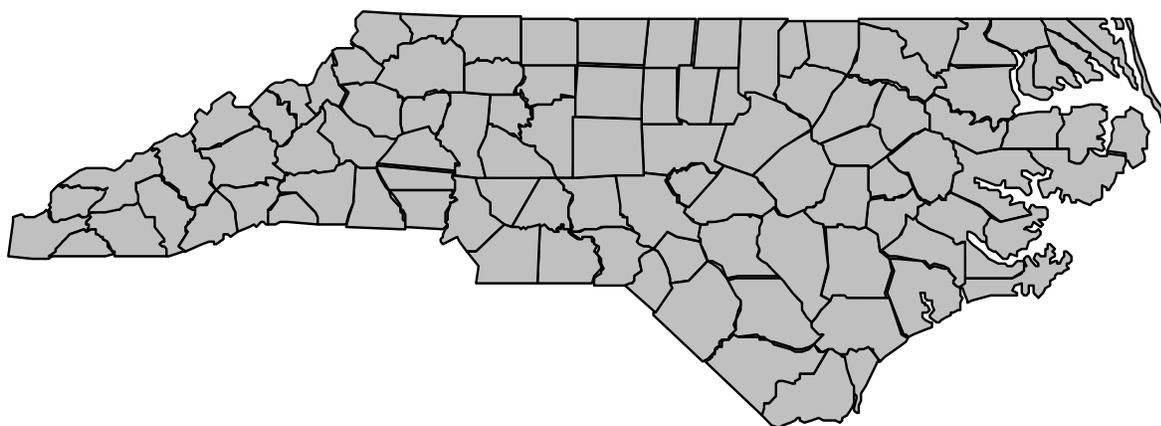


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2016 Performance Contract
With Local Management Entities - Managed Care Organizations
Report/Data Submission Requirements**

**Fourth Quarter Report
April 1, 2016 - June 30, 2016**



Prepared by

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

August 2016



Introduction

This is the **Fourth Quarter Report** for SFY 2015-2016 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 (★) 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 nine report submission requirements and 96 percent of the ten data submission requirements measured this quarter. Four LME-MCOs met 100% of all 19 report and data submission requirements. The remaining four LME-MCOs met 18 of the 19 report and data submission requirements. 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 2016 Performance Contract
 Report/Data Submission Requirements
 Fourth Quarter Report
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SFY 2016 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 | X | X | X | X |
| 2. Substance Abuse/Juvenile Justice Initiative Quarterly Report | X | X | X | X |
| 3. Work First Initiative Quarterly Reports | X | X | X | X |
| 4. Traumatic Brain Injury (TBI) Services Quarterly Report | X | X | X | X |
| 5. Projects For Assistance In Transitions From Homelessness (PATH) Report | X | X | X | X |
| 6. Quarterly Complaints Report | X | X | X | X |
| 8. Client Data Warehouse (CDW) - Admissions | X | X | X | X |
| 9. Client Data Warehouse (CDW) - Diagnosis Record | X | X | X | X |
| 10. Client Data Warehouse (CDW) - Unknown Data (Admissions) | X | X | X | X |
| 11. Client Data Warehouse (CDW) - Unknown Data (Discharges) | X | X | X | X |
| 12. Client Data Warehouse (CDW) - Identifying and Demographic Records | X | X | X | X |
| 13. Client Data Warehouse (CDW) - Drug of Choice | X | X | X | X |
| 14. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients) | X | X | X | X |
| 15. NC Treatment Outcomes and Program Performance System (Initial) | Report under revision | | | |
| 16. NC Treatment Outcomes and Program Performance System (3-Month Update) | X | X | X | X |
| 16. NC Treatment Outcomes and Program Performance System (6-Month Update) | X | X | X | X |
| 16. NC Treatment Outcomes and Program Performance System (12-Month Update) | X | X | X | X |
| 17. NC Support Needs Assessment Profile (NC-SNAP) | X | X | X | X |
| 18. System of Care Report | | X | | X |
| 19. SAPTBG Compliance Report | | X | | X |
| 20. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys | | | | X |
| 21. Traumatic Brain Injury (TBI) Services Annual Report | | | | X |

*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 2016 Performance Contract Report/Data Submission Requirements Summary Of Performance
Fourth Quarter Report
April 1, 2016 - June 30, 2016**

Report Submission Measures

Data Submission Measures

| LME-MCO | Report Submission Measures | | | | | | | | | | | | Data Submission Measures | | | | | | | | | | | | | |
|---|--|--|---|-----------------------------|--------------------------------------|---|----------------------------------|--------------------------------|-------------------------------------|--|--|--------------------------------|--|--|---|----------------------------|------------------------------------|------------------------------------|---|--------------------------|---|-------------------------------|-------------------------------|--------------------------------|---------------|---|
| | Number of Report Submission Measures Met | Total Number of Report Submission Measures * | Percent of Report Submission Measures Met | 1. Monthly Financial Report | 2. SA/UJ Initiative Quarterly Report | 3. Work First Initiative Quarterly Report | 4. TBI Services Quarterly Report | 5. Quarterly Complaints Report | 18. System of Care Quarterly Report | 19. SAPTRG Compliance Semi-Annual Report | 20. National Core Indicators Consents, Pre-Surveys, and Mail Surveys | 21. TBI Services Annual Report | Number of Data Submission Measures Met | Total Number of Data Submission Measures | Percent of Data Submission Measures Met | 7. CDW - Diagnostic Record | 8. CDW - Unknown Data (Admissions) | 9. CDW - Unknown Data (Discharges) | 10. CDW - Identifying and Demographic Records | 11. CDW - Drug of Choice | 12. CDW - Episode Completion Records (SA Clients) | 14. NC TOPPS - 3 Month Update | 15. NC TOPPS - 6 Month Update | 16. NC TOPPS - 12 Month Update | 17. NC-SMAP | |
| Alliance Behavioral Healthcare | 8 | 9 | 89% | ★ | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Cardinal Innovations Healthcare Solutions | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 8 | 9 | 89% | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | ★ | N/A | |
| CenterPoint Human Services | 8 | 8 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | N/A | 9 | 10 | 90% | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | |
| Eastpointe | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Partners Behavioral Health Management | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Sandhills Center | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| Smoky Mountain Center | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 9 | 10 | 90% | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | |
| Trillium Health Resources | 9 | 9 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | |
| STATEWIDE - Number | | | 99% | 8 | 8 | 8 | 8 | 8 | 8 | 7 | 8 | 7 | | | 96% | 8 | 8 | 8 | 8 | 8 | 7 | 6 | 8 | 8 | 7 | |
| STATEWIDE - Percent | | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 87.5% | 100.0% | 100.0% | | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 87.5% | 75.0% | 100.0% | 100.0% | 100.0% | |

- * This column shows the total number of **report submission** measures that apply this quarter. Some requirements are quarterly while others are semi-annual or annual requirements.
- ★ 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.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

1. Monthly Financial Reports

Performance Requirement: 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 2016 Standard: Reports are accurate, complete, and received by the due date.

| LME-MCO | MAR Report Due 4/20/16 | | APR Report Due 5/20/16 | | MAY Report Due 6/20/16 | | Standard Met ¹ |
|---|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Date Received ² | Accurate, Complete | Date Received ² | Accurate, Complete | |
| Alliance Behavioral Healthcare | 4/20/16 | Yes | 5/20/16 | Yes | 6/20/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 4/20/16 | Yes | 5/20/16 | Yes | 6/20/16 | Yes | ★ |
| CenterPoint Human Services | 4/18/16 | Yes | 5/20/16 | Yes | 6/20/16 | Yes | ★ |
| Eastpointe | 4/20/16 | Yes | 5/19/16 | Yes | 6/20/16 | Yes | ★ |
| Partners Behavioral Health Management | 4/15/16 | Yes | 5/18/16 | Yes | 6/20/16 | Yes | ★ |
| Sandhills Center | 4/19/16 | Yes | 5/20/16 | Yes | 6/17/16 | Yes | ★ |
| Smoky Mountain Center | 4/20/16 | Yes | 5/20/16 | Yes | 6/17/16 | Yes | ★ |
| Trillium Health Resources | 4/20/16 | Yes | 5/20/16 | Yes | 6/20/16 | Yes | ★ |

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

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

2. Substance Abuse/Juvenile Justice Initiative Quarterly Reports

Performance Requirement: 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 2016 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

| LME-MCO | 4th Qtr Report Due 7/20/16 | | | | Standard Met ¹ |
|---|----------------------------|-----------------------|----------------------------|-----------------------|---------------------------|
| | Juvenile Detention | | JJSAMH Partnership | | |
| | Date Received ² | Accurate And Complete | Date Received ² | Accurate And Complete | |
| Alliance Behavioral Healthcare | 7/8/16 | Yes | 7/8/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | | | 7/20/16 | Yes | ★ |
| CenterPoint Human Services | | | 7/11/16 | Yes | ★ |
| Eastpointe | | | 7/5/16 | Yes | ★ |
| Partners Behavioral Health Management | | | 7/7/16 | Yes | ★ |
| Sandhills Center | 7/5/16 | Yes | 7/11/16 | Yes | ★ |
| Smoky Mountain Center | 7/11/16 | Yes | 7/11/16 | Yes | ★ |
| Trillium Health Resources | 7/8/16 | Yes | 7/14/16 | Yes | ★ |

Number of Percent of LME-MCOs that Met the SFY2016 Standard:

8 (100%)

Notes:

1. ★ = 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.
4. Reports that are shaded gray do not have a program and do not have a reporting requirement.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

3. Work First Initiative Quarterly Reports

Performance Requirement: 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).

SFY 2016 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

| LME-MCO | 4th Qtr Report Due 7/20/16 | | Standard Met ¹ |
|---|----------------------------|-----------------------|---------------------------|
| | Date Received ² | Accurate And Complete | |
| Alliance Behavioral Healthcare | 7/20/2016 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 7/20/2016 | Yes | ★ |
| CenterPoint Human Services | 7/18/2016 | Yes | ★ |
| Eastpointe | 7/11/2016 | Yes | ★ |
| Partners Behavioral Health Management | 7/15/2016 | Yes | ★ |
| Sandhills Center | 7/13/2016 | Yes | ★ |
| Smoky Mountain Center | 7/19/2016 | Yes | ★ |
| Trillium Health Resources | 7/20/2016 | Yes | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard: 8 (100%)

Notes:

1. ★ = 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.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

4. Quarterly Traumatic Brain Injury (TBI) Services Report

Performance Requirement: 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.
- Annual report = Jul 31.

SFY 2016 Standard: Reports are accurate, complete, and received by the due date.

| LME-MCO | 3rd Qtr Report Due 6/30/16 | | |
|---|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Standard Met ¹ |
| Alliance Behavioral Healthcare | 6/30/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 6/30/16 | Yes | ★ |
| CenterPoint Human Services | 6/23/16 | Yes | ★ |
| Eastpointe | 6/24/16 | Yes | ★ |
| Partners Behavioral Health Management | 6/30/16 | Yes | ★ |
| Sandhills Center | 6/21/16 | Yes | ★ |
| Smoky Mountain Center | 6/30/16 | Yes | ★ |
| Trillium Health Resources | 6/23/16 | Yes | ★ |

Number and Percent of LME-MCOs that met the Performance Standard: 8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

5. Quarterly Complaints Report

Performance Requirement: 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.
- Fourth quarter report = Aug 15.

SFY 2016 Standard: Reports are accurate, complete, and received by the due date.

| LME-MCO | 4th Qtr Report Due 8/15/16 | | |
|---|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Standard Met ¹ |
| Alliance Behavioral Healthcare | 8/15/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 8/15/16 | Yes | ★ |
| CenterPoint Human Services | 8/15/16 | Yes | ★ |
| Eastpointe | 8/15/16 | Yes | ★ |
| Partners Behavioral Health Management | 8/15/16 | Yes | ★ |
| Sandhills Center | 8/9/16 | Yes | ★ |
| Smoky Mountain Center | 8/15/16 | Yes | ★ |
| Trillium Health Resources | 8/15/16 | Yes | ★ |

Number and Percent of LME-MCOs that met the Performance Standard: 8 (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.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

**6. Client Data Warehouse (CDW)
 Admissions**

Performance Requirement: 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, 2016.

| LME-MCO | Facility Code | APR | MAY | JUN | Fourth Quarter Adm SFY2016 | Fourth Quarter Adm SFY2015 | Monthly Average SFY2016 | Monthly Average SFY2015 |
|---|---------------|--------------|--------------|--------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Alliance Behavioral Healthcare | 23141 | 856 | 907 | 900 | 2,663 | 2,650 | 888 | 883 |
| Cardinal Innovations Healthcare Solutions | 13121 | 1,270 | 1,359 | 785 | 3,414 | 3,284 | 1,138 | 1,095 |
| CenterPoint Human Services | 23021 | 392 | 376 | 342 | 1,110 | 1,050 | 370 | 350 |
| Eastpointe | 43081 | 597 | 631 | 528 | 1,756 | 1,939 | 585 | 646 |
| Partners Behavioral Health Management | 13114 | 615 | 564 | 629 | 1,808 | 1,608 | 603 | 536 |
| Sandhills Center | 33031 | 1,133 | 1,160 | 1,030 | 3,323 | 3,772 | 1,108 | 1,257 |
| Smoky Mountain Center | 13010 | 1,011 | 1,058 | 1,012 | 3,081 | 3,114 | 1,027 | 1,038 |
| Trillium Health Resources | 43071 | 1,166 | 1,148 | 857 | 3,171 | 3,612 | 1,057 | 1,204 |
| TOTAL ADMISSIONS | | 7,040 | 7,203 | 6,083 | 20,326 | 21,029 | 6,775 | 7,010 |

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

**7. Client Data Warehouse (CDW)
 Diagnosis Records**

Performance Requirement: 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, 2016 - March 31, 2016) with a diagnosis completed within 30 days of beginning date of service.

SFY 2016 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 | 2,440 | 108 | 2,332 | 96% | ★ |
| Cardinal Innovations Healthcare Solutions | 4,121 | 0 | 4,121 | 100% | ★ |
| CenterPoint Human Services | 1,047 | 2 | 1,045 | 100% | ★ |
| Eastpointe | 2,042 | 11 | 2,031 | 99% | ★ |
| Partners Behavioral Health Management | 1,655 | 1 | 1,654 | 100% | ★ |
| Sandhills Center | 3,384 | 36 | 3,348 | 99% | ★ |
| Smoky Mountain Center | 2,969 | 24 | 2,945 | 99% | ★ |
| Trillium Health Resources | 3,649 | 2 | 3,647 | 100% | ★ |
| TOTAL | 21,307 | 184 | 21,123 | 99% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard: 8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

**8. 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, 2016 - March 31, 2016) where all mandatory data fields contain a value other than 'unknown'.

SFY 2016 Standard: 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 | Education | Employment | Veteran Status | Family Income | Family Size | Arrests 30 Days | Health Med Ins | Primary Language | Attention Self Help | Standard Met ¹ |
|---|-------------------|-------------|-------------|------------|-------------|----------------|------------|-------------|----------------|---------------|-------------|-----------------|----------------|------------------|---------------------|---------------------------|
| Alliance Behavioral Healthcare | 2,440 | 100% | 97% | 96% | 100% | 98% | 96% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | ★ |
| Cardinal Innovations Healthcare Solutions | 4,121 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| CenterPoint Human Services | 1,047 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Eastpointe | 2,042 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Partners Behavioral Health Management | 1,655 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Sandhills Center | 3,384 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Smoky Mountain Center | 2,969 | 100% | 100% | 99% | 100% | 99% | 93% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Trillium Health Resources | 3,649 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| TOTAL | 21,307 | 100% | 100% | 99% | 100% | 100% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

- ★ = Met the Performance Contract Standard.
- Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2016 - June 30, 2016

**9. 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, 2016 - March 31, 2016) where all mandatory data fields contain a value other than 'unknown'.

SFY 2016 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'.

| LME-MCO | Discharge Records | Discharge Reason | Employment Status | Arrests Prior 30 Days | Referral To | Living Arrangement | Attention Self Help | Standard Met ¹ |
|---|-------------------|------------------|-------------------|-----------------------|-------------|--------------------|---------------------|---------------------------|
| Alliance Behavioral Healthcare | 167 | 100% | 96% | 100% | 100% | 100% | 100% | ★ |
| Cardinal Innovations Healthcare Solutions | 1,946 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| CenterPoint Human Services | 289 | 100% | 99% | 100% | 100% | 100% | 100% | ★ |
| Eastpointe | 1,808 | 100% | 97% | 100% | 100% | 100% | 100% | ★ |
| Partners Behavioral Health Management | 754 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Sandhills Center | 2,882 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Smoky Mountain Center | 485 | 100% | 93% | 100% | 100% | 100% | 100% | ★ |
| Trillium Health Resources | 1,845 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| TOTAL | 10,176 | 100% | 99% | 100% | 100% | 100% | 100% | ★ |

Number and Pct of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

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**10. Client Data Warehouse (CDW)
Identifying and Demographic Records**

Performance Requirement: 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, 2016 - March 31, 2016) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2016 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 | 8,207 | 57 | 8,150 | 99% | ★ |
| Cardinal Innovations Healthcare Solutions | 8,053 | 179 | 7,874 | 98% | ★ |
| CenterPoint Human Services | 4,639 | 0 | 4,639 | 100% | ★ |
| Eastpointe | 6,541 | 13 | 6,528 | 100% | ★ |
| Partners Behavioral Health Management | 7,496 | 3 | 7,493 | 100% | ★ |
| Sandhills Center | 7,589 | 147 | 7,442 | 98% | ★ |
| Smoky Mountain Center | 8,564 | 14 | 8,550 | 100% | ★ |
| Trillium Health Resources | 5,895 | 88 | 5,807 | 99% | ★ |
| TOTAL | 56,984 | 501 | 56,483 | 99% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. Percentages less than 90% are shaded red.
3. Only includes NCTRACKS claims.

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**11. Client Data Warehouse (CDW)
 Drug Of Choice Data**

Performance Requirement: 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, 2016 - March 31, 2016) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2016 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

| 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 | 1,455 | 39 | 1,416 | 97% | ★ |
| Cardinal Innovations Healthcare Solutions | 866 | 55 | 811 | 94% | ★ |
| CenterPoint Human Services | 775 | 1 | 774 | 100% | ★ |
| Eastpointe | 768 | 0 | 768 | 100% | ★ |
| Partners Behavioral Health Management | 1,279 | 0 | 1,279 | 100% | ★ |
| Sandhills Center | 1,129 | 0 | 1,129 | 100% | ★ |
| Smoky Mountain Center | 1,309 | 22 | 1,287 | 98% | ★ |
| Trillium Health Resources | 1,089 | 53 | 1,036 | 95% | ★ |
| TOTAL | 8,670 | 170 | 8,500 | 98% | ★ |

Number and Pct of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

3. Only includes NCTRACKS claims.

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

Performance Requirement: 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, 2016 - March 31, 2016) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2016 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 | 341 | 17 | 324 | 95% | ★ |
| Cardinal Innovations Healthcare Solutions | 1,077 | 15 | 1,062 | 99% | ★ |
| CenterPoint Human Services | 217 | 5 | 212 | 98% | ★ |
| Eastpointe | 310 | 19 | 291 | 94% | ★ |
| Partners Behavioral Health Management | 430 | 4 | 426 | 99% | ★ |
| Sandhills Center | 459 | 15 | 444 | 97% | ★ |
| Smoky Mountain Center | 458 | 184 | 274 | 60% | |
| Trillium Health Resources | 1,068 | 21 | 1,047 | 98% | ★ |
| TOTAL | 4,360 | 280 | 4,080 | 94% | ★ |

Number and Pct of LME-MCOs that met the SFY 2016 Standard:

7 (87.5%)

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.

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**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 3 Month Update Assessments**

Performance Requirement: 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, the updates reported below were for initial assessments that occurred 6 months ago.

SFY 2016 Standard: 90% of the expected update forms are received and are timely.

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ¹ |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ² | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ² | |
| Alliance Behavioral Healthcare | 1,434 | 1,424 | 99.3% | 1,308 | 91.2% | ★ |
| Cardinal Innovations Healthcare Solutions | 1,660 | 1,534 | 92.4% | 1,428 | 86.0% | |
| CenterPoint Human Services | 426 | 396 | 93.0% | 378 | 88.7% | |
| Eastpointe | 987 | 986 | 99.9% | 976 | 98.9% | ★ |
| Partners Behavioral Health Management | 1,058 | 1,054 | 99.6% | 1,024 | 96.8% | ★ |
| Sandhills Center | 1,014 | 1,008 | 99.4% | 953 | 94.0% | ★ |
| Smoky Mountain Center | 1,361 | 1,343 | 98.7% | 1,279 | 94.0% | ★ |
| Trillium Health Resources | 1,822 | 1,821 | 99.9% | 1,813 | 99.5% | ★ |
| Totals | 9,762 | 9,566 | 98.0% | 9,159 | 93.8% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

6 (75%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

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

Performance Requirement: 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 6-month update assessments. The 6-month update assessments shall be administered between 166 and 194 days after the initial assessment. To ensure accuracy and completeness, the updates reported below are for initial assessments that occurred 9 months ago.

SFY 2016 Standard: 90% of the expected update forms are received and are timely.

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ¹ |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ² | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ² | |
| Alliance Behavioral Healthcare | 1,296 | 1,292 | 99.7% | 1,261 | 97.3% | ★ |
| Cardinal Innovations Healthcare Solutions | 1,789 | 1,716 | 95.9% | 1,647 | 92.1% | ★ |
| CenterPoint Human Services | 441 | 423 | 95.9% | 408 | 92.5% | ★ |
| Eastpointe | 1,267 | 1,267 | 100.0% | 1,253 | 98.9% | ★ |
| Partners Behavioral Health Management | 1,148 | 1,139 | 99.2% | 1,122 | 97.7% | ★ |
| Sandhills Center | 1,104 | 1,102 | 99.8% | 1,081 | 97.9% | ★ |
| Smoky Mountain Center | 1,360 | 1,350 | 99.3% | 1,314 | 96.6% | ★ |
| Trillium Health Resources | 1,156 | 1,156 | 100.0% | 1,151 | 99.6% | ★ |
| Totals | 9,561 | 9,445 | 98.8% | 9,237 | 96.6% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
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**16. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 12 Month Update Assessments**

Performance Requirement: 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 12-month update assessments. The 12-month update assessments shall be administered between 351 and 379 days after the initial assessment. To ensure accuracy and completeness, the updates reported below were for initial assessments that occurred 15 months ago.

SFY 2016 Standard: 90% of the expected update forms are received and are timely.

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ¹ |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ² | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ² | |
| Alliance Behavioral Healthcare | 1,905 | 1,887 | 99.1% | 1,832 | 96.2% | ★ |
| Cardinal Innovations Healthcare Solutions | 2,027 | 1,953 | 96.3% | 1,904 | 93.9% | ★ |
| CenterPoint Human Services | 514 | 507 | 98.6% | 502 | 97.7% | ★ |
| Eastpointe | 1,251 | 1,251 | 100.0% | 1,248 | 99.8% | ★ |
| Partners Behavioral Health Management | 1,160 | 1,143 | 98.5% | 1,133 | 97.7% | ★ |
| Sandhills Center | 1,195 | 1,184 | 99.1% | 1,160 | 97.1% | ★ |
| Smoky Mountain Center | 1,498 | 1,492 | 99.6% | 1,475 | 98.5% | ★ |
| Trillium Health Resources | 1,363 | 1,361 | 99.9% | 1,354 | 99.3% | ★ |
| Totals | 10,913 | 10,778 | 98.8% | 10,608 | 97.2% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

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

Performance Requirement: 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 2016 Standard: 90% of current assessments are no more than 15 months old.

| LME-MCO | Currency Of Assessments | | | Standard Met ¹ |
|---|---|------------------------------|---|---------------------------|
| | # Received | # No More Than 15 Months Old | % No More Than 15 Months Old ² | |
| Alliance Behavioral Healthcare | 2,019 | 1,907 | 94.5% | ★ |
| Cardinal Innovations Healthcare Solutions | LME-MCO submits data through special waiver not the NC-SNAP | | | N/A |
| CenterPoint Human Services | 1,040 | 1,040 | 100.0% | ★ |
| Eastpointe | 2,109 | 2,109 | 100.0% | ★ |
| Partners Behavioral Health Management | 1,994 | 1,904 | 95.5% | ★ |
| Sandhills Center | 2,026 | 2,024 | 99.9% | ★ |
| Smoky Mountain Center | 2,083 | 2,081 | 99.9% | ★ |
| Trillium Health Resources | 2,692 | 2,692 | 100.0% | ★ |
| Totals | 13,963 | 13,757 | 98.5% | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard: 7 (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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18. System of Care

Performance Requirement: 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 2016 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

| LME-MCO | 4th Qtr Report Due 7/15/16 | | Standard Met ¹ |
|---|----------------------------|----------|---------------------------|
| | Date Received ² | Complete | |
| Alliance Behavioral Healthcare | 7/15/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 7/13/16 | Yes | ★ |
| CenterPoint Human Services | 7/13/16 | Yes | ★ |
| Eastpointe | 7/11/16 | Yes | ★ |
| Partners Behavioral Health Management | 7/13/16 | Yes | ★ |
| Sandhills Center | 7/6/16 | Yes | ★ |
| Smoky Mountain Center | 7/20/16 | Yes | ★ |
| Trillium Health Resources | 7/14/16 | Yes | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard: 8 (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.

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19. SAPTBG Compliance Report

Performance Requirement: 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 2016 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 | End Of Year Report (Due 7/20/16) | | | Standard Met ¹ |
|---|-------------------------------------|-----------------------|---|---------------------------|
| | Date Received ² | Accurate and Complete | 48 Hours Of Synar Activity ² | |
| Alliance Behavioral Healthcare | 8/2/16 | Yes | Yes | |
| Cardinal Innovations Healthcare Solutions | 7/20/16 | Yes | Yes | ★ |
| CenterPoint Human Services | 7/20/16 | Yes | Yes | ★ |
| Eastpointe | 7/20/16 | Yes | Yes | ★ |
| Partners Behavioral Health Management | 7/15/16 | Yes | Yes | ★ |
| Sandhills Center | 7/18/16 | Yes | Yes | ★ |
| Smoky Mountain Center | 7/19/16 | Yes | Yes | ★ |
| Trillium Health Resources | 7/20/16 | Yes | Yes | ★ |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

7 (87.5%)

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.

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

Performance Requirement: 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 2016 Standard: 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

| LME-MCO | Timeliness of Submission | | Completeness (# Forms Received / # Expected) | | | Standard Met ¹ |
|---|-------------------------------------|-----------------------------|--|------------|-------------------------|---------------------------|
| | Pre-Surveys & Consents ² | Mailed Surveys ² | # Received | # Expected | % Complete ² | |
| Alliance Behavioral Healthcare | Received On-Time | Received On-Time | 109 | 100 | 109.0% | ★ |
| Cardinal Innovations Healthcare Solutions | Received On-Time | Received On-Time | 121 | 120 | 100.8% | ★ |
| CenterPoint Human Services | Received On-Time | Received On-Time | 64 | 50 | 128.0% | ★ |
| Eastpointe | Received On-Time | Received On-Time | 69 | 65 | 106.2% | ★ |
| Partners Behavioral Health Management | Received On-Time | Received On-Time | 81 | 80 | 101.3% | ★ |
| Sandhills Center | Received On-Time | Received On-Time | 83 | 80 | 103.8% | ★ |
| Smoky Mountain Center | Received On-Time | Received On-Time | 95 | 90 | 105.6% | ★ |
| Trillium Health Resources | Received On-Time | Received On-Time | 126 | 115 | 109.6% | ★ |
| Totals | | | 748 | 700 | 106.9% | |

Number and Percent of LME-MCOs that met the SFY 2016 Standard:

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. Surveys not received on-time and percentages less than 75% are shaded red.

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21. Annual Traumatic Brain Injury (TBI) Services Report

Performance Requirement: 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.
- Annual report = Jul 31.

SFY 2016 Standard: Reports are accurate, complete, and received by the due date.

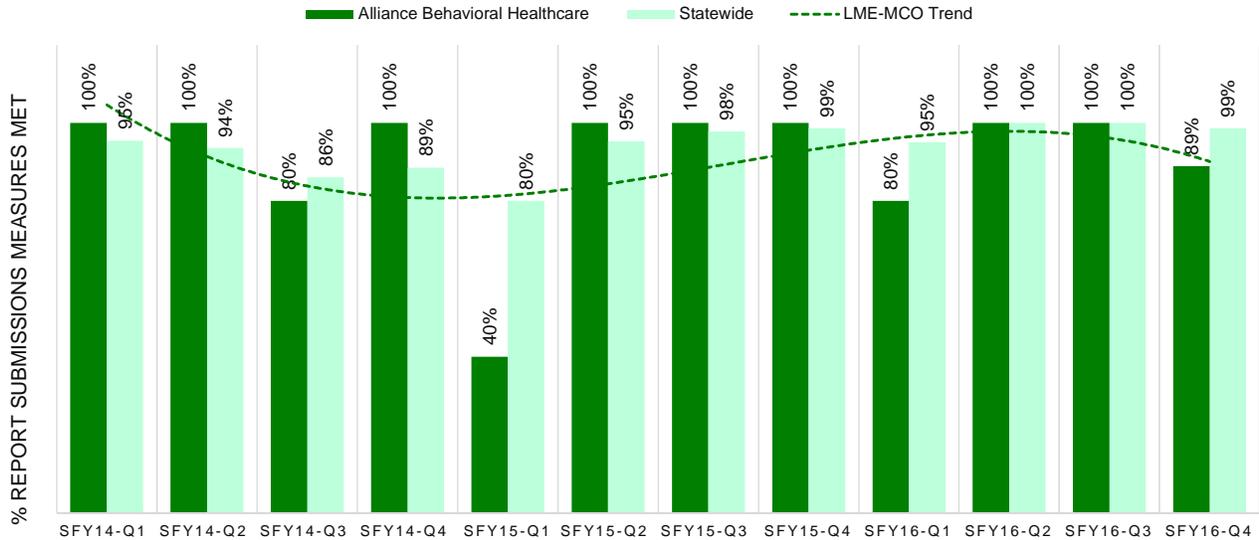
| LME-MCO | Annual Report Due 8/1/16 | | |
|---|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Standard Met ¹ |
| Alliance Behavioral Healthcare | 7/30/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 7/29/16 | Yes | ★ |
| CenterPoint Human Services | N/A | | N/A |
| Eastpointe | 7/5/16 | Yes | ★ |
| Partners Behavioral Health Management | 7/30/16 | Yes | ★ |
| Sandhills Center | 7/21/16 | Yes | ★ |
| Smoky Mountain Center | 7/26/16 | Yes | ★ |
| Trillium Health Resources | 7/29/16 | Yes | ★ |

Number and Percent of LME-MCOs that met the Performance Standard: 7 (100%)

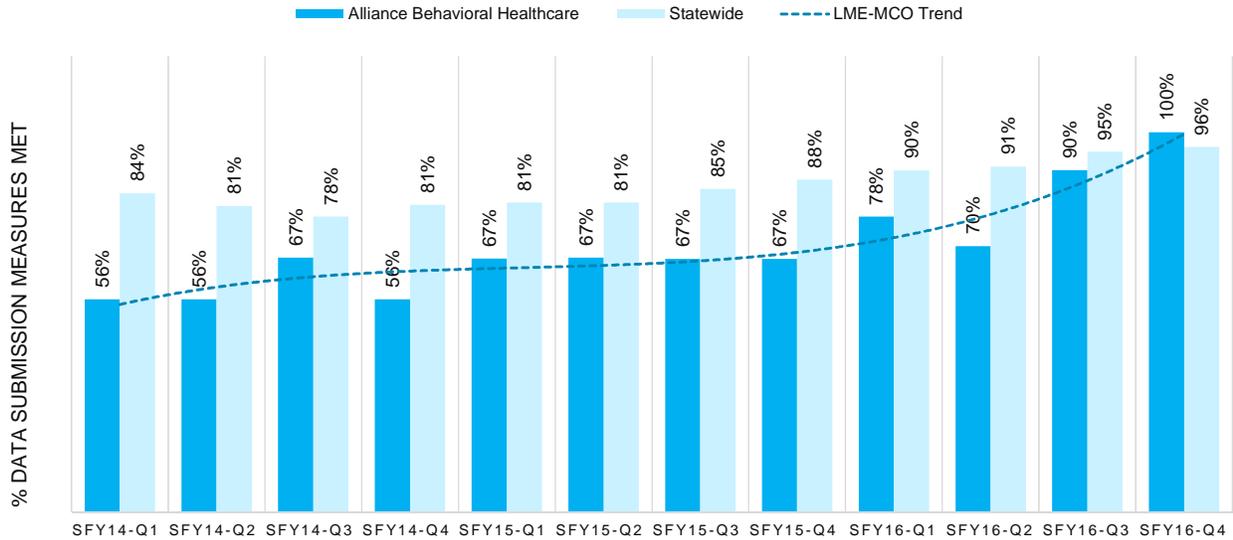
Notes:

1. ★ = Met the Performance Contract Standard.
2. Red shading indicates reports that are not received by the due date or are not accurate and complete.

ALLIANCE BEHAVIORAL HEALTHCARE REPORT SUBMISSION

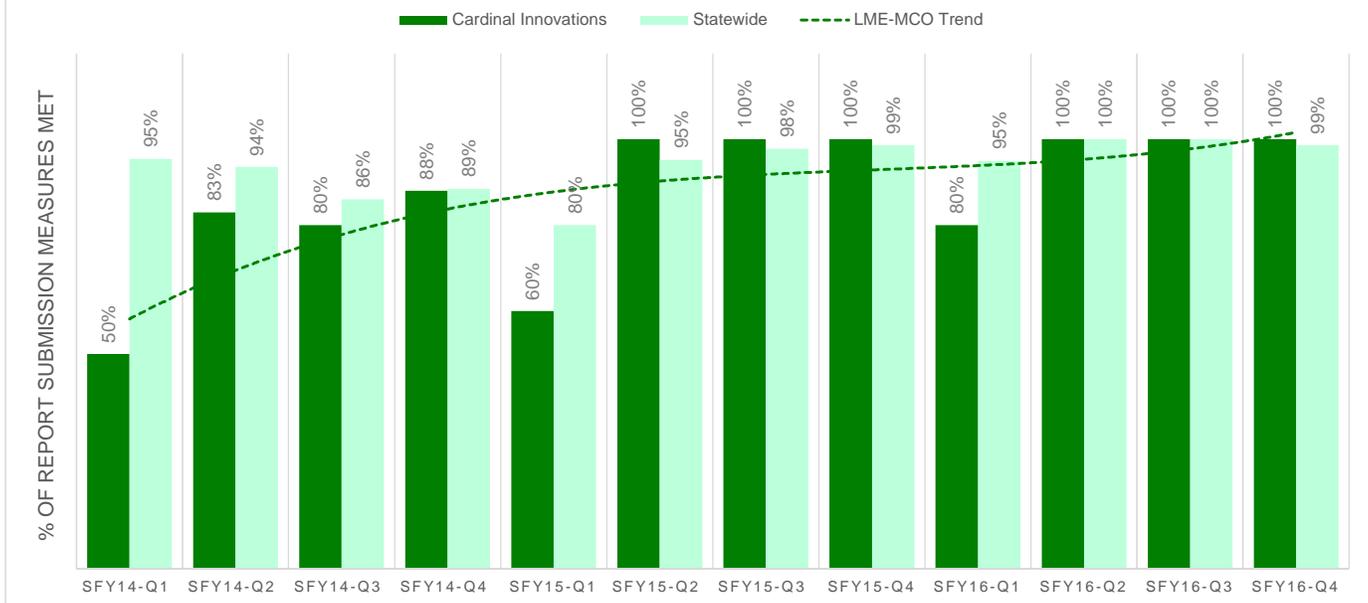


ALLIANCE BEHAVIORAL HEALTHCARE DATA SUBMISSION

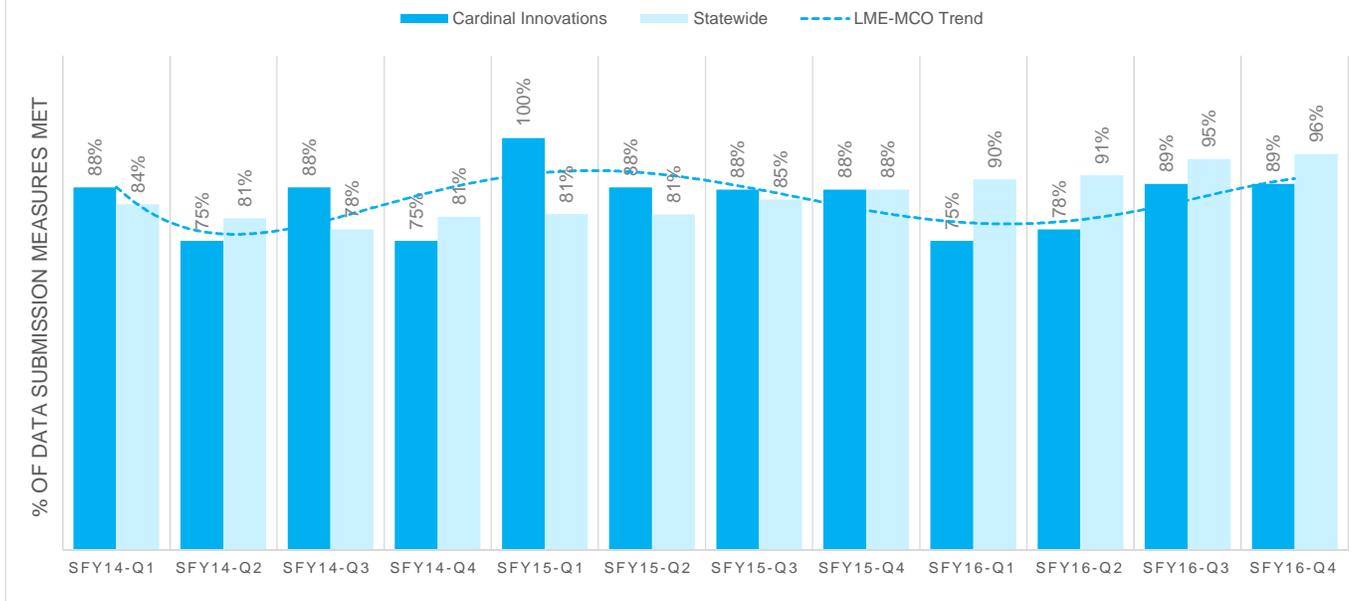


These graphs show Alliance Behavioral Healthcare's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statspublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

CARDINAL INNOVATIONS REPORT SUBMISSION

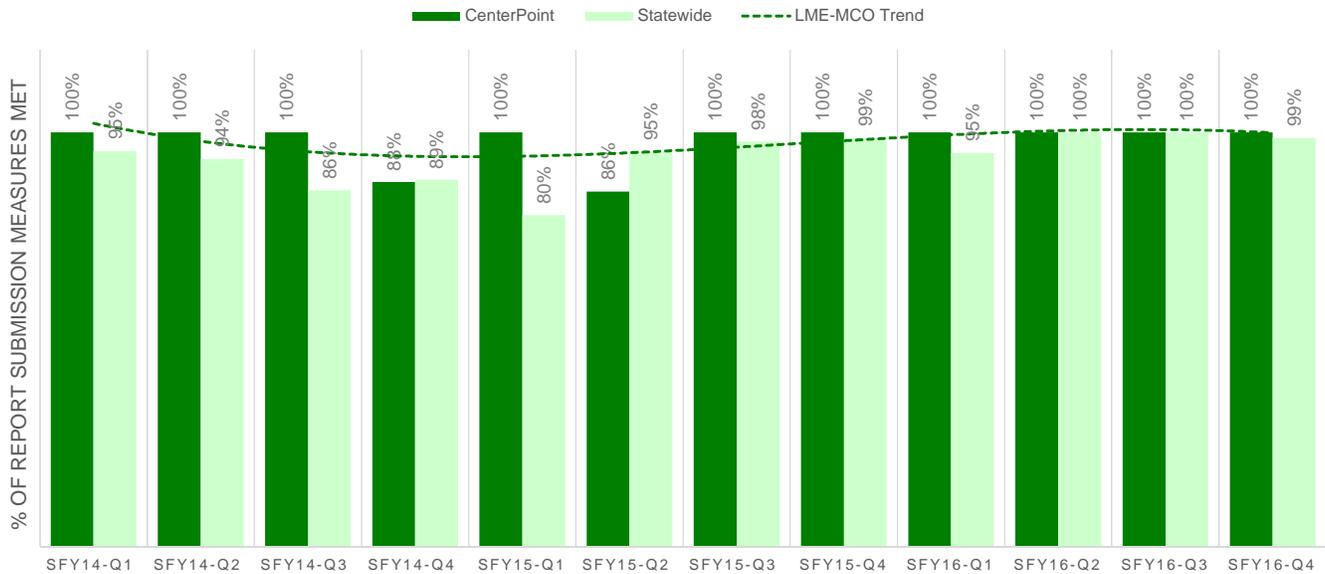


CARDINAL INNOVATIONS DATA SUBMISSION

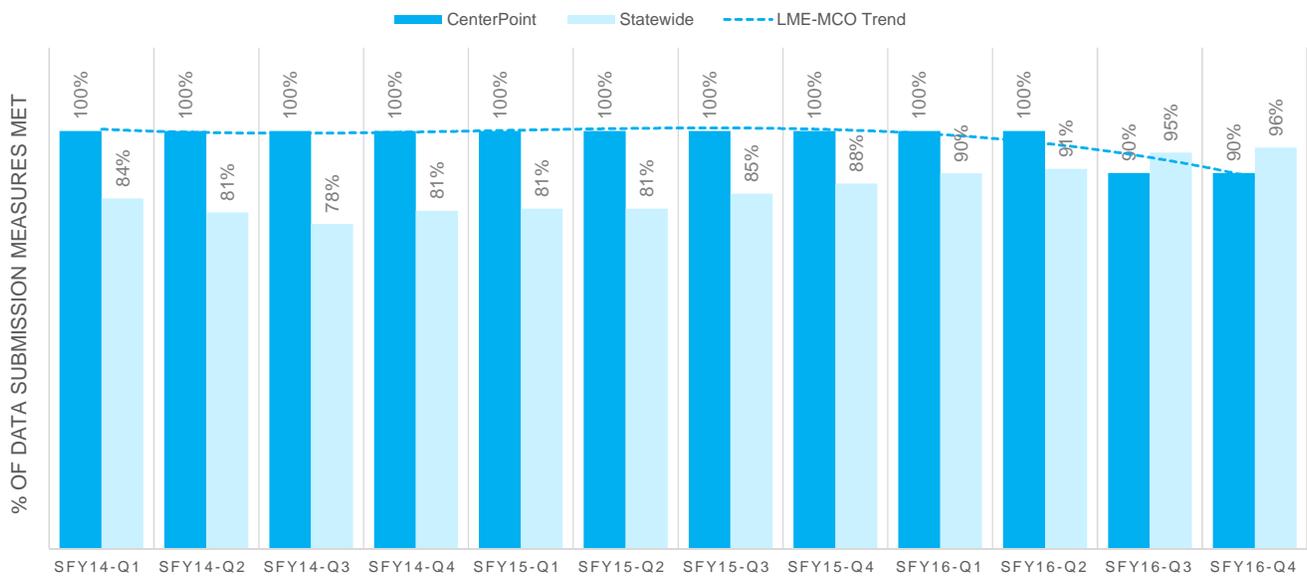


These graphs show Cardinal Innovations' overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statpublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

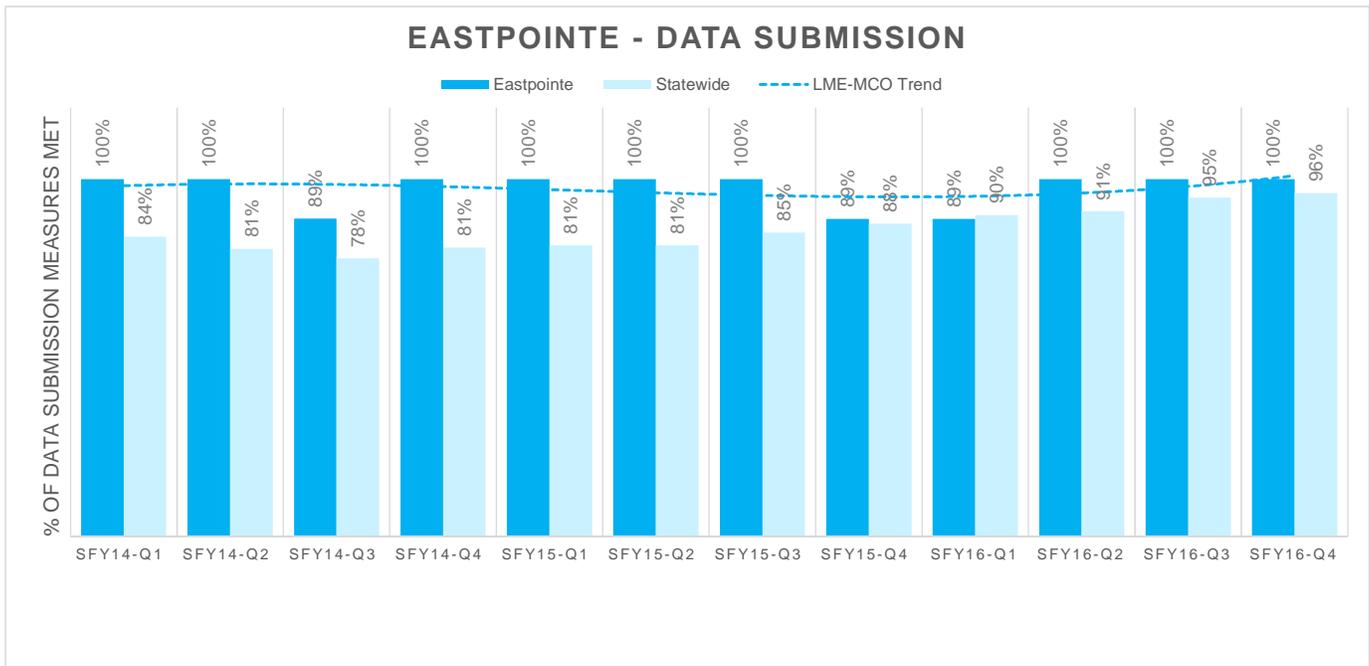
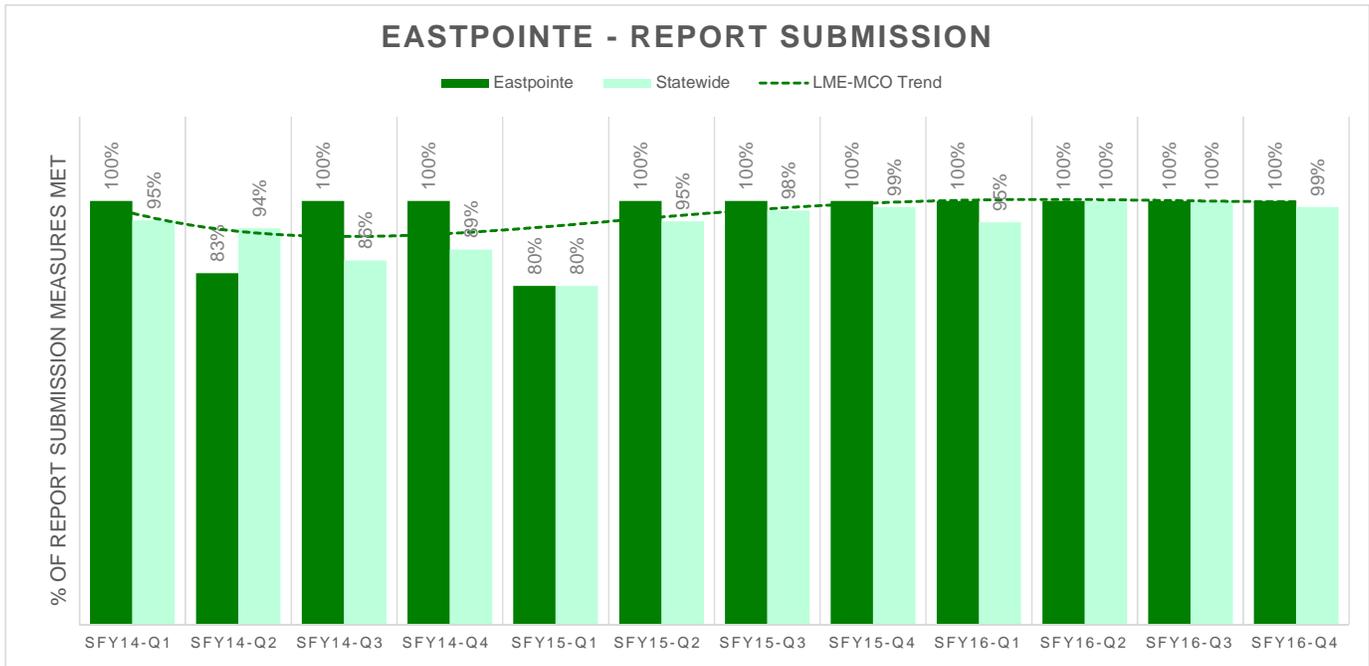
CENTERPOINT - REPORT SUBMISSION



CENTERPOINT - DATA SUBMISSION

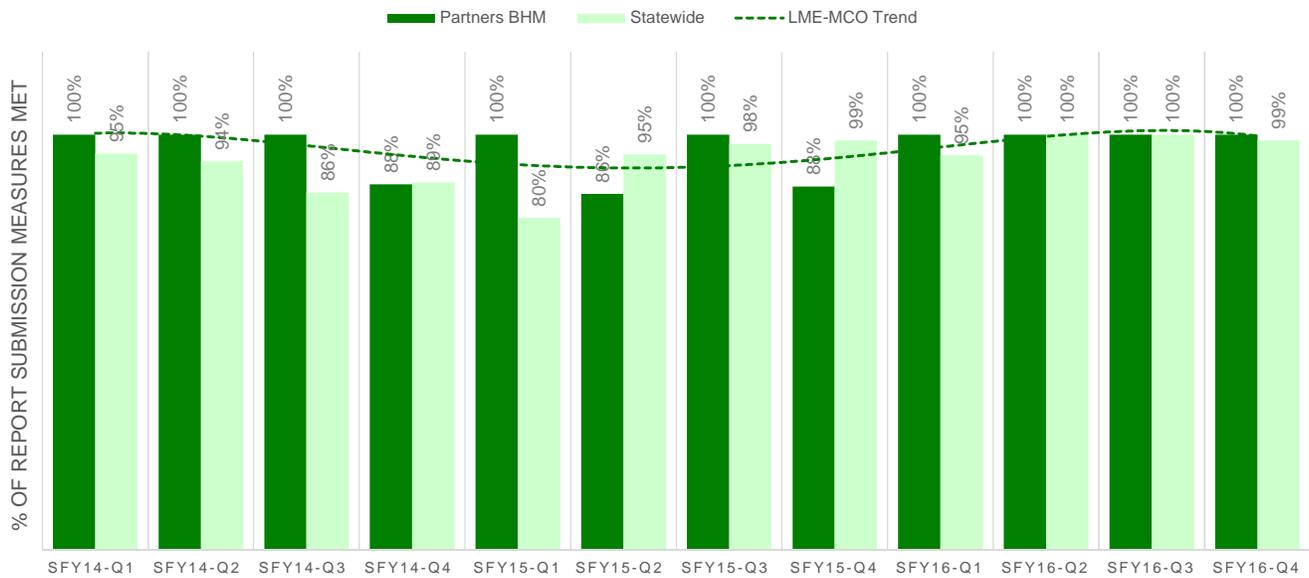


These graphs show CenterPoint's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statspublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

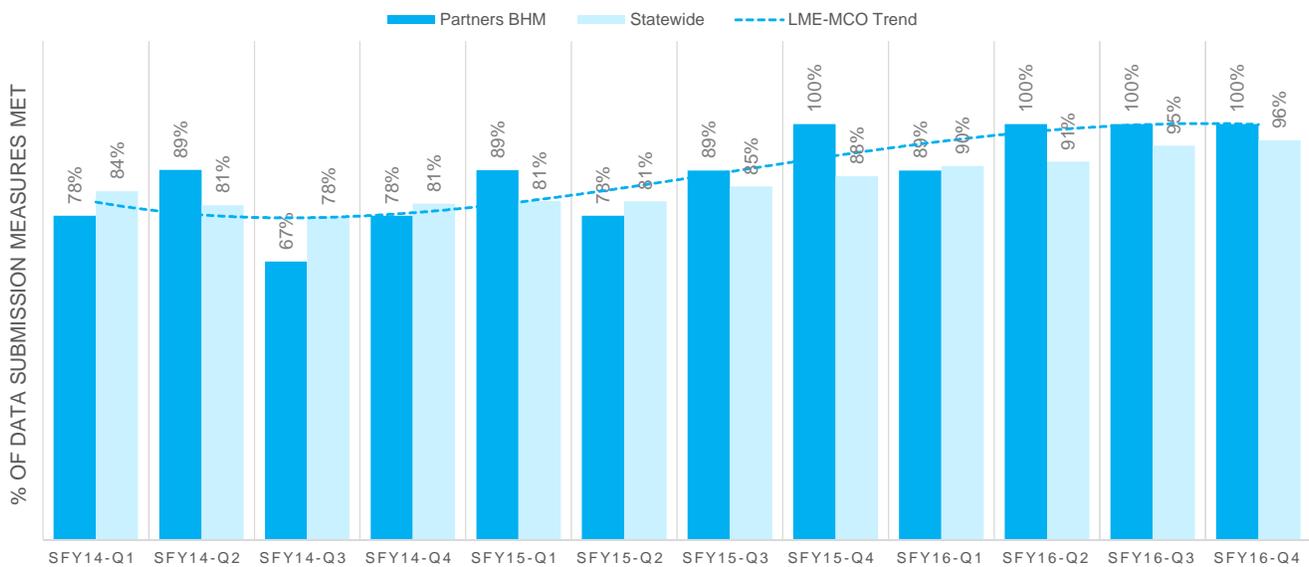


These graphs show Eastpointe's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statpublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

PARTNERS BHM - REPORT SUBMISSION

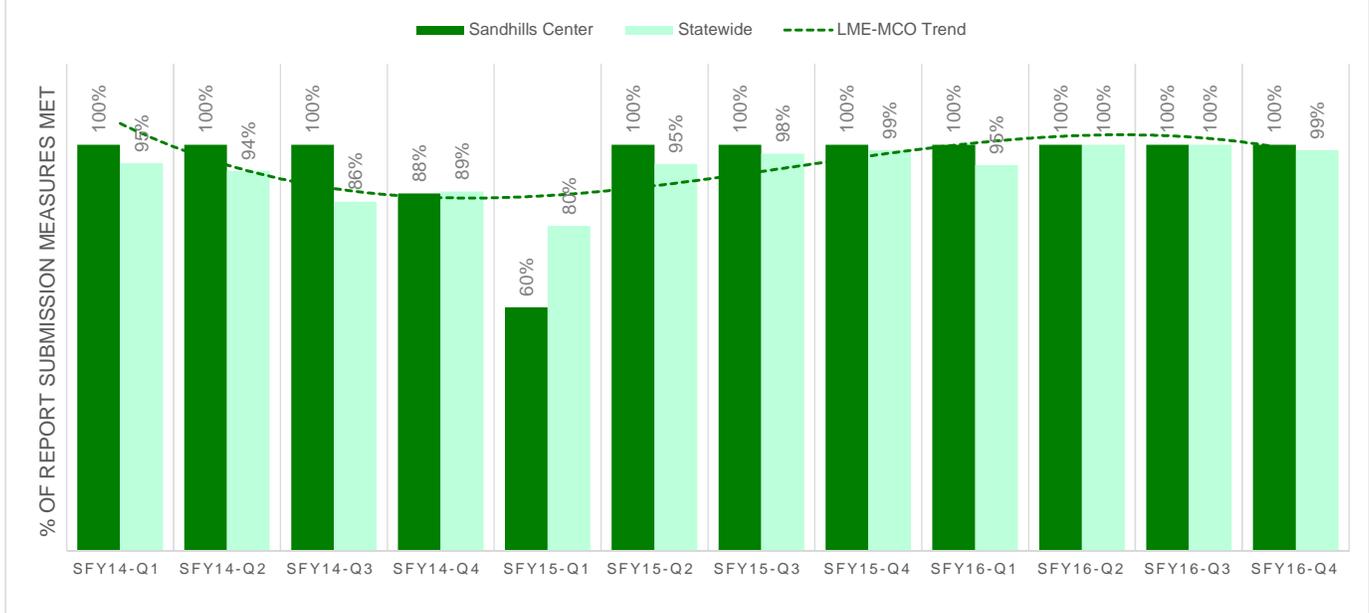


PARTNERS BHM - DATA SUBMISSION

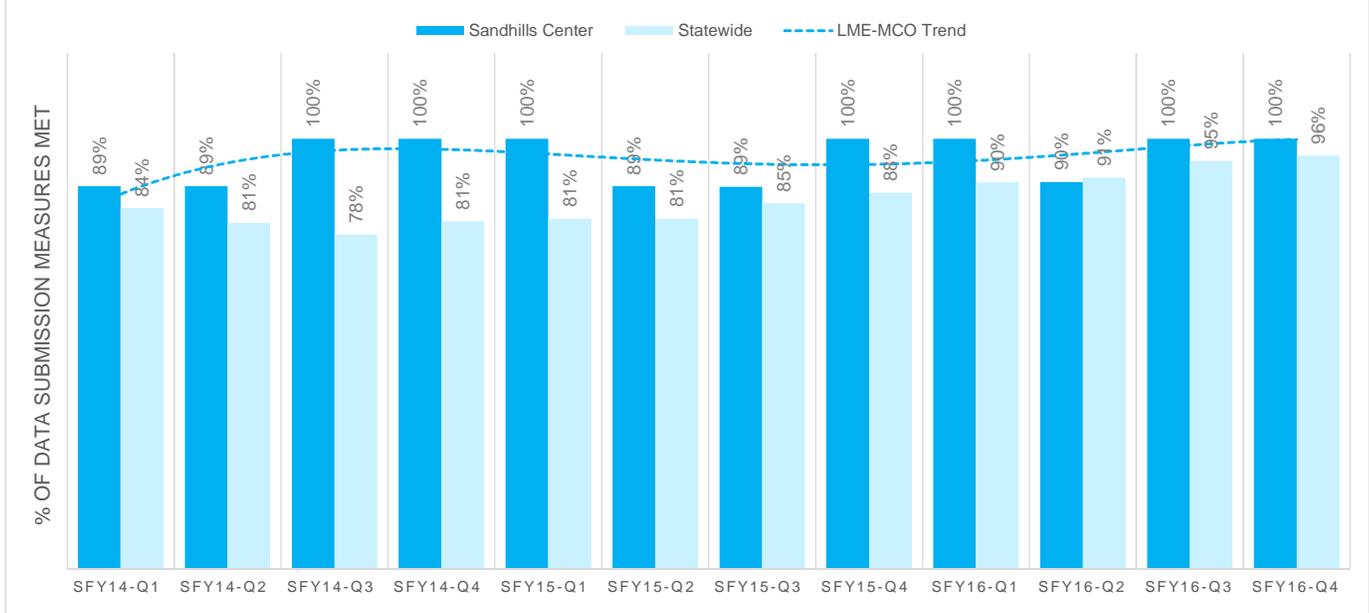


These graphs show Partners Behavioral Health Management's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhs.gov/mhddsas/statspublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

SANDHILLS CENTER - REPORT SUBMISSION

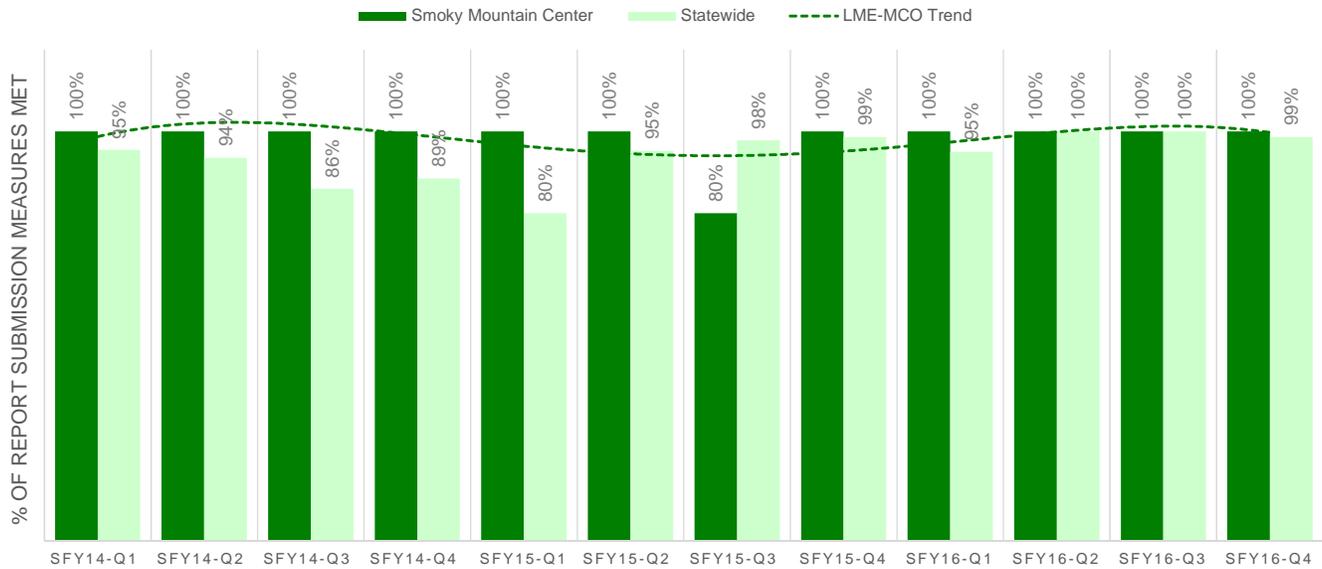


SANDHILLS CENTER - DATA SUBMISSION

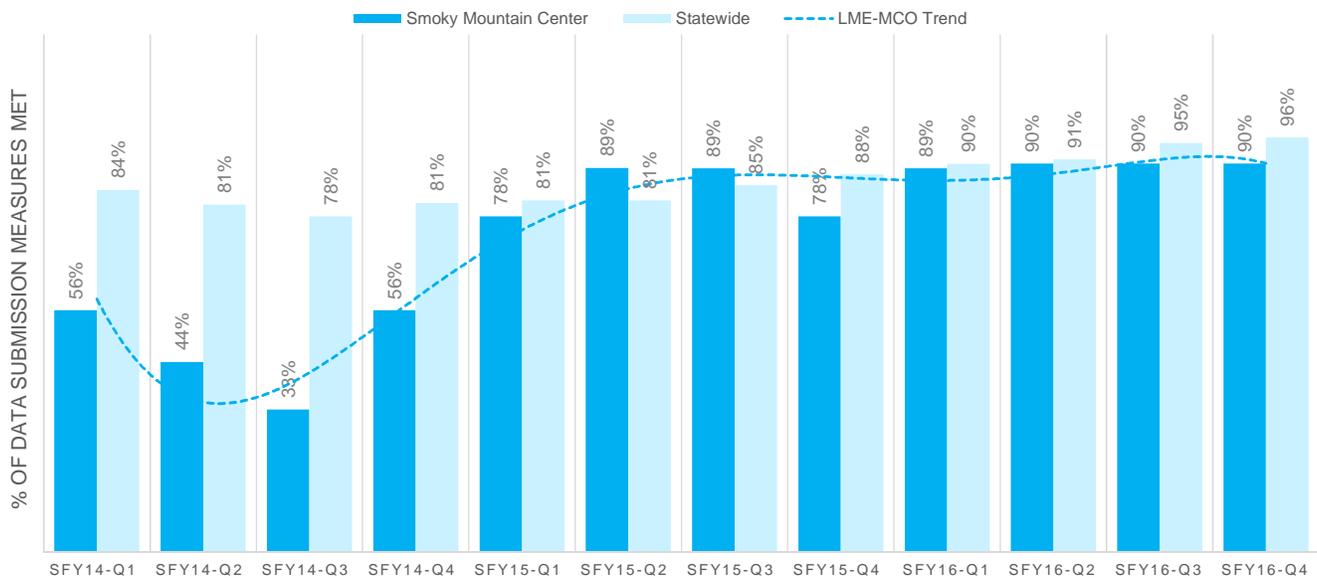


These graphs show Sandhill Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statspublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

SMOKY MOUNTAIN CENTER - REPORT SUBMISSION

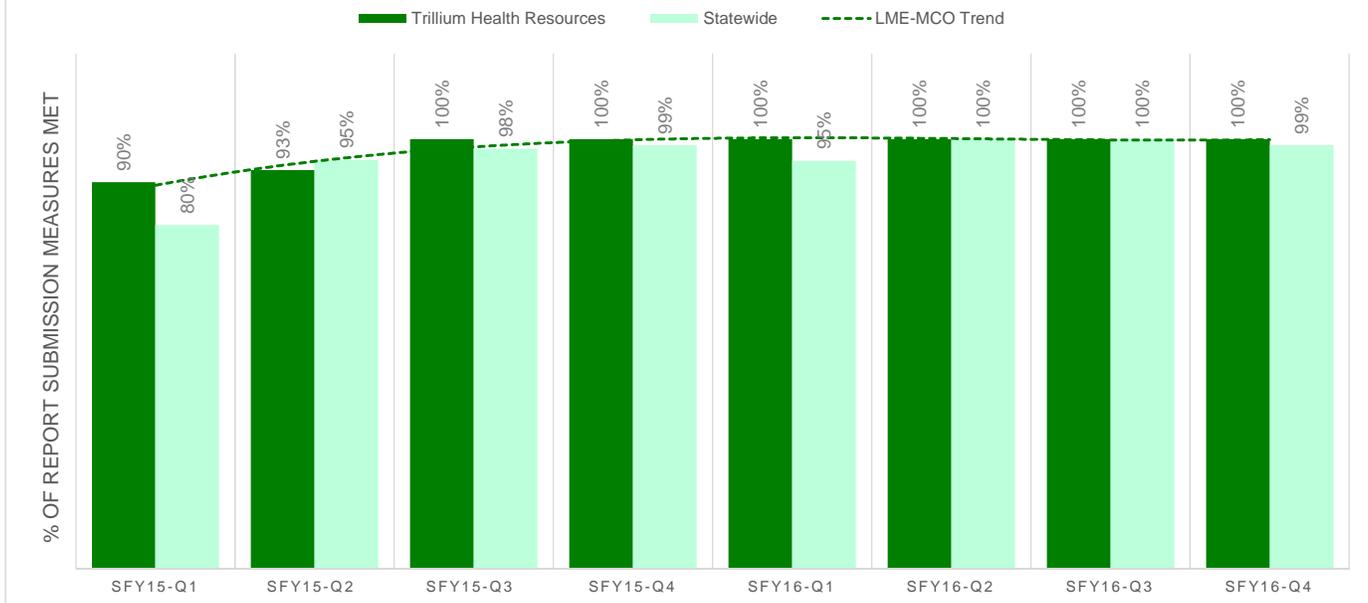


SMOKY MOUNTAIN CENTER - DATA SUBMISSION

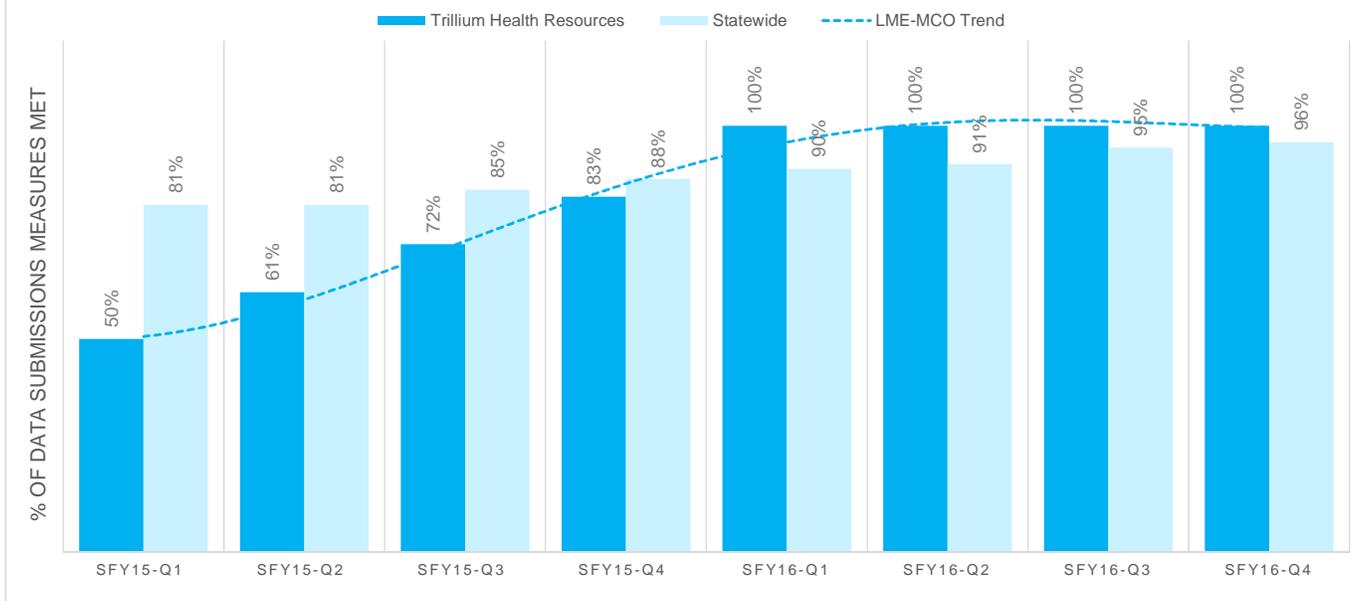


These graphs show Smoky Mountain Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 12 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statspublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

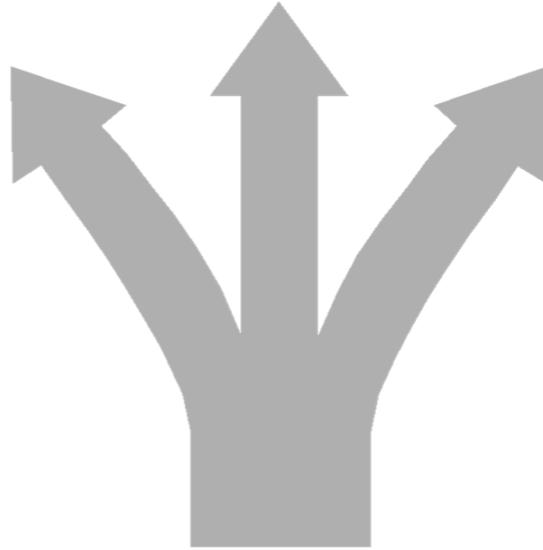
TRILLIUM HEALTH RESOURCES - REPORT SUBMISSION



TRILLIUM HEALTH RESOURCES - DATA SUBMISSION



These graphs show Trillium Health Resources's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS over the most recent 8 quarters as required by the DHHS - LME-MCO Performance Contract. Reporting requirements can be found at: <http://www2.ncdhhs.gov/mhddsas/statpublications/contracts>. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met. Data for SFY2015 represents the average of ECBH and CoastalCare the year prior to their merger to form Trillium Health Resources.



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