SFY 2013 Performance Contract Report/Data Submission Requirements Third Quarter Report January 1, 2013 - March 31, 2013

		Report Submission Measures										Data Submission Measures											
LINE	Number of Report Sub-	Total Number	Percent of Report Percent of Report S.L.	reasures Met A. Quarterly Incia	2. Quarterly Fiscal Monia-	2. Quarterly Fiscal Monito	3. SAUJ Initiative Quarter. Reno:	. Work First Initiative Quarterly Renove		Number of Data Submi.	Percent of 9 Mo.	S. CDW - Screening -	8. CDW - ICD _{-9 Di-}	9. CDW - Unknown Data (Admission Data	10. CDW - Unknown Data	11. CDW - Identifiuit.	"Braphic Records 12. CDW - Drun 22.	^{3 or} Choice 13. CDW - Episode Completion Recorde	Clients) 14. NC TOPPS	ls. NC TOPPS	le. NC-SNAP		
Alliance Behavioral Healthcare	4	4	100%		*	*	*	*		7	78%	*	*	*	*	*	*	*					
Cardinal Innovations Healthcare Solutions	4	4	100%	er.	*	*	*	*		7	88%	*	*	*	*	*	*	*	the er.		N/A		
CenterPoint Human Services	4	4	100%	and th luarter	*	*	*	*		9	100%	*	*	*	*	*	*	*	and the uarter.	*	*		
Coastal Care	4	4	100%	sion a this qu	*	*	*	*		9	100%	*	*	*	*	*	*	*	ision a this q	*	*		
East Carolina Behavioral Health	4	4	100%	ed t	*	*	*	*		9	100%	*	*	*	*	*	*	*	rev rted	*	*		
Eastpointe	4	4	100%	under	*	*	*	*		8	89%	*	*	*	*		*	*	nde	*	*		
MeckLINK Behavioral Healthcare	2	3	67%	is	*		N/A	*		8	89%	*	*	*	*	*	*	*	e is not		*		
Partners Behavioral Health Management	4	4	100%	asu	*	*	*	*		3	33%			*	*				easure s were		*		
Sandhills Center	4	4	100%	his mea	*	*	*	*		8	89%	*	*	*	*	*	*	*	This meas results we		*		
Smoky Mountain Center	3	3	100%	TE L	*	*	N/A	*		4	44%	*		*	*			*	╏┍╴╴				
Western Highlands Network	4	4	100%	\square	*	*	*	*		7	78%	*	*	*	*	*	*				*		
STATEWIDE - Number			98%	0	11	10	9	11			81%	10	9	11	11	8	9	9	0	4	8		
STATEWIDE - Percent				0.0%	100.0%	90.9%	100.0%	100.0%				90.9%	81.8%	100.0%	100.0%	72.7%	81.8%	81.8%	0.0%	36.4%	80.0%		

* This column shows the total number of report submission measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.

★ Indicates the LME met the performance standard for the measure.

Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission).
Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions.
N/A Indicates measures that were not applicable this quarter.