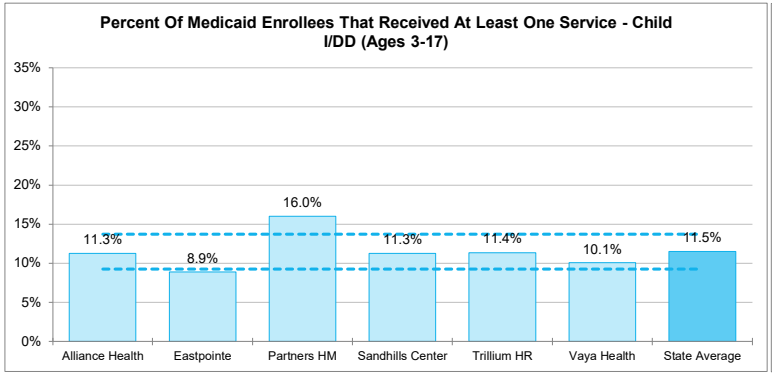
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received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

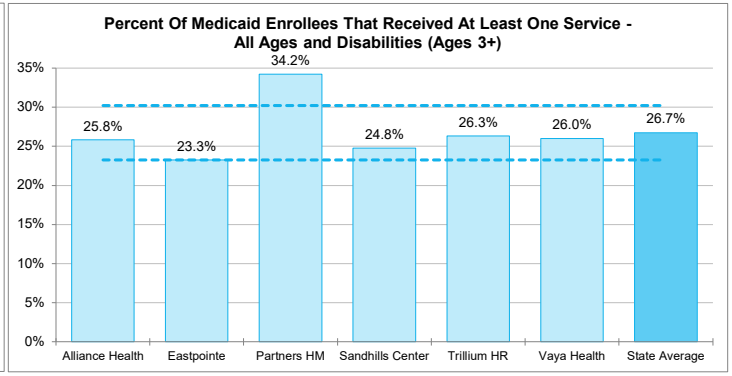
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	4,443	39,373	11.3%	6,571	118,988	5.5%	40,900	158,361	25.8%
Eastpointe	987	11,096	8.9%	1,993	53,067	3.8%	14,918	64,163	23.3%
Partners Health Management	3,021	18,842	16.0%	5,197	72,180	7.2%	31,133	91,022	34.2%
Sandhills Center	2,105	18,654	11.3%	3,581	74,066	4.8%	22,978	92,720	24.8%
Trillium Health Resources	2,719	23,931	11.4%	4,691	87,448	5.4%	29,319	111,379	26.3%
Vaya Health	2,596	25,745	10.1%	4,384	91,561	4.8%	30,508	117,306	26.0%
Statewide	15,871	137,641	11.5%	26,417	497,310	5.3%	169,756	634,951	26.7%
Standard Deviation			2.2%			1.0%			3.5%
LME-MCO Average			11.5%			5.2%			26.7%

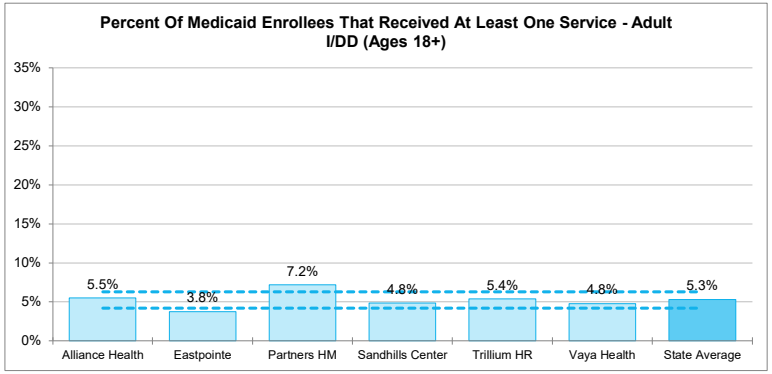
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
49,440	158,361
18,948	64,163
38,575	91,022
28,862	92,720
37,887	111,379
40,300	117,306

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

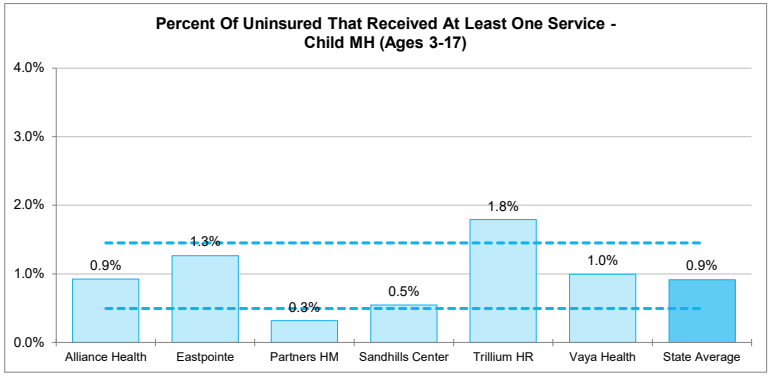
PENETRATION

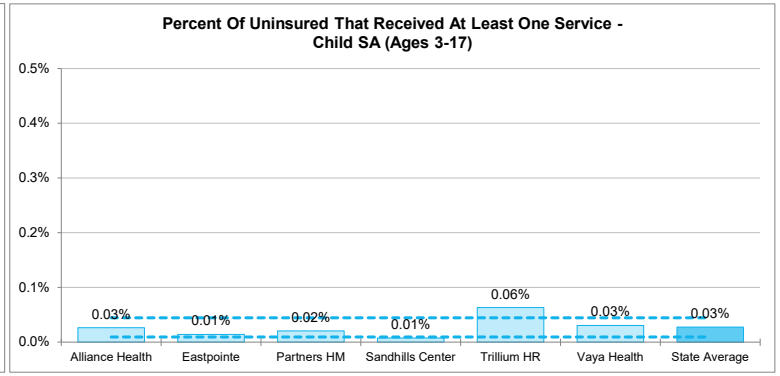
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

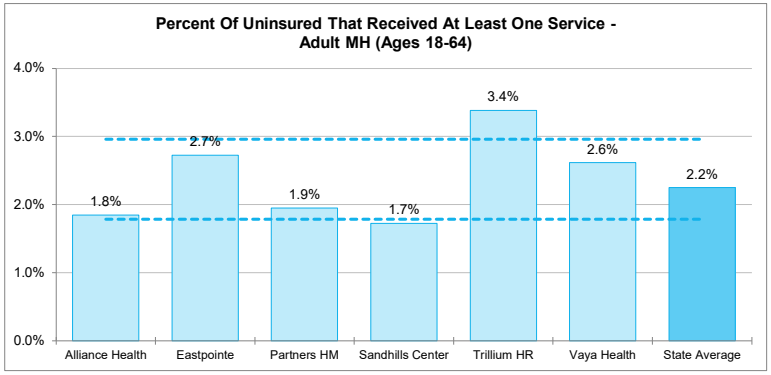
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

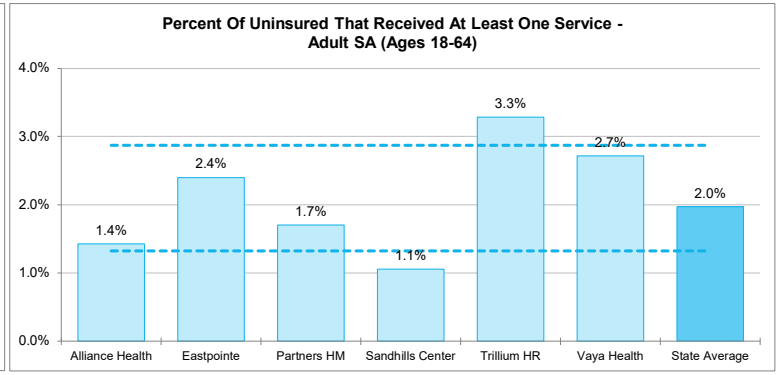
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of 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	283	30,659	0.9%	5,478	296,528	1.8%	8	30,659	0.03%	4,229	296,528	1.4%
Eastpointe	88	6,952	1.3%	1,911	70,173	2.7%	1	6,952	0.01%	1,683	70,173	2.4%
Partners Health Management	61	19,246	0.3%	3,710	190,537	1.9%	4	19,246	0.02%	3,240	190,537	1.7%
Sandhills Center	73	13,352	0.5%	2,379	138,192	1.7%	1	13,352	0.01%	1,461	138,192	1.1%
Trillium Health Resources	256	14,305	1.8%	4,573	135,307	3.4%	9	14,305	0.06%	4,446	135,307	3.3%
Vaya Health	162	16,307	1.0%	4,526	173,141	2.6%	5	16,307	0.03%	4,705	173,141	2.7%
Statewide	923	100,822	0.9%	22,577	1,003,878	2.2%	28	100,822	0.03%	19,764	1,003,878	2.0%
Standard Deviation			0.5%			0.6%			0.02%			0.8%
LME-MCO Average			1.0%			2.4%			0.03%			2.1%









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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

PENETRATION

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

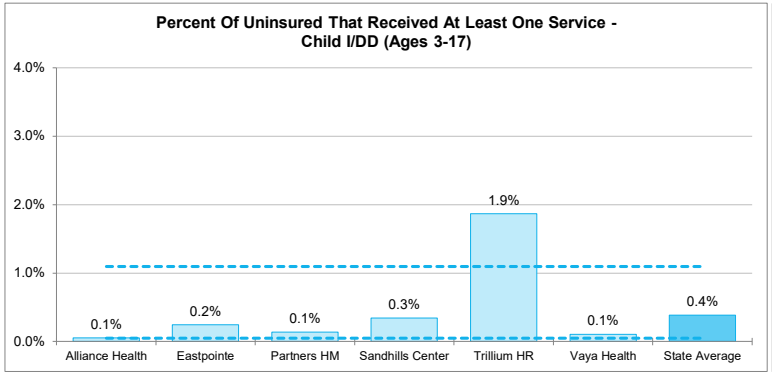
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

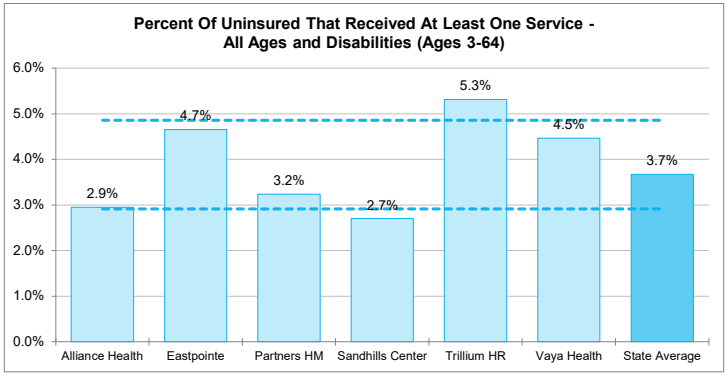
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of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

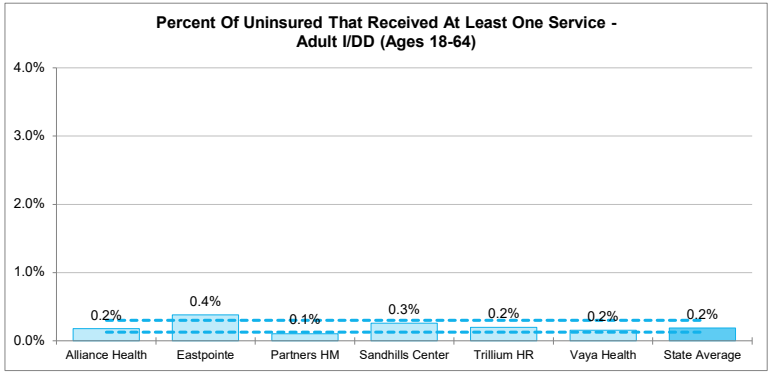
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One 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	16	30,659	0.1%	527	296,528	0.2%	9,315	316,226	2.9%	10,541
Eastpointe	17	6,952	0.2%	266	70,173	0.4%	3,463	74,419	4.7%	3,966
Partners Health Management	27	19,246	0.1%	202	190,537	0.1%	6,513	201,301	3.2%	7,244
Sandhills Center	46	13,352	0.3%	361	138,192	0.3%	3,939	145,789	2.7%	4,321
Trillium Health Resources	267	14,305	1.9%	270	135,307	0.2%	7,767	146,187	5.3%	9,821
Vaya Health	17	16,307	0.1%	273	173,141	0.2%	8,202	183,642	4.5%	9,688
Statewide	390	100,822	0.4%	1,899	1,003,878	0.2%	39,199	1,067,565	3.7%	
Standard Deviation			0.6%			0.1%			1.0%	
LME-MCO Average			0.5%			0.2%			3.9%	

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:	2024	**Measurement Period:**	Jul 2022 - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

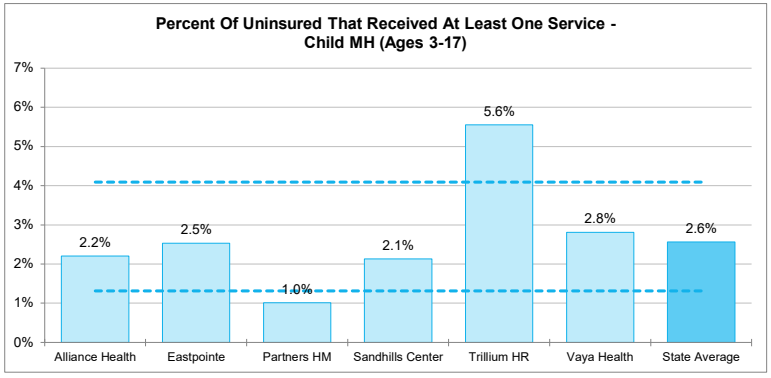
PENETRATION

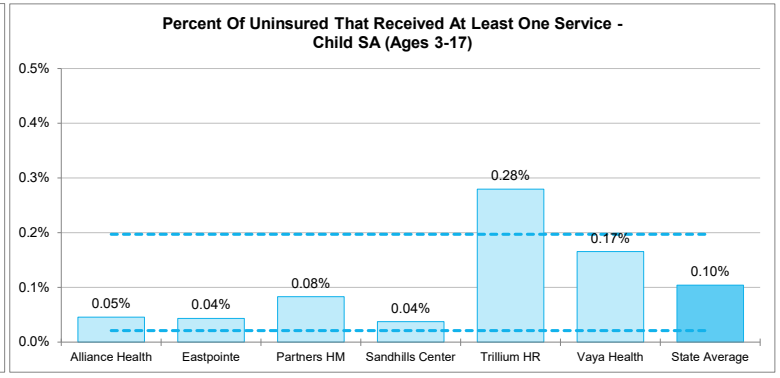
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

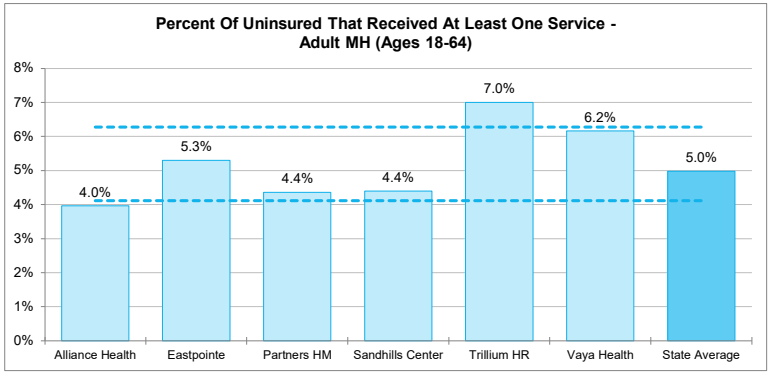
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

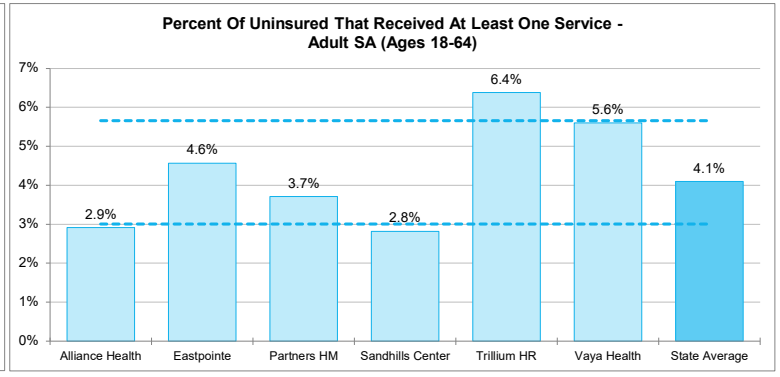
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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	676	30,659	2.2%	11,750	296,528	4.0%	14	30,659	0.05%	8,635	296,528	2.9%
Eastpointe	176	6,952	2.5%	3,719	70,173	5.3%	3	6,952	0.04%	3,202	70,173	4.6%
Partners Health Management	194	19,246	1.0%	8,298	190,537	4.4%	16	19,246	0.08%	7,071	190,537	3.7%
Sandhills Center	285	13,352	2.1%	6,079	138,192	4.4%	5	13,352	0.04%	3,888	138,192	2.8%
Trillium Health Resources	794	14,305	5.6%	9,463	135,307	7.0%	40	14,305	0.28%	8,626	135,307	6.4%
Vaya Health	458	16,307	2.8%	10,664	173,141	6.2%	27	16,307	0.17%	9,696	173,141	5.6%
Statewide	2,583	100,822	2.6%	49,973	1,003,878	5.0%	105	100,822	0.10%	41,118	1,003,878	4.1%
Standard Deviation			1.4%			1.1%			0.09%			1.3%
LME-MCO Average			2.7%			5.2%			0.11%			4.3%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul 2022 - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

PENETRATION

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

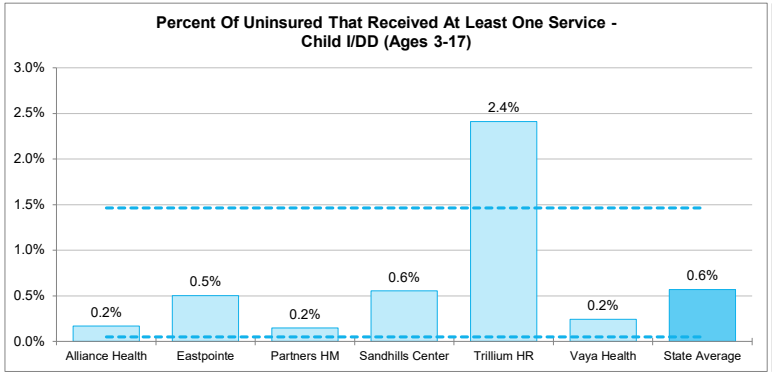
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally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

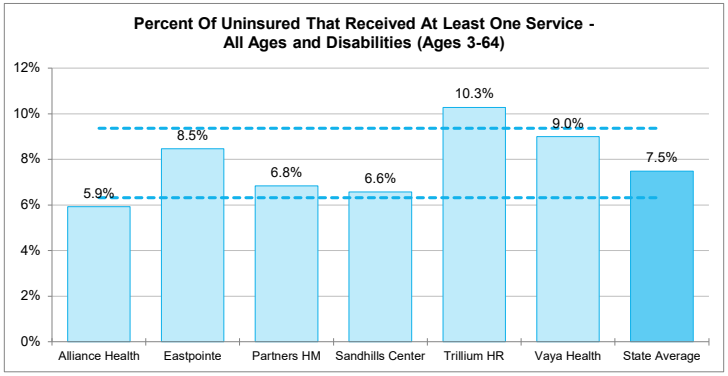
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number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

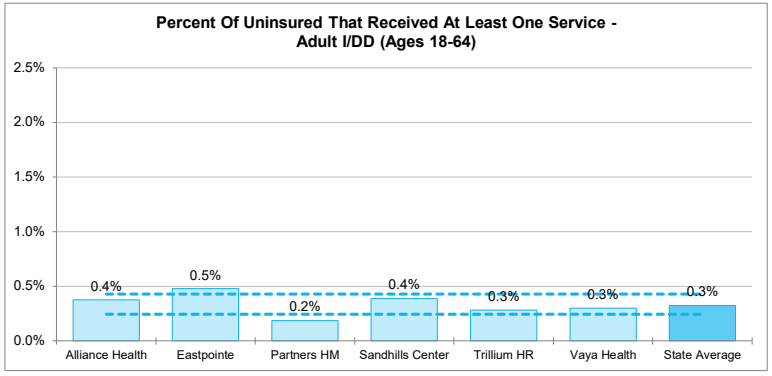
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One 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	52	30,659	0.2%	1,116	296,528	0.4%	18,729	316,226	5.9%	22,243
Eastpointe	35	6,952	0.5%	335	70,173	0.5%	6,294	74,419	8.5%	7,470
Partners Health Management	29	19,246	0.2%	355	190,537	0.2%	13,755	201,301	6.8%	15,963
Sandhills Center	74	13,352	0.6%	537	138,192	0.4%	9,571	145,789	6.6%	10,868
Trillium Health Resources	345	14,305	2.4%	382	135,307	0.3%	15,025	146,187	10.3%	19,650
Vaya Health	40	16,307	0.2%	518	173,141	0.3%	16,519	183,642	9.0%	21,403
Statewide	575	100,822	0.6%	3,243	1,003,878	0.3%	79,893	1,067,565	7.5%	
Standard Deviation			0.8%			0.1%			1.5%	
LME-MCO Average			0.7%			0.3%			7.8%	

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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

INITIATION AND ENGAGEMENT

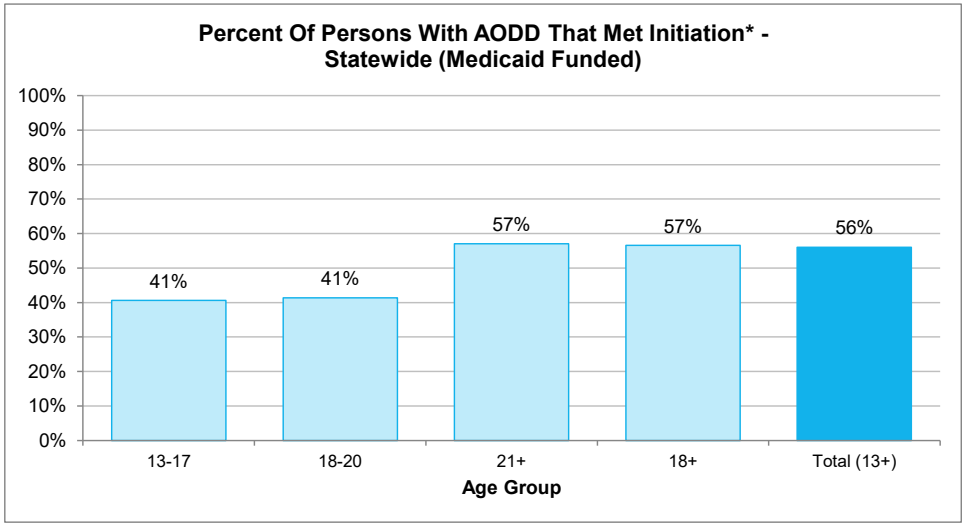
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

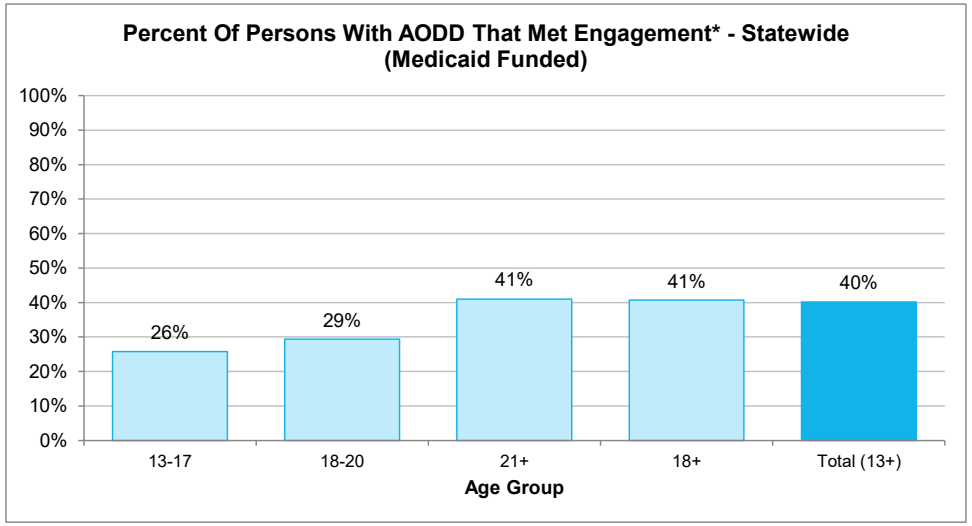
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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	128	55	132	81	315	41%	17%	42%	26%
18-20	107	35	117	76	259	41%	14%	45%	29%
21+	4,882	1,506	2,173	3,512	8,561	57%	18%	25%	41%
18+	4,989	1,541	2,290	3,588	8,820	57%	17%	26%	41%
Total (13+)	5,117	1,596	2,422	3,669	9,135	56%	17%	27%	40%





* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

INITIATION AND ENGAGEMENT

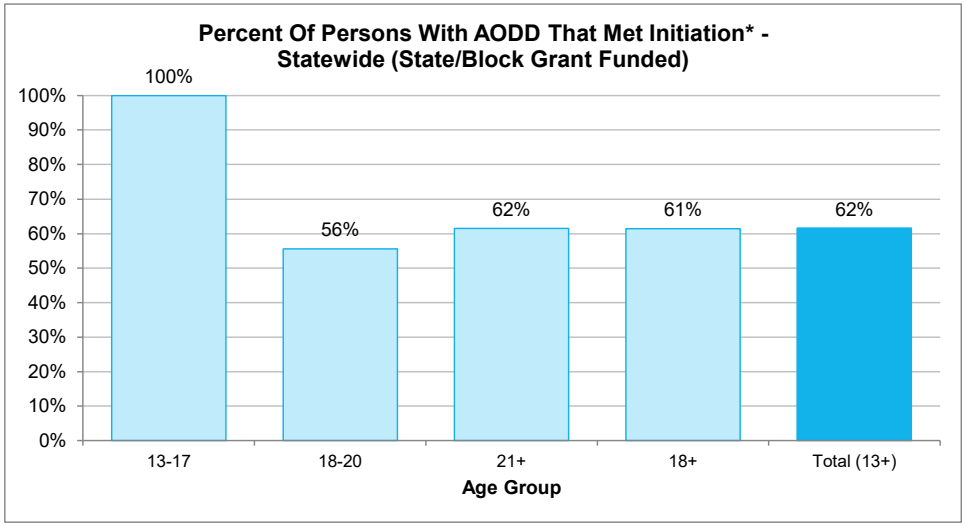
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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.

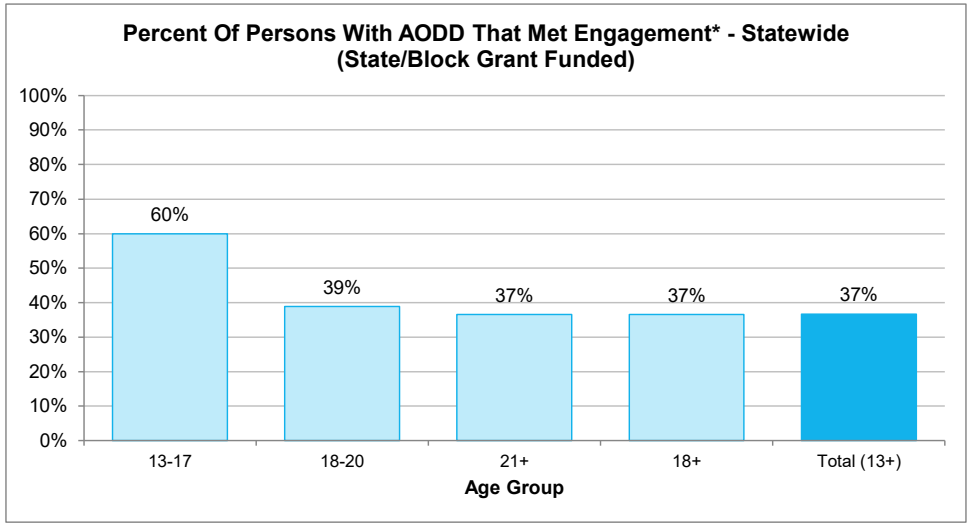
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days 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	5	0	0	3	5	100%	0%	0%	60%
18-20	10	2	6	7	18	56%	11%	33%	39%
21+	1,198	313	436	712	1,947	62%	16%	22%	37%
18+	1,208	315	442	719	1,965	61%	16%	22%	37%
Total (13+)	1,213	315	442	722	1,970	62%	16%	22%	37%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

INITIATION AND ENGAGEMENT

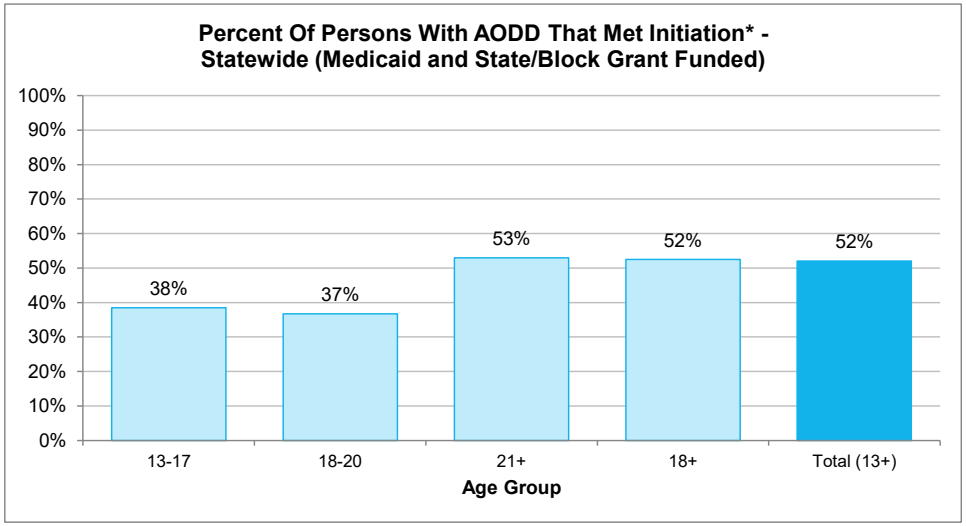
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

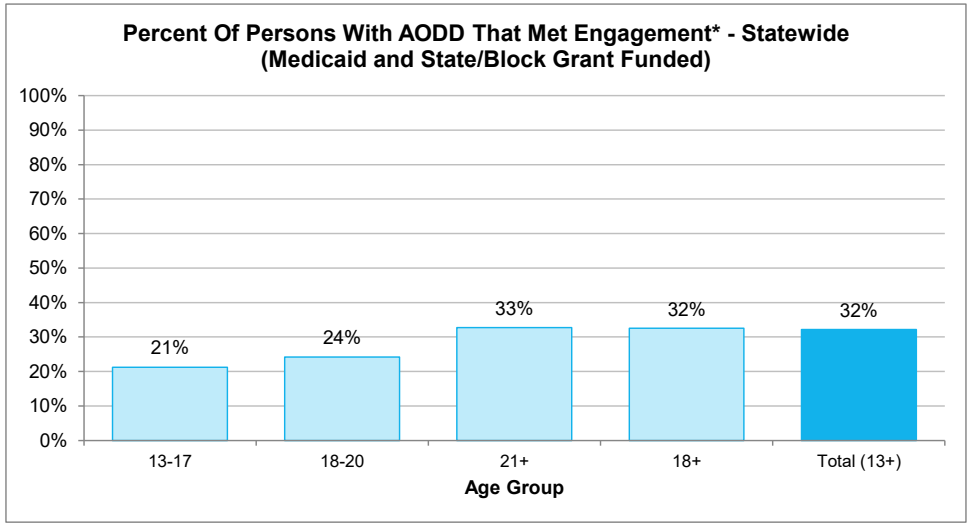
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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	105	47	121	58	273	38%	17%	44%	21%
18-20	91	35	122	60	248	37%	14%	49%	24%
21+	4,664	1,630	2,520	2,885	8,814	53%	18%	29%	33%
18+	4,755	1,665	2,642	2,945	9,062	52%	18%	29%	32%
Total (13+)	4,860	1,712	2,763	3,003	9,335	52%	18%	30%	32%





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

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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

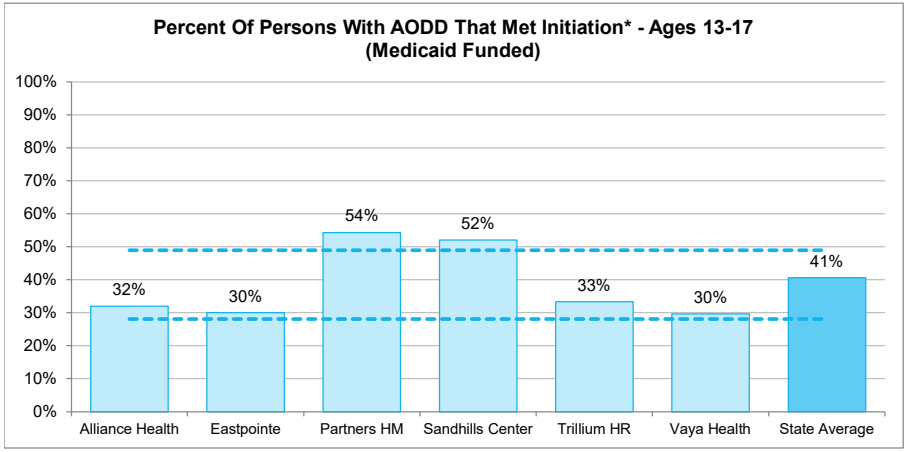
INITIATION AND ENGAGEMENT

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

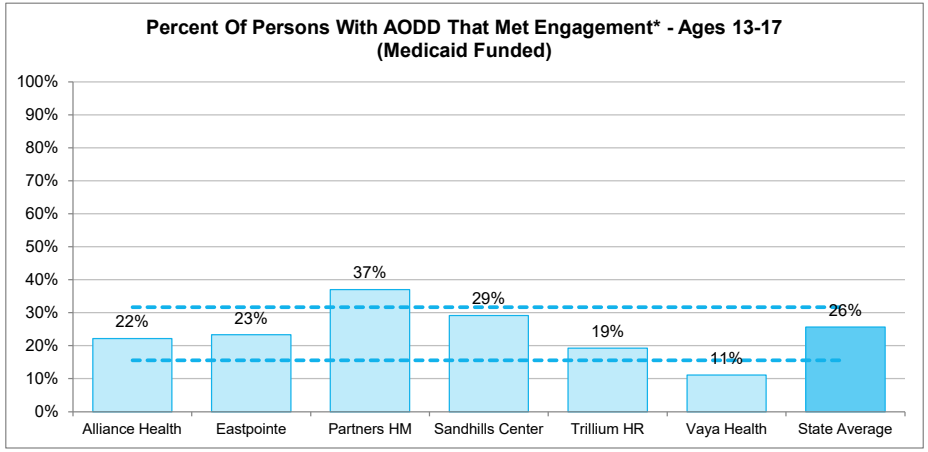
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (Medicaid Funded)									
Alliance Health	23	12	37	16	72	32%	17%	51%	22%
Eastpointe	9	5	16	7	30	30%	17%	53%	23%
Partners Health Management	44	16	21	30	81	54%	20%	26%	37%
Sandhills Center	25	4	19	14	48	52%	8%	40%	29%
Trillium Health Resources	19	10	28	11	57	33%	18%	49%	19%
Vaya Health	8	8	11	3	27	30%	30%	41%	11%
State Average	128	55	132	81	315	41%	17%	42%	26%
Standard Deviation						10.5%	6.3%	9.3%	8.0%
LME-MCO Average						39%	18%	43%	24%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

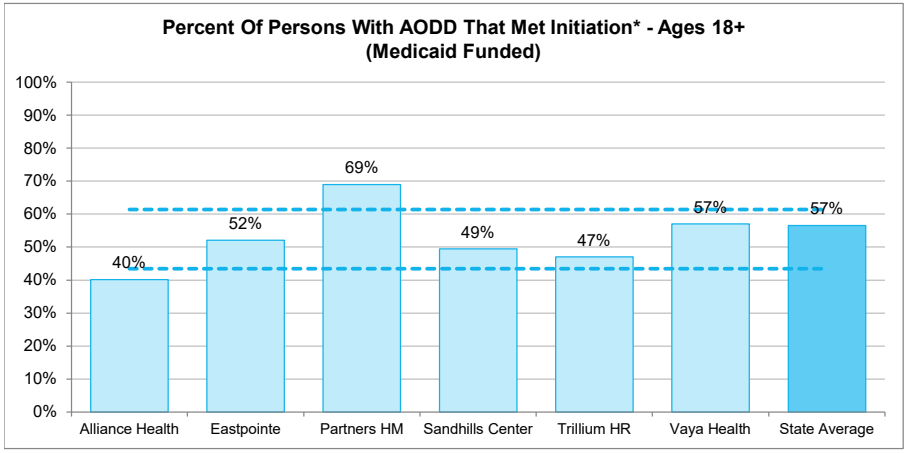
INITIATION AND ENGAGEMENT

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

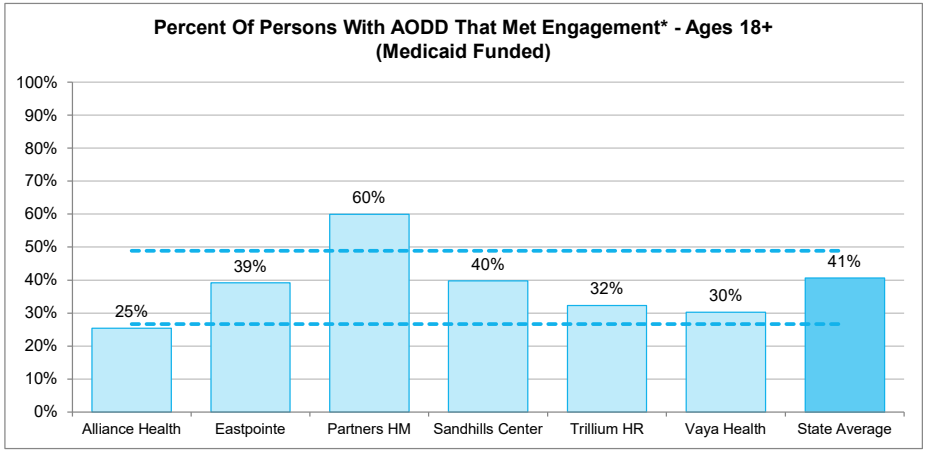
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 18+ (Medicaid Funded)									
Alliance Health	403	120	480	255	1,003	40%	12%	48%	25%
Eastpointe	323	67	230	243	620	52%	11%	37%	39%
Partners Health Management	1,894	326	525	1,646	2,745	69%	12%	19%	60%
Sandhills Center	388	68	328	312	784	49%	9%	42%	40%
Trillium Health Resources	524	176	415	360	1,115	47%	16%	37%	32%
Vaya Health	1,457	784	312	772	2,553	57%	31%	12%	30%
State Average	4,989	1,541	2,290	3,588	8,820	57%	17%	26%	41%
Standard Deviation						9.0%	7.3%	12.6%	11.1%
LME-MCO Average						52%	15%	33%	38%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

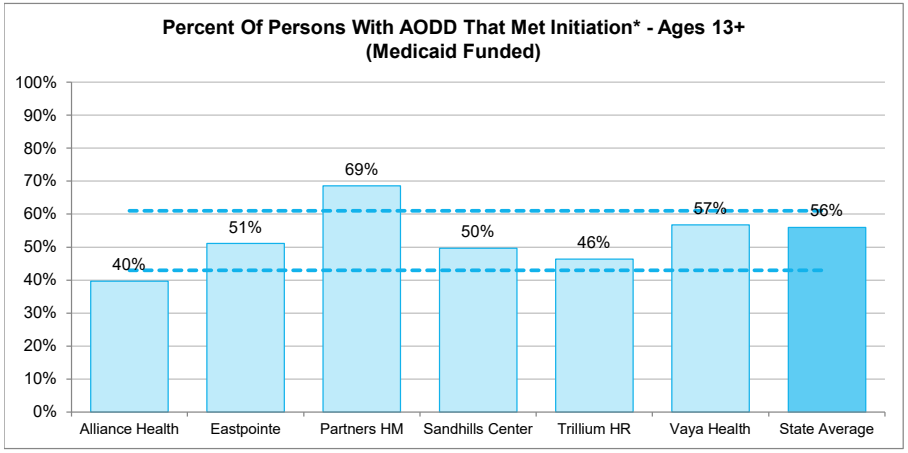
INITIATION AND ENGAGEMENT

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

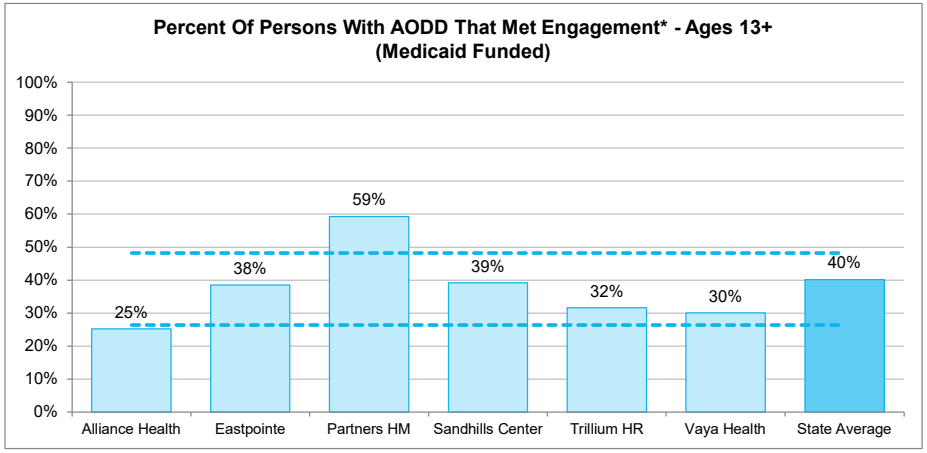
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 Funded)									
Alliance Health	426	132	517	271	1,075	40%	12%	48%	25%
Eastpointe	332	72	246	250	650	51%	11%	38%	38%
Partners Health Management	1,938	342	546	1,676	2,826	69%	12%	19%	59%
Sandhills Center	413	72	347	326	832	50%	9%	42%	39%
Trillium Health Resources	543	186	443	371	1,172	46%	16%	38%	32%
Vaya Health	1,465	792	323	775	2,580	57%	31%	13%	30%
State Average	5,117	1,596	2,422	3,669	9,135	56%	17%	27%	40%
Standard Deviation						9.0%	7.3%	12.6%	11.0%
LME-MCO Average						52%	15%	33%	37%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

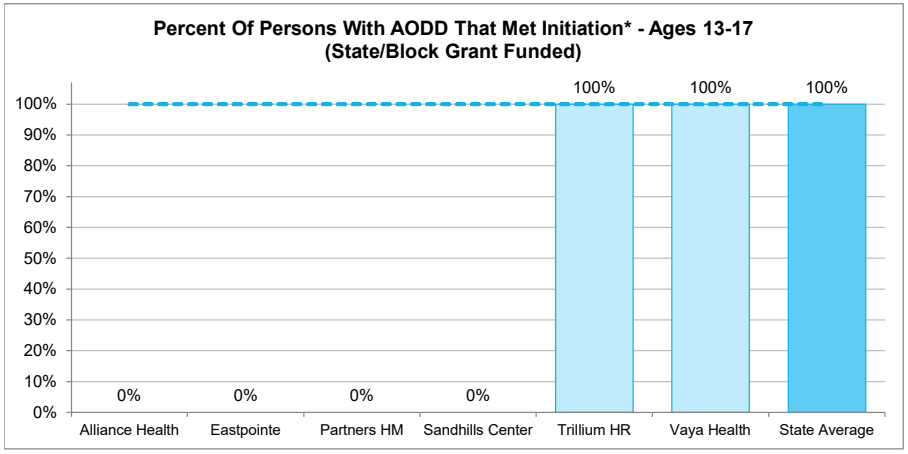
INITIATION AND ENGAGEMENT

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

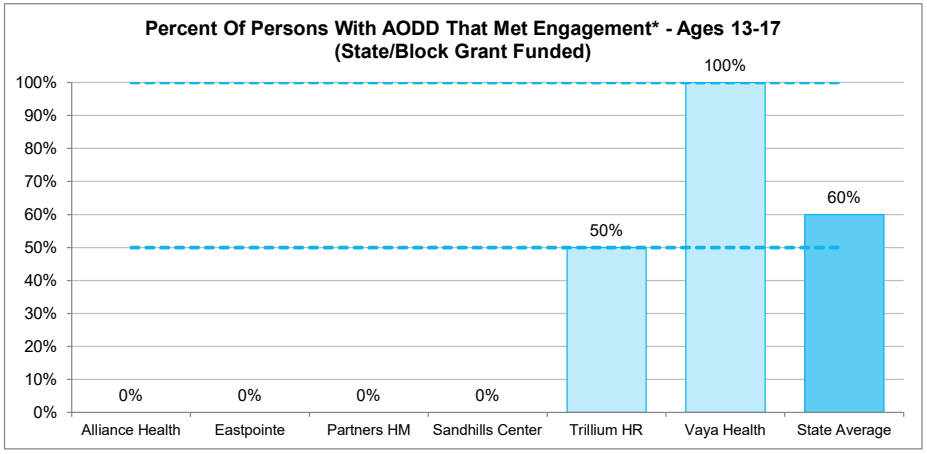
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (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	4	0	0	2	4	100%	0%	0%	50%
Vaya Health	1	0	0	1	1	100%	0%	0%	100%
State Average	5	0	0	3	5	100%	0%	0%	60%
Standard Deviation						0.0%	0.0%	0.0%	25.0%
LME-MCO Average		[Alliance, Eastpointe, Partners, and Sandhills reported no individuals in this age group beginning a new episode of care this quarter.]				100%	0%	0%	75%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

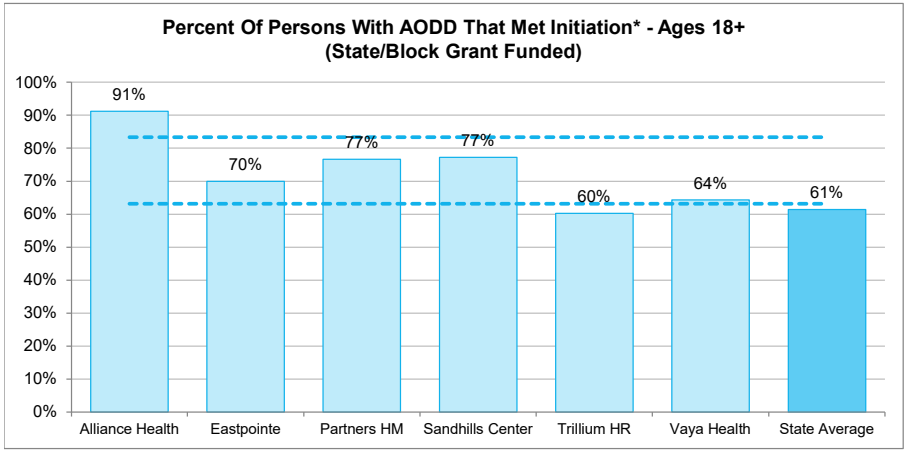
INITIATION AND ENGAGEMENT

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

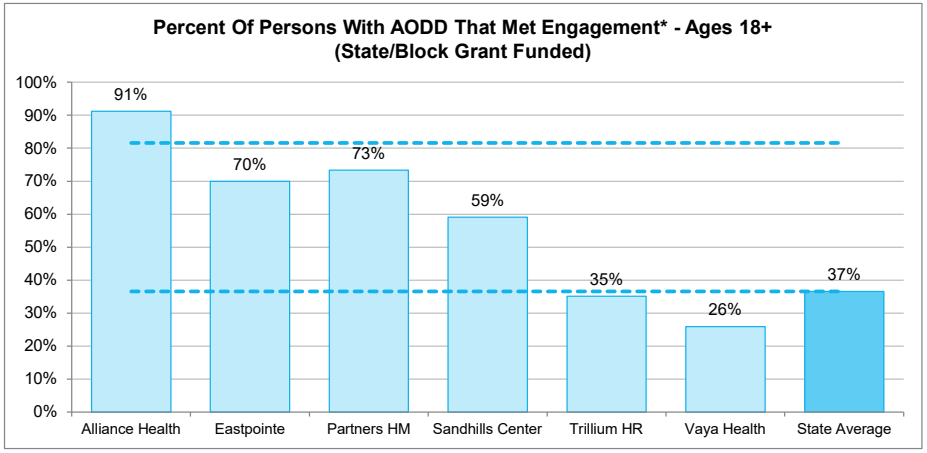
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 18+ (State/Block Grant Funded)									
Alliance Health	31	1	2	31	34	91%	3%	6%	91%
Eastpointe	7	1	2	7	10	70%	10%	20%	70%
Partners Health Management	23	1	6	22	30	77%	3%	20%	73%
Sandhills Center	17	1	4	13	22	77%	5%	18%	59%
Trillium Health Resources	1,058	288	411	617	1,757	60%	16%	23%	35%
Vaya Health	72	23	17	29	112	64%	21%	15%	26%
State Average	1,208	315	442	719	1,965	61%	16%	22%	37%
Standard Deviation						10.1%	6.8%	5.6%	22.5%
LME-MCO Average						73%	10%	17%	59%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

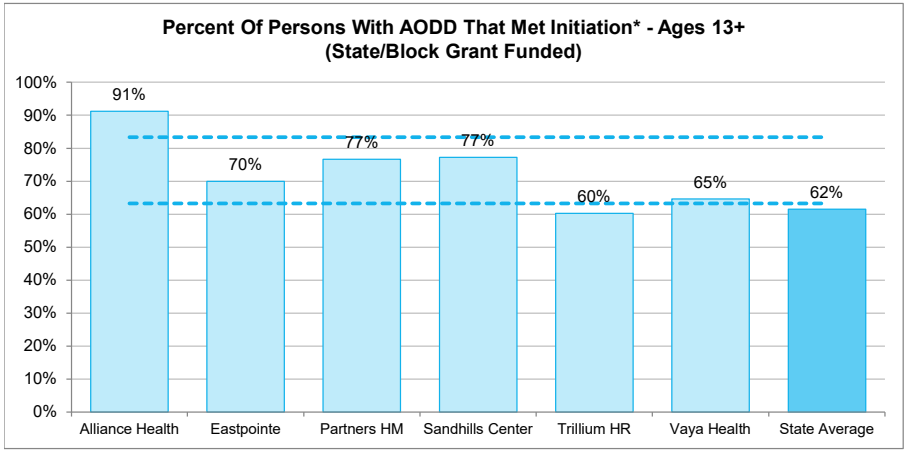
INITIATION AND ENGAGEMENT

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

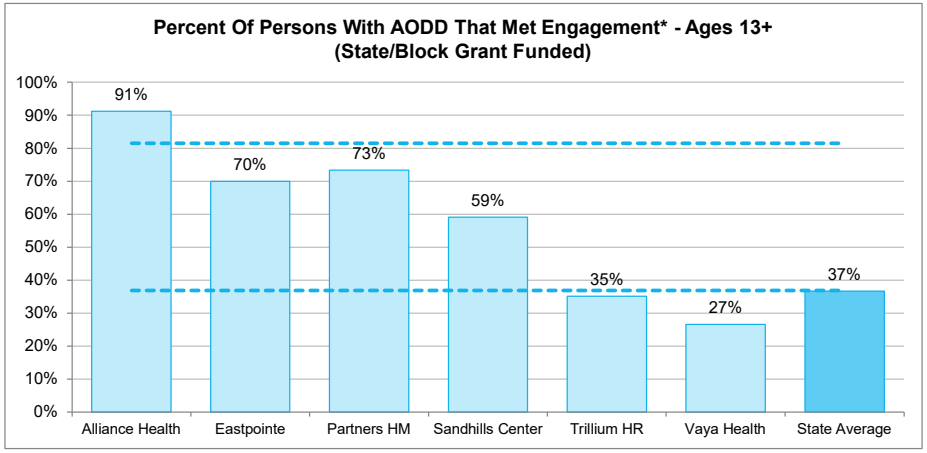
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+ (State/Block Grant Funded)									
Alliance Health	31	1	2	31	34	91%	3%	6%	91%
Eastpointe	7	1	2	7	10	70%	10%	20%	70%
Partners Health Management	23	1	6	22	30	77%	3%	20%	73%
Sandhills Center	17	1	4	13	22	77%	5%	18%	59%
Trillium Health Resources	1,062	288	411	619	1,761	60%	16%	23%	35%
Vaya Health	73	23	17	30	113	65%	20%	15%	27%
State Average	1,213	315	442	722	1,970	62%	16%	22%	37%
Standard Deviation						10.0%	6.7%	5.6%	22.3%
LME-MCO Average						73%	10%	17%	59%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

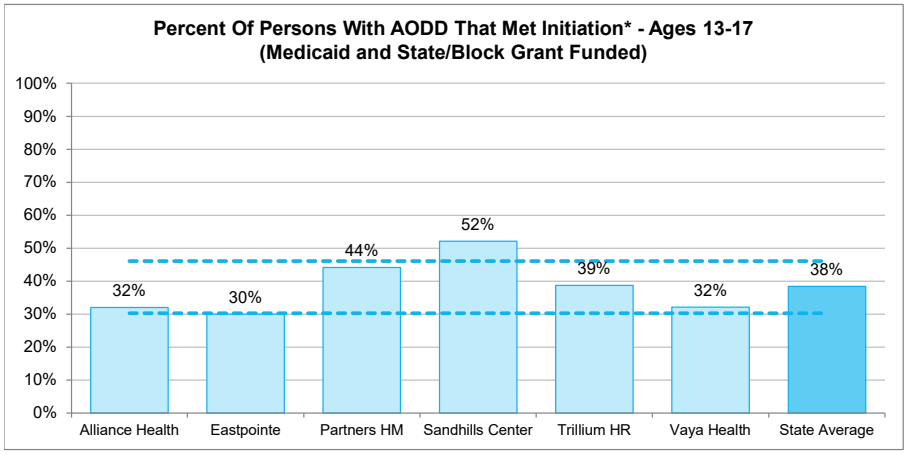
INITIATION AND ENGAGEMENT

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

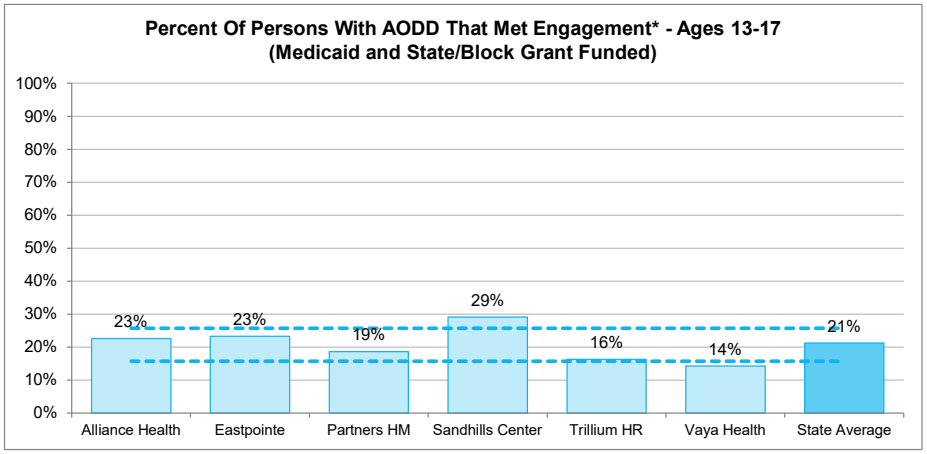
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	24	12	39	17	75	32%	16%	52%	23%
Eastpointe	9	5	16	7	30	30%	17%	53%	23%
Partners Health Management	19	11	13	8	43	44%	26%	30%	19%
Sandhills Center	25	4	19	14	48	52%	8%	40%	29%
Trillium Health Resources	19	7	23	8	49	39%	14%	47%	16%
Vaya Health	9	8	11	4	28	32%	29%	39%	14%
State Average	105	47	121	58	273	38%	17%	44%	21%
Standard Deviation						7.9%	6.9%	8.1%	5.0%
LME-MCO Average						38%	18%	44%	21%



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



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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

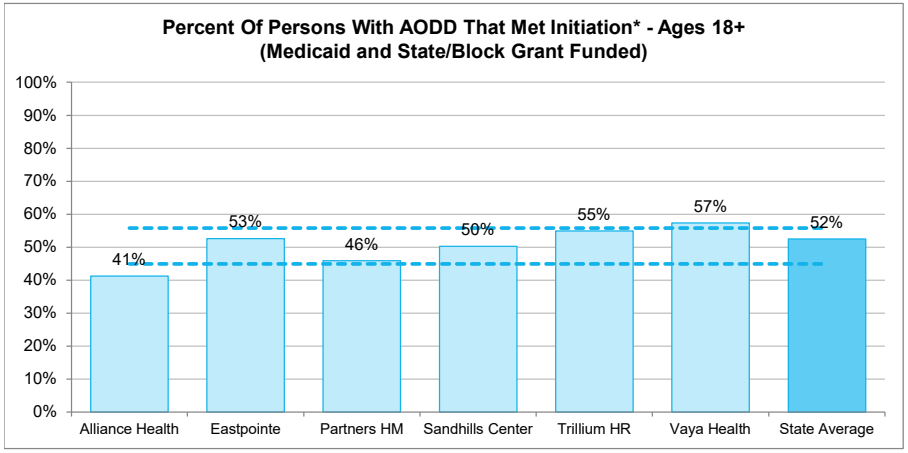
INITIATION AND ENGAGEMENT

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

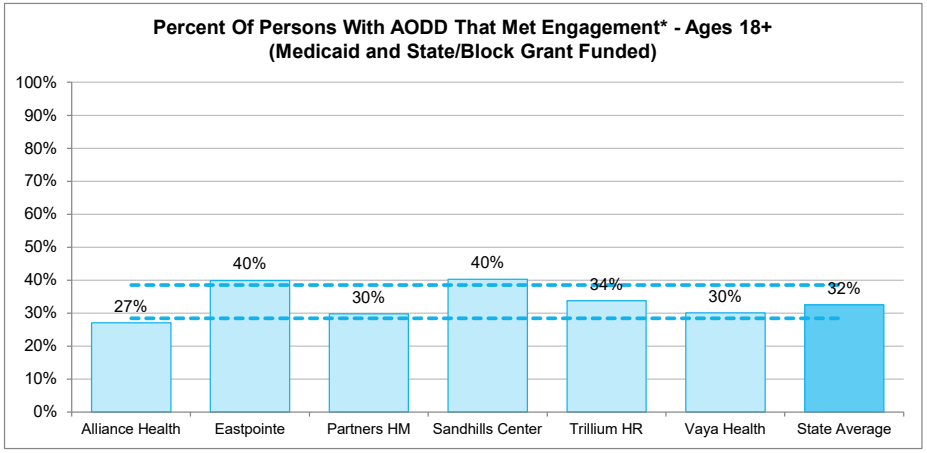
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	431	124	489	283	1,044	41%	12%	47%	27%
Eastpointe	347	71	241	263	659	53%	11%	37%	40%
Partners Health Management	471	122	433	306	1,026	46%	12%	42%	30%
Sandhills Center	405	69	332	325	806	50%	9%	41%	40%
Trillium Health Resources	1,572	472	818	967	2,862	55%	16%	29%	34%
Vaya Health	1,529	807	329	801	2,665	57%	30%	12%	30%
State Average	4,755	1,665	2,642	2,945	9,062	52%	18%	29%	32%
Standard Deviation						5.4%	7.2%	11.4%	5.1%
LME-MCO Average						50%	15%	35%	34%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

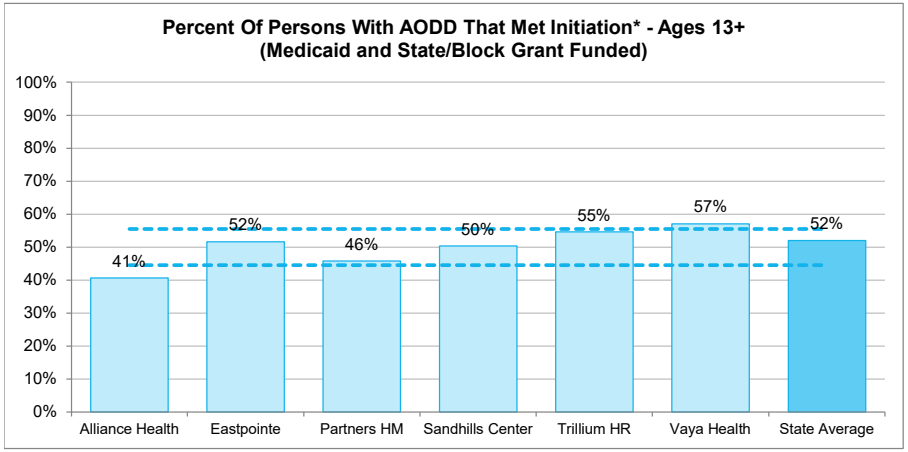
INITIATION AND ENGAGEMENT

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

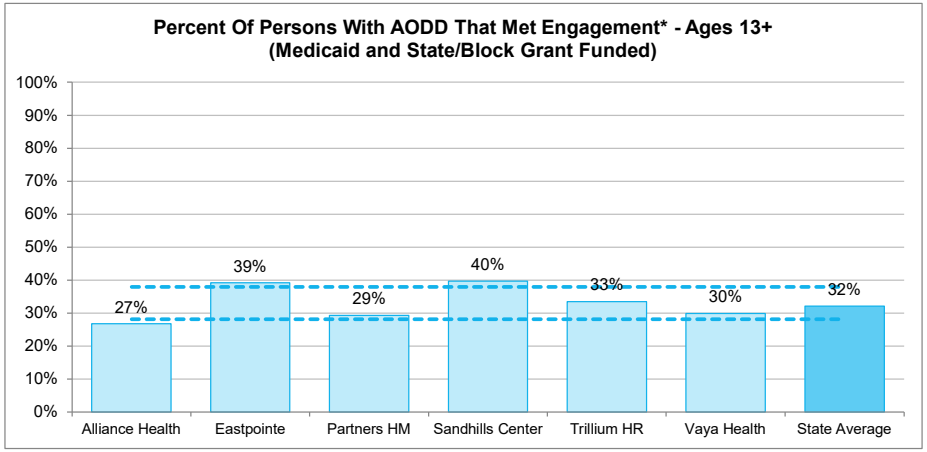
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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	455	136	528	300	1,119	41%	12%	47%	27%
Eastpointe	356	76	257	270	689	52%	11%	37%	39%
Partners Health Management	490	133	446	314	1,069	46%	12%	42%	29%
Sandhills Center	430	73	351	339	854	50%	9%	41%	40%
Trillium Health Resources	1,591	479	841	975	2,911	55%	16%	29%	33%
Vaya Health	1,538	815	340	805	2,693	57%	30%	13%	30%
State Average	4,860	1,712	2,763	3,003	9,335	52%	18%	30%	32%
Standard Deviation						5.5%	7.2%	11.4%	4.9%
LME-MCO Average						50%	15%	35%	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.

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

INITIATION AND ENGAGEMENT

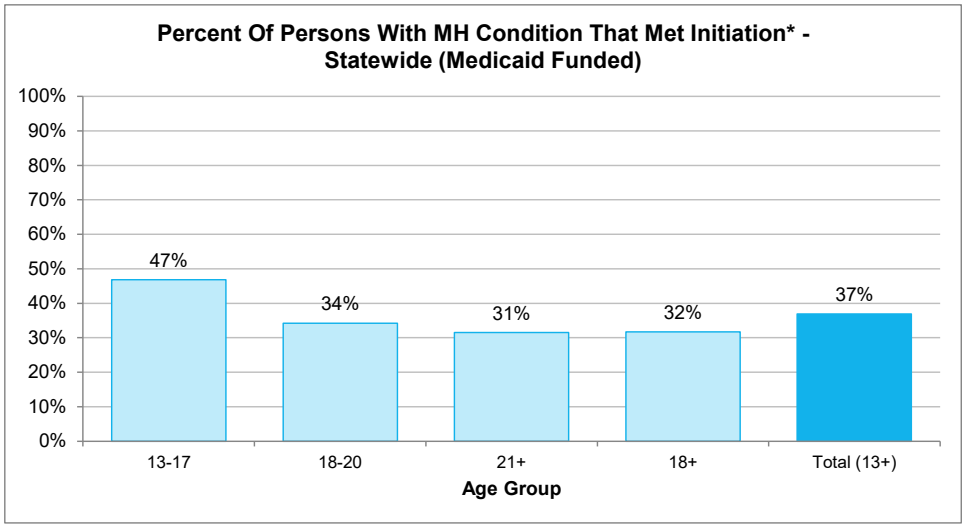
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

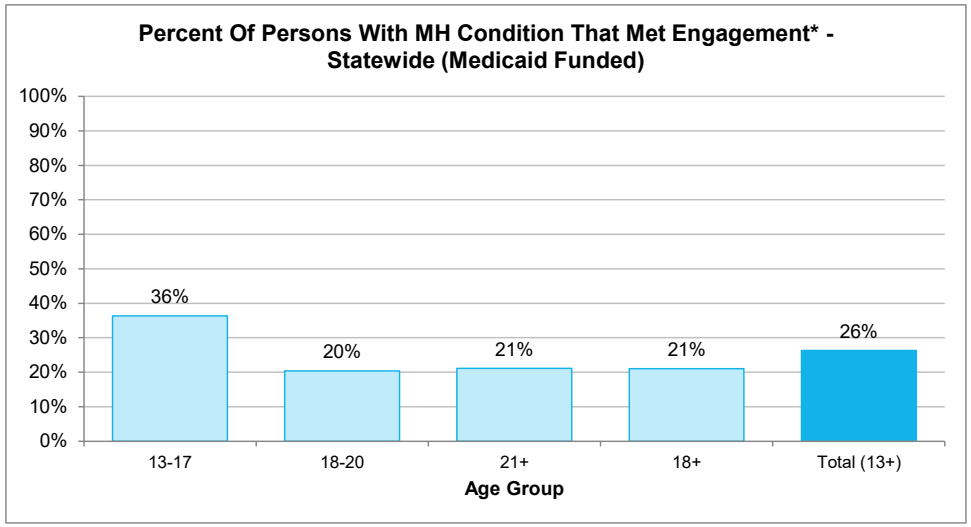
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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	5,023	2,903	2,797	3,897	10,723	47%	27%	26%	36%
18-20	562	423	656	334	1,641	34%	26%	40%	20%
21+	6,000	4,192	8,859	4,025	19,051	31%	22%	47%	21%
18+	6,562	4,615	9,515	4,359	20,692	32%	22%	46%	21%
Total (13+)	11,585	7,518	12,312	8,256	31,415	37%	24%	39%	26%





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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

INITIATION AND ENGAGEMENT

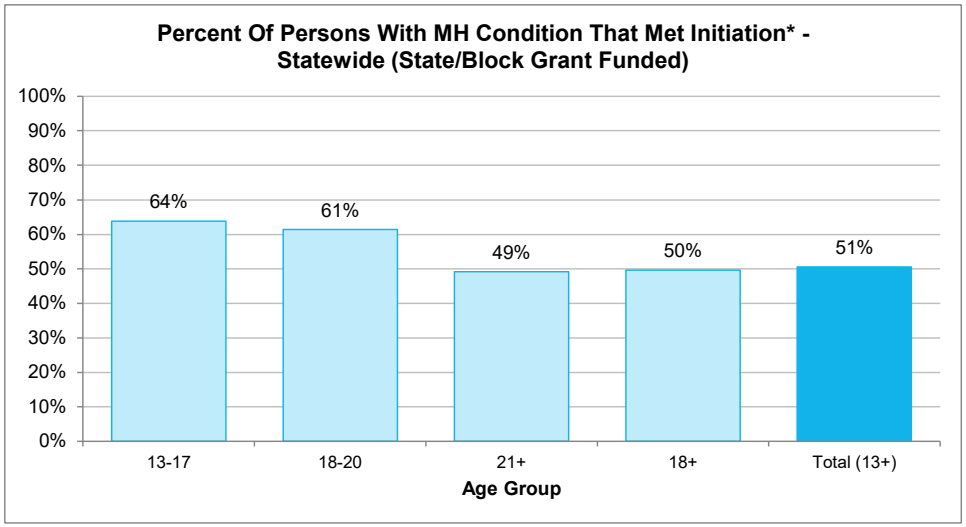
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

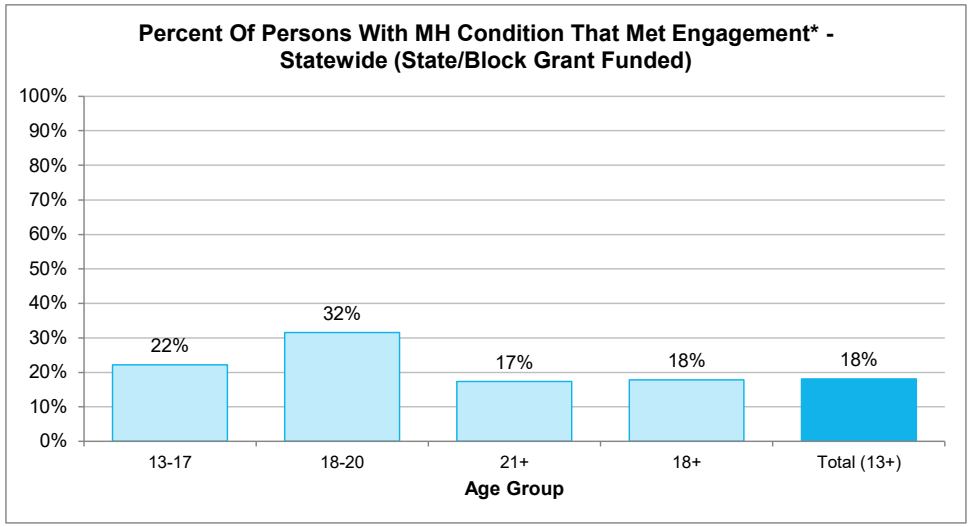
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars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

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	69	7	32	24	108	64%	6%	30%	22%
18-20	35	6	16	18	57	61%	11%	28%	32%
21+	798	322	501	281	1,621	49%	20%	31%	17%
18+	833	328	517	299	1,678	50%	20%	31%	18%
Total (13+)	902	335	549	323	1,786	51%	19%	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

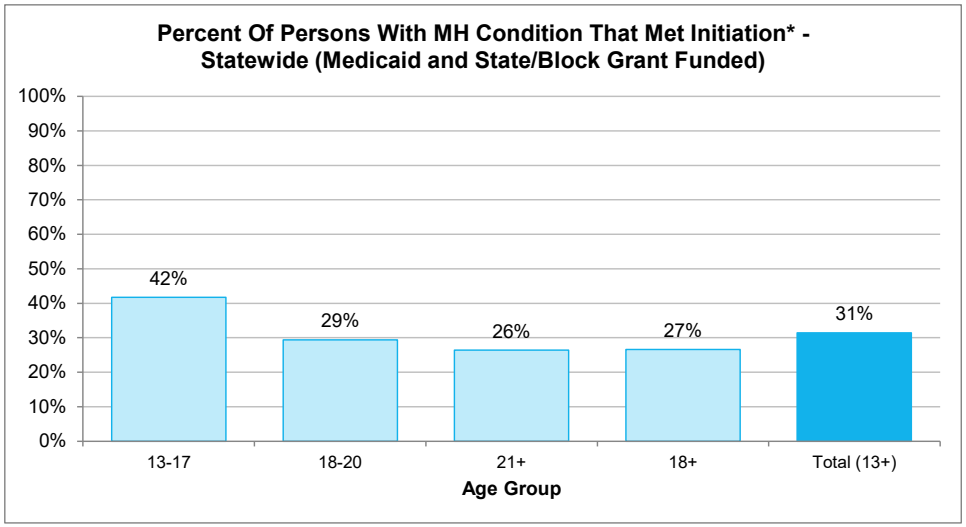
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

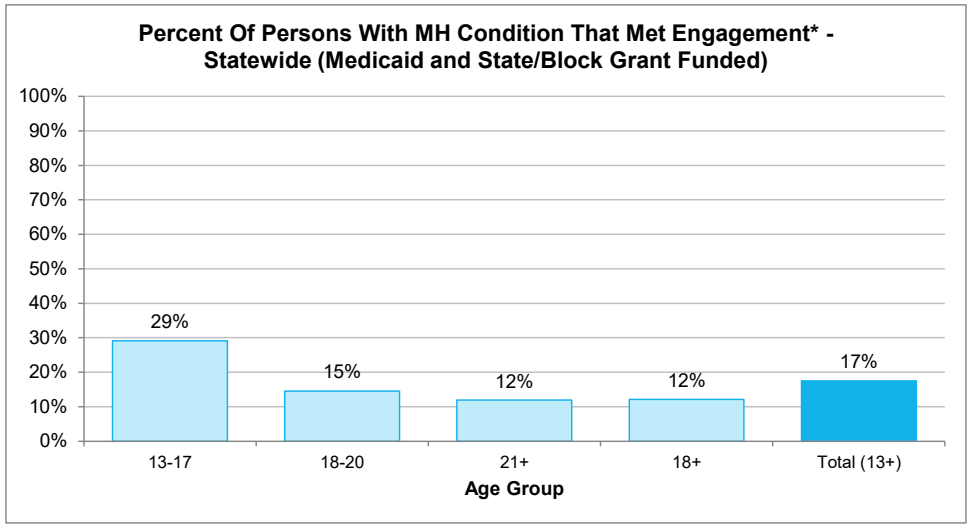
Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the 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	3,360	2,029	2,666	2,342	8,055	42%	25%	33%	29%
18-20	404	322	650	200	1,376	29%	23%	47%	15%
21+	4,209	2,927	8,811	1,899	15,947	26%	18%	55%	12%
18+	4,613	3,249	9,461	2,099	17,323	27%	19%	55%	12%
Total (13+)	7,973	5,278	12,127	4,441	25,378	31%	21%	48%	17%



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



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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

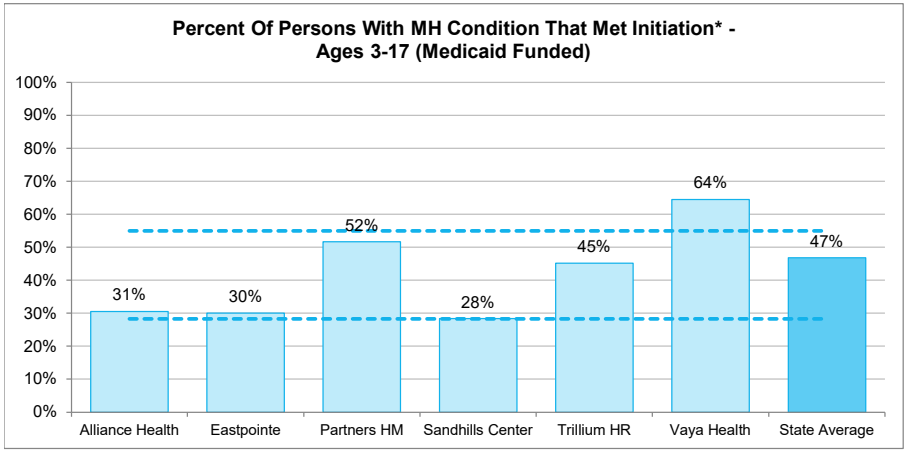
INITIATION AND ENGAGEMENT

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

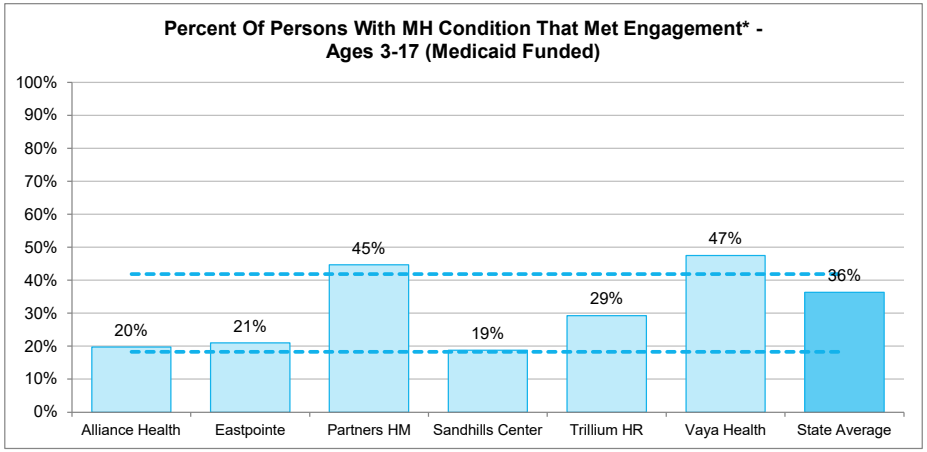
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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	507	367	787	328	1,661	31%	22%	47%	20%
Eastpointe	210	181	309	147	700	30%	26%	44%	21%
Partners Health Management	2,284	1,277	861	1,976	4,422	52%	29%	19%	45%
Sandhills Center	340	252	607	225	1,199	28%	21%	51%	19%
Trillium Health Resources	199	144	98	129	441	45%	33%	22%	29%
Vaya Health	1,483	682	135	1,092	2,300	64%	30%	6%	47%
State Average	5,023	2,903	2,797	3,897	10,723	47%	27%	26%	36%
Standard Deviation						13.4%	4.1%	16.7%	11.8%
LME-MCO Average						42%	27%	32%	30%



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



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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

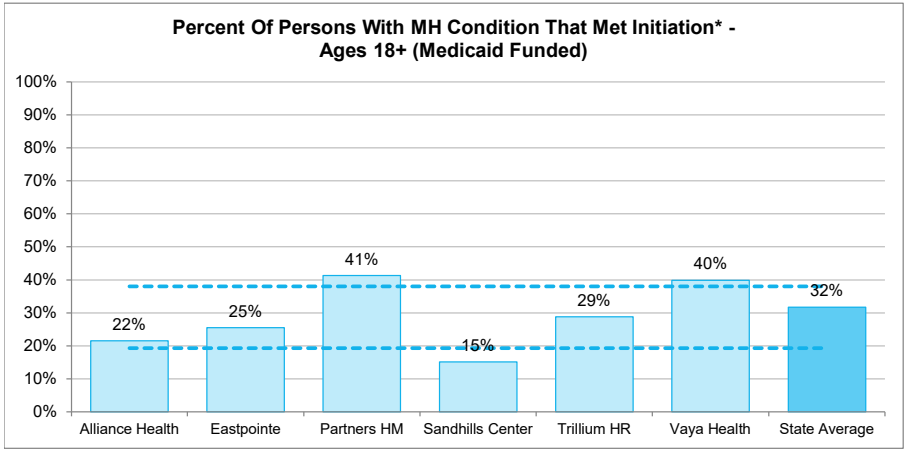
INITIATION AND ENGAGEMENT

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

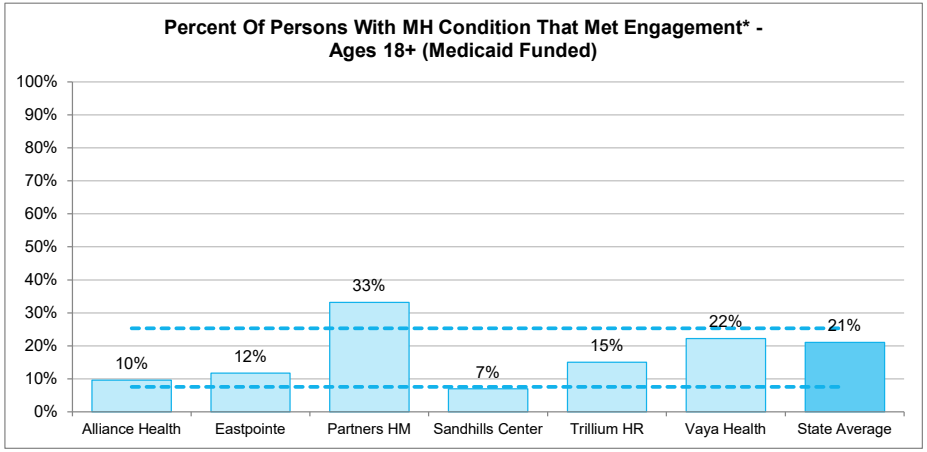
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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	955	720	2,763	425	4,438	22%	16%	62%	10%
Eastpointe	417	255	966	192	1,638	25%	16%	59%	12%
Partners Health Management	3,646	2,310	2,876	2,932	8,832	41%	26%	33%	33%
Sandhills Center	372	385	1,697	171	2,454	15%	16%	69%	7%
Trillium Health Resources	405	315	685	211	1,405	29%	22%	49%	15%
Vaya Health	767	630	528	428	1,925	40%	33%	27%	22%
State Average	6,562	4,615	9,515	4,359	20,692	32%	22%	46%	21%
Standard Deviation						9.4%	6.4%	15.3%	8.9%
LME-MCO Average						29%	21%	50%	16%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

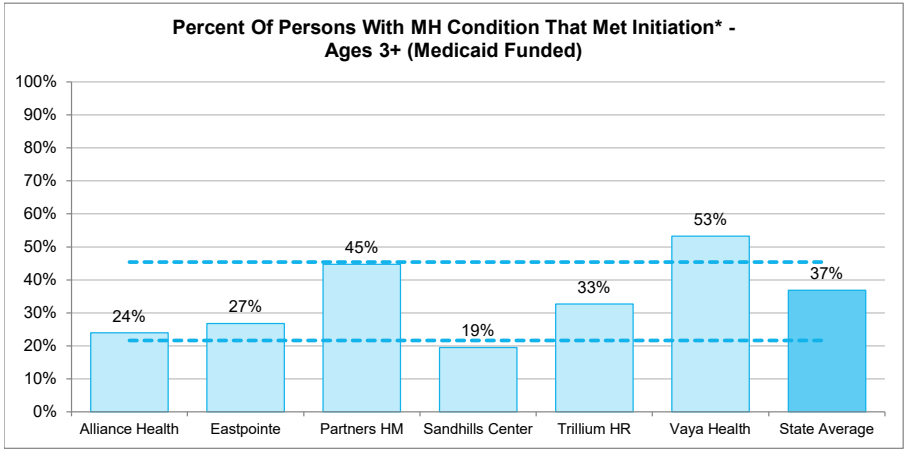
INITIATION AND ENGAGEMENT

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

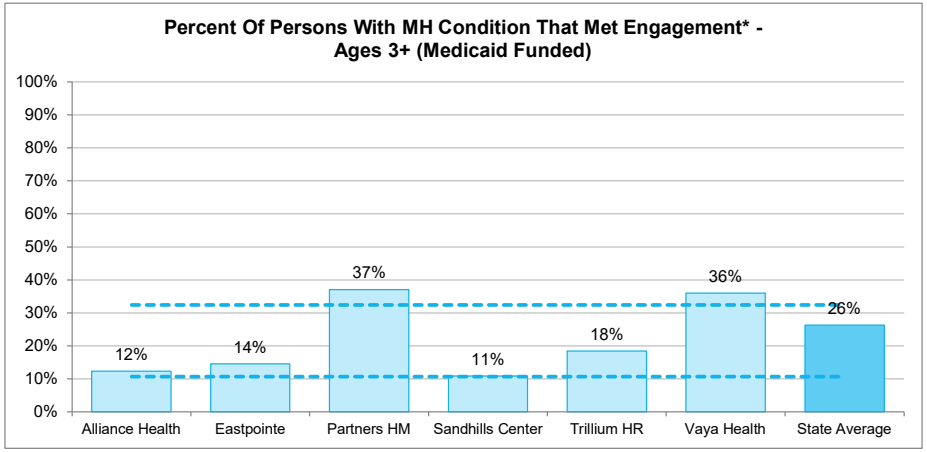
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+ (Medicaid Funded)									
Alliance Health	1,462	1,087	3,550	753	6,099	24%	18%	58%	12%
Eastpointe	627	436	1,275	339	2,338	27%	19%	55%	14%
Partners Health Management	5,930	3,587	3,737	4,908	13,254	45%	27%	28%	37%
Sandhills Center	712	637	2,304	396	3,653	19%	17%	63%	11%
Trillium Health Resources	604	459	783	340	1,846	33%	25%	42%	18%
Vaya Health	2,250	1,312	663	1,520	4,225	53%	31%	16%	36%
State Average	11,585	7,518	12,312	8,256	31,415	37%	24%	39%	26%
Standard Deviation						11.9%			10.9%
LME-MCO Average						33%	23%	44%	22%



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



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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

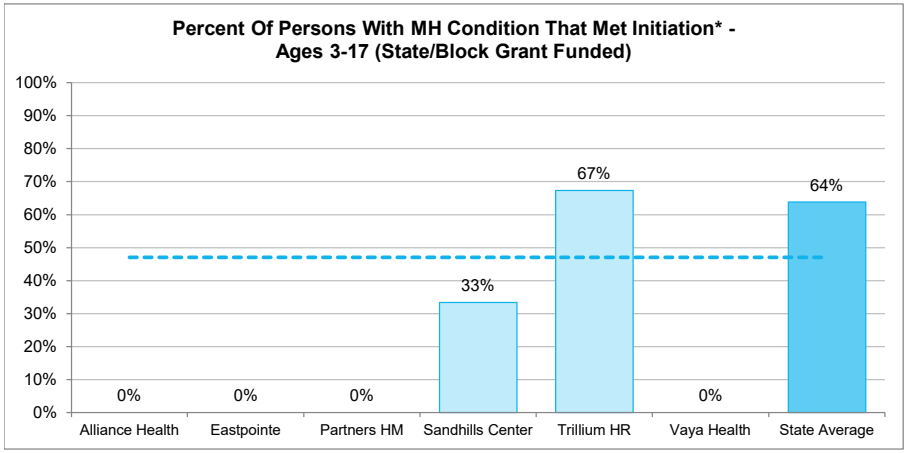
INITIATION AND ENGAGEMENT

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

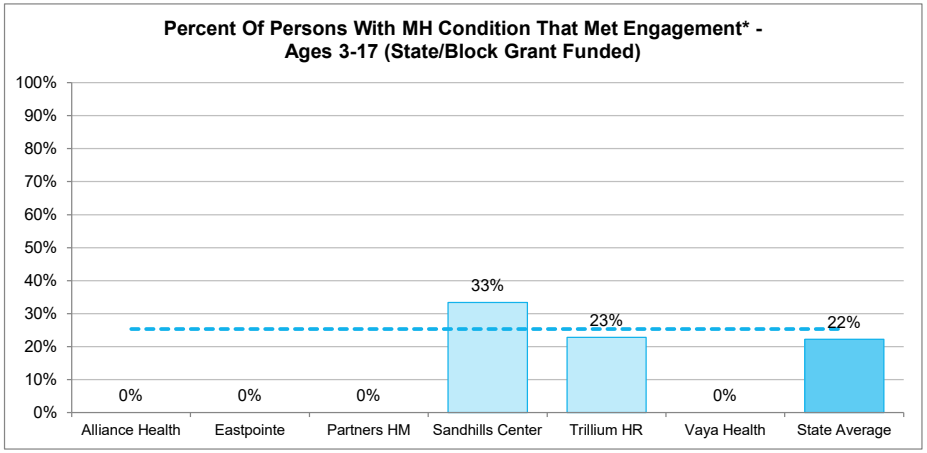
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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 (State/Block Grant Funded)									
Alliance Health	0	0	1	0	1	0%	0%	100%	0%
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	1	0	1	0%	0%	100%	0%
Sandhills Center	1	0	2	1	3	33%	0%	67%	33%
Trillium Health Resources	68	6	27	23	101	67%	6%	27%	23%
Vaya Health	0	1	1	0	2	0%	50%	50%	0%
State Average	69	7	32	24	108	64%	6%	30%	22%
Standard Deviation						26.9%	19.5%	28.5%	14.1%
LME-MCO Average						20%	11%	69%	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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

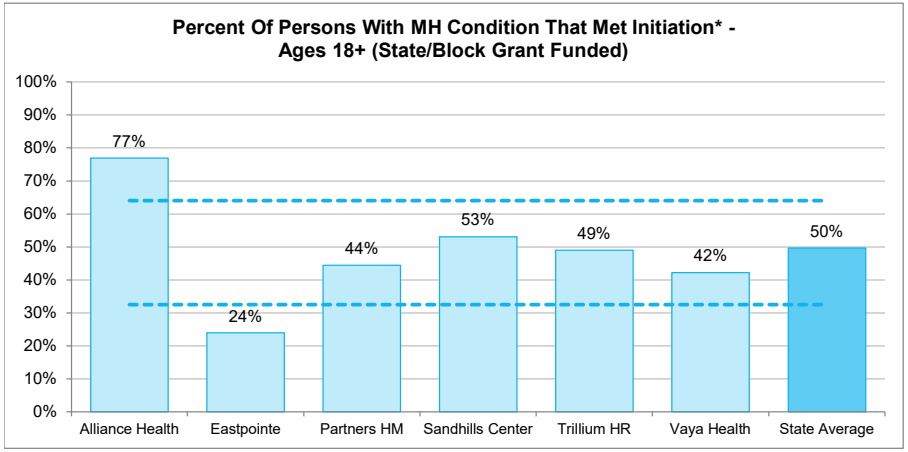
INITIATION AND ENGAGEMENT

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

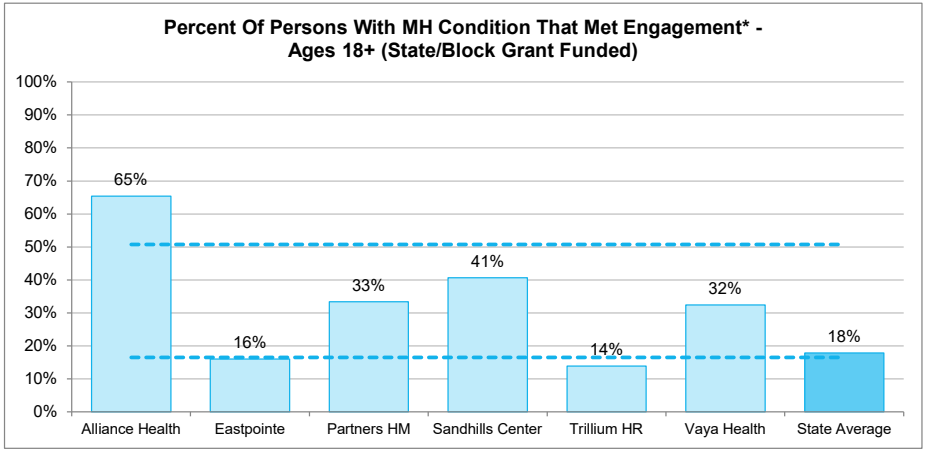
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+ (State/Block Grant Funded)									
Alliance Health	60	8	10	51	78	77%	10%	13%	65%
Eastpointe	6	4	15	4	25	24%	16%	60%	16%
Partners Health Management	8	1	9	6	18	44%	6%	50%	33%
Sandhills Center	17	2	13	13	32	53%	6%	41%	41%
Trillium Health Resources	712	292	450	202	1,454	49%	20%	31%	14%
Vaya Health	30	21	20	23	71	42%	30%	28%	32%
State Average	833	328	517	299	1,678	50%	20%	31%	18%
Standard Deviation						15.7%	8.4%	15.3%	17.1%
LME-MCO Average						48%	15%	37%	34%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

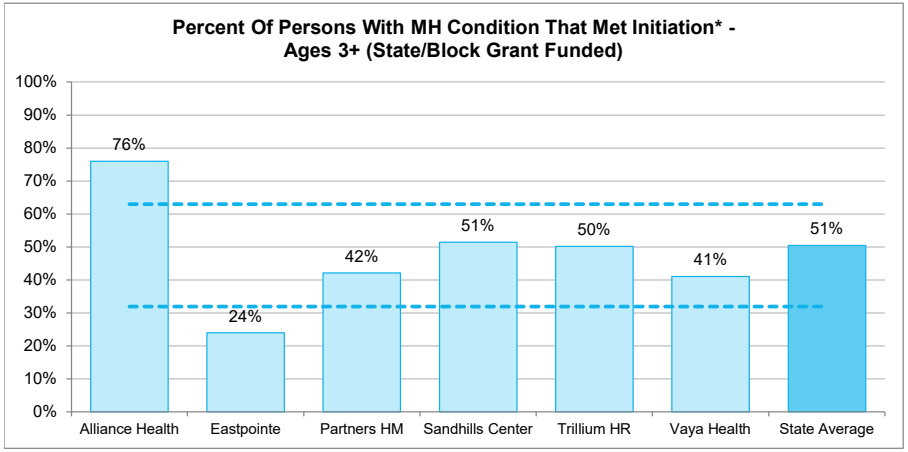
INITIATION AND ENGAGEMENT

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

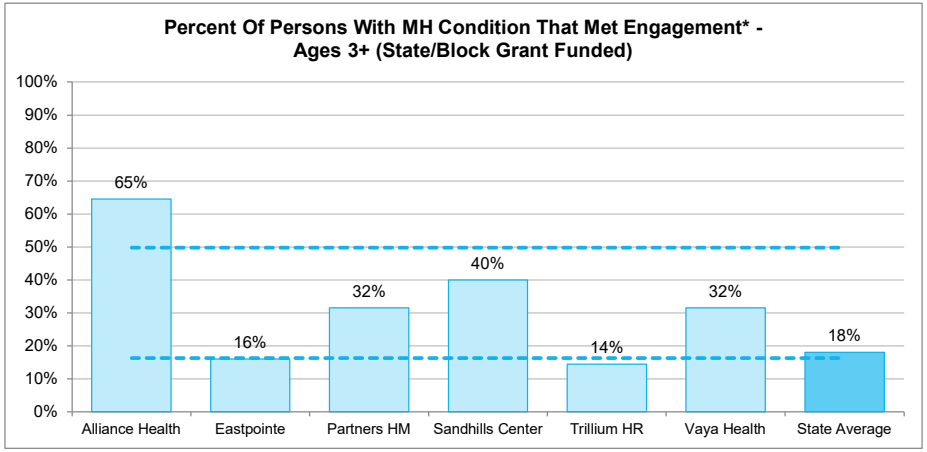
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+ (State/Block Grant Funded)									
Alliance Health	60	8	11	51	79	76%	10%	14%	65%
Eastpointe	6	4	15	4	25	24%	16%	60%	16%
Partners Health Management	8	1	10	6	19	42%	5%	53%	32%
Sandhills Center	18	2	15	14	35	51%	6%	43%	40%
Trillium Health Resources	780	298	477	225	1,555	50%	19%	31%	14%
Vaya Health	30	22	21	23	73	41%	30%	29%	32%
State Average	902	335	549	323	1,786	51%	19%	31%	18%
Standard Deviation						15.6%	8.7%	15.5%	16.7%
LME-MCO Average						47%	14%	38%	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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

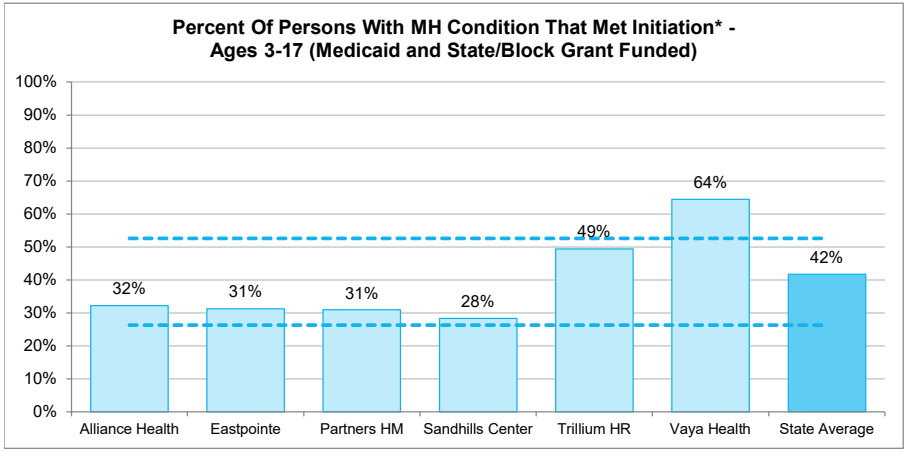
INITIATION AND ENGAGEMENT

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

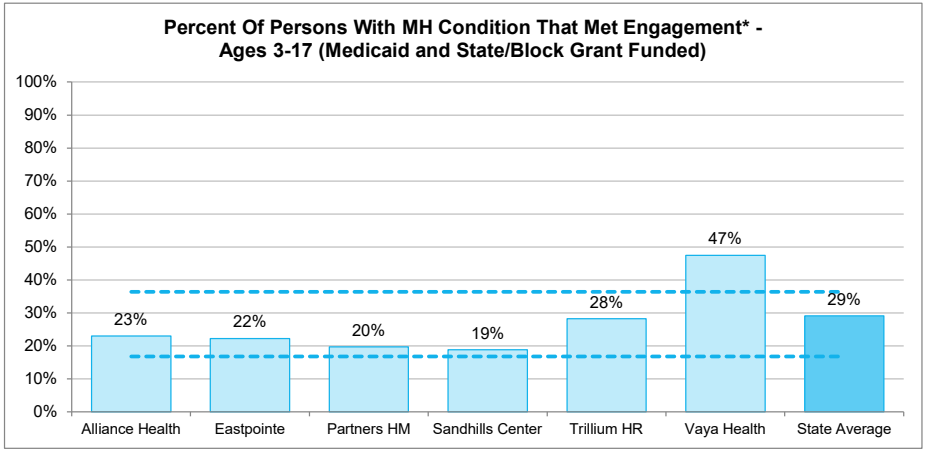
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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 and State/Block Grant Funded)									
Alliance Health	606	439	835	432	1,880	32%	23%	44%	23%
Eastpointe	241	194	335	171	770	31%	25%	44%	22%
Partners Health Management	421	311	627	268	1,359	31%	23%	46%	20%
Sandhills Center	341	252	609	226	1,202	28%	21%	51%	19%
Trillium Health Resources	268	150	124	153	542	49%	28%	23%	28%
Vaya Health	1,483	683	136	1,092	2,302	64%	30%	6%	47%
State Average	3,360	2,029	2,666	2,342	8,055	42%	25%	33%	29%
Standard Deviation						13.1%	3.0%	15.9%	9.8%
LME-MCO Average						39%	25%	36%	27%



* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

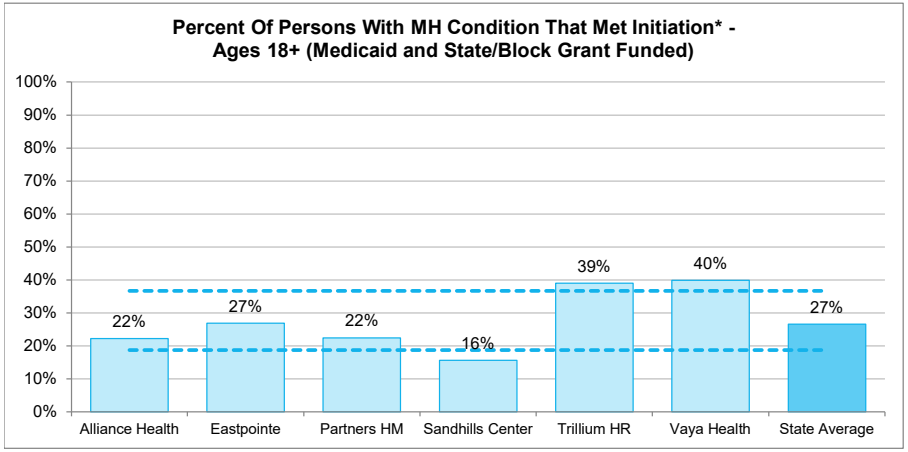
INITIATION AND ENGAGEMENT

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

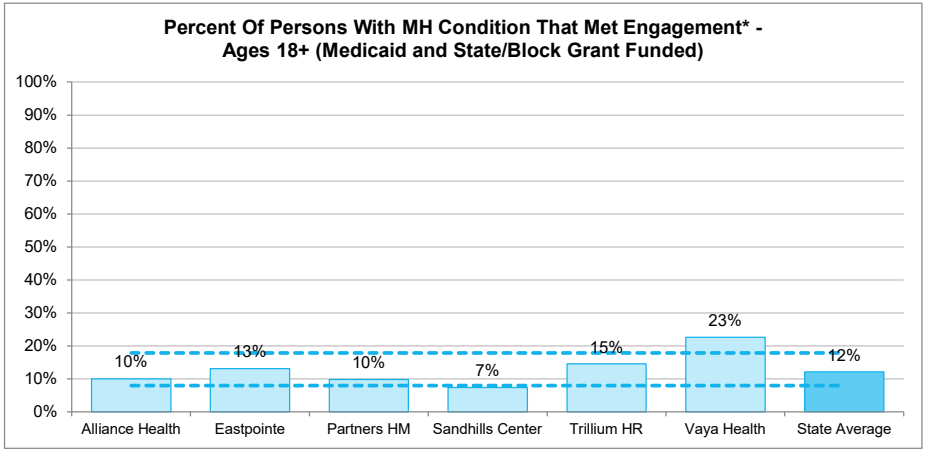
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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 and State/Block Grant Funded)									
Alliance Health	1,028	761	2,836	465	4,625	22%	16%	61%	10%
Eastpointe	474	272	1,015	231	1,761	27%	15%	58%	13%
Partners Health Management	808	566	2,222	352	3,596	22%	16%	62%	10%
Sandhills Center	389	387	1,710	184	2,486	16%	16%	69%	7%
Trillium Health Resources	1,117	612	1,130	416	2,859	39%	21%	40%	15%
Vaya Health	797	651	548	451	1,996	40%	33%	27%	23%
State Average	4,613	3,249	9,461	2,099	17,323	27%	19%	55%	12%
Standard Deviation						9.0%	6.2%	14.4%	4.9%
LME-MCO Average						28%	20%	53%	13%



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



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

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

Report Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

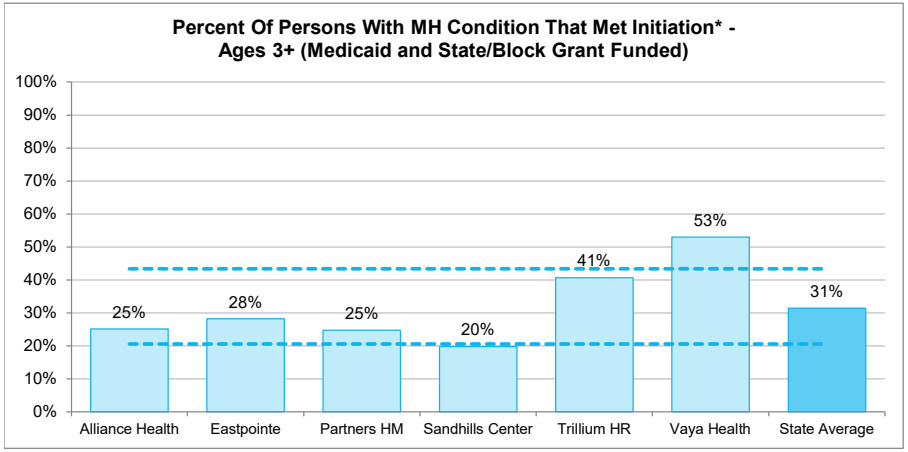
INITIATION AND ENGAGEMENT

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

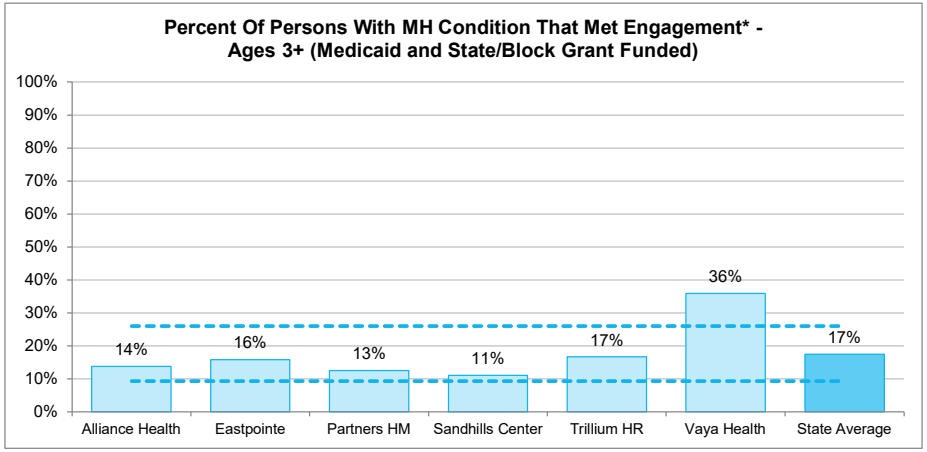
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,634	1,200	3,671	897	6,505	25%	18%	56%	14%
Eastpointe	715	466	1,350	402	2,531	28%	18%	53%	16%
Partners Health Management	1,229	877	2,849	620	4,955	25%	18%	57%	13%
Sandhills Center	730	639	2,319	410	3,688	20%	17%	63%	11%
Trillium Health Resources	1,385	762	1,254	569	3,401	41%	22%	37%	17%
Vaya Health	2,280	1,334	684	1,543	4,298	53%	31%	16%	36%
State Average	7,973	5,278	12,127	4,441	25,378	31%	21%	48%	17%
Standard Deviation						11.4%	4.8%	16.1%	8.4%
LME-MCO Average						32%	21%	47%	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.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024 **Measurement Period:** Apr - Jun 2023
Report Quarter: 1st 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.

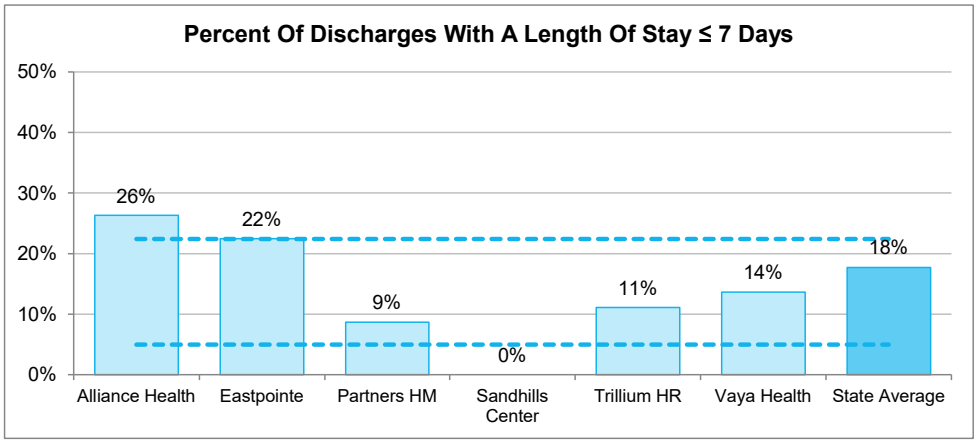
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

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	10	38	26%
Eastpointe	11	49	22%
Partners Health Management	2	23	9%
Sandhills Center	0	8	0%
Trillium Health Resources	2	18	11%
Vaya Health	3	22	14%
State Average	28	158	18%
Standard Deviation			8.7%
LME-MCO Average			14%



Data Source: State Psychiatric Hospital data in CDW as of 8/17/23. 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

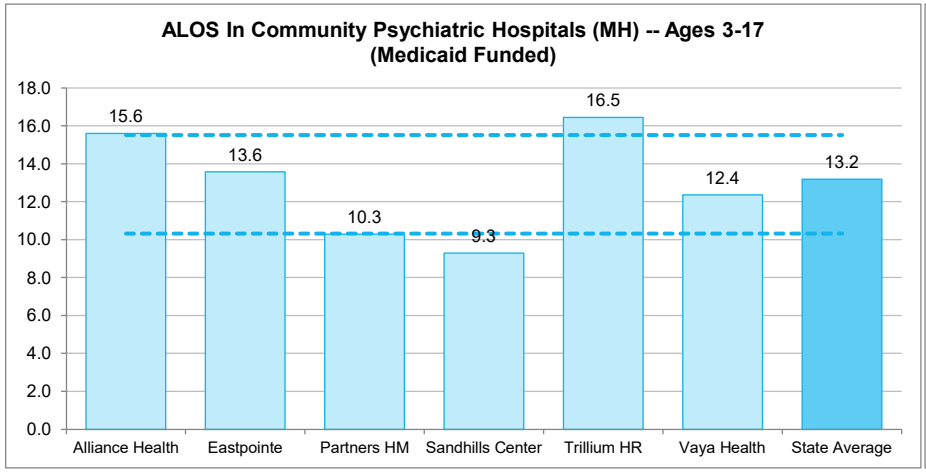
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

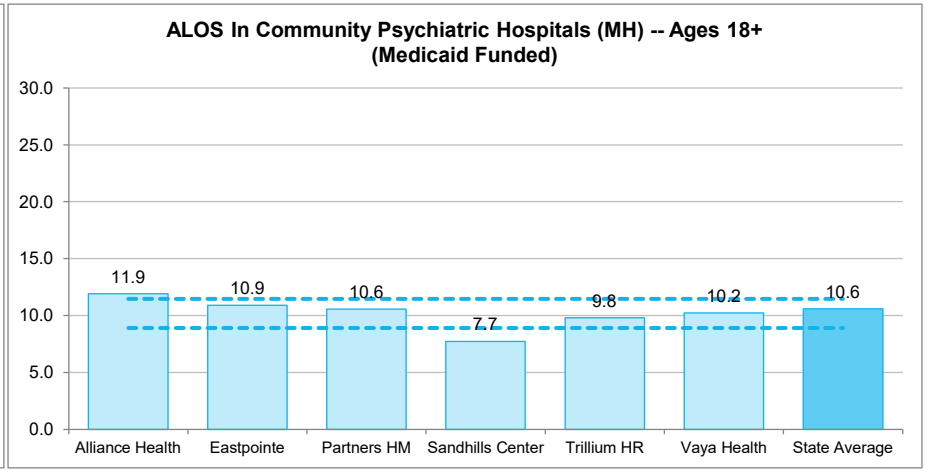
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	516	38	13.6	2,246	206	10.9	2,762	244	11.3
Partners Health Management	1,192	116	10.3	5,491	520	10.6	6,683	636	10.5
Sandhills Center	446	48	9.3	2,122	275	7.7	2,568	323	8.0
Trillium Health Resources	2,040	124	16.5	4,691	479	9.8	6,731	603	11.2
Vaya Health	1,903	154	12.4	3,526	345	10.2	5,429	499	10.9
State Average	7,595	576	13.2	29,315	2,770	10.6	36,910	3,346	11.0
Standard Deviation			2.6			1.3			1.3
LME-MCO Average			12.9			10.2			10.7





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

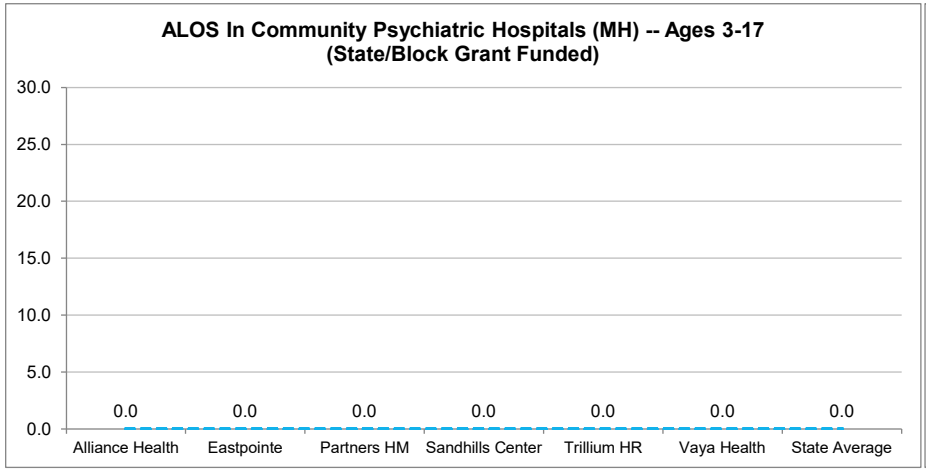
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

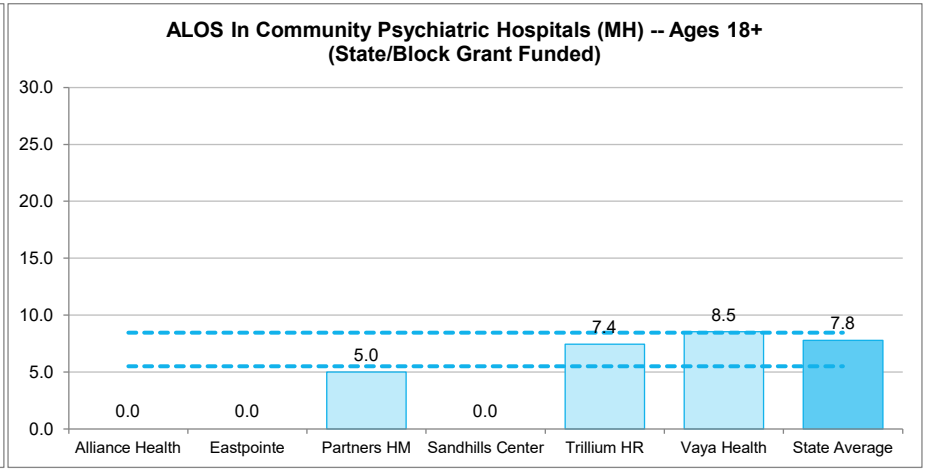
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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		0	0				
Partners Health Management	0	0		5	1	5.0	5	1	5.0
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		1,515	204	7.4	1,515	204	7.4
Vaya Health	0	0		818	96	8.5	818	96	8.5
State Average	0	0		2,338	301	7.8	2,338	301	7.8
Standard Deviation			0.0			1.5			1.5
LME-MCO Average			0.0			7.0			7.0





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

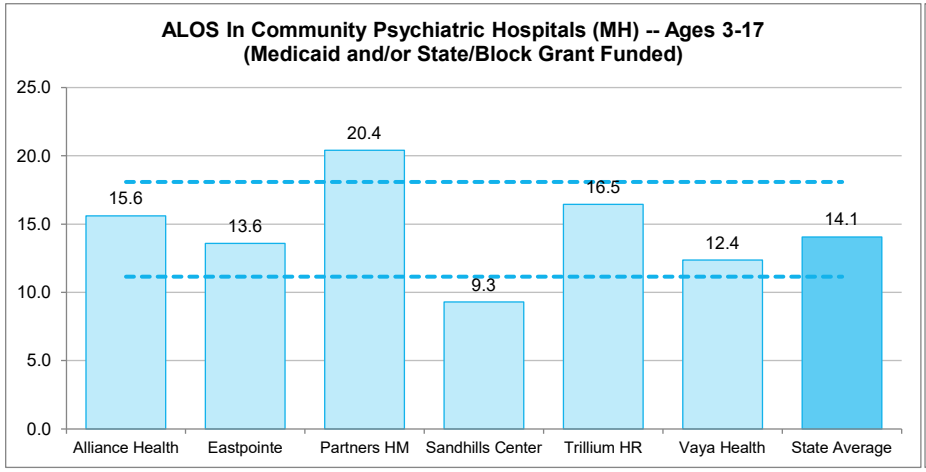
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

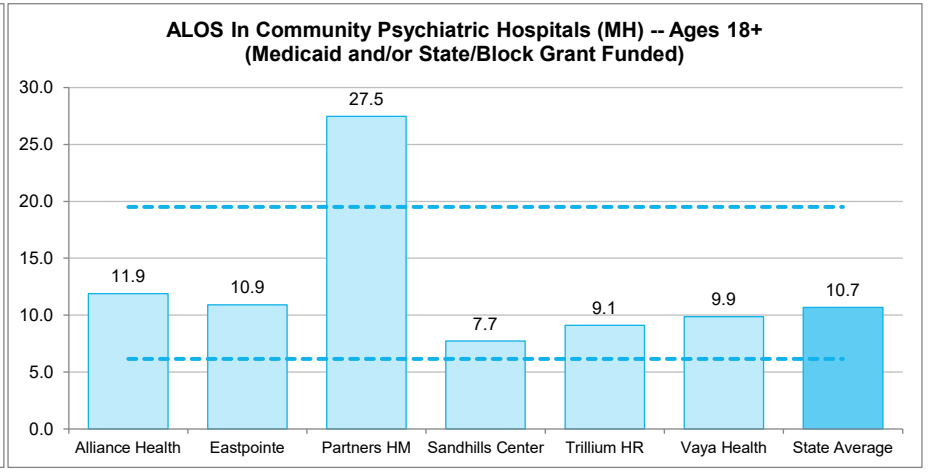
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	516	38	13.6	2,246	206	10.9	2,762	244	11.3
Partners Health Management	204	10	20.4	1,731	63	27.5	1,935	73	26.5
Sandhills Center	446	48	9.3	2,122	275	7.7	2,568	323	8.0
Trillium Health Resources	2,040	124	16.5	6,206	683	9.1	8,246	807	10.2
Vaya Health	1,903	154	12.4	4,344	441	9.9	6,247	595	10.5
State Average	6,607	470	14.1	27,888	2,613	10.7	34,495	3,083	11.2
Standard Deviation			3.5			6.7			6.1
LME-MCO Average			14.6			12.8			13.1





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

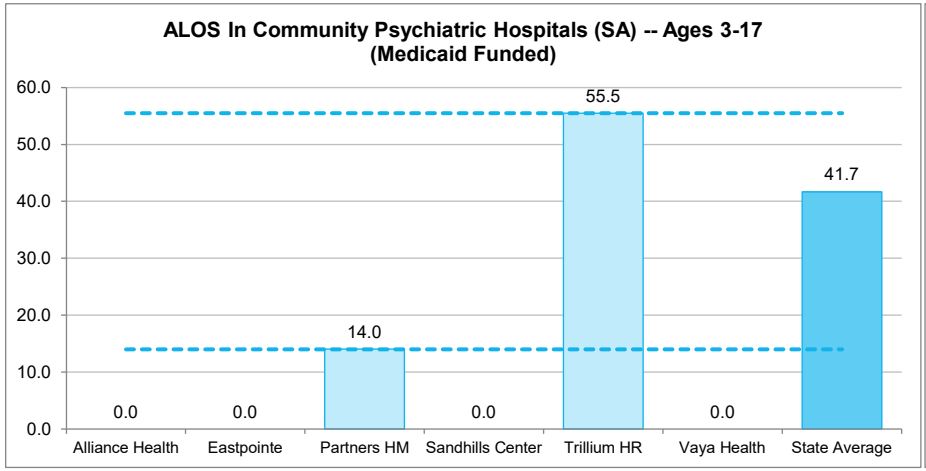
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

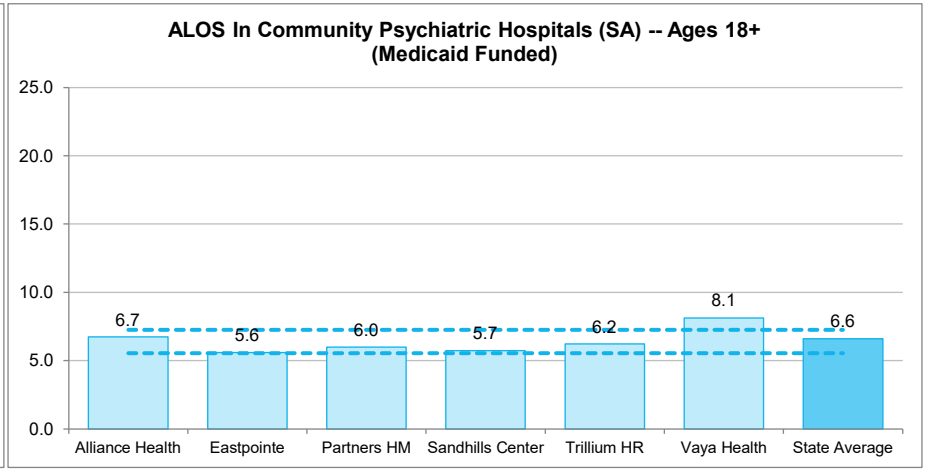
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 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		364	54	6.7	364	54	6.7
Eastpointe	0	0		229	41	5.6	229	41	5.6
Partners Health Management	14	1	14.0	503	84	6.0	517	85	6.1
Sandhills Center	0	0		189	33	5.7	189	33	5.7
Trillium Health Resources	111	2	55.5	261	42	6.2	372	44	8.5
Vaya Health	0	0		699	86	8.1	699	86	8.1
State Average	125	3	41.7	2,245	340	6.6	2,370	343	6.9
Standard Deviation			20.8			0.9			1.1
LME-MCO Average			34.8			6.4			6.8





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

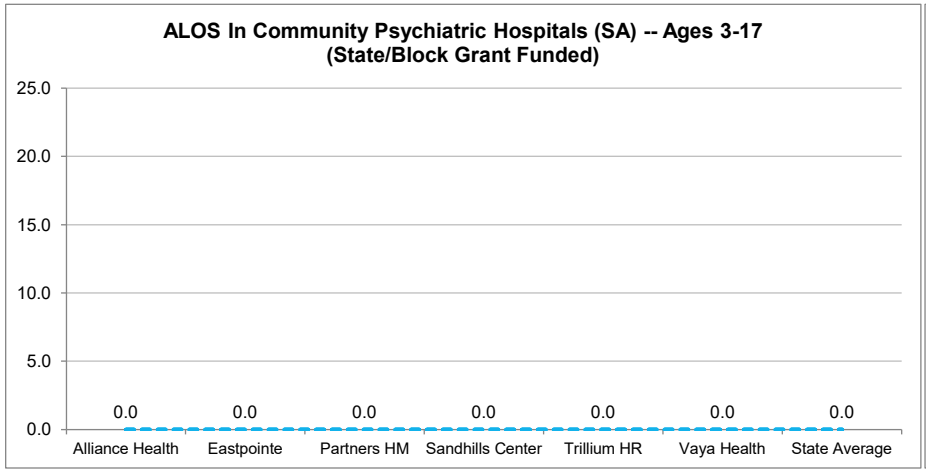
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

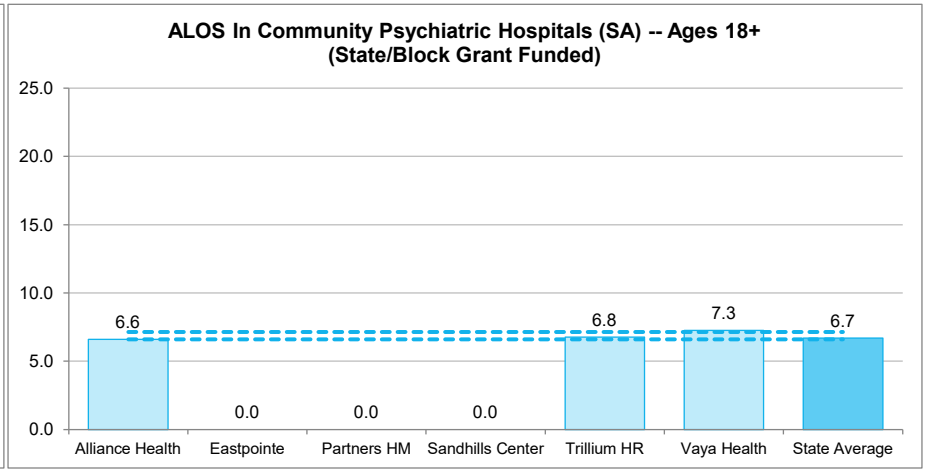
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 (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		416	63	6.6	416	63	6.6
Eastpointe	0	0		0	0				
Partners Health Management	0	0		0	0				
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		230	34	6.8	230	34	6.8
Vaya Health	0	0		58	8	7.3	58	8	7.3
State Average	0	0		704	105	6.7	704	105	6.7
Standard Deviation						0.3			0.3
LME-MCO Average						6.9			6.9





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

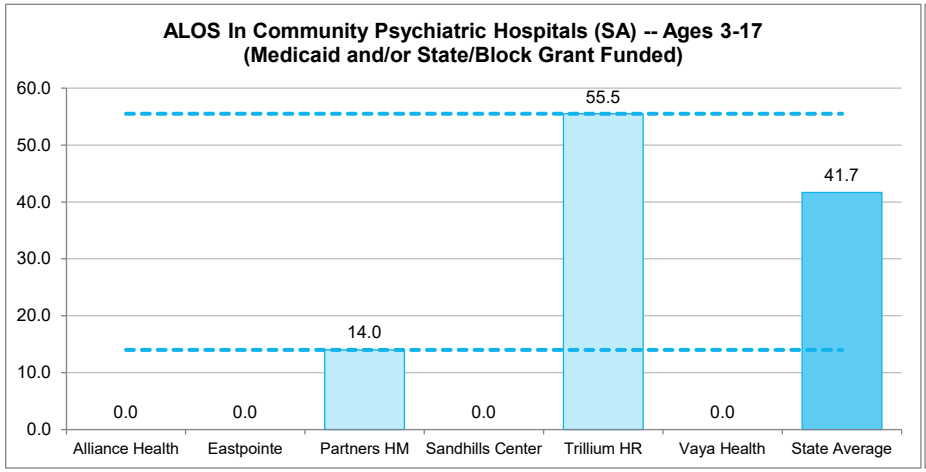
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

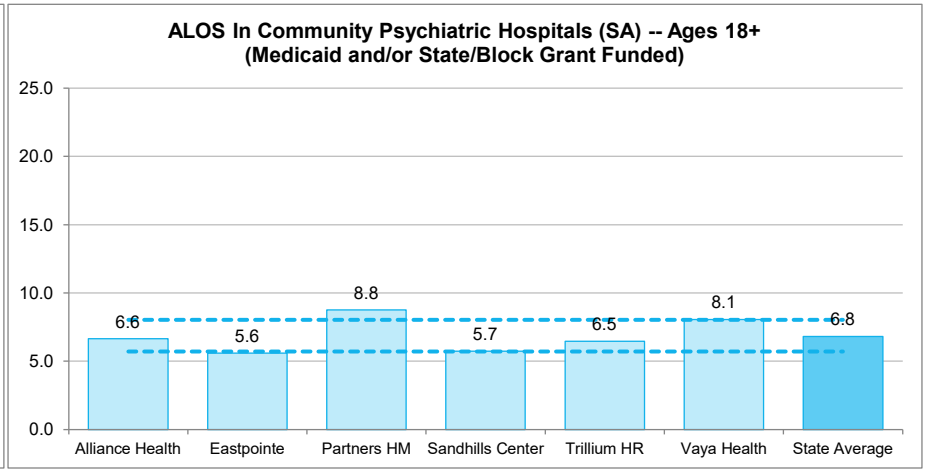
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	0	0		777	117	6.6	777	117	6.6
Eastpointe	0	0		229	41	5.6	229	41	5.6
Partners Health Management	14	1	14.0	70	8	8.8	84	9	9.3
Sandhills Center	0	0		189	33	5.7	189	33	5.7
Trillium Health Resources	111	2	55.5	491	76	6.5	602	78	7.7
Vaya Health	0	0		757	94	8.1	757	94	8.1
State Average	125	3	41.7	2,513	369	6.8	2,638	372	7.1
Standard Deviation			20.8			1.2			1.3
LME-MCO Average			34.8			6.9			7.2





CRISIS AND INPATIENT

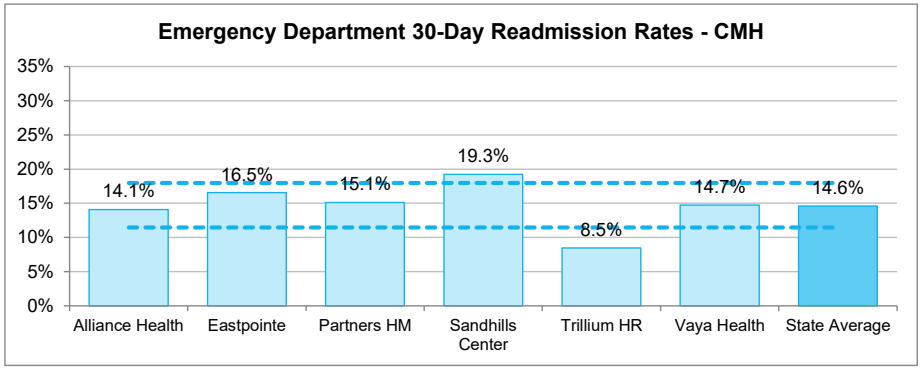
5.5 Emergency Department Readmissions (Medicaid Only)

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.

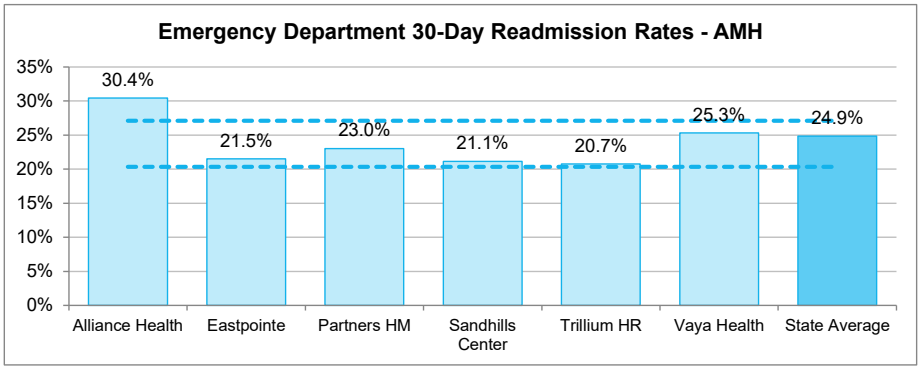
Child Mental Health (Ages 3-17)

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	43	305	14.1%
Eastpointe	23	139	16.5%
Partners Health Management	34	225	15.1%
Sandhills Center	36	187	19.3%
Trillium Health Resources	16	189	8.5%
Vaya Health	38	258	14.7%
State Average	190	1,303	14.6%
Standard Deviation			3.3%
LME-MCO Average			14.7%



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	343	1,127	30.4%
Eastpointe	77	358	21.5%
Partners Health Management	149	647	23.0%
Sandhills Center	104	492	21.1%
Trillium Health Resources	118	569	20.7%
Vaya Health	152	600	25.3%
State Average	943	3,793	24.9%
Standard Deviation			3.4%
LME-MCO Average			23.7%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT

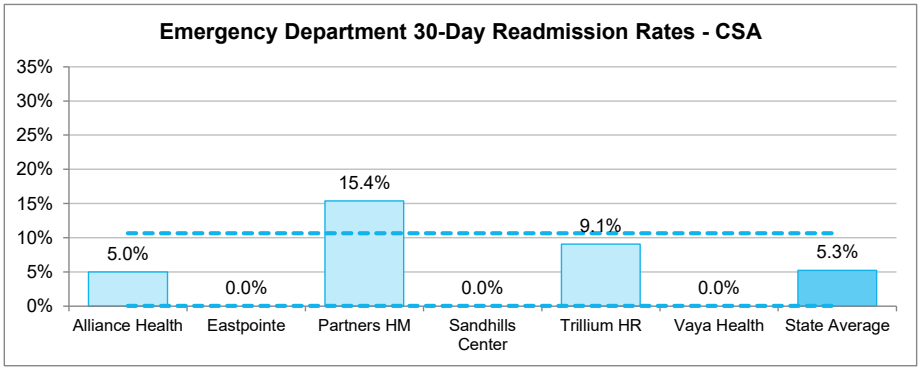
5.5 Emergency Department Readmissions (Medicaid Only)

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.

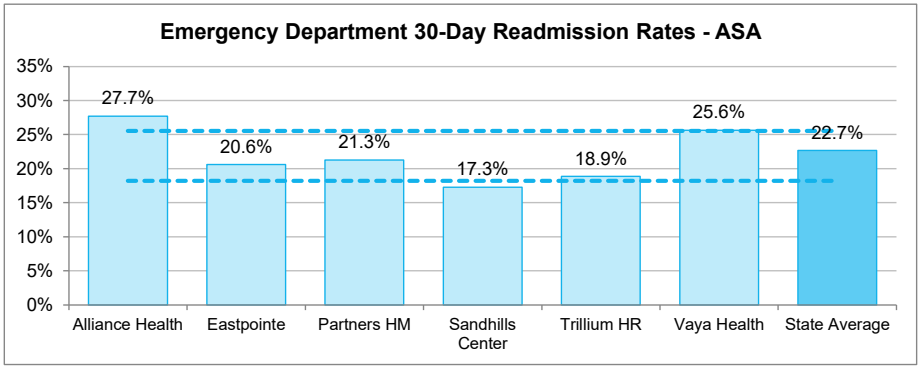
Child Substance Abuse (Ages 3-17)

	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	1	20	5.0%
Eastpointe	0	4	0.0%
Partners Health Management	2	13	15.4%
Sandhills Center	0	14	0.0%
Trillium Health Resources	1	11	9.1%
Vaya Health	0	14	0.0%
State Average	4	76	5.3%
Standard Deviation			5.8%
LME-MCO Average			4.9%



Adult Substance Abuse (Ages 18+)

Alliance Health	95	343	27.7%
Eastpointe	27	131	20.6%
Partners Health Management	67	315	21.3%
Sandhills Center	33	191	17.3%
Trillium Health Resources	40	212	18.9%
Vaya Health	71	277	25.6%
State Average	333	1,469	22.7%
Standard Deviation			3.7%
LME-MCO Average			21.9%



State Fiscal Year: 2024 **Measurement Period:** Apr - Jun 2023
Report Quarter: 1st Quarter **Based On Claims Paid As Of:** Oct 31, 2023

CRISIS AND INPATIENT

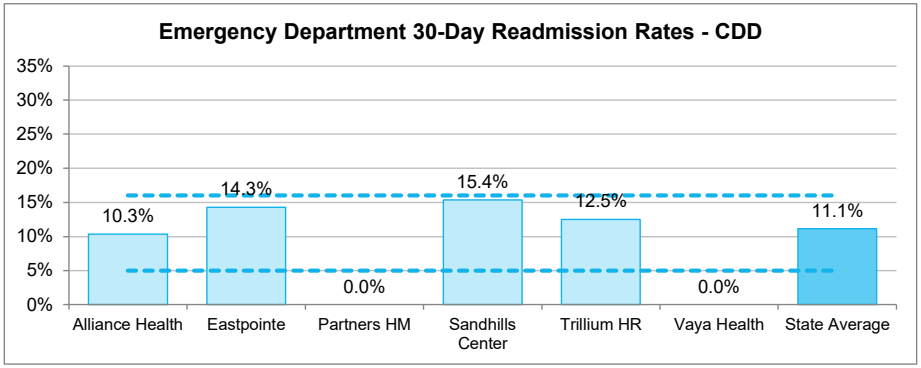
5.5 Emergency Department Readmissions (Medicaid Only)

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.

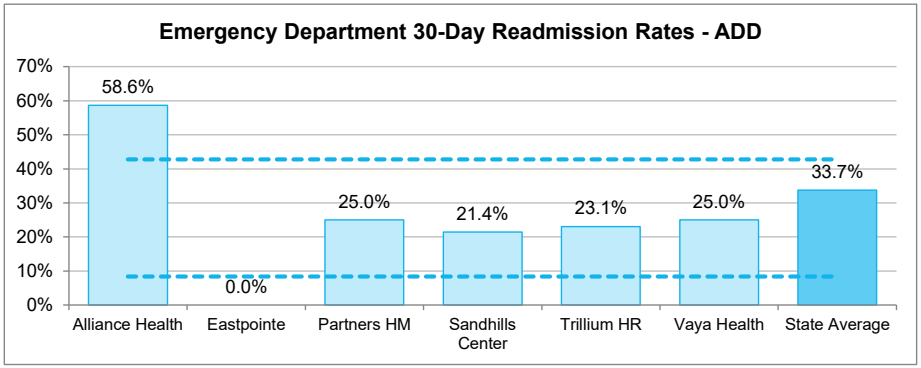
Child Intellectual or Developmental Disabilities (Ages 3-17)

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	3	29	10.3%
Eastpointe	1	7	14.3%
Partners Health Management	0	6	0.0%
Sandhills Center	2	13	15.4%
Trillium Health Resources	1	8	12.5%
Vaya Health	0	0	
State Average	7	63	11.1%
Standard Deviation			5.5%
LME-MCO Average			10.5%



Adult Intellectual or Developmental Disabilities (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	17	29	58.6%
Eastpointe	0	7	0.0%
Partners Health Management	4	16	25.0%
Sandhills Center	3	14	21.4%
Trillium Health Resources	3	13	23.1%
Vaya Health	1	4	25.0%
State Average	28	83	33.7%
Standard Deviation			17.2%
LME-MCO Average			25.5%



State Fiscal Year: 2024 **Measurement Period:** Apr - Jun 2023
Report Quarter: 1st Quarter **Based On Claims Paid As Of:** Oct 31, 2023

CRISIS AND INPATIENT

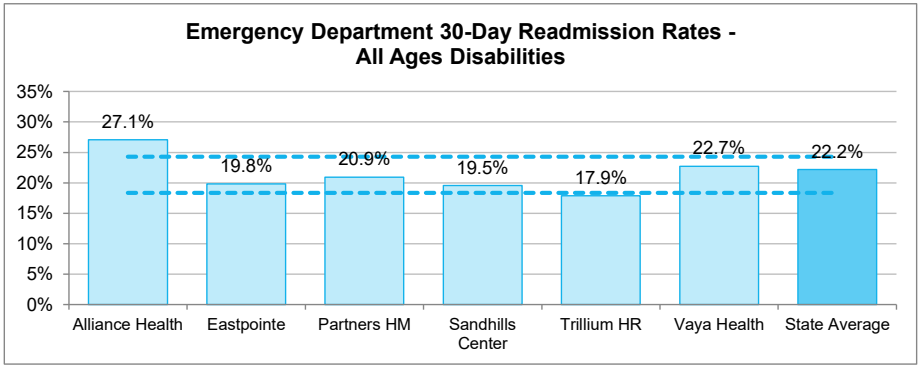
5.5 Emergency Department Readmissions (Medicaid Only)

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	502	1,853	27.1%
Eastpointe	128	646	19.8%
Partners Health Management	256	1,222	20.9%
Sandhills Center	178	911	19.5%
Trillium Health Resources	179	1,002	17.9%
Vaya Health	262	1,153	22.7%
State Average	1,505	6,787	22.2%
Standard Deviation			3.0%
LME-MCO Average			21.3%



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

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**180-Day Readmission Measurement Period:**	Jan - Mar 2023

CRISIS AND INPATIENT SERVICES

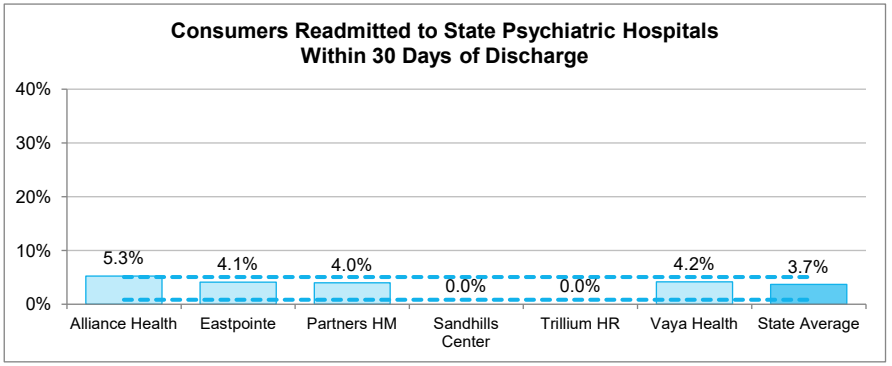
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

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.

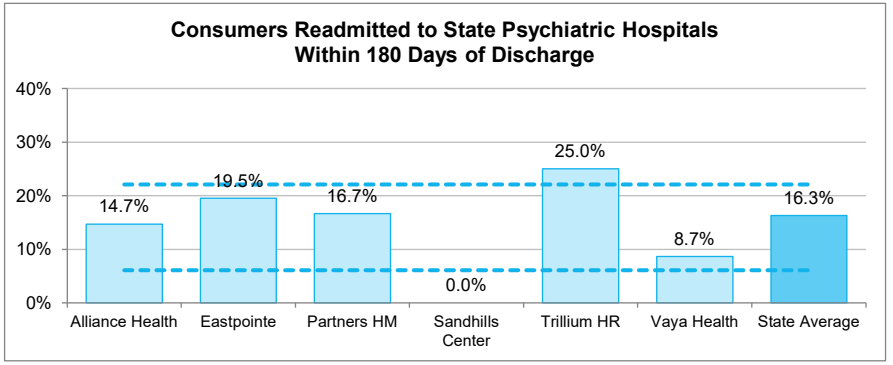
Readmitted within 30 Days (Discharges Apr - Jun 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	2	38	5.3%
Eastpointe	2	49	4.1%
Partners Health Management	1	25	4.0%
Sandhills Center	0	8	0.0%
Trillium Health Resources	0	18	0.0%
Vaya Health	1	24	4.2%
State Average	6	162	3.7%
Standard Deviation			2.1%
LME-MCO Average			2.9%



Readmitted within 180 Days (Discharges Jan - Mar 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	5	34	14.7%
Eastpointe	8	41	19.5%
Partners Health Management	3	18	16.7%
Sandhills Center	0	9	0.0%
Trillium Health Resources	7	28	25.0%
Vaya Health	2	23	8.7%
State Average	25	153	16.3%
Standard Deviation			8.0%
LME-MCO Average			14.1%



Data Source: State Hospital data in CDW as of 10/16/23. 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

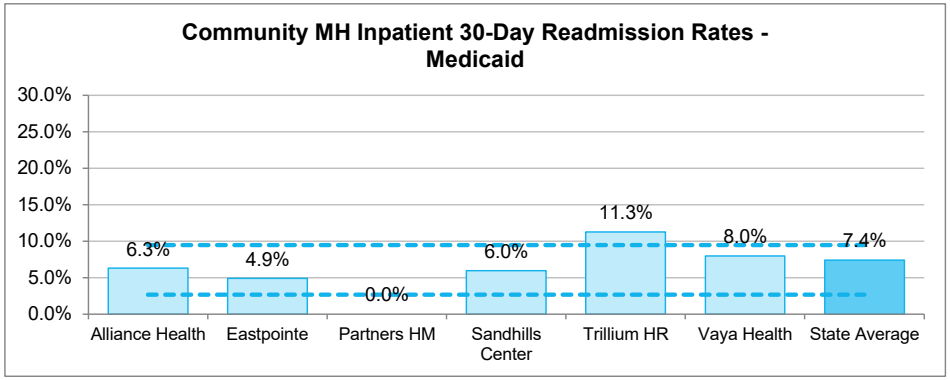
CRISIS AND INPATIENT SERVICES

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

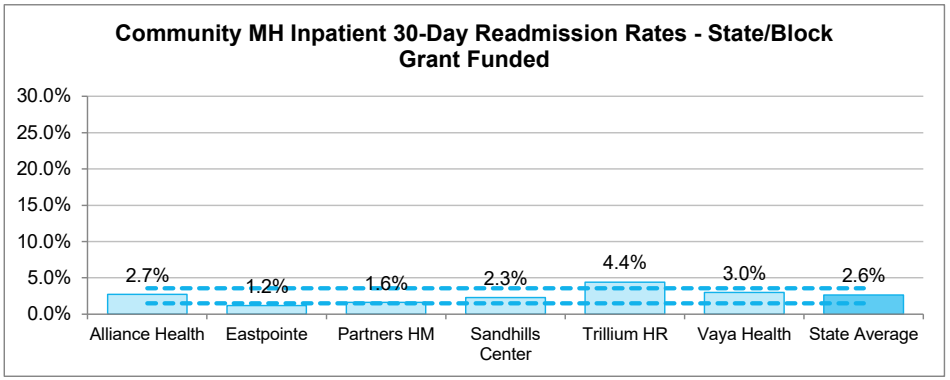
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

	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	61	968	6.3%
Eastpointe	12	245	4.9%
Partners Health Management	0	74	0.0%
Sandhills Center	19	319	6.0%
Trillium Health Resources	68	603	11.3%
Vaya Health	53	662	8.0%
State Average	213	2,871	7.4%
Standard Deviation			3.4%
LME-MCO Average			6.1%



State/Block Grant Funded			
Alliance Health	14	515	2.7%
Eastpointe	1	85	1.2%
Partners Health Management	4	248	1.6%
Sandhills Center	4	176	2.3%
Trillium Health Resources	9	204	4.4%
Vaya Health	4	134	3.0%
State Average	36	1,362	2.6%
Standard Deviation			1.0%
LME-MCO Average			2.5%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

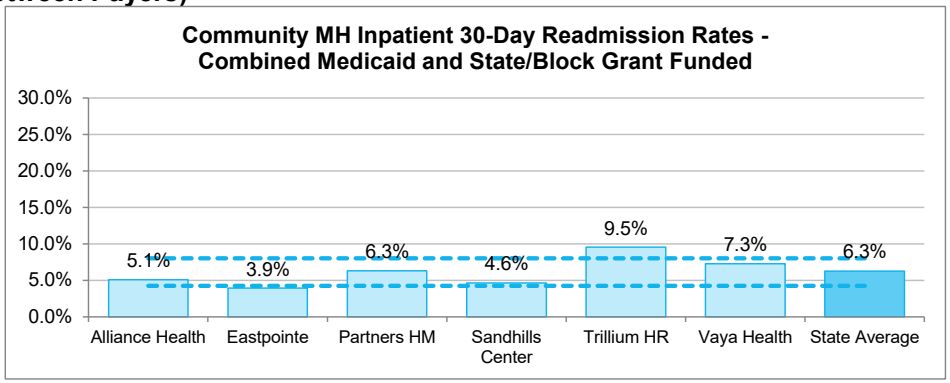
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	75	1,484	5.1%
Eastpointe	13	330	3.9%
Partners Health Management	55	872	6.3%
Sandhills Center	23	495	4.6%
Trillium Health Resources	77	807	9.5%
Vaya Health	58	796	7.3%
State Average	301	4,784	6.3%
Standard Deviation			1.9%
LME-MCO Average			6.1%



CRISIS AND INPATIENT SERVICES

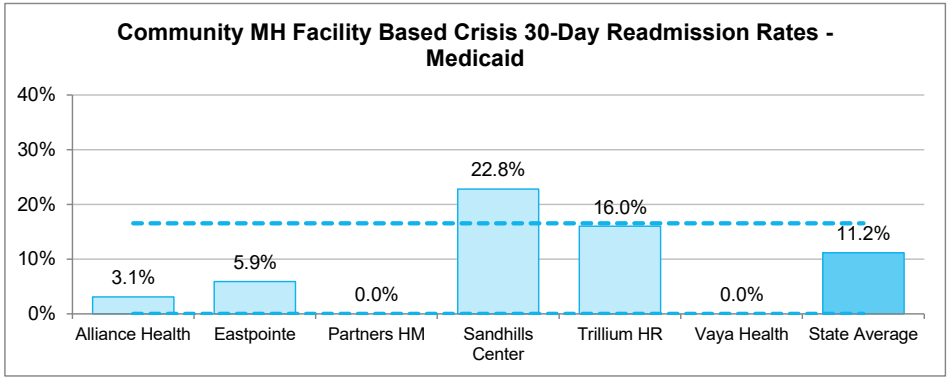
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

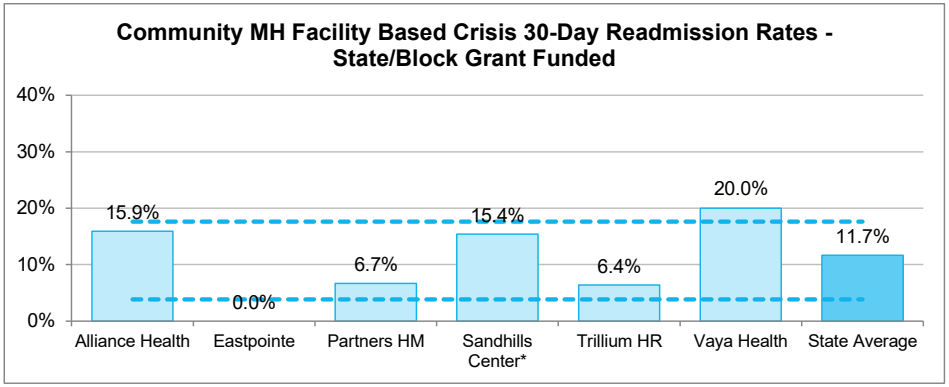
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	2	65	3.1%
Eastpointe	1	17	5.9%
Partners Health Management	0	2	0.0%
Sandhills Center	13	57	22.8%
Trillium Health Resources	4	25	16.0%
Vaya Health	0	13	0.0%
State Average	20	179	11.2%
Standard Deviation			8.6%
LME-MCO Average			8.0%



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	14	88	15.9%
Eastpointe	0	3	0.0%
Partners Health Management	3	45	6.7%
Sandhills Center	2	13	15.4%
Trillium Health Resources	3	47	6.4%
Vaya Health	2	10	20.0%
State Average	24	206	11.7%
Standard Deviation			6.9%
LME-MCO Average			10.7%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

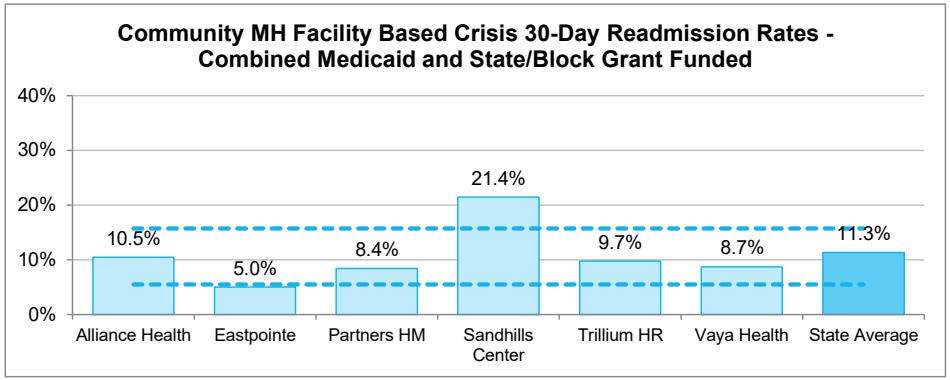
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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	16	153	10.5%
Eastpointe	1	20	5.0%
Partners Health Management	8	95	8.4%
Sandhills Center	15	70	21.4%
Trillium Health Resources	7	72	9.7%
Vaya Health	2	23	8.7%
State Average	49	433	11.3%
Standard Deviation			5.1%
LME-MCO Average			10.6%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

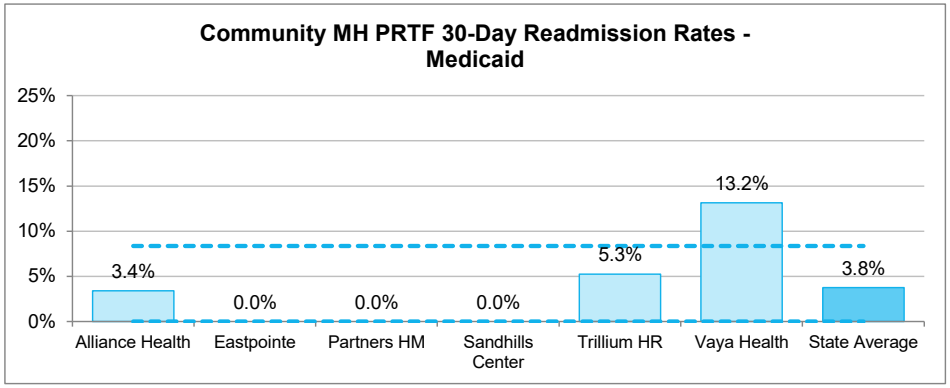
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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.

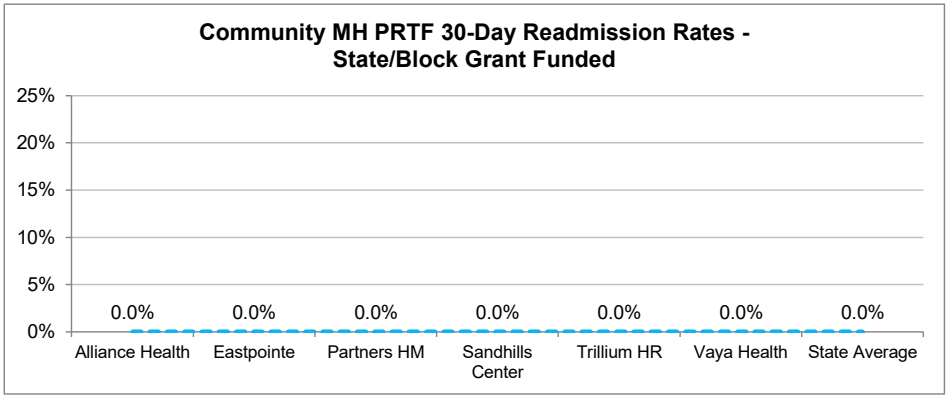
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	2	59	3.4%
Eastpointe	0	30	0.0%
Partners Health Management	0	36	0.0%
Sandhills Center	0	31	0.0%
Trillium Health Resources	1	19	5.3%
Vaya Health	5	38	13.2%
State Average	8	213	3.8%
Standard Deviation			4.7%
LME-MCO Average			3.6%



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	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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

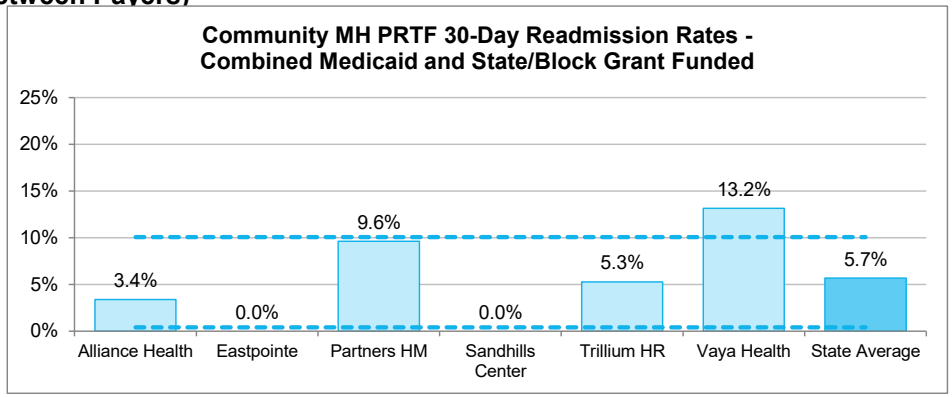
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	2	59	3.4%
Eastpointe	0	30	0.0%
Partners Health Management	5	52	9.6%
Sandhills Center	0	31	0.0%
Trillium Health Resources	1	19	5.3%
Vaya Health	5	38	13.2%
State Average	13	229	5.7%
Standard Deviation			4.8%
LME-MCO Average			5.2%



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

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**180-Day Readmission Measurement Period:**	Jan - Mar 2023

CRISIS AND INPATIENT SERVICES

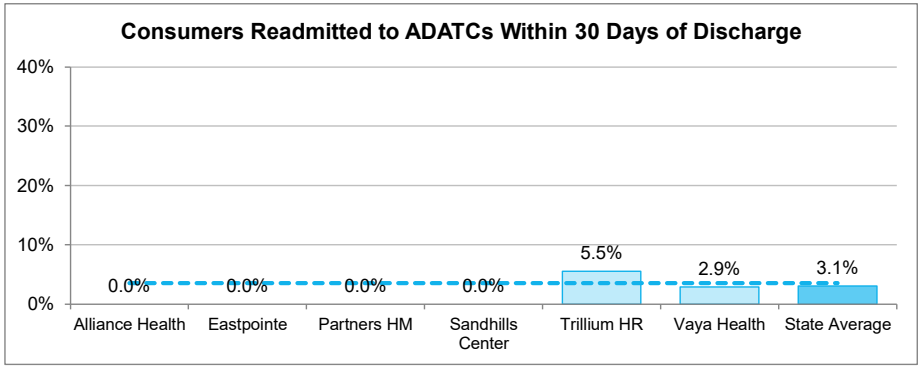
5.8 State ADATC Readmissions within 30 Days and 180 Days

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.

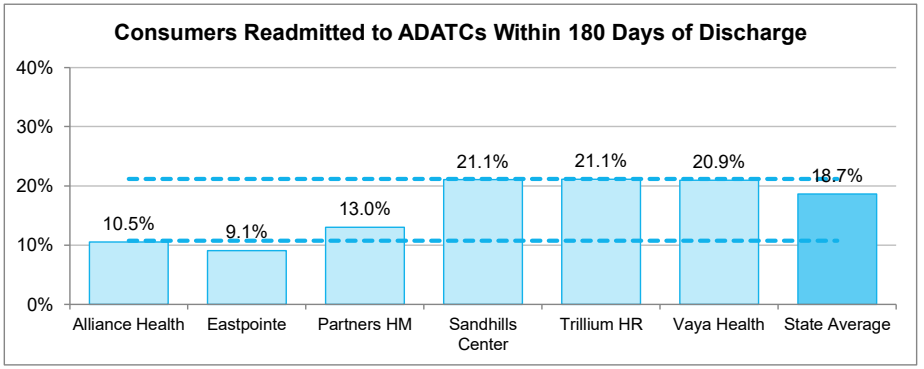
Readmitted within 30 Days (Discharges Apr - Jun 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	20	0.0%
Eastpointe	0	33	0.0%
Partners Health Management	0	24	0.0%
Sandhills Center	0	16	0.0%
Trillium Health Resources	7	127	5.5%
Vaya Health	4	138	2.9%
State Average	11	358	3.1%
Standard Deviation			2.1%
LME-MCO Average			1.4%



Readmitted within 180 Days (Discharges Jan - Mar 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	4	38	10.5%
Eastpointe	2	22	9.1%
Partners Health Management	3	23	13.0%
Sandhills Center	4	19	21.1%
Trillium Health Resources	23	109	21.1%
Vaya Health	31	148	20.9%
State Average	67	359	18.7%
Standard Deviation			5.2%
LME-MCO Average			16.0%



Data Source: State ADATC data in CDW as of 10/16/23. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

CRISIS AND INPATIENT SERVICES

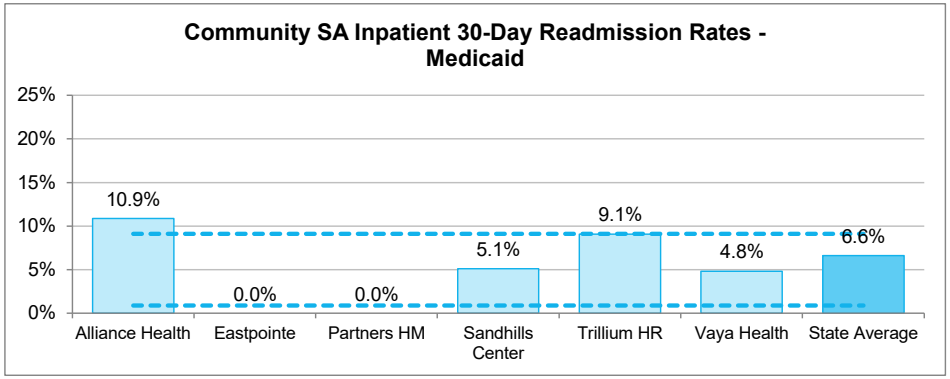
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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

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

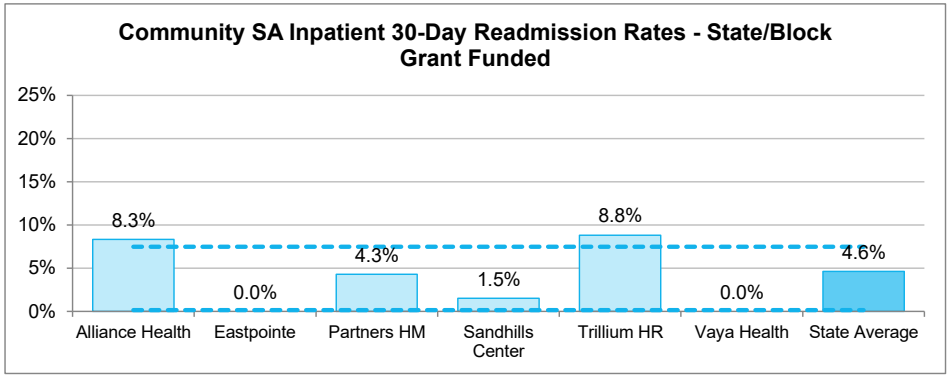
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	11	101	10.9%
Eastpointe	0	42	0.0%
Partners Health Management	0	9	0.0%
Sandhills Center	2	39	5.1%
Trillium Health Resources	4	44	9.1%
Vaya Health	4	83	4.8%
State Average	21	318	6.6%
Standard Deviation			4.1%
LME-MCO Average			5.0%



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	6	72	8.3%
Eastpointe	0	23	0.0%
Partners Health Management	3	70	4.3%
Sandhills Center	1	66	1.5%
Trillium Health Resources	3	34	8.8%
Vaya Health	0	16	0.0%
State Average	13	281	4.6%
Standard Deviation			3.7%
LME-MCO Average			3.8%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

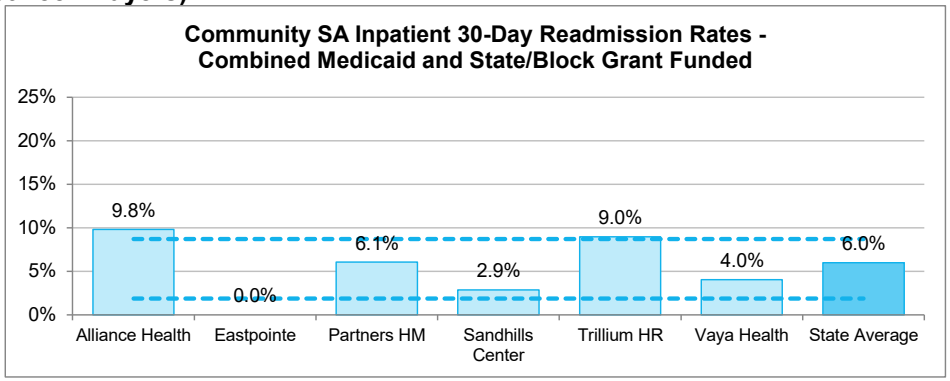
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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	17	173	9.8%
Eastpointe	0	65	0.0%
Partners Health Management	10	165	6.1%
Sandhills Center	3	105	2.9%
Trillium Health Resources	7	78	9.0%
Vaya Health	4	99	4.0%
State Average	41	685	6.0%
Standard Deviation			3.4%
LME-MCO Average			5.3%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

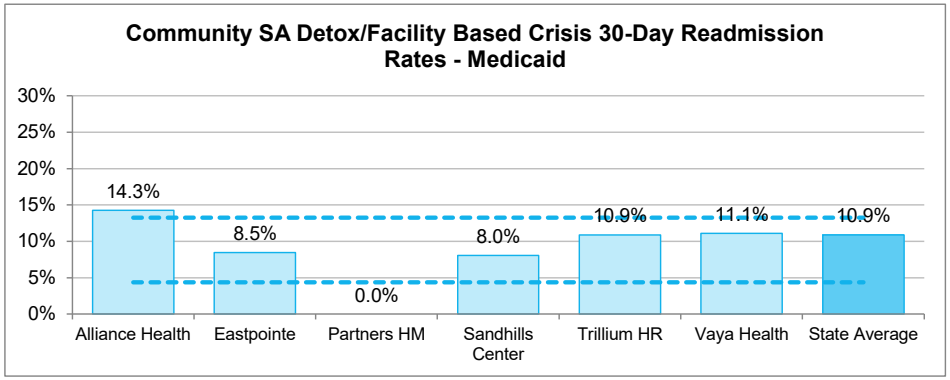
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

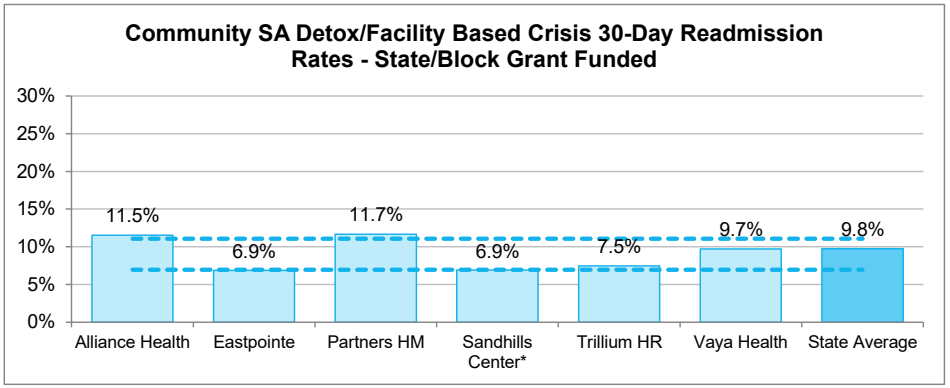
Medicaid Funded

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	20	140	14.3%
Eastpointe	5	59	8.5%
Partners Health Management	0	10	0.0%
Sandhills Center	7	87	8.0%
Trillium Health Resources	10	92	10.9%
Vaya Health	11	99	11.1%
State Average	53	487	10.9%
Standard Deviation			4.4%
LME-MCO Average			8.8%



State/Block Grant Funded

Alliance Health	53	459	11.5%
Eastpointe	7	102	6.9%
Partners Health Management	68	582	11.7%
Sandhills Center	15	217	6.9%
Trillium Health Resources	33	442	7.5%
Vaya Health	16	165	9.7%
State Average	192	1,967	9.8%
Standard Deviation			2.1%
LME-MCO Average			9.0%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CRISIS AND INPATIENT SERVICES

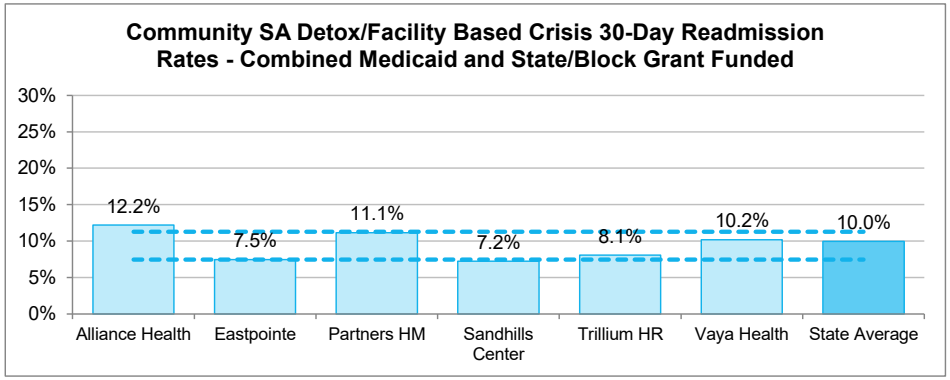
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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	73	599	12.2%
Eastpointe	12	161	7.5%
Partners Health Management	84	754	11.1%
Sandhills Center	22	304	7.2%
Trillium Health Resources	43	534	8.1%
Vaya Health	27	265	10.2%
State Average	261	2,617	10.0%
Standard Deviation			1.9%
LME-MCO Average			9.4%



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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

6.1 Follow-Up After Discharge: State Psychiatric Hospitals

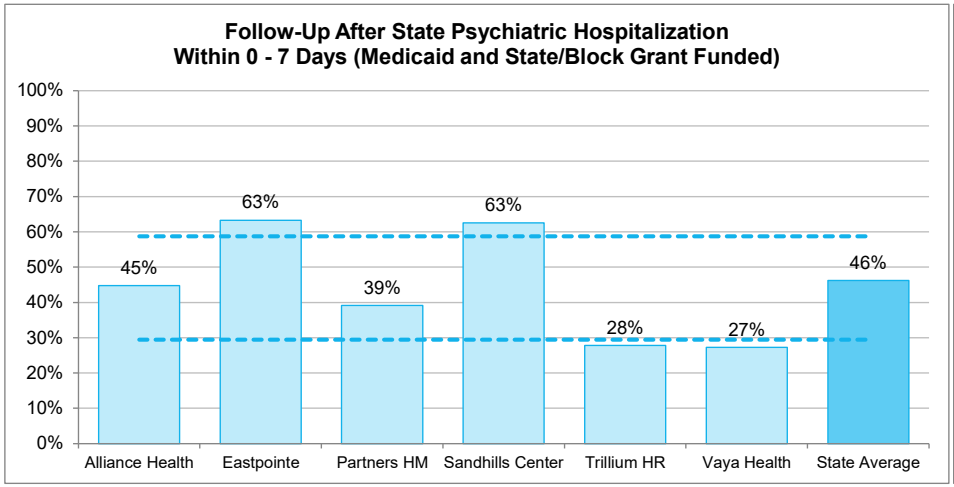
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

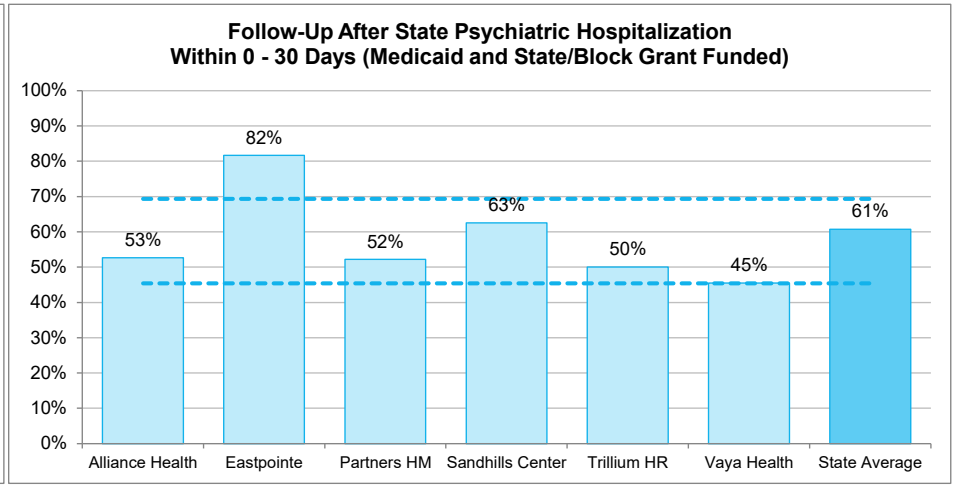
Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after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

Follow-Up After State Psychiatric Hospitalization (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	17	3	7	11	38	45%	8%	18%	29%
Eastpointe	31	9	2	7	49	63%	18%	4%	14%
Partners Health Management	9	3	5	6	23	39%	13%	22%	26%
Sandhills Center	5	0	1	2	8	63%	0%	13%	25%
Trillium Health Resources	5	4	4	5	18	28%	22%	22%	28%
Vaya Health	6	4	2	10	22	27%	18%	9%	45%
State Average	73	23	21	41	158	46%	15%	13%	26%
Standard Deviation						14.6%			
LME-MCO Average						44%			

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





State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

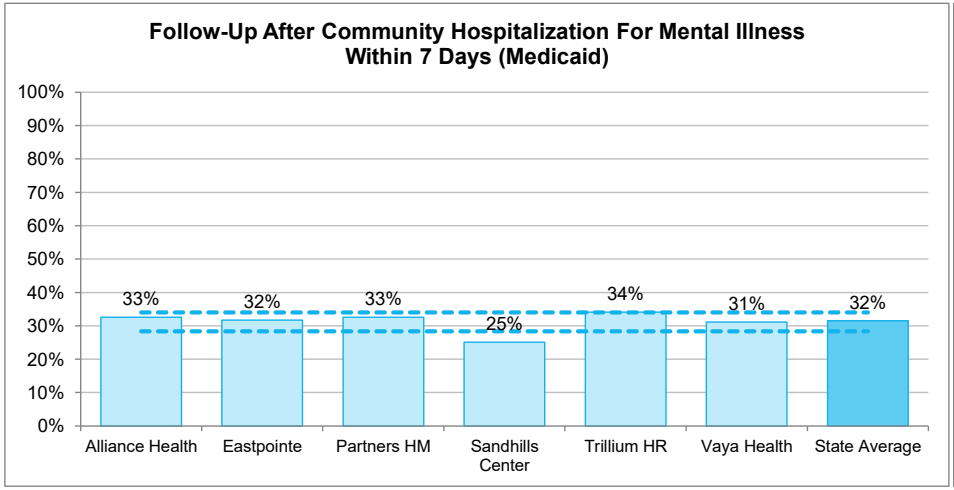
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

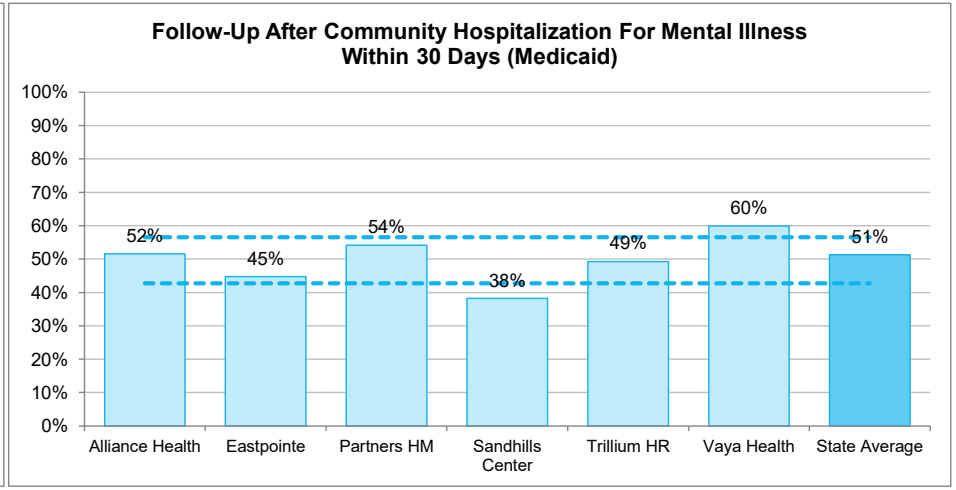
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

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

	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	277	438	150	262	850	33%	52%	18%	31%
Eastpointe	114	161	14	185	360	32%	45%	4%	51%
Partners Health Management	194	323	86	187	596	33%	54%	14%	31%
Sandhills Center	98	149	71	170	390	25%	38%	18%	44%
Trillium Health Resources	171	247	71	183	501	34%	49%	14%	37%
Vaya Health	235	452	126	176	754	31%	60%	17%	23%
State Average	1,089	1,770	518	1,163	3,451	32%	51%	15%	34%
Standard Deviation						2.9%	6.9%		
LME-MCO Average						31%	50%	14%	36%

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

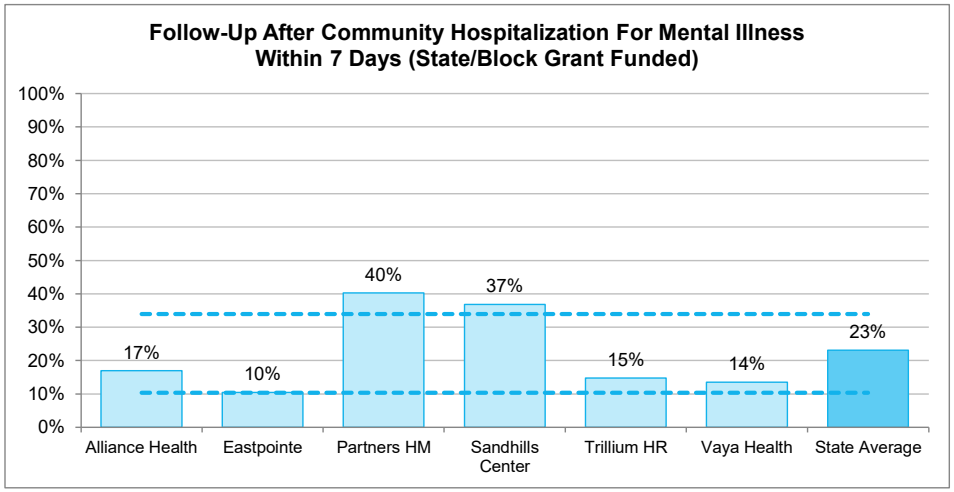
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

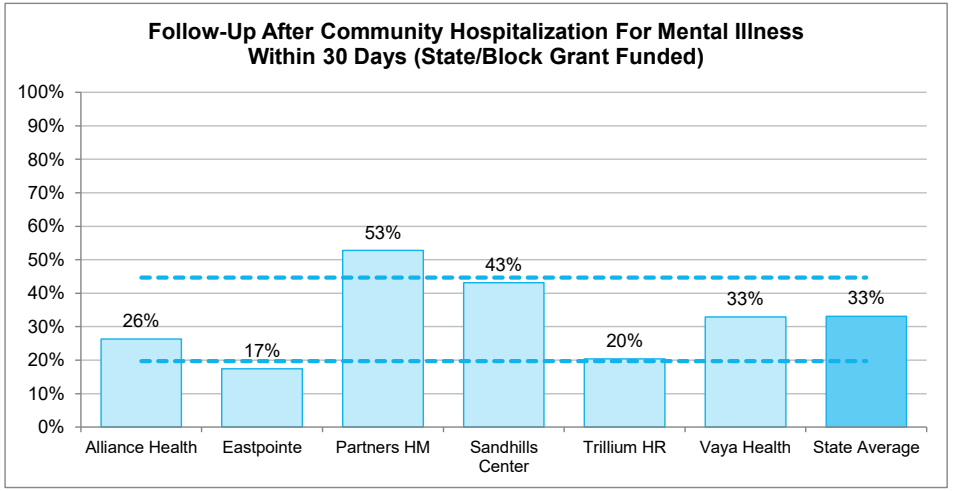
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (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	84	130	45	320	495	17%	26%	9%	65%
Eastpointe	9	15	1	70	86	10%	17%	1%	81%
Partners Health Management	110	144	20	109	273	40%	53%	7%	40%
Sandhills Center	70	82	21	87	190	37%	43%	11%	46%
Trillium Health Resources	29	40	16	140	196	15%	20%	8%	71%
Vaya Health	21	51	8	96	155	14%	33%	5%	62%
State Average	323	462	111	822	1,395	23%	33%	8%	59%
Standard Deviation						11.8%	12.5%		
LME-MCO Average						22%	32%	7%	61%

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

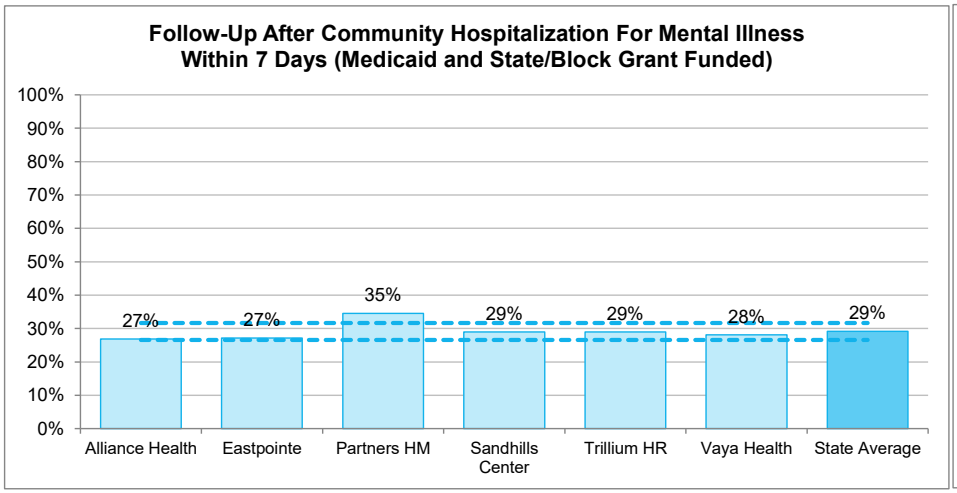
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

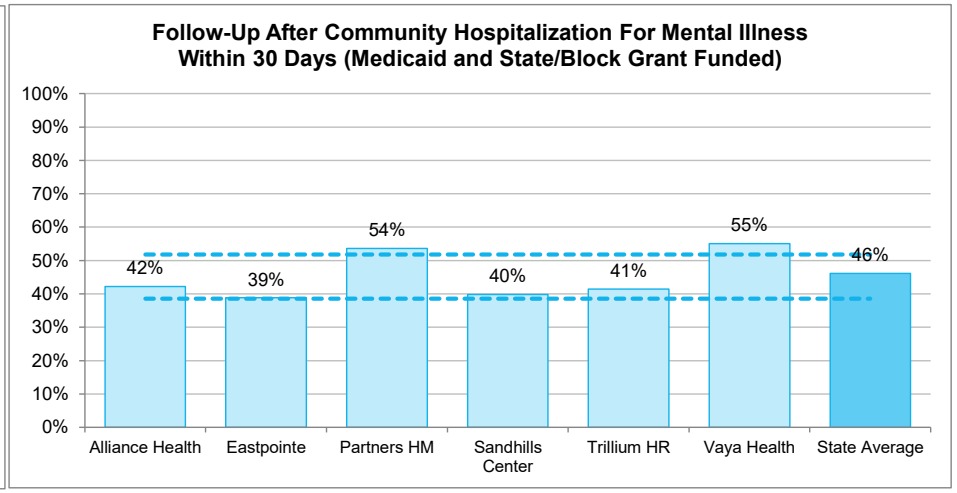
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

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	362	569	195	585	1,349	27%	42%	14%	43%
Eastpointe	123	176	15	262	453	27%	39%	3%	58%
Partners Health Management	334	519	127	322	968	35%	54%	13%	33%
Sandhills Center	168	231	92	257	580	29%	40%	16%	44%
Trillium Health Resources	202	289	87	321	697	29%	41%	12%	46%
Vaya Health	265	519	138	286	943	28%	55%	15%	30%
State Average	1,454	2,303	654	2,033	4,990	29%	46%	13%	41%
Standard Deviation						2.6%	6.6%		
LME-MCO Average						29%	45%	12%	43%

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

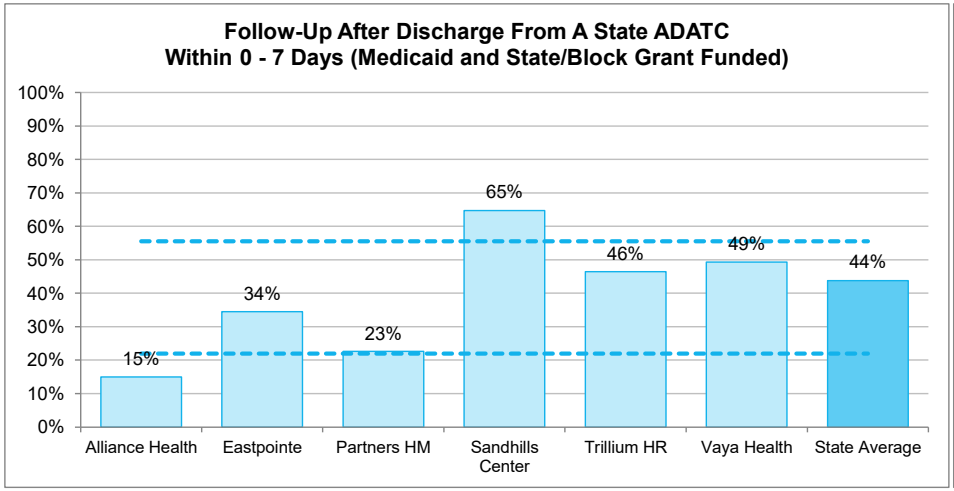
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge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

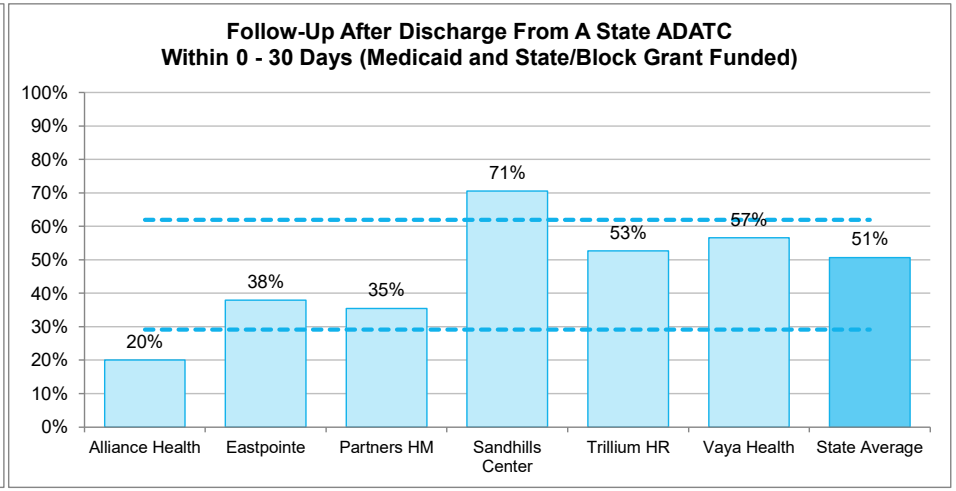
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

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	3	1	2	14	20	15%	5%	10%	70%
Eastpointe	10	1	6	12	29	34%	3%	21%	41%
Partners Health Management	7	4	4	16	31	23%	13%	13%	52%
Sandhills Center	11	1	2	3	17	65%	6%	12%	18%
Trillium Health Resources	53	7	12	42	114	46%	6%	11%	37%
Vaya Health	75	11	14	52	152	49%	7%	9%	34%
State Average	159	25	40	139	363	44%	7%	11%	38%
Standard Deviation						16.8%			
LME-MCO Average						39%			

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





CONTINUITY OF CARE

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

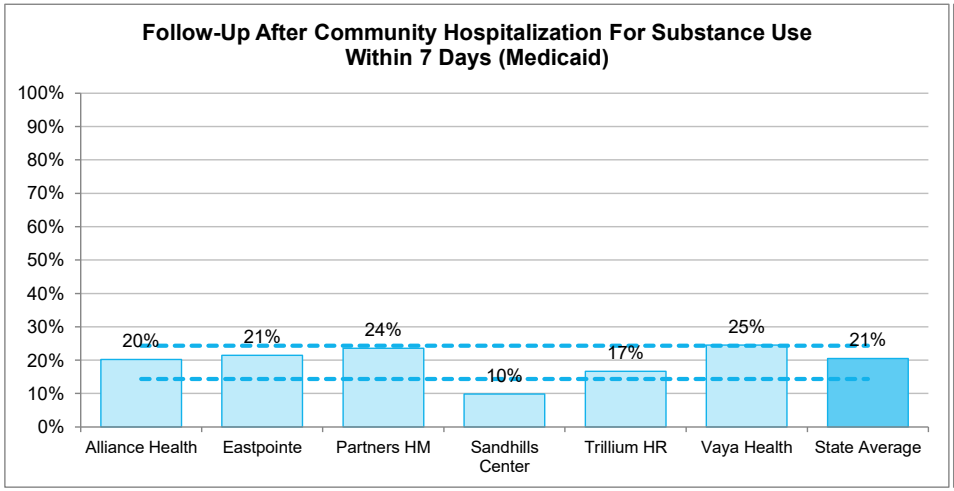
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

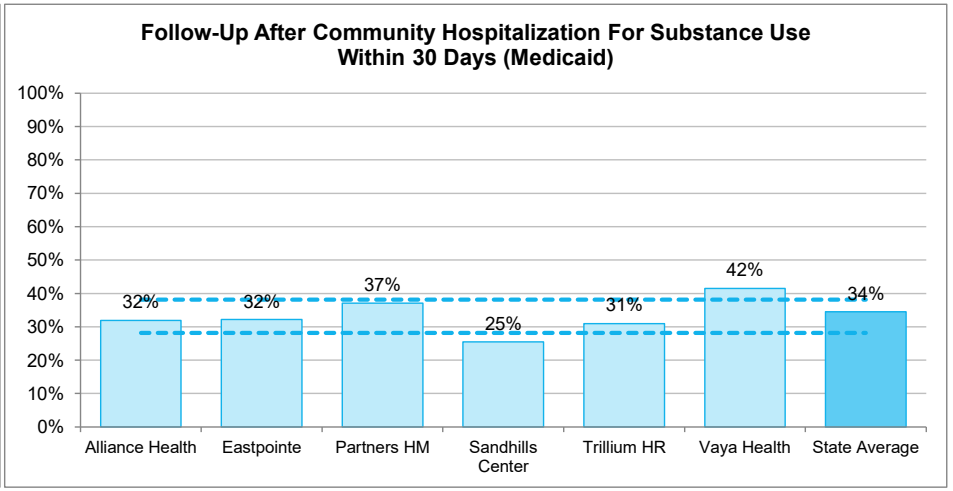
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization (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	19	30	14	50	94	20%	32%	15%	53%
Eastpointe	12	18	1	37	56	21%	32%	2%	66%
Partners Health Management	21	33	11	45	89	24%	37%	12%	51%
Sandhills Center	5	13	11	27	51	10%	25%	22%	53%
Trillium Health Resources	7	13	5	24	42	17%	31%	12%	57%
Vaya Health	26	44	17	45	106	25%	42%	16%	42%
State Average	90	151	59	228	438	21%	34%	13%	52%
Standard Deviation						5.0%	5.0%		
LME-MCO Average						19%	33%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

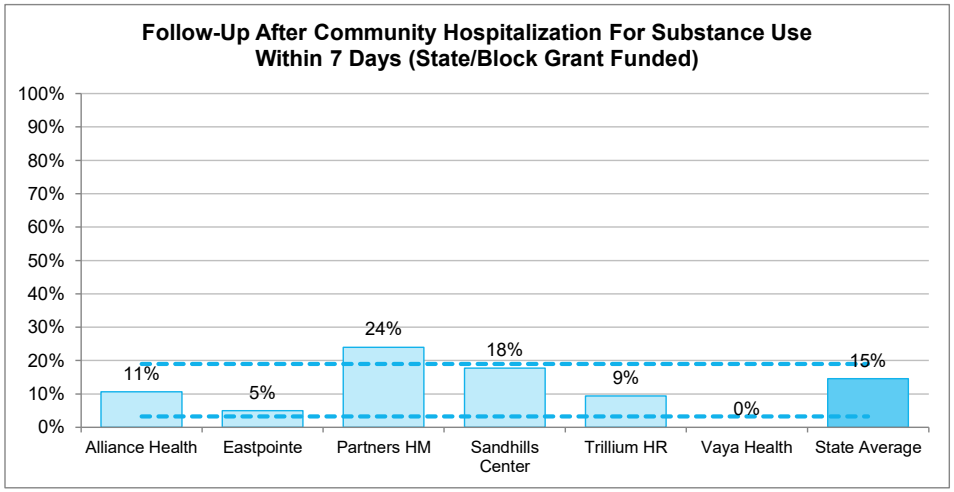
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

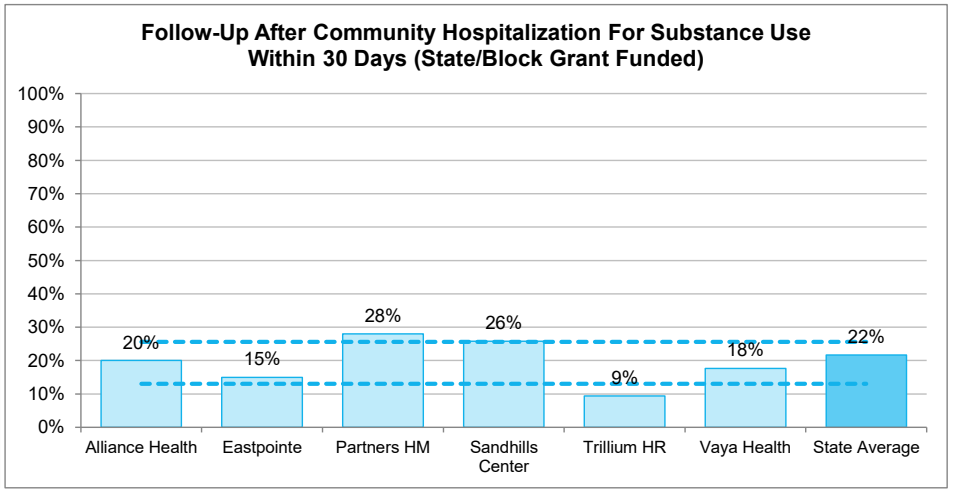
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After 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	8	15	8	52	75	11%	20%	11%	69%
Eastpointe	1	3	0	17	20	5%	15%	0%	85%
Partners Health Management	18	21	7	47	75	24%	28%	9%	63%
Sandhills Center	11	16	11	35	62	18%	26%	18%	56%
Trillium Health Resources	3	3	2	27	32	9%	9%	6%	84%
Vaya Health	0	3	1	13	17	0%	18%	6%	76%
State Average	41	61	29	191	281	15%	22%	10%	68%
Standard Deviation						7.9%	6.3%		
LME-MCO Average						11%	19%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

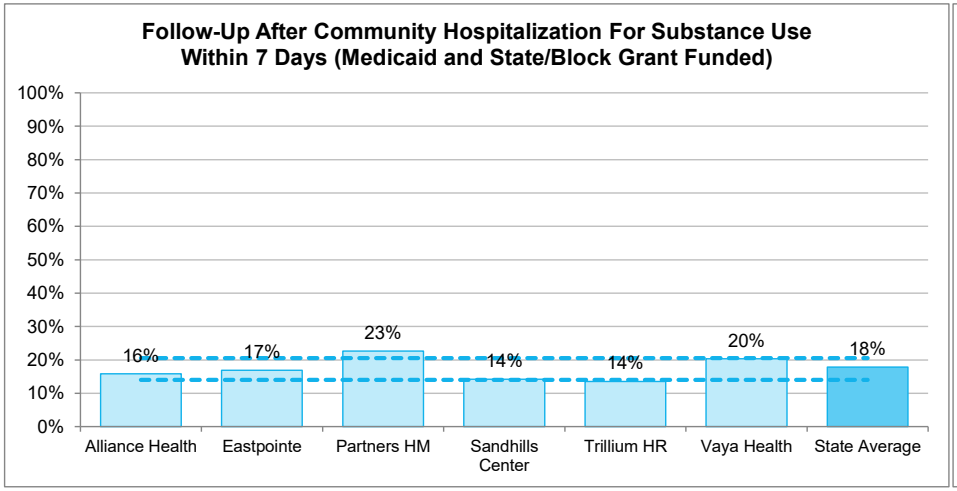
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

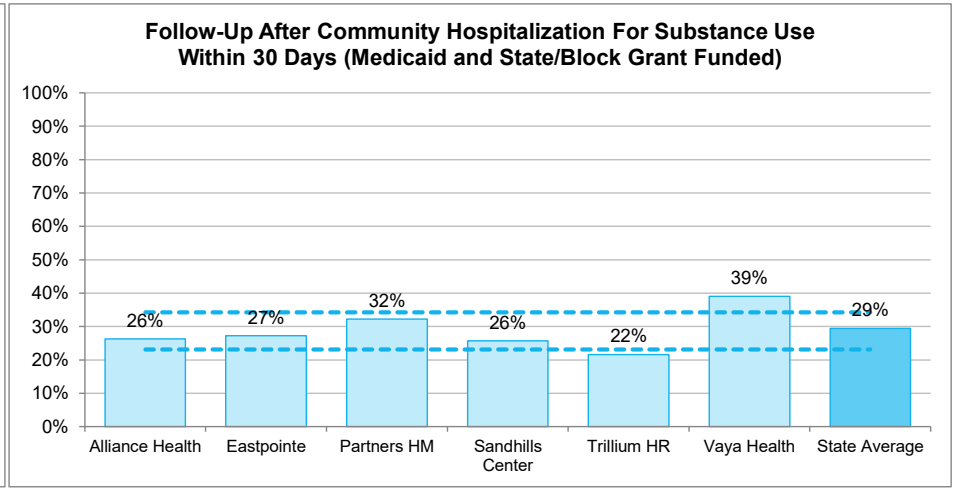
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After 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	27	45	22	104	171	16%	26%	13%	61%
Eastpointe	13	21	1	55	77	17%	27%	1%	71%
Partners Health Management	40	57	20	100	177	23%	32%	11%	56%
Sandhills Center	16	29	22	62	113	14%	26%	19%	55%
Trillium Health Resources	10	16	7	51	74	14%	22%	9%	69%
Vaya Health	26	50	18	60	128	20%	39%	14%	47%
State Average	132	218	90	432	740	18%	29%	12%	58%
Standard Deviation						3.3%	5.6%		
LME-MCO Average						17%	29%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

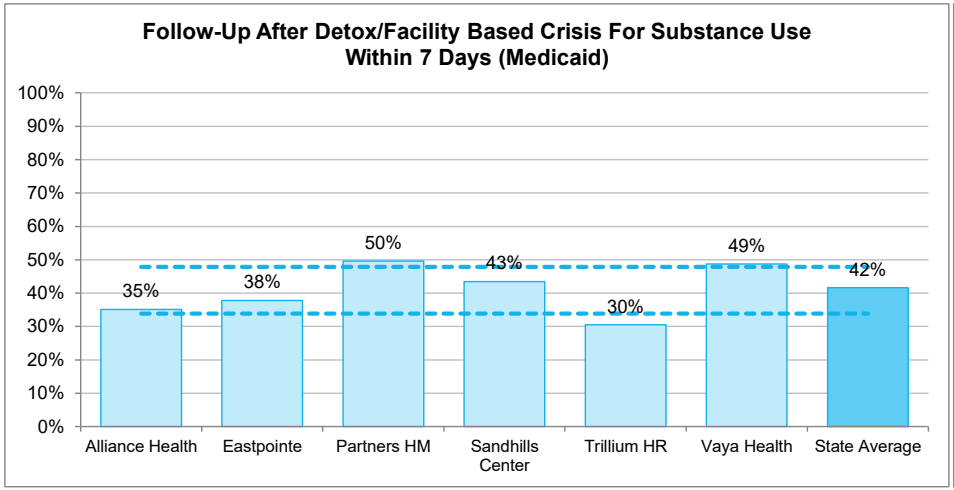
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

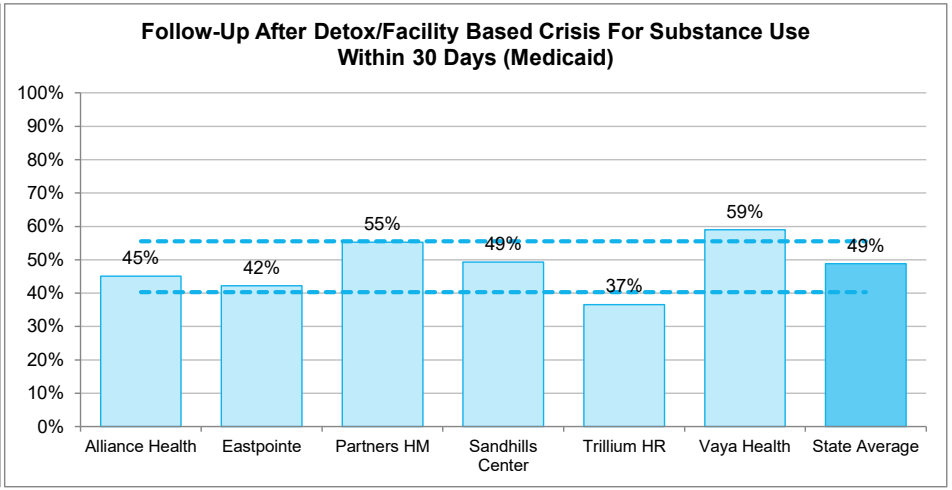
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days 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	32	41	16	34	91	35%	45%	18%	37%
Eastpointe	17	19	2	24	45	38%	42%	4%	53%
Partners Health Management	61	68	21	34	123	50%	55%	17%	28%
Sandhills Center	30	34	9	26	69	43%	49%	13%	38%
Trillium Health Resources	25	30	9	43	82	30%	37%	11%	52%
Vaya Health	38	46	11	21	78	49%	59%	14%	27%
State Average	203	238	68	182	488	42%	49%	14%	37%
Standard Deviation						7.0%	7.6%		
LME-MCO Average						41%	48%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

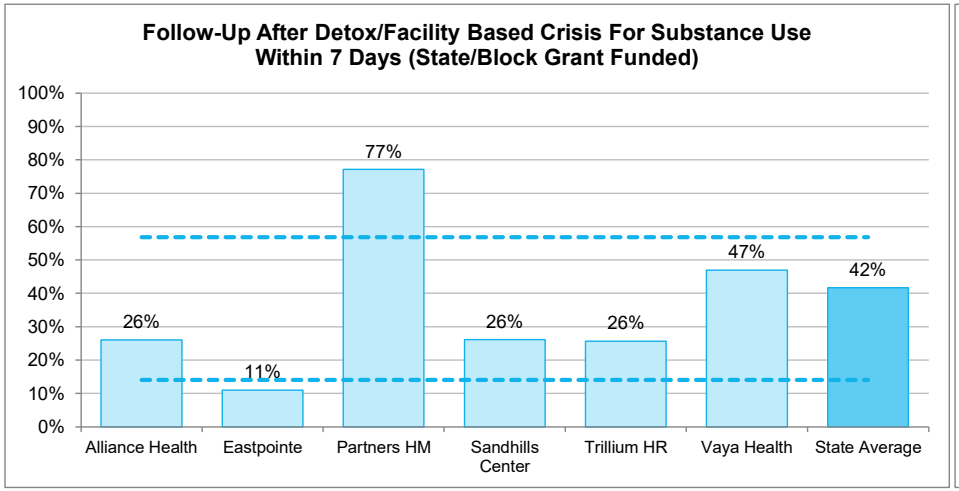
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

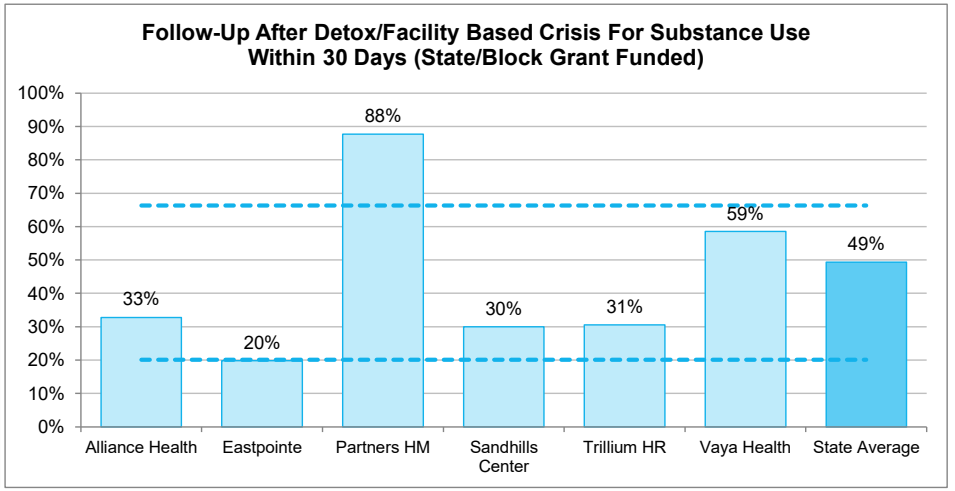
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days 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	96	121	42	206	369	26%	33%	11%	56%
Eastpointe	10	18	0	73	91	11%	20%	0%	80%
Partners Health Management	371	422	17	42	481	77%	88%	4%	9%
Sandhills Center	47	54	24	102	180	26%	30%	13%	57%
Trillium Health Resources	105	125	22	262	409	26%	31%	5%	64%
Vaya Health	77	96	12	56	164	47%	59%	7%	34%
State Average	706	836	117	741	1,694	42%	49%	7%	44%
Standard Deviation						21.4%	23.1%		
LME-MCO Average						35%	43%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

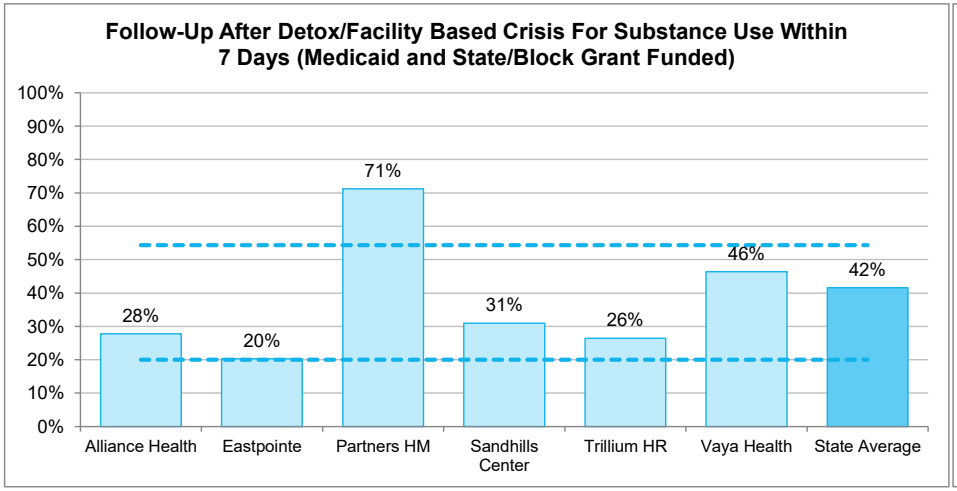
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

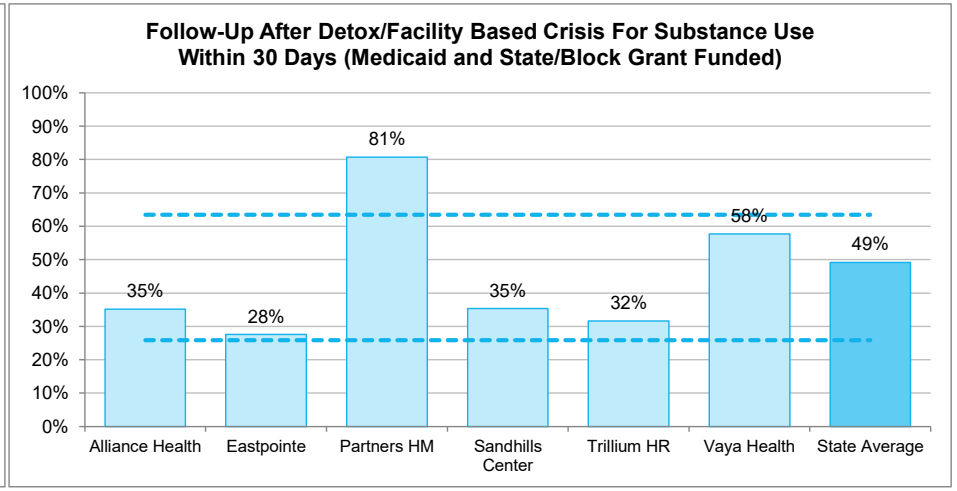
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Detox/Facility Based Crisis Services (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	128	162	58	241	461	28%	35%	13%	52%
Eastpointe	28	38	2	98	138	20%	28%	1%	71%
Partners Health Management	440	499	40	79	618	71%	81%	6%	13%
Sandhills Center	77	88	33	128	249	31%	35%	13%	51%
Trillium Health Resources	130	155	32	304	491	26%	32%	7%	62%
Vaya Health	115	143	25	80	248	46%	58%	10%	32%
State Average	918	1,085	190	930	2,205	42%	49%	9%	42%
Standard Deviation						17.2%	18.8%		
LME-MCO Average						37%	45%		

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





CONTINUITY OF CARE

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

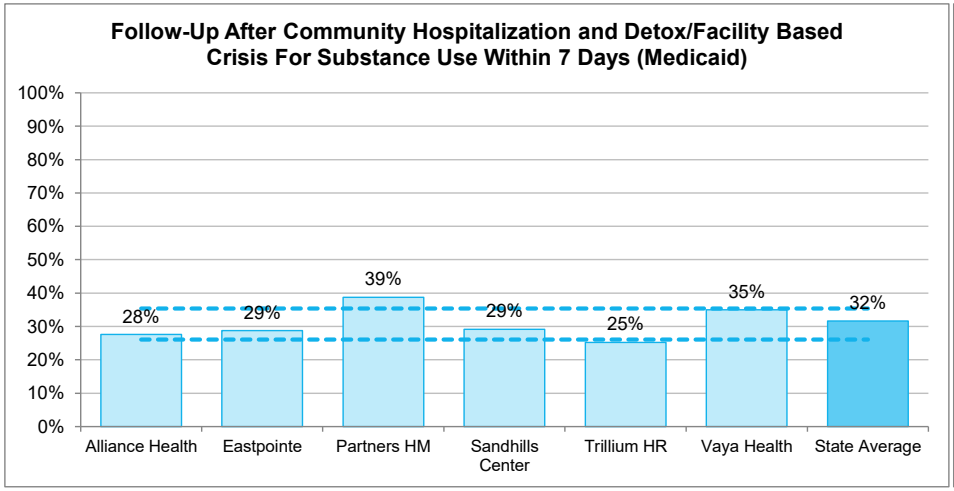
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

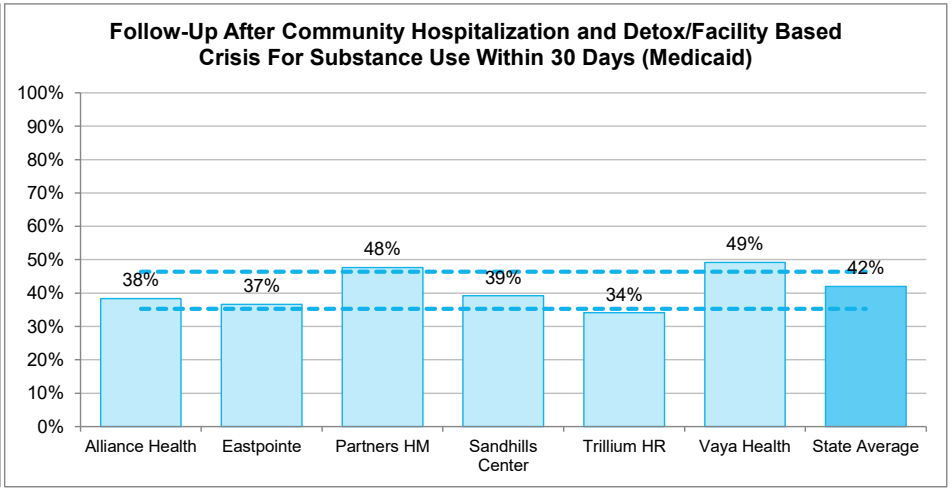
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (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	51	71	30	84	185	28%	38%	16%	45%
Eastpointe	29	37	3	61	101	29%	37%	3%	60%
Partners Health Management	82	101	32	79	212	39%	48%	15%	37%
Sandhills Center	35	47	20	53	120	29%	39%	17%	44%
Trillium Health Resources	31	42	14	67	123	25%	34%	11%	54%
Vaya Health	64	90	28	65	183	35%	49%	15%	36%
State Average	292	388	127	409	924	32%	42%	14%	44%
Standard Deviation						4.6%	5.6%		
LME-MCO Average						31%	41%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

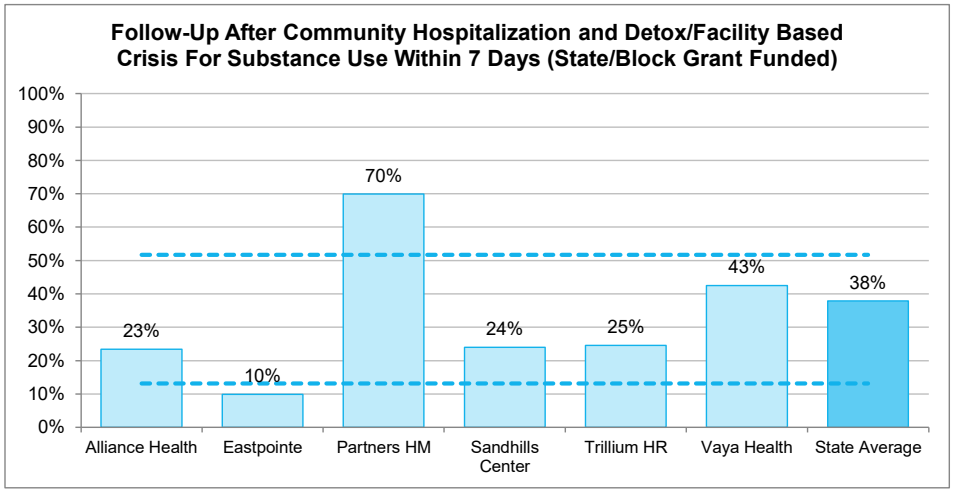
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

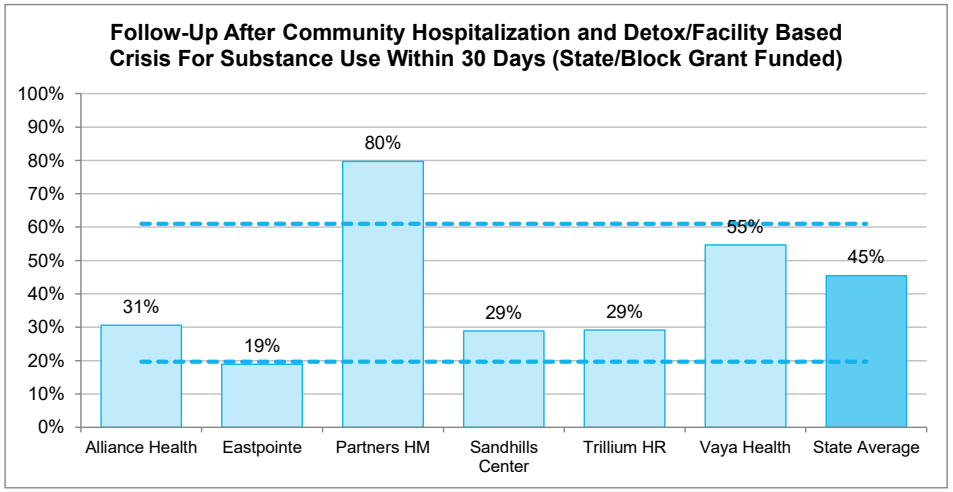
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (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	104	136	50	258	444	23%	31%	11%	58%
Eastpointe	11	21	0	90	111	10%	19%	0%	81%
Partners Health Management	389	443	24	89	556	70%	80%	4%	16%
Sandhills Center	58	70	35	137	242	24%	29%	14%	57%
Trillium Health Resources	108	128	24	287	439	25%	29%	5%	65%
Vaya Health	77	99	13	69	181	43%	55%	7%	38%
State Average	747	897	146	930	1,973	38%	45%	7%	47%
Standard Deviation						19.3%	20.7%		
LME-MCO Average						32%	40%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

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

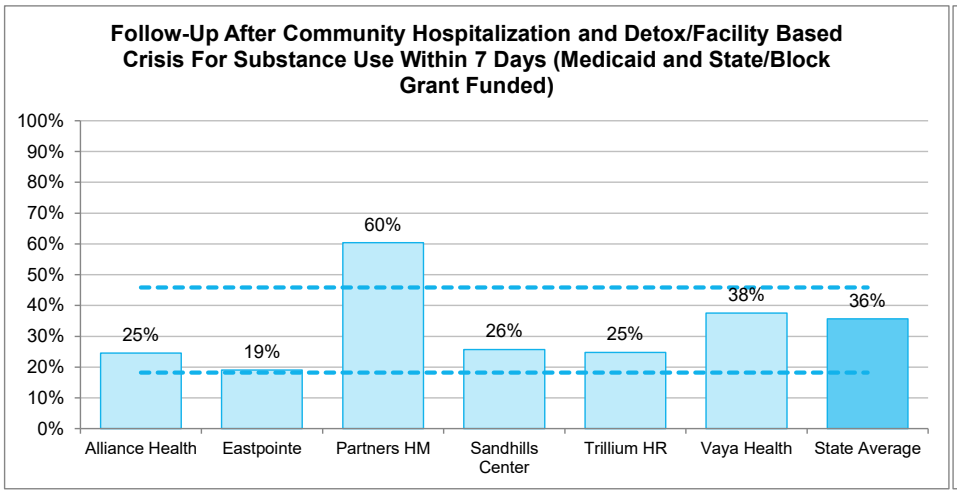
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

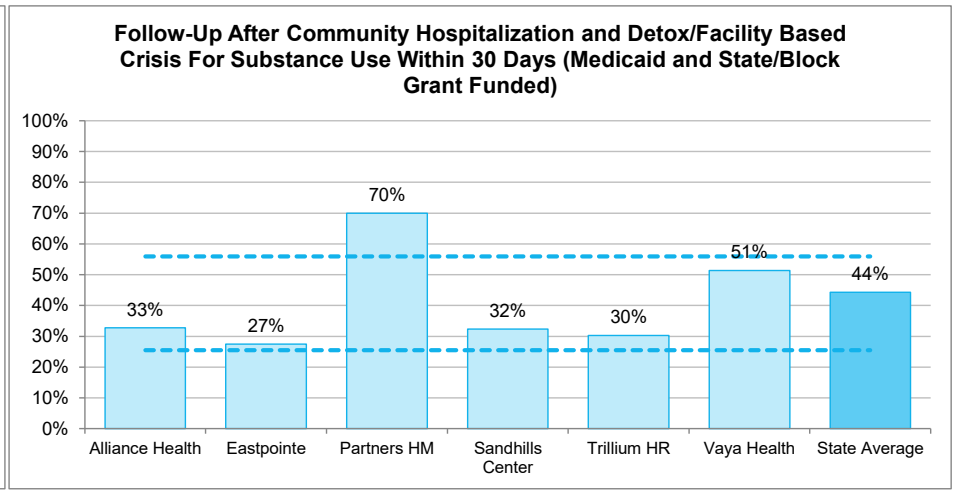
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After 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	155	207	80	345	632	25%	33%	12.7%	54.6%
Eastpointe	41	59	3	153	215	19%	27%	1%	71%
Partners Health Management	480	556	60	179	795	60%	70%	8%	23%
Sandhills Center	93	117	55	190	362	26%	32%	15%	52%
Trillium Health Resources	139	170	39	353	562	25%	30%	7%	63%
Vaya Health	141	193	43	140	376	38%	51%	11%	37%
State Average	1,049	1,302	280	1,360	2,942	36%	44%	10%	46%
Standard Deviation						13.9%	15.2%		
LME-MCO Average						32%	41%		

* 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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

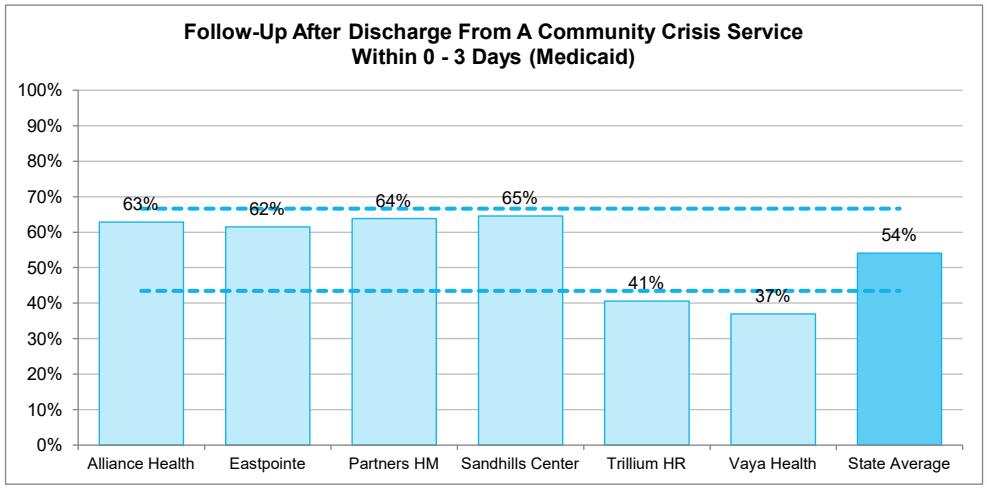
CONTINUITY OF CARE

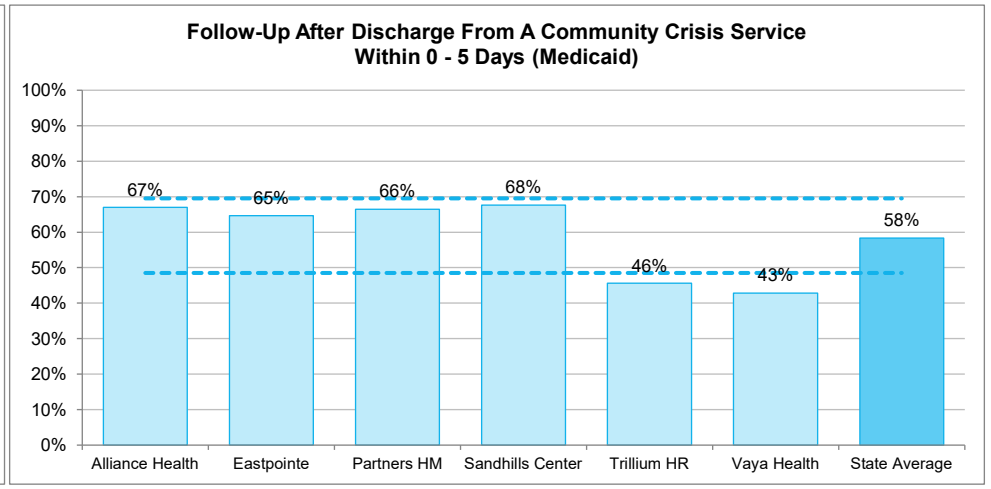
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

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***
Medicaid Funded											
Alliance Health	1,914	126	274	469	262	3,045	63%	4%	9%	15%	9%
Eastpointe	718	36	69	122	222	1,167	62%	3%	6%	10%	19%
Partners Health Management	297	12	46	67	43	465	64%	3%	10%	14%	9%
Sandhills Center	861	41	94	164	174	1,334	65%	3%	7%	12%	13%
Trillium Health Resources	705	87	186	384	376	1,738	41%	5%	11%	22%	22%
Vaya Health	653	105	257	300	454	1,769	37%	6%	15%	17%	26%
State Average	5,148	407	926	1,506	1,531	9,518	54%	4%	10%	16%	16%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						11.6%	1.2%			
LME-MCO Average							55%	4%			





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

State Fiscal Year:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

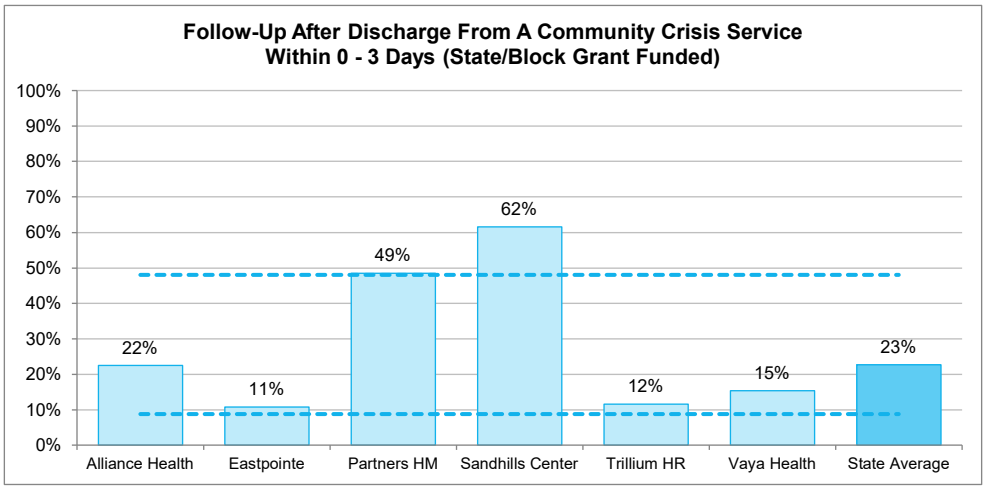
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

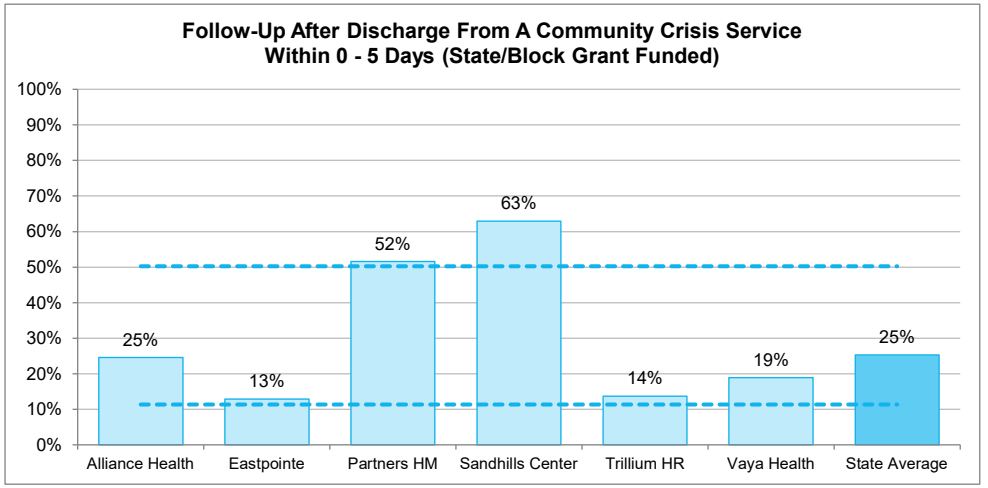
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of 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***
State/Federal Block Grant Funded											
Alliance Health	187	18	62	102	463	832	22%	2%	7%	12%	56%
Eastpointe	25	5	22	29	152	233	11%	2%	9%	12%	65%
Partners Health Management	310	20	31	43	235	639	49%	3%	5%	7%	37%
Sandhills Center	183	4	15	21	74	297	62%	1%	5%	7%	25%
Trillium Health Resources	171	32	60	135	1,083	1,481	12%	2%	4%	9%	73%
Vaya Health	181	42	124	115	717	1,179	15%	4%	11%	10%	61%
State Average	1,057	121	314	445	2,724	4,661	23%	3%	7%	10%	58%
Standard Deviation							19.6%	0.7%			
LME-MCO Average							28%	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:	2024	**Measurement Period:**	Apr - Jun 2023
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2023

CONTINUITY OF CARE

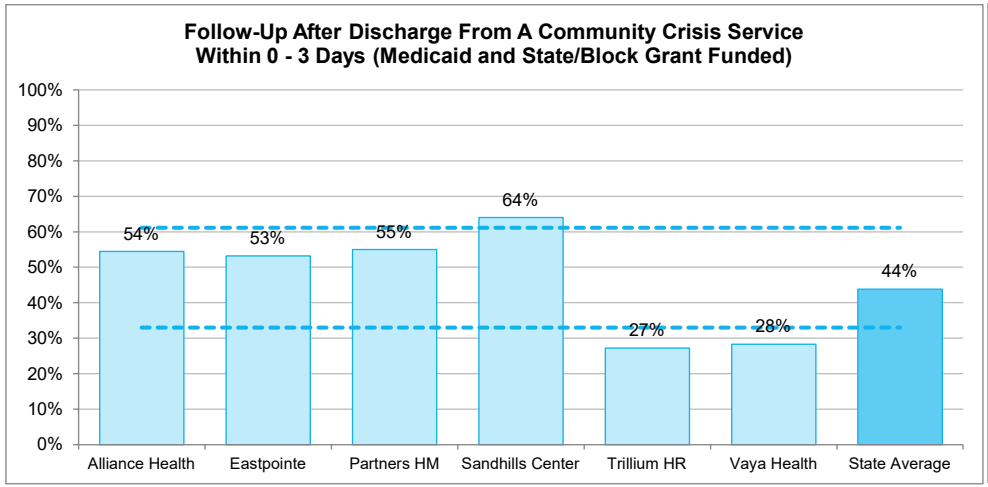
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

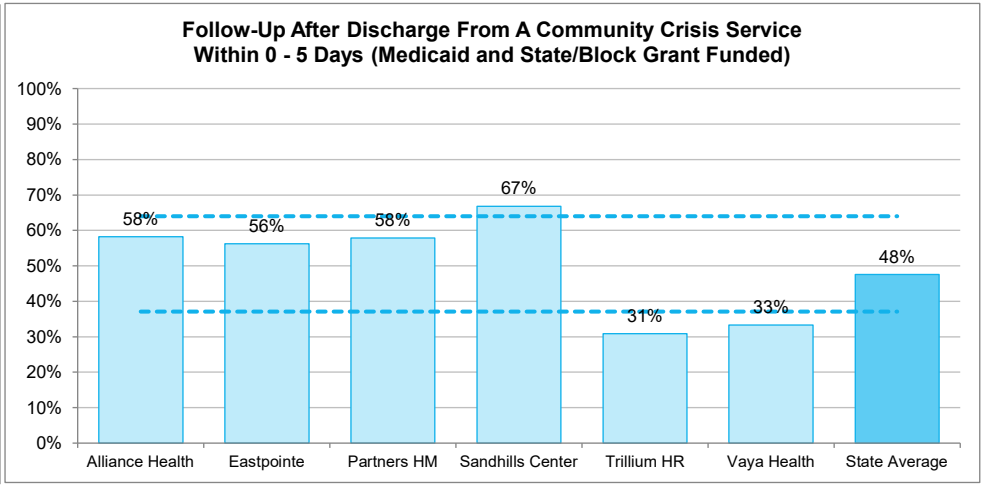
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of 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	2,112	145	334	568	718	3,877	54%	4%	9%	15%	19%
Eastpointe	745	42	91	150	372	1,400	53%	3%	7%	11%	27%
Partners Health Management	607	32	77	110	278	1,104	55%	3%	7%	10%	25%
Sandhills Center	1,044	45	109	185	248	1,631	64%	3%	7%	11%	15%
Trillium Health Resources	876	119	246	519	1,459	3,219	27%	4%	8%	16%	45%
Vaya Health	834	147	381	415	1,171	2,948	28%	5%	13%	14%	40%
State Average	6,218	530	1,238	1,947	4,246	14,179	44%	4%	9%	14%	30%
Standard Deviation							14.1%				
LME-MCO Average							47%	4%			

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





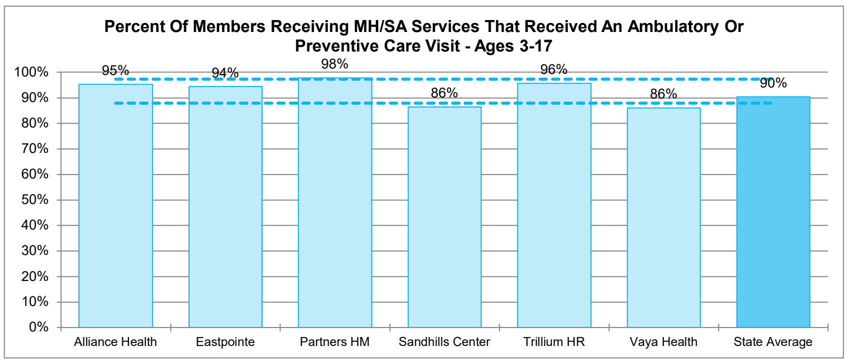
CONTINUITY OF CARE

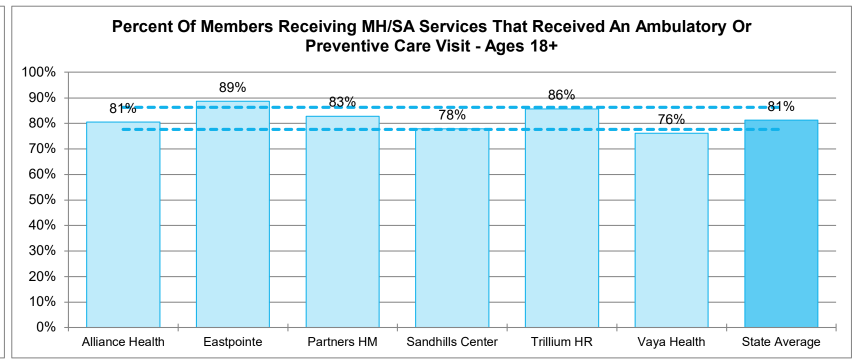
6.6 Medical Care Coordination (Medicaid Only)

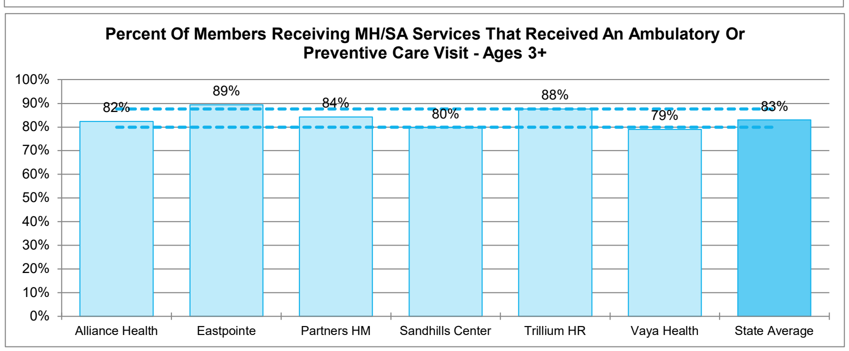
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

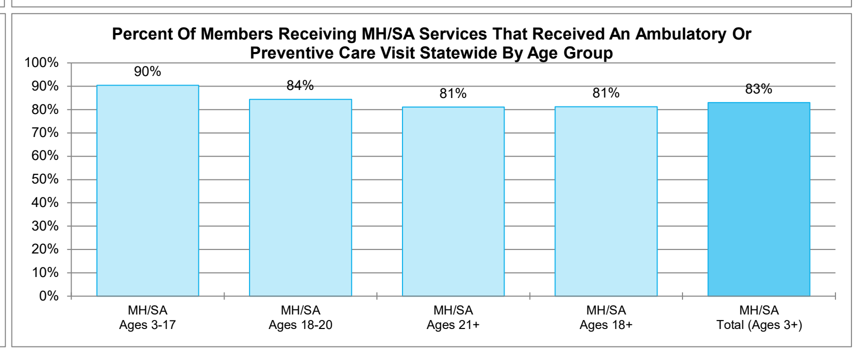
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For 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	2,524	2,648	95%	15,230	18,913	81%	17,754	21,561	82%
Eastpointe	1,385	1,467	94%	8,137	9,180	89%	9,522	10,647	89%
Partners Health Management	1,556	1,590	98%	12,507	15,095	83%	14,063	16,685	84%
Sandhills Center	4,262	4,934	86%	13,450	17,276	78%	17,712	22,210	80%
Trillium Health Resources	3,101	3,239	96%	11,358	13,248	86%	14,459	16,487	88%
Vaya Health	5,315	6,180	86%	11,538	15,163	76%	16,853	21,343	79%
Statewide	18,143	20,058	90%	72,220	88,875	81%	90,363	108,933	83%
Standard Deviation			4.7%			4.3%			3.9%
LME-MCO Average			93%			82%			84%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 1st Quarter
Measurement Period: Jul 2022 - Jun 2023

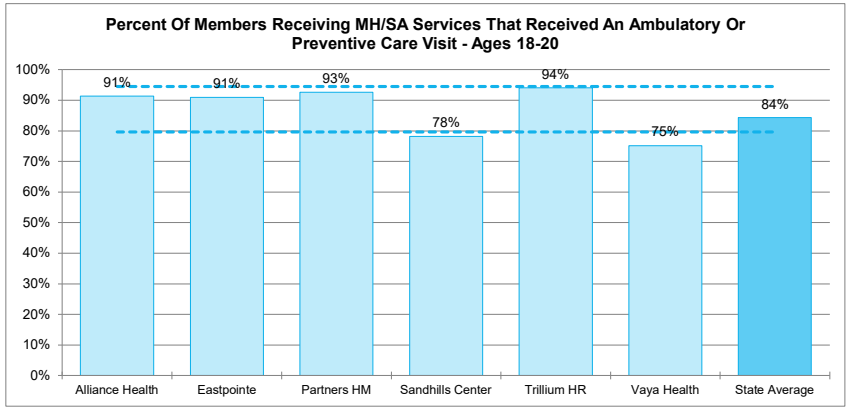
CONTINUITY OF CARE

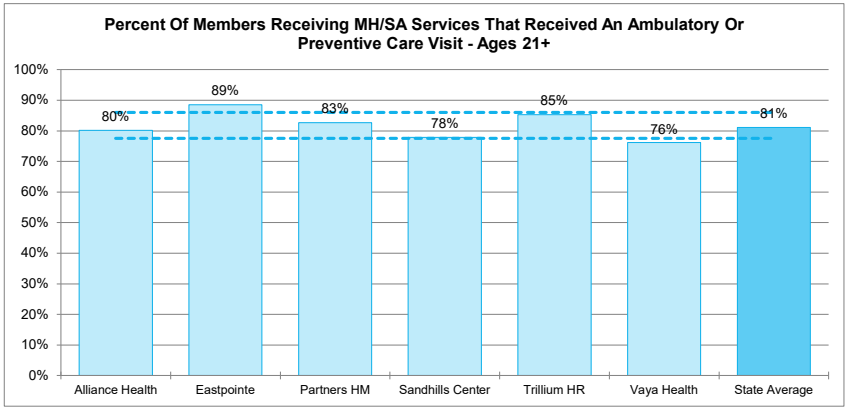
6.6 Medical Care Coordination (Medicaid Only)

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	542	593	91%	14,688	18,320	80%
Eastpointe	423	465	91%	7,714	8,715	89%
Partners Health Management	225	243	93%	12,282	14,852	83%
Sandhills Center	934	1,195	78%	12,516	16,081	78%
Trillium Health Resources	643	683	94%	10,715	12,565	85%
Vaya Health	715	951	75%	10,823	14,212	76%
Statewide	3,482	4,130	84%	68,738	84,745	81%
Standard Deviation			7.5%			4.2%
LME-MCO Average			87%			82%





CONTINUITY OF CARE

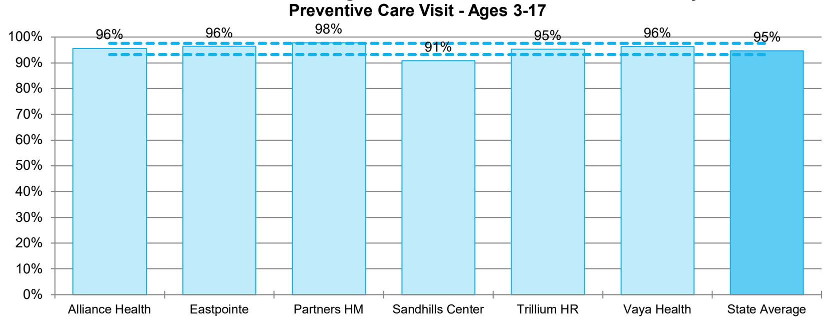
6.6 Medical Care Coordination (Medicaid Only)

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.

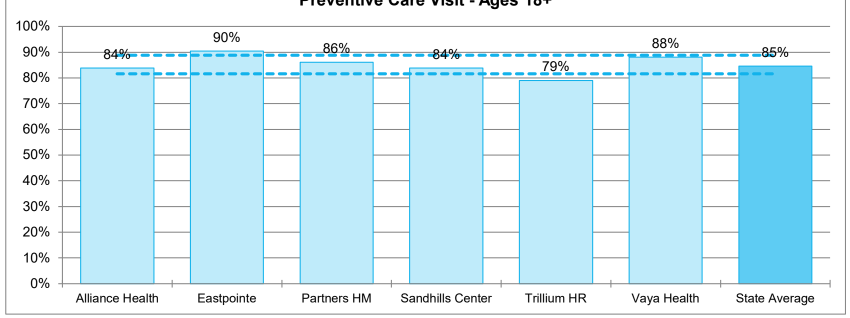
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For 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	1,541	1,612	96%	4,654	5,547	84%	6,195	7,159	87%
Eastpointe	827	858	96%	1,709	1,889	90%	2,536	2,747	92%
Partners Health Management	813	831	98%	3,903	4,531	86%	4,716	5,362	88%
Sandhills Center	1,795	1,976	91%	3,089	3,685	84%	4,884	5,661	86%
Trillium Health Resources	1,589	1,668	95%	3,456	4,374	79%	5,045	6,042	83%
Vaya Health	872	905	96%	3,102	3,522	88%	3,974	4,427	90%
Statewide	7,437	7,850	95%	19,913	23,548	85%	27,350	31,398	87%
Standard Deviation			2.2%			3.6%			2.8%
LME-MCO Average			95%			85%			88%

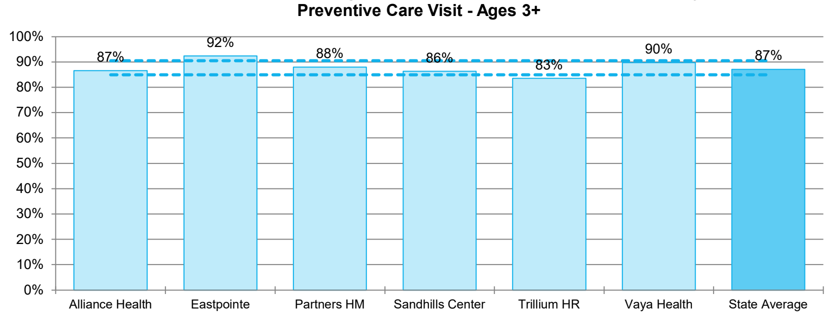
Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit - Ages 3-17



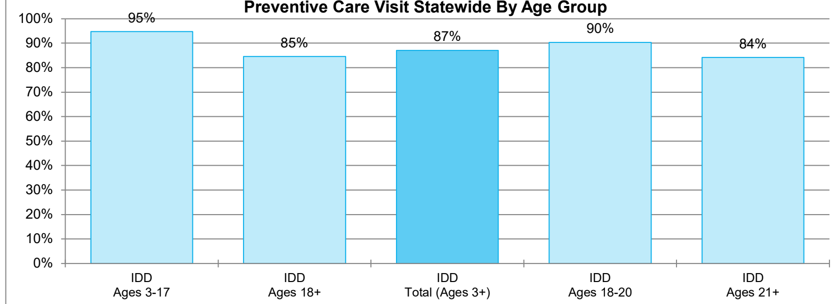
Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit - Ages 18+



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



Percent Of Members Receiving IDD 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: 2024
Report Quarter: 1st Quarter
Measurement Period: Jul 2022 - Jun 2023

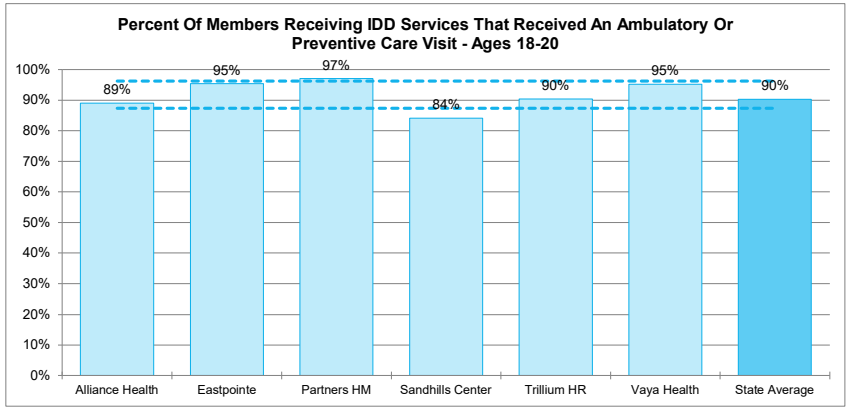
CONTINUITY OF CARE

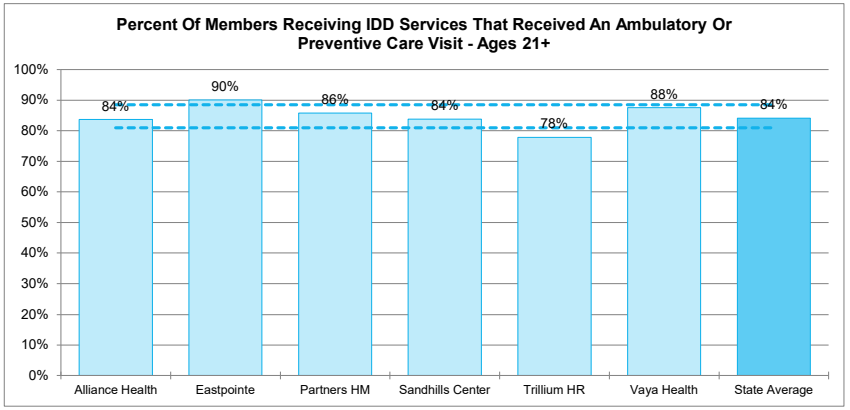
6.6 Medical Care Coordination (Medicaid Only)

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	242	272	89%	4,412	5,275	84%
Eastpointe	144	151	95%	1,565	1,738	90%
Partners Health Management	131	135	97%	3,772	4,396	86%
Sandhills Center	338	402	84%	2,751	3,283	84%
Trillium Health Resources	377	417	90%	3,079	3,957	78%
Vaya Health	237	249	95%	2,865	3,273	88%
Statewide	1,469	1,626	90%	18,444	21,922	84%
Standard Deviation			4.5%			3.8%
LME-MCO Average			92%			85%





State Fiscal Year:	2024
Report Quarter:	1st Quarter
Measurement Period:	Jul 2022 - Jun 2023

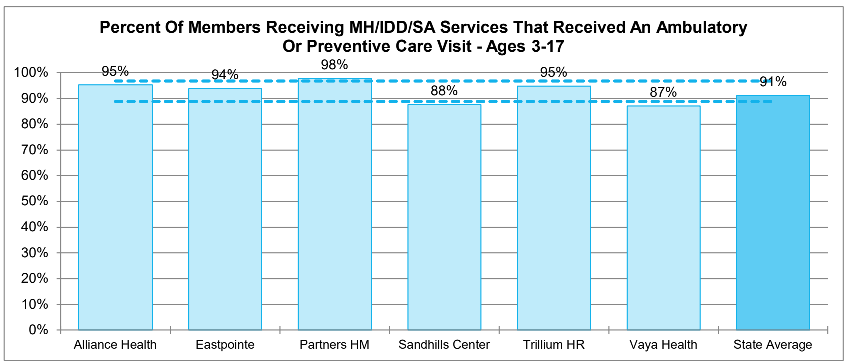
CONTINUITY OF CARE

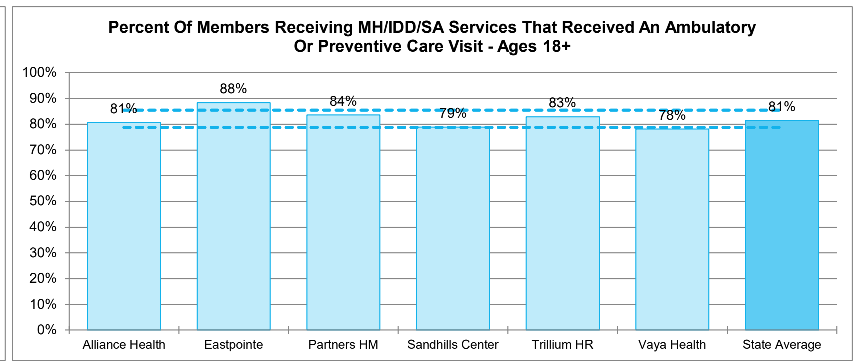
6.6 Medical Care Coordination (Medicaid Only)

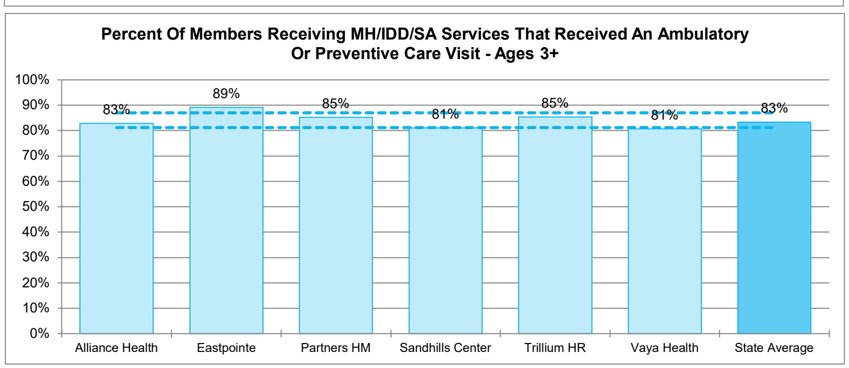
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

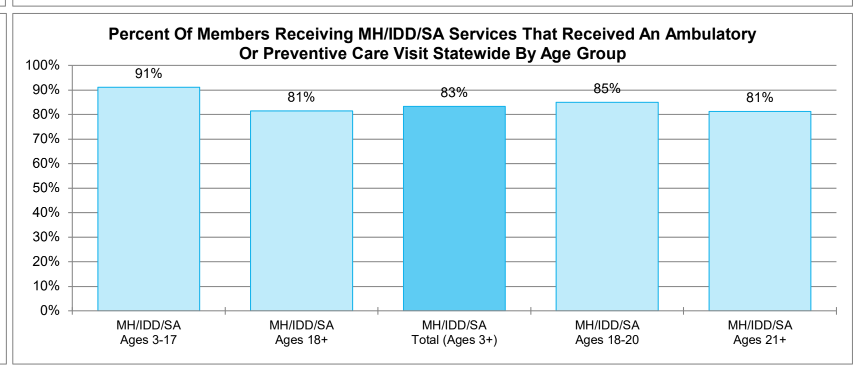
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For 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	3,694	3,876	95%	18,539	22,978	81%	22,233	26,854	83%
Eastpointe	1,607	1,713	94%	8,682	9,828	88%	10,289	11,541	89%
Partners Health Management	2,369	2,421	98%	16,410	19,626	84%	18,779	22,047	85%
Sandhills Center	6,057	6,910	88%	16,539	20,961	79%	22,596	27,871	81%
Trillium Health Resources	3,720	3,921	95%	12,948	15,605	83%	16,668	19,526	85%
Vaya Health	6,200	7,111	87%	14,677	18,768	78%	20,877	25,879	81%
Statewide	23,647	25,952	91%	87,795	107,766	81%	111,442	133,718	83%
Standard Deviation - - - - - - - - - - - - - -			4.0%			3.4%			2.9%
LME-MCO Average			93%			82%			84%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 1st Quarter
Measurement Period: Jul 2022 - Jun 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	700	777	90%	17,839	22,201	80%
Eastpointe	454	498	91%	8,228	9,330	88%
Partners Health Management	356	378	94%	16,054	19,248	83%
Sandhills Center	1,272	1,597	80%	15,267	19,364	79%
Trillium Health Resources	781	853	92%	12,167	14,752	82%
Vaya Health	953	1,206	79%	13,724	17,562	78%
Statewide	4,516	5,309	85%	83,279	102,457	81%
Standard Deviation			6.0%			3.4%
LME-MCO Average			88%			82%