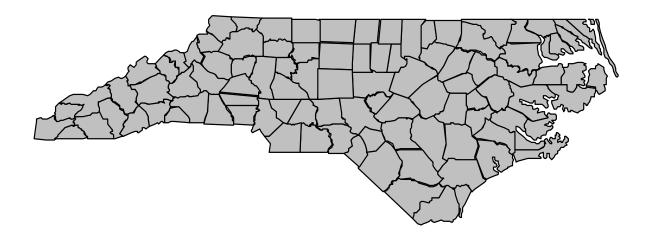
North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

SFY 2015 Performance Contract With Local Management Entities - Managed Care Organizations Report/Data Submission Requirements

Fourth Quarter Report April 1, 2015 - June 30, 2015



Prepared by

Quality Management Section Division of Mental Health, Developmental Disabilities, and Substance Abuse Services North Carolina Department of Health and Human Services

August 2015





Introduction

This is the **Fourth Quarter Report** for SFY 2014-2015 under the Performance Contract between the LME-MCOs and NC DHHS.

This report tracks LME-MCO performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME-MCO performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (\star) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LME-MCOs met 99 percent of the eight report submission requirements and 88 percent of the nine data submission/report requirements measured this quarter. Items that are marked "N/A" on the Summary of Performance matrix indicate reports or data submission requirements that do not apply to a specific LME-MCO.

Questions or Concerns

If staff of an LME-MCO have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME-MCO liaison within 30 days of the report date. The LME-MCO liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

SFY 2015 Performance Contract Report/Data Submission Requirements Fourth Quarter Report

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SFY 2015 Performance Contract Report Schedule

The table below shows which requirements will be reported by quarter*

Requirement	1st Qtr Nov 30	2nd Qtr Feb 28	3rd Qtr May 30	4th Qtr Aug 30
1. Monthly Financial Reports	Х	Х	Х	Х
2. Substance Abuse/Juvenile Justice Initiative Quarterly Report	Х	Х	Х	Х
3. Work First Initiative Quarterly Reports	Х	Х	Х	Х
4. Traumatic Brain Injury (TBI) Services Quarterly Report	Х	Х	Х	Х
5. Projects For Assistance In Transitions From Homelessness (PATH) Report	Х	Х	Х	Х
6. Quarterly Complaints Report	Х	Х	Х	Х
7. Client Data Warehouse (CDW) - Screening Record	Х	Х	Х	Х
8. Client Data Warehouse (CDW) - Admissions	Х	Х	Х	Х
9. Client Data Warehouse (CDW) - ICD-9 Diagnosis	Х	Х	Х	Х
10. Client Data Warehouse (CDW) - Unknown Data (Admissions)	Х	Х	Х	Х
11. Client Data Warehouse (CDW) - Unknown Data (Discharges)	Х	Х	Х	Х
12. Client Data Warehouse (CDW) - Identifying and Demographic Records	Х	Х	Х	Х
13. Client Data Warehouse (CDW) - Drug of Choice	Х	Х	Х	Х
14. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	Х	Х	Х	Х
15. NC Treatment Outcomes and Program Performance System (Initial)	R	eport un	der revisi	on
16. NC Treatment Outcomes and Program Performance System (Update)	Х	Х	Х	Х
17. NC Support Needs Assessment Profile (NC-SNAP)	Х	Х	Х	Х
18. System of Care Report		Х		Х
19. SAPTBG Compliance Report		Х		Х
20. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				Х

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, LME-MCO required reports are due to the Division's Report Contact/Requirement Sponsor by the due date indicated on the report (typically the end of the month prior to publishing), and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 15th of the month indicated above.

SFY 2015 Performance Contract Report/Data Submission Requirements Summary Of Performance Fourth Quarter Report April 1, 2015 - June 30, 2015

						Report Sul	omission I	Measures										Data	a Submiss	sion Meas	ures				
LINE-HICO	Number of Report Submiss.		Percent of Report St.	1. Mount		Report Report 3. Work First Intiative Quarterly Diative	4. TBI Services Quartern.		17. System of Care Quarter	18. SAPTBG Compliance South	19. National Core Indicators Consents, Pre-Surveys, and Mail Surveys, and	Number of Data S	Measures Met Total Number	Percent of Data Percent of Data	e. CDW - Screening C	8. CDW - ICD-9 Dis-		10. CDW - Unknown Dans (Dischart		12. CDW - Drug or A.	Completion Records Con	(se) _s	15. NC TOPPS - Lince	16. NC-SNAP	
Alliance Behavioral Healthcare	8	8	100%	*	*	*	*	*	*	*	*	6	9	67%	*	*		*	*	*		\wedge		*	
Cardinal Innovations Healthcare Solutions	8	8	100%	*	*	*	*	*	*	*	*	7	8	88%	*	*	*	*	*	*	*	the ter.		N/A	
CenterPoint Human Services	8	8	100%	*	*	*	*	*	*	*	*	9	9	100%	*	*	*	*	*	*	*	n and the s quarter.	*	*	
Coastal Care	8	8	100%	*	*	*	*	*	*	*	*	9	9	100%	*	*	*	*	*	*	*	revisior ted this	*	*	
East Carolina Behavioral Health	8	8	100%	*	*	*	*	*	*	*	*	6	9	67%	*	*	*	*				inder i	*	*	
Eastpointe	8	8	100%	*	*	*	*	*	*	*	*	8	9	89%	*	*	*	*	*	*		ure is u	*	*	
Partners Behavioral Health Management	7	8	88%	*	*	*		*	*	*	*	9	9	100%	*	*	*	*	*	*	*	measu lits wer	*	*	
Sandhills Center	8	8	100%	*	*	*	*	*	*	*	*	9	9	100%	*	*	*	*	*	*	*	This I resu	*	*	
Smoky Mountain Center	8	8	100%	*	*	*	*	*	*	*	*	7	9	78%		*	*	*	*	*			*	*	
STATEWIDE - Number			99%	9	9	9	8	9	9	9	9			88%	8	9	8	9	8	8	5	Ō	7	8	
STATEWIDE - Percent				100.0	0% 100.0	0% 100.0%	88.9%	100.0%	100.0%	100.0%	100.0%				88.9%	100.0%	88.9%	100.0%	88.9%	88.9%	55.6%	0.0%	77.8%	<mark>100.0%</mark>	

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

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

% Percents that are highlighted green indicate the LME-MCO 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-MCO monitoring decisions.

N/A Indicates measures that were not applicable this quarter.

1. Monthly Financial Reports

<u>Performance Requirement</u>: LME-MCO submits all required monthly financial reports in acceptable format, completeness, and accuracy by the 20th of the month (or next business day if the due date is a weekend or holiday) following the month covered by the report. For example, the

SFY	2015	Standard:
-----	------	-----------

Reports are accurate, complete, and received by the due date.

	MAR Report	Due 4/20/15	APR Report	Due 5/20/15	MAY Report	Due 6/22/15	
LME-MCO	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	Standard Met ¹
Alliance Behavioral Healthcare	4/17/15	Yes	5/20/15	Yes	6/19/15	Yes	*
Cardinal Innovations Healthcare Solutions	4/20/15	Yes	5/18/15	Yes	6/22/15	Yes	*
CenterPoint Human Services	4/20/15	Yes	5/18/15	Yes	6/17/15	Yes	*
CoastalCare	4/17/15	Yes	5/18/15	Yes	6/19/15	Yes	*
East Carolina Behavioral Health	4/15/15	Yes	5/18/15	Yes	6/12/15	Yes	*
Eastpointe	4/20/15	Yes	5/20/15	Yes	6/22/15	Yes	*
Partners Behavioral Health Management	4/7/15	Yes	5/12/15	Yes	6/17/15	Yes	*
Sandhills Center	4/15/15	Yes	5/20/15	Yes	6/19/15	Yes	*
Smoky Mountain Center	4/17/15	Yes	5/20/15	Yes	6/22/15	Yes	*

Number and Percent of LME-MCOs that met the Performance Standard:

9 (100%)

Notes:

1. \bigstar = Met the Performance Contract Standard.

2. Red shading indicates reports that are not received by the due date or are not accurate and complete.

2. Substance Abuse/Juvenile Justice Initiative Quarterly Reports

<u>Performance Requirement</u>: LME-MCO submits a quarterly SA/Juvenile Justice Initiative Report by the 20th of the month following the end of the quarter (or next business day if the due date is a weekend or holiday).

SFY 2015 Standard:

All reports are accurate and complete and are received no later than 10 days after the due date.

	4th Qtr Report Due 7/20/15									
LME-MCO	Juvenile	Detention	JJSAMH P							
	Date Received ²	Accurate And Complete	Date Received ²	Accurate And Complete	Standard Met ¹					
Alliance Behavioral Healthcare	7/10/15	Yes	7/10/15	Yes	*					
Cardinal Innovations Healthcare Solutions	7/6/15	Yes	7/13/15	Yes	*					
CenterPoint Human Services	7/10/15	Yes	7/10/15	Yes	*					
CoastalCare	7/7/15	Yes	7/10/15	Yes	*					
East Carolina Behavioral Health	7/7/15	Yes	7/10/15	Yes	*					
Eastpointe			7/6/15	Yes	*					
Partners Behavioral Health Management	7/7/15	Yes	7/15/15	Yes	*					
Sandhills Center	7/7/15	Yes	7/10/15	Yes	*					
Smoky Mountain Center	7/10/15	Yes	7/10/15	Yes	*					

Number of Percent of LME-MCOs that Met the SFY2015 Standard:

9 (100%)

Notes:

- 1. \star = Met the Performance Contract Standard. N/A = Not Applicable this quarter.
- 2. Reports that are not complete or that were received >10 days after the due date are shaded red.
- 3. Reports with *Italicized* dates and yellow shading were received within 10 days after the due date.

3. Work First Initiative Quarterly Reports

<u>Performance Requirement</u>: LME-MCO submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter (or next business day if the due date is a weekend or holiday).

OFV	2015	Ctondord
SFI	2013	Standard:

All reports are accurate and complete and are received no later than 10 days after the due date.

	4th Qtr Repo		
LME-MCO	Date Received ²	Accurate And Complete	Standard Met ¹
Alliance Behavioral Healthcare	7/20/2015	Yes	*
Cardinal Innovations Healthcare Solutions	7/17/2015	Yes	*
CenterPoint Human Services	7/17/2015	Yes	*
CoastalCare	7/20/2015	Yes	*
East Carolina Behavioral Health	7/20/2015	Yes	*
Eastpointe	7/17/2015	Yes	*
Partners Behavioral Health Management	7/20/2015	Yes	*
Sandhills Center	7/17/2015	Yes	*
Smoky Mountain Center	7/13/2015	Yes	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

9 (100%)

Notes:

- 1. \star = Met the Performance Contract Standard.
- 2. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

4. Quarterly Traumatic Brain Injury (TBI) Services Report

<u>Performance Requirement</u>: LME-MCO submits all required Traumatic Brain Injury (TBI) Services reports in acceptable format by the following due dates (or next business day if the due date is a weekend or holiday):

- First quarter report = Dec 31.
- Second quarter report = Mar 31.
- Third quarter report = Jun 30.
- Fourth quarter report = Aug 31.

SFY	2015	Stand	dard.

Reports are accurate, complete, and received by the due date.

LME-MCO	3rd Qtr Report Due 6/30/15							
	Date Received ²	Accurate, Complete	Standard Met ¹					
Alliance Behavioral Healthcare	6/30/15	Yes	*					
Cardinal Innovations Healthcare Solutions	6/30/15	Yes	*					
CenterPoint Human Services	6/22/15	Yes	*					
CoastalCare	6/5/15	Yes	*					
East Carolina Behavioral Health	6/10/15	Yes	*					
Eastpointe	6/1/15	Yes	*					
Partners Behavioral Health Management	7/16/15	Yes						
Sandhills Center	6/25/15	Yes	*					
Smoky Mountain Center	6/26/15	Yes	*					

Number and Percent of LME-MCOs that met the Performance Standard:

8 (88.9%)

Notes:

1. \bigstar = Met the Performance Contract Standard.

2. Red shading indicates reports that are not received by the due date or are not accurate and complete.

5. Quarterly Complaints Report

<u>Performance Requirement</u>: LME-MCO submits all required Complaints reports in acceptable format by the following due dates (or next business day if the due date is a weekend or holiday):

- First quarter report = Nov 15.
- Second quarter report = Feb 15.
- Third quarter report = May 15.

SFY 2015 Standard:

• Fourth guarter report = Aug 15.

Reports are accurate, complete, and received by the due date.

LME-MCO		4th Qtr Report Due 8/17/15							
	Date Received ²	Accurate, Complete	Standard Met ¹						
Alliance Behavioral Healthcare	8/11/15	Yes	*						
Cardinal Innovations Healthcare Solutions	8/14/15	Yes	*						
CenterPoint Human Services	8/5/15	Yes	*						
CoastalCare	8/14/15	Yes	*						
East Carolina Behavioral Health	8/14/15	Yes	*						
Eastpointe	8/14/15	Yes	*						
Partners Behavioral Health Management	8/17/15	Yes	*						
Sandhills Center	7/22/15	Yes	*						
Smoky Mountain Center	8/14/15	Yes	*						

Number and Percent of LME-MCOs that met the Performance Standard:

9 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Red shading indicates reports that are received before the quarter has ended, not received by the due date, or are not accurate and complete.

6. Client Data Warehouse (CDW) Screening Records

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. Consumers who are screened by the LME-MCO's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME-MCO's Access Unit during the prior quarter (January 1, 2015 - March 31, 2015) with a cross-reference to the CNDS completed within 30 days of initial contact.

<u>SFY 2015 Standard:</u> 90% of consumers screened by the LME-MCO's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

LME-MCO	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross- reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	1	0	1	100%	*
Cardinal Innovations Healthcare Solutions	1,737	56	1,681	97%	*
CenterPoint Human Services	403	1	402	100%	*
CoastalCare	28	0	28	100%	*
East Carolina Behavioral Health	979	13	966	99%	*
Eastpointe	3,318	6	3,312	100%	*
Partners Behavioral Health Management	14	0	14	100%	*
Sandhills Center	1,098	16	1,082	99%	*
Smoky Mountain Center	0	0	0	0%	
TOTAL	7,578	92	7,486	99%	*

Number and Percent of LME-MCOs that met the SFY 2015 Performance Standard:

8 (88.9%)

Notes:

1. \star = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

3. No file was available for Smoky Mountain Center.

7. Client Data Warehouse (CDW) Admissions

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2015.

LME-MCO	Facility Code	APR	ΜΑΥ	JUN	Fourth Quarter Adm SFY2015	Fourth Quarter Adm SFY2014	Monthly Average SFY2015	Monthly Average SFY2014
Alliance Behavioral Healthcare	23141	853	766	580	2,199	1,668	733	556
CenterPoint Human Services	23021	385	315	316	1,016	1,365	339	455
CoastalCare	43141	369	322	221	912	766	304	255
East Carolina Behavioral Health	43071	1,124	659	591	2,374	278	791	93
Eastpointe	43081	925	655	359	1,939	3,786	646	1,262
Partners Behavioral Health Management	13114	531	527	540	1,598	1,762	533	587
Cardinal Innovations Healthcare Solutions	13121	763	673	651	2,087	4,553	696	1,518
Sandhills Center	33031	1,124	878	713	2,715	1,029	905	343
Smoky Mountain Center	13010	1,189	1,066	981	3,236	1,793	1,079	598
TOTAL ADMISSIONS		7,263	5,861	4,952	18,076	17,000	6,025	5,667

Data that are shaded are incomplete or appear to be inaccurate (e.g.<100 or <40% of the prior year's quarter total).

8. Client Data Warehouse (CDW) Diagnosis Records

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (NCTRACKS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2015 - March 31, 2015) with a diagnosis completed within 30 days of beginning date of service.

SFY 2015 Standard:

90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

LME-MCO	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	2,577	79	2,498	97%	*
Cardinal Innovations Healthcare Solutions	2,834	0	2,834	100%	*
CenterPoint Human Services	1,106	3	1,103	100%	*
CoastalCare	992	0	992	100%	*
East Carolina Behavioral Health	2,267	38	2,229	98%	*
Eastpointe	3,344	26	3,318	99%	*
Partners Behavioral Health Management	1,844	34	1,810	98%	*
Sandhills Center	3,505	5	3,500	100%	*
Smoky Mountain Center	3,132	23	3,109	99%	*
TOTAL	21,601	208	21,393	99%	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

9 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

9. Client Data Warehouse (CDW) 'Unknown' Value In Mandatory Fields (Admissions)

Performance Requirement: LME-MCO submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than 'unknown'.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2015 - March 31, 2015) where all mandatory data fields contain a value other than 'unknown'.

SFY 2015 Standard:

andard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'.

LME-MCO	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Attention Self Help	Standard Met ¹
Alliance Behavioral Healthcare	2,199	100%	95%	96%	98%	95%	96%	100%	89%	100%	100%	100%	100%	
Cardinal Innovations Healthcare Solutions	1,016	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
CenterPoint Human Services	912	100%	99%	100%	100%	99%	95%	100%	99%	100%	100%	100%	100%	*
CoastalCare	2,374	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
East Carolina Behavioral Health	1,939	100%	99%	98%	100%	100%	98%	100%	98%	100%	100%	100%	100%	*
Eastpointe	1,598	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	*
Partners Behavioral Health Management	2,087	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
Sandhills Center	2,715	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
Smoky Mountain Center	3,236	100%	99%	99%	100%	99%	92%	100%	97%	100%	100%	100%	100%	*
TOTAL	18,076	100%	99%	99%	100%	99%	98%	100%	98%	100%	100%	100%	100%	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

8 (88.9%)

Notes:

1. \bigstar = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

10. Client Data Warehouse (CDW) 'Unknown' Value In Mandatory Fields (Discharges)

Performance Requirement: LME-MCO submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than 'unknown'.

The table below shows the percentage of clients discharged during the prior quarter (January 1, 2015 - March 31, 2015) where all mandatory data fields contain a value other than 'unknown'.

LME-MCO	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Attention Self Help	Standard Met ¹
Alliance Behavioral Healthcare	89	100%	98%	100%	100%	100%	100%	*
Cardinal Innovations Healthcare Solutions	1,276	100%	100%	100%	100%	100%	100%	*
CenterPoint Human Services	177	100%	100%	100%	100%	100%	100%	*
CoastalCare	397	100%	100%	100%	100%	100%	100%	*
East Carolina Behavioral Health	684	100%	100%	100%	100%	100%	100%	*
Eastpointe	43	100%	100%	100%	100%	100%	100%	*
Partners Behavioral Health Management	743	100%	100%	100%	100%	100%	100%	*
Sandhills Center	3,563	100%	100%	100%	100%	100%	100%	*
Smoky Mountain Center	2,979	100%	94%	100%	100%	100%	100%	*
TOTAL	9,951	100%	98%	100%	100%	100%	100%	*

90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'

Number and Pct of LME-MCOs that met the SFY 2015 Standard:

Notes:

SFY 2015 Standard:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

9 (100%)

11. Client Data Warehouse (CDW) Identifying and Demographic Records

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2015 - March 31, 2015) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2015 Standard:

90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

LME-MCO	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	6,674	177	6,497	97%	*
Cardinal Innovations Healthcare Solutions	5,267	52	5,215	99%	*
CenterPoint Human Services	3,595	1	3,594	100%	*
CoastalCare	3,622	2	3,620	100%	*
East Carolina Behavioral Health	3,714	1,675	2,039	55%	
Eastpointe	3,443	28	3,415	99%	*
Partners Behavioral Health Management	5,531	41	5,490	99%	*
Sandhills Center	5,109	21	5,088	100%	*
Smoky Mountain Center	6,127	20	6,107	100%	*
TOTAL	43,082	2,017	41,065	95%	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

8 (88.9%)

Notes:

1. \bigstar = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

3. Only includes NCTRACKS claims.

12. Client Data Warehouse (CDW) Drug Of Choice Data

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2015 - March 31, 2015) with a drug of choice record completed within 60 days of the beginning date of service.

LME-MCO	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	1,423	53	1,370	96%	*
Cardinal Innovations Healthcare Solutions	881	59	822	93%	*
CenterPoint Human Services	833	4	829	100%	*
CoastalCare	941	0	941	100%	*
East Carolina Behavioral Health	577	211	366	63%	
Eastpointe	905	0	905	100%	*
Partners Behavioral Health Management	1,275	9	1,266	99%	*
Sandhills Center	1,035	4	1,031	100%	*
Smoky Mountain Center	1,420	8	1,412	99%	*
TOTAL	9,290	348	8,942	96%	*

<u>SFY 2015 Standard:</u> 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Number and Pct of LME-MCOs that met the SFY 2015 Standard:

8 (88.9%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

3. Only includes NCTRACKS claims.

13. Client Data Warehouse (CDW) Episode Completion (Discharge) Record - Substance Abuse Clients

<u>Performance Requirement</u>: LME-MCO submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (January 1, 2015 - March 31, 2015) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2015 Standard:

90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

LME-MCO	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record ²	Standard Met ¹
Alliance Behavioral Healthcare	354	188	166	47%	
Cardinal Innovations Healthcare Solutions	581	14	567	98%	*
CenterPoint Human Services	215	2	213	99%	*
CoastalCare	308	5	303	98%	*
East Carolina Behavioral Health	521	131	390	75%	
Eastpointe	562	159	403	72%	
Partners Behavioral Health Management	409	40	369	90%	*
Sandhills Center	297	7	290	98%	*
Smoky Mountain Center	552	84	468	85%	
TOTAL	3,799	630	3,169	83%	

Number and Pct of LME-MCOs that met the SFY 2015 Standard:

Notes:

1. **★** = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.

4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

5 (55.6%)

15. NC Treatment Outcomes and Program Performance System (NC-TOPPS) Update Assessments

<u>Performance Requirement</u>: The LME-MCO, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

90% of the expected update forms are received and are timely.

	Functional # of	Ree	ceipt	Time		
LME-MCO	Expected # of Update Instruments	# of Update Assessments Received	% of Expected Assessments Received ²	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ²	Standard Met ¹
Alliance Behavioral Healthcare	1,492	1,394	93.4%	1,275	85.5%	
Cardinal Innovations Healthcare Solutions	1,924	1,757	91.3%	1,644	85.4%	
CenterPoint Human Services	425	417	98.1%	407	95.8%	*
CoastalCare	697	696	99.9%	693	99.4%	*
East Carolina Behavioral Health	530	530	100.0%	525	99.1%	*
Eastpointe	1,079	1,078	99.9%	1,072	99.4%	*
Partners Behavioral Health Management	1,237	1,209	97.7%	1,153	93.2%	*
Sandhills Center	1,257	1,223	97.3%	1,185	94.3%	*
Smoky Mountain Center	1,656	1,645	99.3%	1,547	93.4%	*
Totals	10,297	9,949	96.6%	9,501	92.3%	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

7 (77.8%)

1. ★ = Met the Performance Contract Standard.

Notes:

SFY 2015 Standard:

2. Percentages less than 90% are shaded red.

16. NC Support Needs Assessment Profile (NC-SNAP)

<u>Performance Requirement</u>: The LME-MCO, through providers, will submit to DMH/DD/SAS, by the 15th of each month (or next business day if the due date is a weekend or holiday), an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2015 Standard:

90% of current assessments are no more than 15 months old.

		Currency Of Assessments		
LME-MCO	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ²	Standard Met ¹
Alliance Behavioral Healthcare	3,198	3,120	97.6%	*
Cardinal Innovations Healthcare Solutions	LME submits da	N/A		
CenterPoint Human Services	1,181	1,181	100.0%	*
CoastalCare	1,426	1,426	100.0%	*
East Carolina Behavioral Health	1,615	1,541	95.4%	*
Eastpointe	2,280	2,280	100.0%	*
Partners Behavioral Health Management	2,049	2,044	99.8%	*
Sandhills Center	2,176	2,168	99.6%	*
Smoky Mountain Center	2,179	2,178	100.0%	*
Totals	16,104	15,938	99.0%	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

8 (100%)

Notes:

1. **★** = Met the Performance Contract Standard. **N/A** = Not Applicable this quarter.

2. Percentages less than 90% are shaded red.

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17. System of Care

<u>Performance Requirement</u>: LME-MCO submits a quarterly System of Care Report by the 15th of the month following the end of the quarter (or next business day if the due date is a weekend or holiday).

SFY 2015 Standard:

All reports are accurate and complete and are received no later than 7 days after the due date.

	4th Qtr Repo	4th Qtr Report Due 7/15/15				
LME-MCO	Date Received ²	Complete	Standard Met ¹			
Alliance Behavioral Healthcare	7/15/15	Yes	*			
Cardinal Innovations Healthcare Solutions	7/14/15	Yes	*			
CenterPoint Human Services	7/7/15	Yes	*			
CoastalCare	7/10/15	Yes	*			
East Carolina Behavioral Health	7/10/15	Yes	*			
Eastpointe	7/10/15	Yes	*			
Partners Behavioral Health Management	7/13/15	Yes	*			
Sandhills Center	7/14/15	Yes	*			
Smoky Mountain Center	7/15/15	Yes	*			

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

9 (100%)

Notes:

- 1. ★ = Met the Performance Contract Standard.
- 2. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

18. SAPTBG Compliance Report

<u>Performance Requirement</u>: The LME-MCO shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month (or next business day if on a holiday or weekend) following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2015 Standard:

All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

LME-MCO		o 1		
	Date Received ²	Accurate and Complete	48 Hours Of Synar Activity ²	Standard Met ¹
Alliance Behavioral Healthcare	7/20/15	Yes	Yes	*
Cardinal Innovations Healthcare Solutions	7/20/15	Yes	Yes	*
CenterPoint Human Services	7/20/15	Yes	Yes	*
CoastalCare	7/20/15	Yes	Yes	*
East Carolina Behavioral Health	7/20/15	Yes	Yes	*
Eastpointe	7/14/15	Yes	Yes	*
Partners Behavioral Health Management	7/20/15	Yes	Yes	*
Sandhills Center	7/20/15	Yes	Yes	*
Smoky Mountain Center	7/16/15	Yes	Yes	*

Number and Percent of LME-MCOs that met the SFY 2015 Standard:

Notes:

1. ★ = Met the Performance Contract Standard.

2. Dates received more than 10 days after the due date and Synar Activities < 48 hours are highlighted red.

Dates received within 10 days after the due date are highlighted yellow.

3. Cardinal Innovations was credited with meeting the 7/20/15 deadline. They requested and received an extension until 8/3/15.

9 (100%)

19. National Core Indicators (NCI) Consents And Pre-Surveys

<u>Performance Requirement</u>: The LME-MCO, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

SFY 2015 Standard:

75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

	Timeliness of Submission		Completeness (# Forms Received / # Expected)			
LME-MCO	Pre-Surveys & Consents ²	Mailed Surveys ²	# Received	# Expected	% Complete ²	Standard Met ¹
Alliance Behavioral Healthcare	Received On-Time	Received On-Time	90	90	100.0%	*
Cardinal Innovations Healthcare Solutions	Received On-Time	Received On-Time	127	120	105.8%	*
CenterPoint Human Services	Received On-Time	Received On-Time	68	60	113.3%	*
CoastalCare	Received On-Time	Received On-Time	61	60	101.7%	*
East Carolina Behavioral Health	Received On-Time	Received On-Time	63	60	105.0%	*
Eastpointe	Received On-Time	Received On-Time	119	90	132.2%	*
Partners Behavioral Health Management	Received On-Time	Received On-Time	94	90	104.4%	*
Sandhills Center	Received On-Time	Received On-Time	60	60	100.0%	*
Smoky Mountain Center	Received On-Time	Received On-Time	95	90	105.6%	*
Totals			777	720	107.9%	

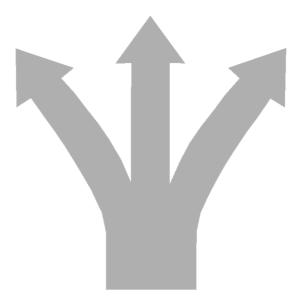
Number and Percent of LME-MCOs that met the SFY 2015 Standard:

Notes:

1. \bigstar = Met the Performance Contract Standard.

2. Surveys not received on-time and percentages less than 75% are shaded red.

9 (100%)



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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