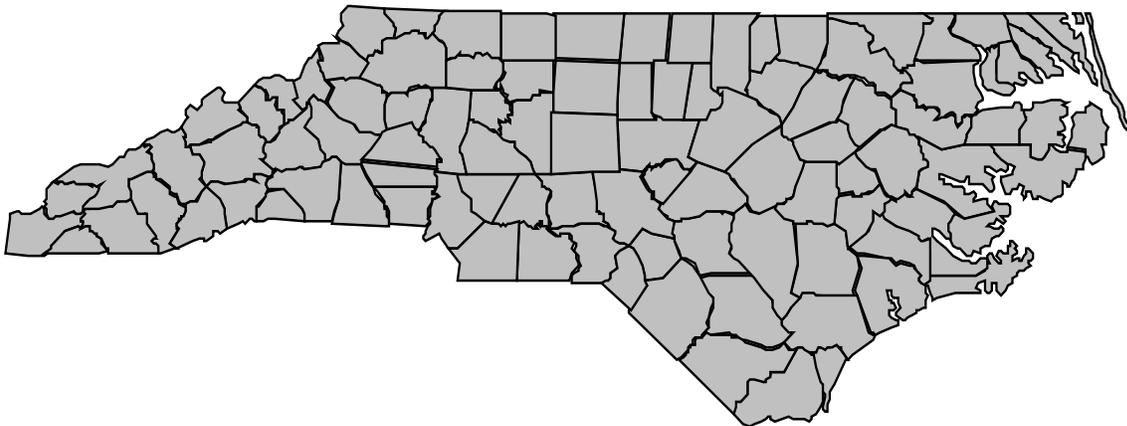


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

**SFY 2023 Performance Contract  
With Local Management Entities - Managed Care Organizations  
Report/Data Submission Requirements**

**Third Quarter Report  
January 1, 2023 - March 31, 2023**



Prepared by

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May 2023



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



## Introduction

This is the **Third Quarter Report** for SFY 2022-2023 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. Graphs at the end show each LME-MCO's overall performance compared with the state average over the past three state fiscal years on meeting reports and data submission requirements.

Overall, the LME-MCOs met **96 percent** of the four report submission requirements and **93 percent** of the nine data submission requirements measured this quarter. **Three** LME-MCOs met all 13 of the 13 report and data submission requirements this quarter. **Two** LME-MCOs met 12 of the 13 report and data submission requirements this quarter. **One** LME-MCO met 10 of the 13 report and data submission requirements 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.

### Map of LME-MCOs and the Counties they Serve



### 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 2023 Performance Contract  
 Report/Data Submission Requirements  
 Third Quarter Report  
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**SFY 2023 Performance Contract Report/Data Submission Requirements Summary Of Performance**  
**Third Quarter Report**  
**January 1, 2023 - March 31, 2023**

**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	Number of Data Submission Measures Met	Total Number of Data Submission Measures	Percent of Data Submission Measures Met	7. CDW - Diagnosis 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
Alliance Health	4	4	100%	★	N/A	★	★	★	6	9	67%	★	★	★	★	★				★
Eastpointe	3	4	75%	★	N/A	★	★		9	9	100%	★	★	★	★	★	★	★	★	★
Partners Health Management	4	4	100%	★	N/A	★	★	★	8	9	89%	★	★	★	★	★			★	★
Sandhills Center	4	4	100%	★	N/A	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★
Trillium Health Resources	4	4	100%	★	N/A	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★
Vaya Health	4	4	100%	★	N/A	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★
<b>STATEWIDE - Number</b>			<b>96%</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>5</b>			<b>93%</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>STATEWIDE - Percent</b>				<b>100.0%</b>	<b>N/A</b>	<b>100.0%</b>	<b>100.0%</b>	<b>83.3%</b>				<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>83.3%</b>	<b>66.7%</b>	<b>83.3%</b>	<b>100.0%</b>

- \* 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 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

## 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 financial report covering the month of Jan is due by Feb 20.

**SFY 2023 Standard:** Reports are accurate, complete, and received by the due date.

LME-MCO	DEC Report Due 1/20/23		JAN Report Due 2/20/23		FEB Report Due 3/20/23		Standard Met <sup>1</sup>
	Date Received <sup>2</sup>	Accurate, Complete	Date Received <sup>2</sup>	Accurate, Complete	Date Received <sup>2</sup>	Accurate, Complete	
Alliance Health	1/19/23	Yes	2/20/23	Yes	3/19/23	Yes	★
Eastpointe	1/20/23	Yes	2/19/23	Yes	3/16/23	Yes	★
Partners Health Management	1/19/23	Yes	2/16/23	Yes	3/16/23	Yes	★
Sandhills Center	1/17/23	Yes	2/19/23	Yes	3/19/23	Yes	★
Trillium Health Resources	1/20/23	Yes	2/19/23	Yes	3/20/23	Yes	★
Vaya Health	1/19/23	Yes	2/18/23	Yes	3/20/23	Yes	★

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

6 (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 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

## 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 2023 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

LME-MCO	3rd Qtr Report Due 4/20/23				Standard Met <sup>1</sup>
	Juvenile Detention		JJSAMH Partnership		
	Date Received <sup>2</sup>	Accurate And Complete	Date Received <sup>2</sup>	Accurate And Complete	
Alliance Health					N/A
Eastpointe					N/A
Partners Health Management					N/A
Sandhills Center					N/A
Trillium Health Resources					N/A
Vaya Health					N/A

Number of Percent of LME-MCOs that Met the SFY2023 Standard:

#DIV/0!

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 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

### 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 2023 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

LME-MCO	3rd Qtr Report Due 4/20/23			Standard Met <sup>1</sup>
	Date Received <sup>2</sup>	<sup>3</sup>	Accurate And Complete	
Alliance Health	4/20/2023	✓	Yes	★
Eastpointe	4/13/2023	✓	Yes	★
Partners Health Management	4/17/2023	✓	Yes	★
Sandhills Center	4/14/2023	✓	Yes	★
Trillium Health Resources	4/13/2023	✓	Yes	★
Vaya Health	4/19/2023	✓	Yes	★

Number and Percent of LME-MCOs that met the SFY 2023 Standard: 6 (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.
3. ✓ = An extension was granted.

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

### 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 = Nov 30.
- Second quarter report = Feb 28.
- Third quarter report = May 31.
- Fourth quarter report = Aug 31.
- Annual report = Jul 31.

SFY 2023 Standard: Reports are accurate, complete, and received by the due date.

LME-MCO	2nd Qtr Report Due 2/28/23			
	Date Received <sup>2</sup>	<sup>3</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Health	2/28/23		Yes	★
Eastpointe	2/27/23		Yes	★
Partners Health Management	2/7/23		Yes	★
Sandhills Center	2/15/23		Yes	★
Trillium Health Resources	2/28/23		Yes	★
Vaya Health	2/28/23		Yes	★

Number and Percent of LME-MCOs that met the Performance Standard: 6 (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.
3. ✓ = An extension was granted.

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

## 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 2023 Standard: Reports are accurate, complete, and received by the due date.

LME-MCO	3rd Qtr Report Due 5/15/23		
	Date Received <sup>2</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Health	5/15/23	Yes	★
Eastpointe	5/17/23	Yes	
Partners Health Management	5/9/23	Yes	★
Sandhills Center	5/15/23	Yes	★
Trillium Health Resources	5/15/23	Yes	★
Vaya Health	5/15/23	Yes	★

Number and Percent of LME-MCOs that met the Performance Standard: 5 (83.3%)

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 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

**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 April 30, 2023.

LME-MCO	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2023	Third Quarter Adm SFY2022	Monthly Average SFY2023	Monthly Average SFY2022
Alliance Health	23141	801	675	666	<b>2,142</b>	2,660	714	887
Eastpointe	43081	207	188	174	<b>569</b>	804	190	268
Partners Health Management	13141	792	699	791	<b>2,282</b>	2,667	761	889
Sandhills Center	33031	731	677	718	<b>2,126</b>	2,407	709	802
Trillium Health Resources	43071	1,320	1,167	739	<b>3,226</b>	3,788	1,075	1,263
Vaya Health	13010	828	801	448	<b>2,077</b>	4,921	692	1,640
<b>TOTAL ADMISSIONS</b>		<b>4,679</b>	<b>4,207</b>	<b>3,536</b>	<b>12,422</b>	<b>17,247</b>	<b>4,141</b>	<b>5,749</b>

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

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

**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 benefit plan 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 (October 1, 2022 - December 31, 2022) with a diagnosis completed within 30 days of beginning date of service.

**SFY 2023 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 <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Health	2,151	19	2,132	99%	★
Eastpointe	575	7	568	99%	★
Partners Health Management	2,089	9	2,080	100%	★
Sandhills Center	2,230	4	2,226	100%	★
Trillium Health Resources	3,840	0	3,840	100%	★
Vaya Health	2,450	0	2,450	100%	★
<b>TOTAL</b>	<b>13,335</b>	<b>39</b>	<b>13,296</b>	<b>100%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2023 Standard:

6 (100%)

**Notes:**

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2023 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2023 - March 31, 2023

**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' and Living Arrangement contains a value other than 'unknown' or 'other'.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2022 - December 31, 2022) where all mandatory data fields contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

**SFY 2023 Standard:** 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

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	Attendance Self Help	Standard Met <sup>1</sup>
Alliance Health	2,151	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	575	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Health Management	2,089	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,230	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	3,840	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	★
Vaya Health	2,450	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>13,335</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2023 Standard:

6 (100%)

**Notes:**

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

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
 January 1, 2023 - March 31, 2023

**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' and Living Arrangement contains a value other than 'unknown' or 'other'.

The table below shows the percentage of clients discharged during the prior quarter (October 1, 2022 - December 31, 2022) where all mandatory data fields contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

SFY 2023 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

LME-MCO	Discharge Records	Discharge Reason	Employment Status	Arrests Prior 30 Days	Referral To	Living Arrangement	Attendance Self Help	Standard Met <sup>1</sup>
Alliance Health	664	100%	100%	100%	100%	100%	99%	★
Eastpointe	247	100%	100%	100%	100%	100%	100%	★
Partners Health Management	799	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,890	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	1,909	100%	100%	100%	100%	100%	99%	★
Vaya Health	1,321	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>7,830</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2023 Standard:

6 (100%)

Notes:

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

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
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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 benefit plan 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 (October 1, 2022 - December 31, 2022) with an identifying record and demographic record completed within 30 days of the beginning date of service.

**SFY 2023 Standard:** 90% of open clients who are enrolled in a benefit plan 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 <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Health	15,142	30	15,112	100%	★
Eastpointe	7,444	5	7,439	100%	★
Partners Health Management	11,674	22	11,652	100%	★
Sandhills Center	10,600	3	10,597	100%	★
Trillium Health Resources	16,057	50	16,007	100%	★
Vaya Health	16,098	0	16,098	100%	★
<b>TOTAL</b>	<b>77,015</b>	<b>110</b>	<b>76,905</b>	<b>100%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2023 Standard: 6 (100%)

**Notes:**

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

SFY 2023 Performance Contract Data/Report Submission Requirements  
 Third Quarter Report  
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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 90 days of the beginning date of service for clients enrolled in any of the benefit plans: ASCDR, ASTER, ASWOM, CSSAD and ASOUD.

The table below shows the percentage of open clients in the designated benefit plans (October 1, 2022 - December 31, 2022) with a drug of choice record completed within 90 days of the beginning date of service.

SFY 2023 Standard: 90% of open clients in the designated benefit plans have a drug of choice record completed within 90 days.

LME-MCO	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 90 days	Percent With Records Completed Within 90 Days <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Health	3,152	11	3,141	100%	★
Eastpointe	1,444	4	1,440	100%	★
Partners Health Management	2,576	10	2,566	100%	★
Sandhills Center	1,130	1	1,129	100%	★
Trillium Health Resources	3,423	105	3,318	97%	★
Vaya Health	4,075	8	4,067	100%	★
<b>TOTAL</b>	<b>15,800</b>	<b>139</b>	<b>15,661</b>	<b>99%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2023 Standard: 6 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. Percentages less than 90% are shaded red.
3. Only includes NCTRACKS claims.
4. Effective 12/20/18, the completion period changed from 60 to 90 days.

**Key To Benefit Plan Abbreviations**

- ASCDR** – Adult Substance Abuse IV Drug Communicable Disease Risk  
**ASTER** – Adult Substance Abuse Treatment Engagement and Recovery  
**ASWOM** – Adult Substance Abuse Women  
**CSSAD** – Child with SA Disorder  
**ASOUD** – Adult Substance Opioid Use Disorder

SFY 2023 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
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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 Substance Abuse consumers who have had no billable service for at least 90 days. This report separately focuses on **Substance Abuse clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of Substance Abuse clients admitted since October 1, 2006, when this measure began, who during the prior quarter (October 1, 2022 - December 31, 2022) have had a billable service, administrative activity, or if neither occurred for at least 90 days, have submitted an episode completion record.

**SFY 2023 Standard:** 90% of Substance Abuse clients admitted since October 1, 2006, who have had no billable service, administrative activity, or if neither occurred for at least 90 days, have an episode completion record.

LME-MCO	Number of Clients Admitted Since October 1, 2006	Number <u>without</u> Appropriate Activity or an Episode Completion Record <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Health	579	75	504	87%	
Eastpointe	198	5	193	97%	★
Partners Health Management	629	4	625	99%	★
Sandhills Center	488	2	486	100%	★
Trillium Health Resources	1,056	40	1,016	96%	★
Vaya Health	725	55	670	92%	★
<b>TOTAL</b>	<b>3,675</b>	<b>181</b>	<b>3,494</b>	<b>95%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2023 Standard:

5 (83.3%)

**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 90 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 90 Days, an Episode Completion Record was submitted.
5. Effective 12/20/18, the completion period changed from 60 to 90 days.

SFY 2023 Performance Contract Data/Report Submission Requirements  
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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<sup>1</sup>.

**SFY 2023 Standard:** 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Health	1,523	1,390	91.3%	1,347	88.4%	
Eastpointe	773	773	100.0%	773	100.0%	★
Partners Health Management	1,218	1,153	94.7%	1,093	89.7%	
Sandhills Center	926	925	99.9%	905	97.7%	★
Trillium Health Resources	1,654	1,642	99.3%	1,600	96.7%	★
Vaya Health	1,454	1,409	96.9%	1,337	92.0%	★
Totals	7,548	7,292	96.6%	7,055	93.5%	★

Number and Percent of LME-MCOs that met the SFY 2023 Standard:

4 (66.7%)

**Notes:**

1. Based on initial assessments that occurred Jul - Sep 2022.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2023 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2023 - March 31, 2023

**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<sup>1</sup>.

SFY 2023 Standard: 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Health	1,311	1,219	93.0%	1,165	88.9%	
Eastpointe	621	621	100.0%	621	100.0%	★
Partners Health Management	1,159	1,106	95.4%	1,075	92.8%	★
Sandhills Center	882	856	97.1%	854	96.8%	★
Trillium Health Resources	1,475	1,465	99.3%	1,453	98.5%	★
Vaya Health	1,339	1,312	98.0%	1,265	94.5%	★
Totals	6,787	6,579	96.9%	6,433	94.8%	★

Number and Percent of LME-MCOs that met the SFY 2023 Standard:

5 (83.3%)

Notes:

1. Based on initial assessments that occurred Apr - Jun 2022.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2023 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<sup>1</sup>.

**SFY 2023 Standard:** 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Health	1,123	1,071	95.4%	1,040	92.6%	★
Eastpointe	822	822	100.0%	822	100.0%	★
Partners Health Management	1,211	1,175	97.0%	1,161	95.9%	★
Sandhills Center	835	834	99.9%	827	99.0%	★
Trillium Health Resources	1,485	1,478	99.5%	1,470	99.0%	★
Vaya Health	1,380	1,361	98.6%	1,323	95.9%	★
Totals	6,856	6,741	98.3%	6,643	96.9%	★

Number and Percent of LME-MCOs that met the SFY 2023 Standard:

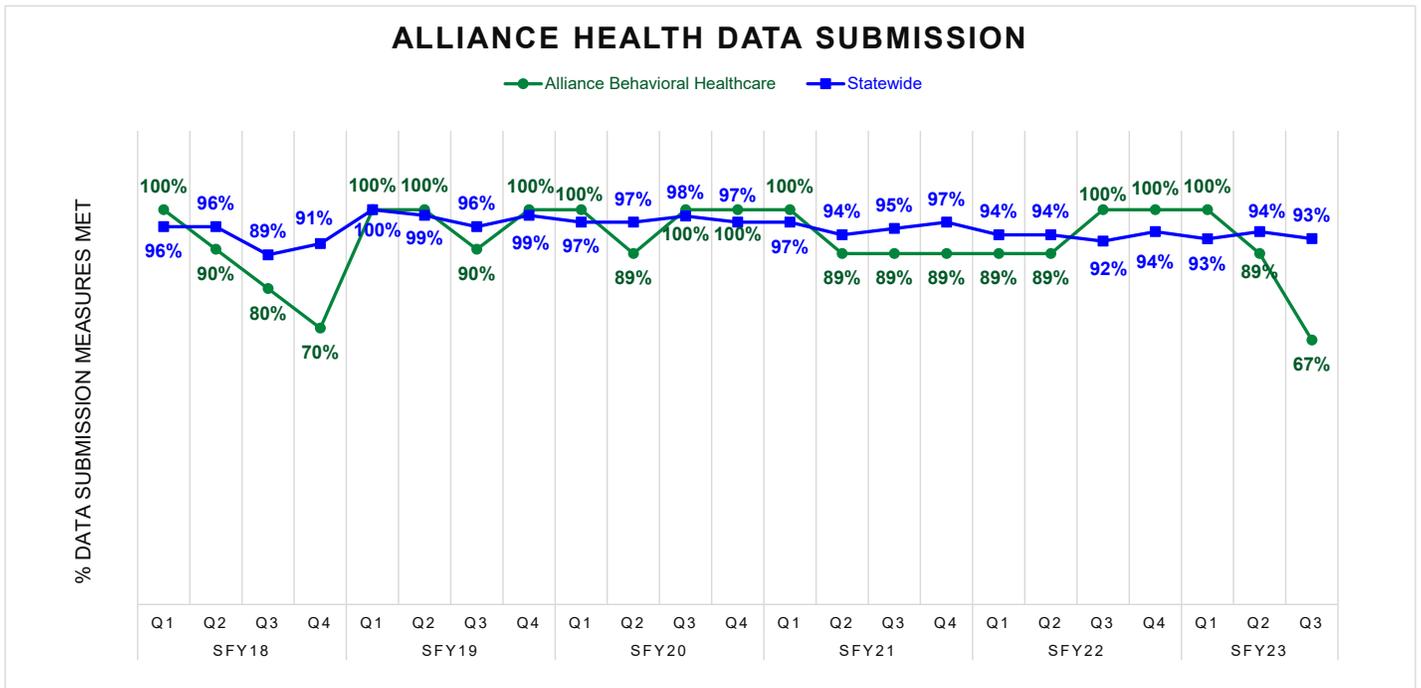
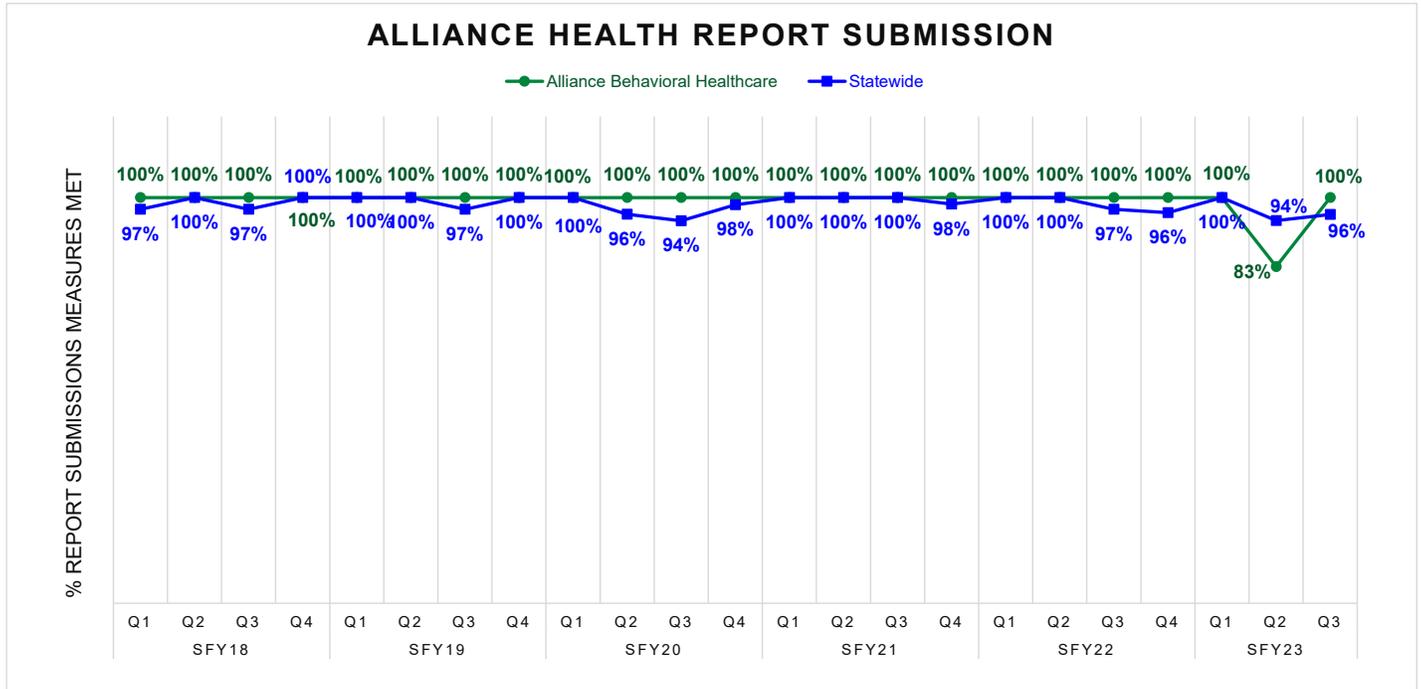
6 (100%)

**Notes:**

1. Based on initial assessments that occurred Oct - Dec 2021.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.



**SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements**  
*Percent of Report and Data Submission Requirements Met*  
**SFY2018 - SFY2023 Q3**

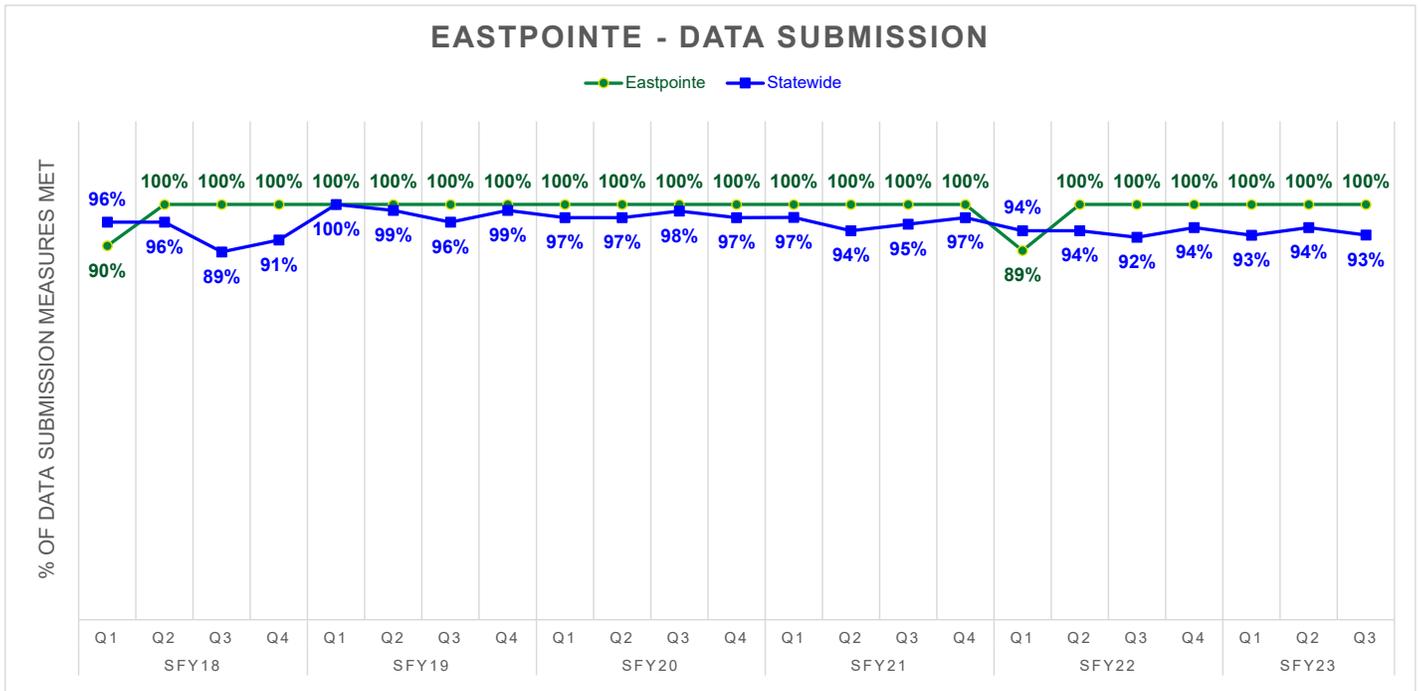
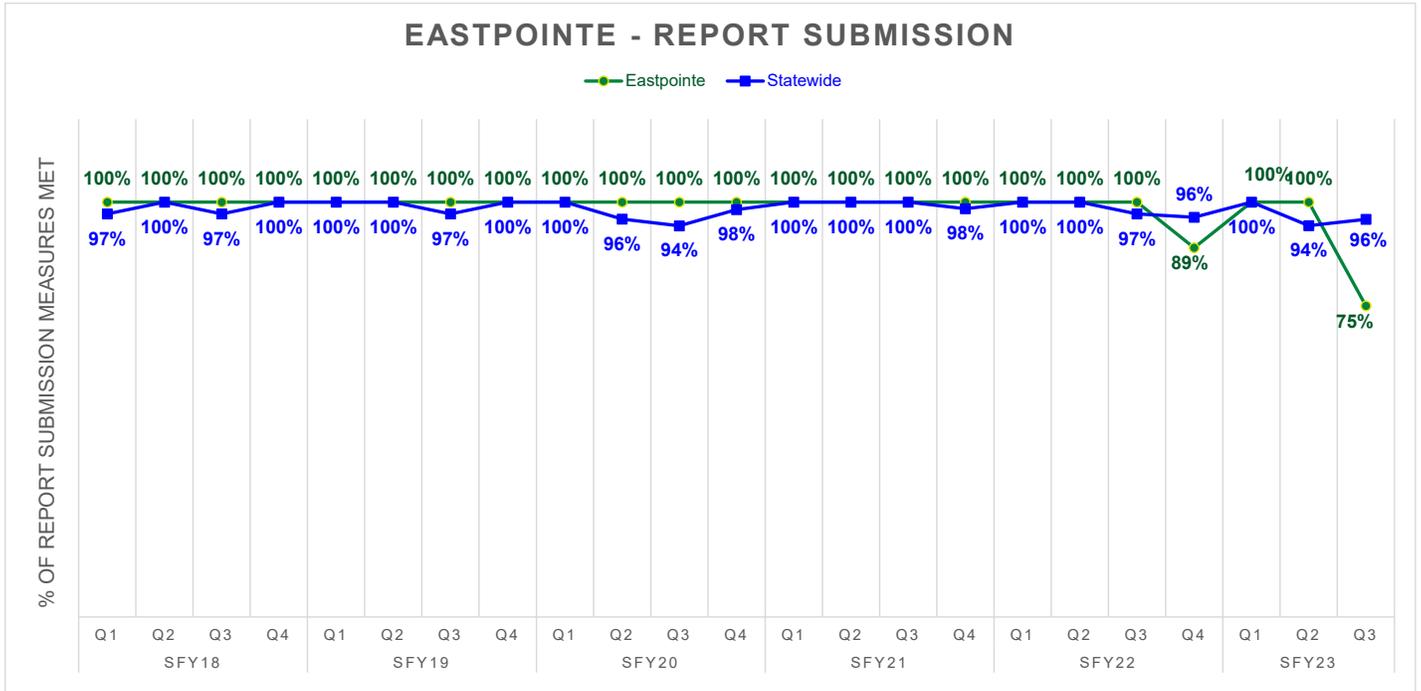


These graphs show Alliance Behavioral Healthcare's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.



## SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2018 - SFY2023 Q3

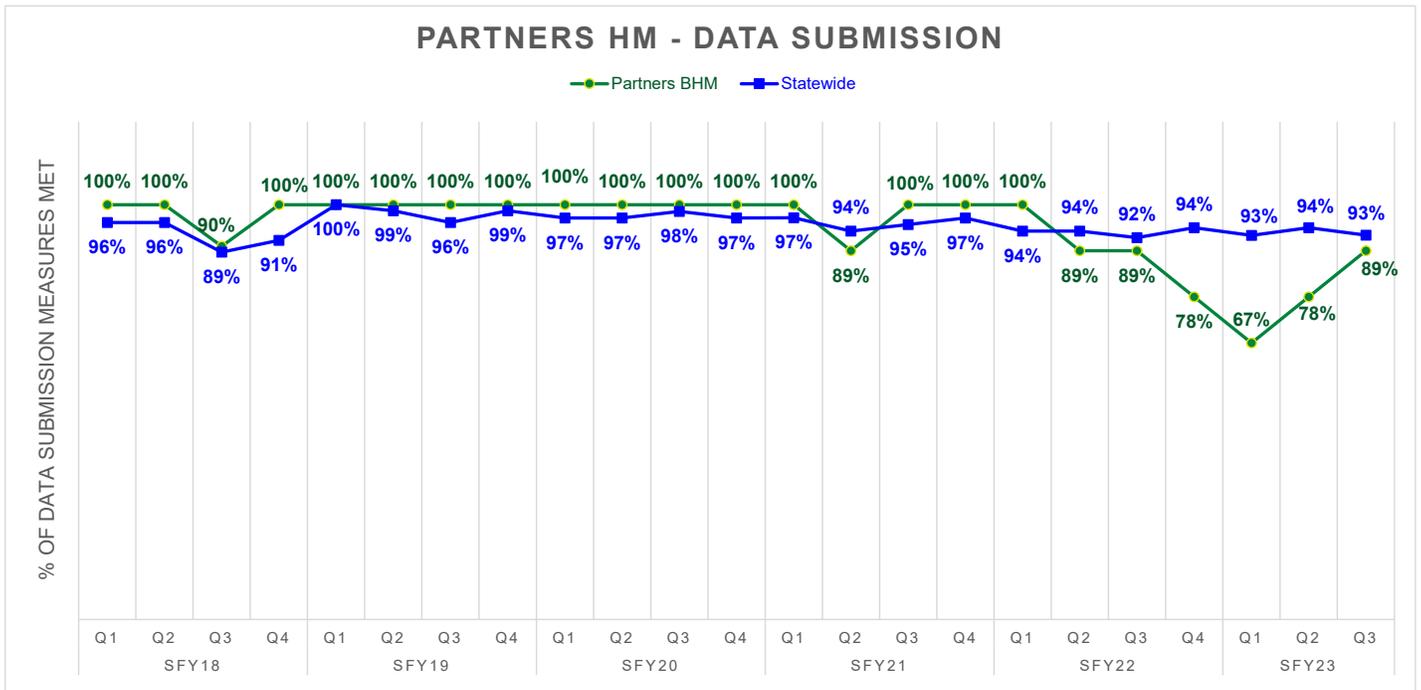
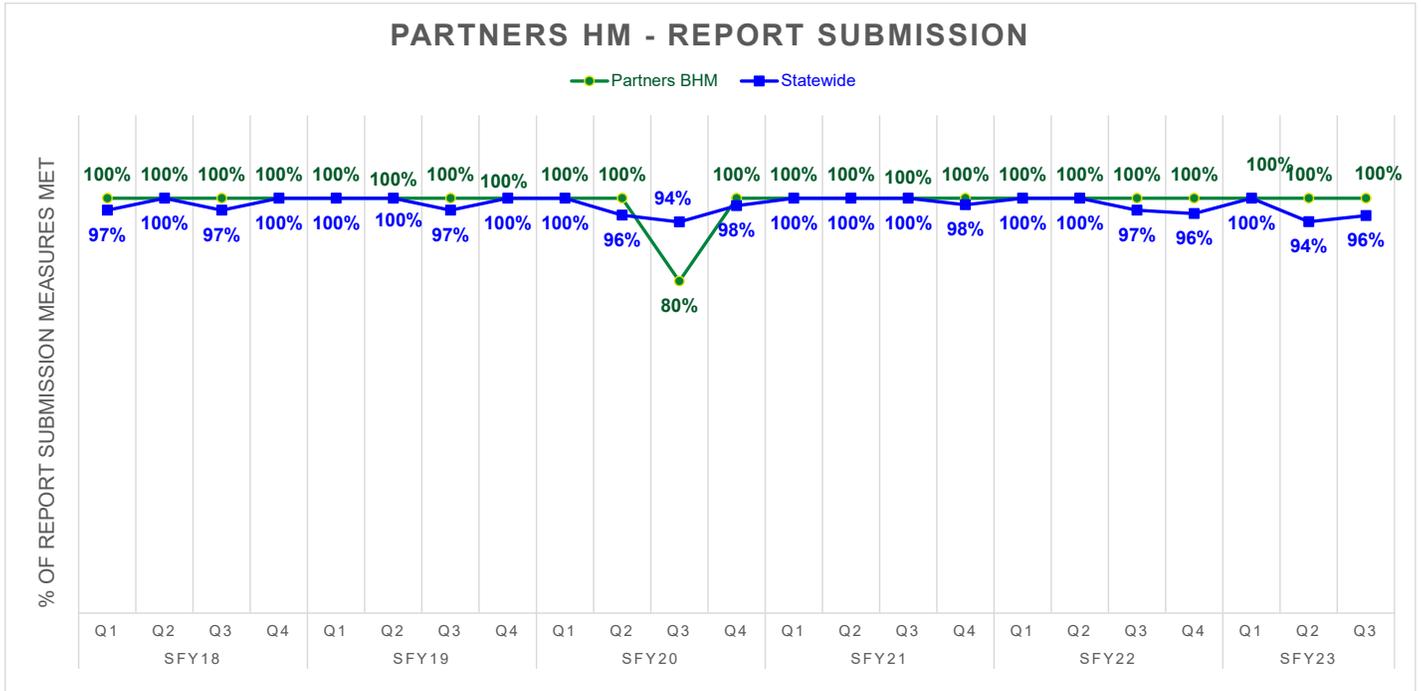


These graphs show Eastpointe's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.



## SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2018 - SFY2023 Q3

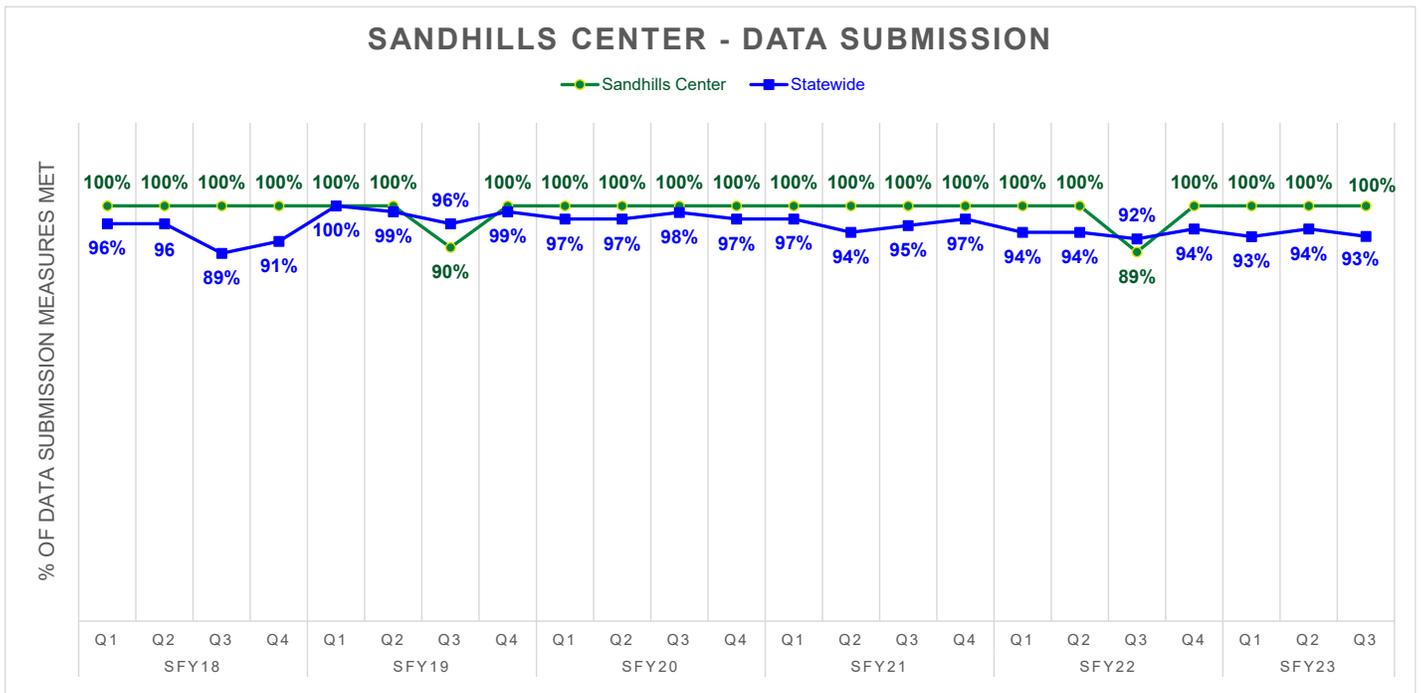
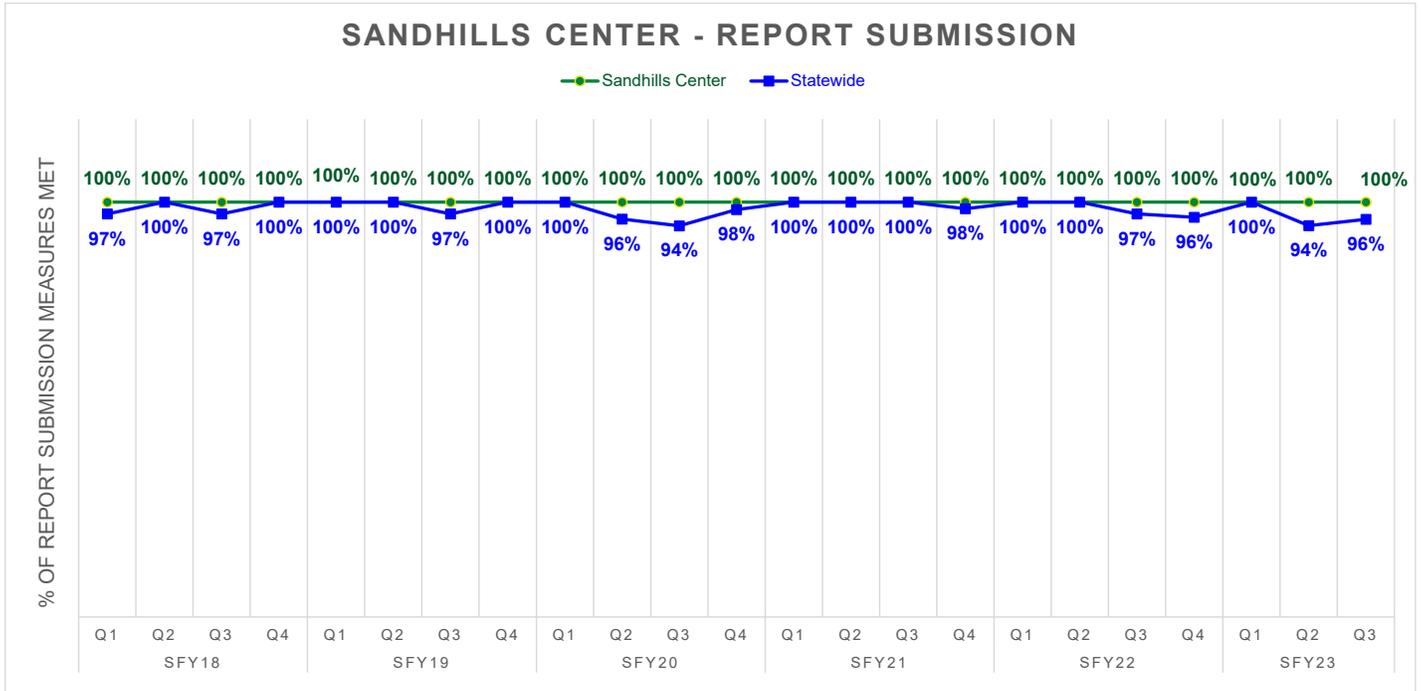


These graphs show Partners Health Management's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.





**SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements**  
*Percent of Report and Data Submission Requirements Met*  
**SFY2018 - SFY2023 Q3**

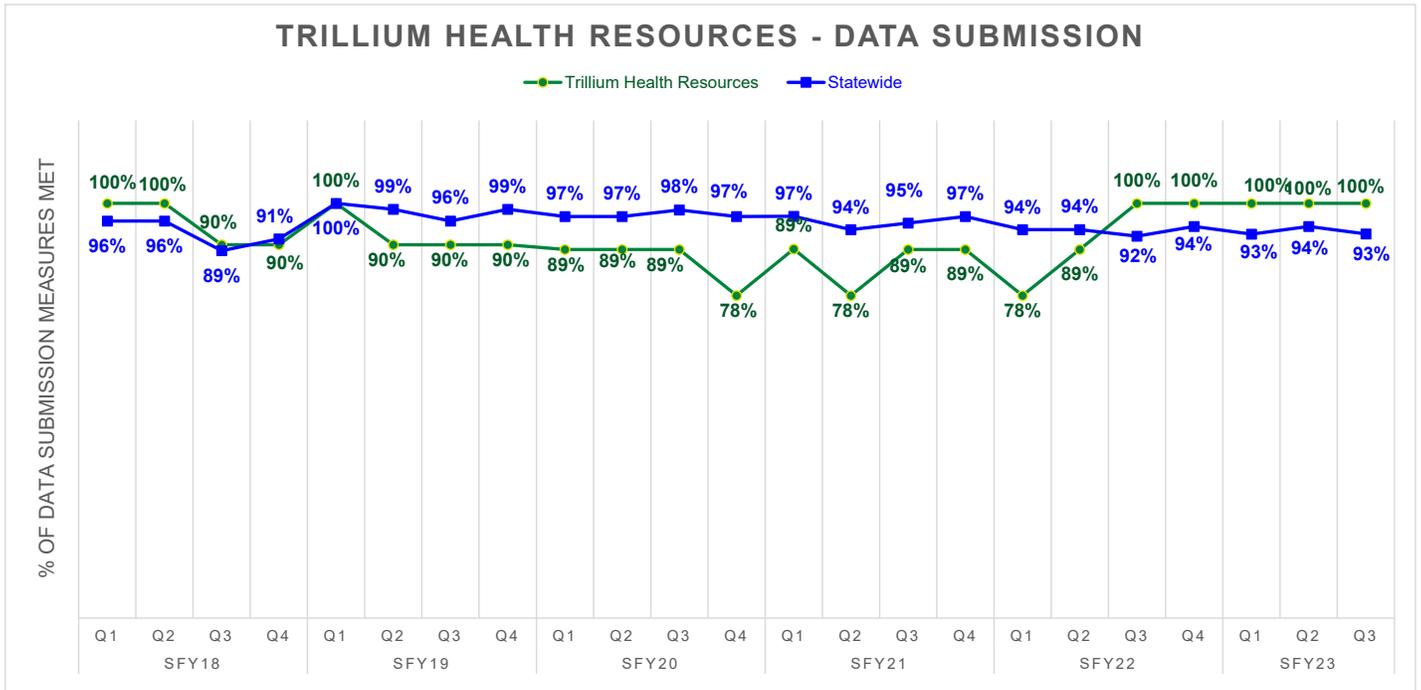
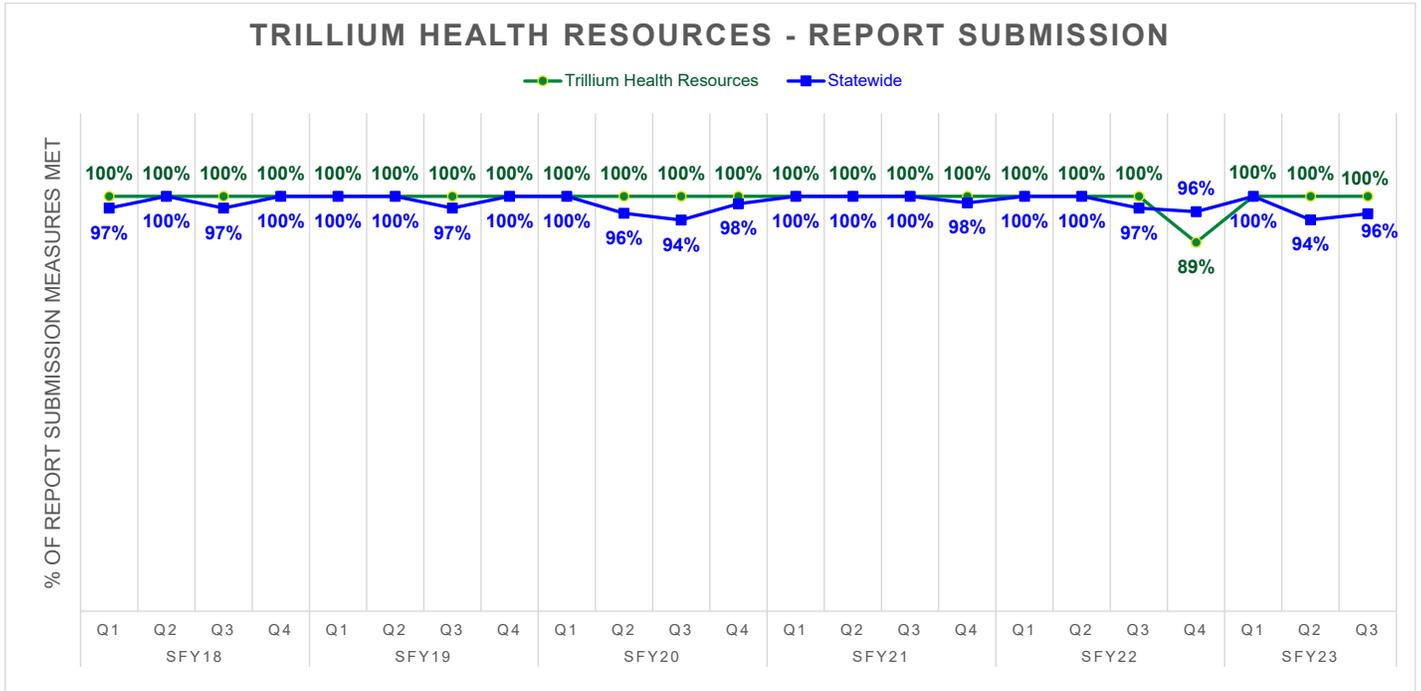


These graphs show Sandhill Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.



## SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2018 - SFY2023 Q3

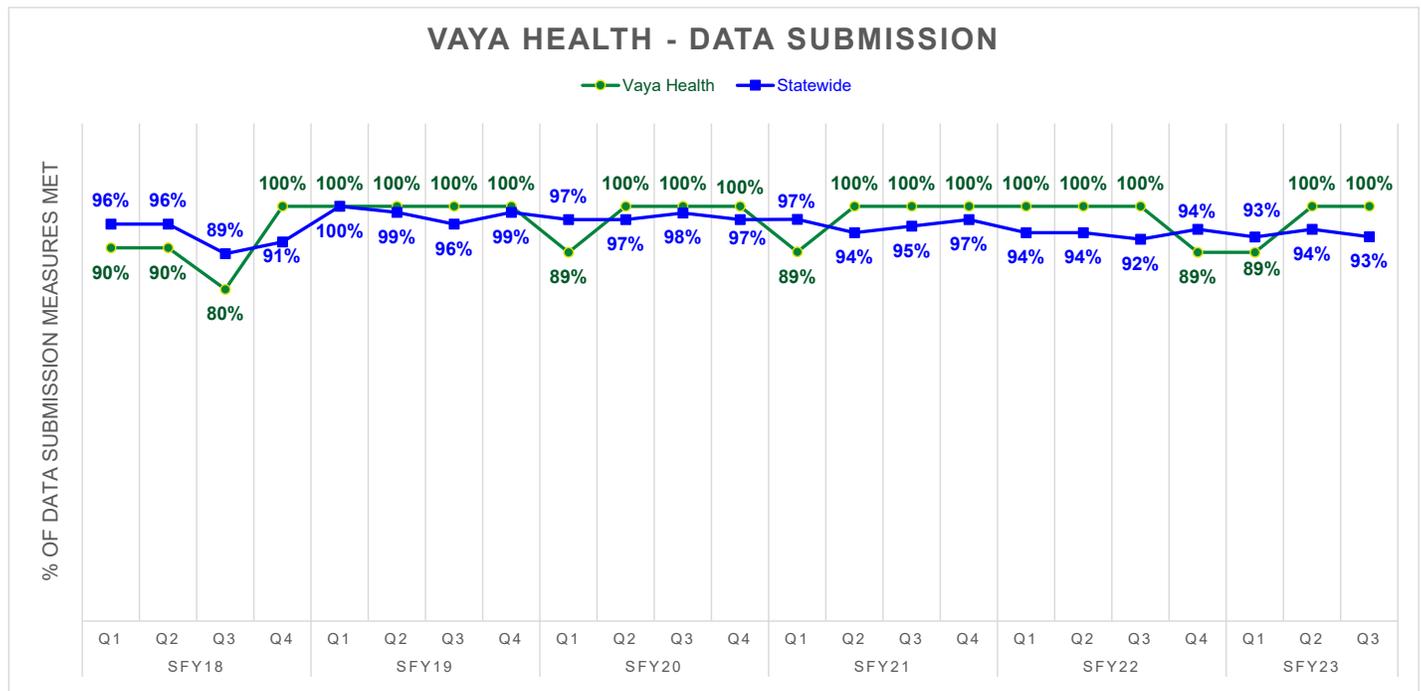
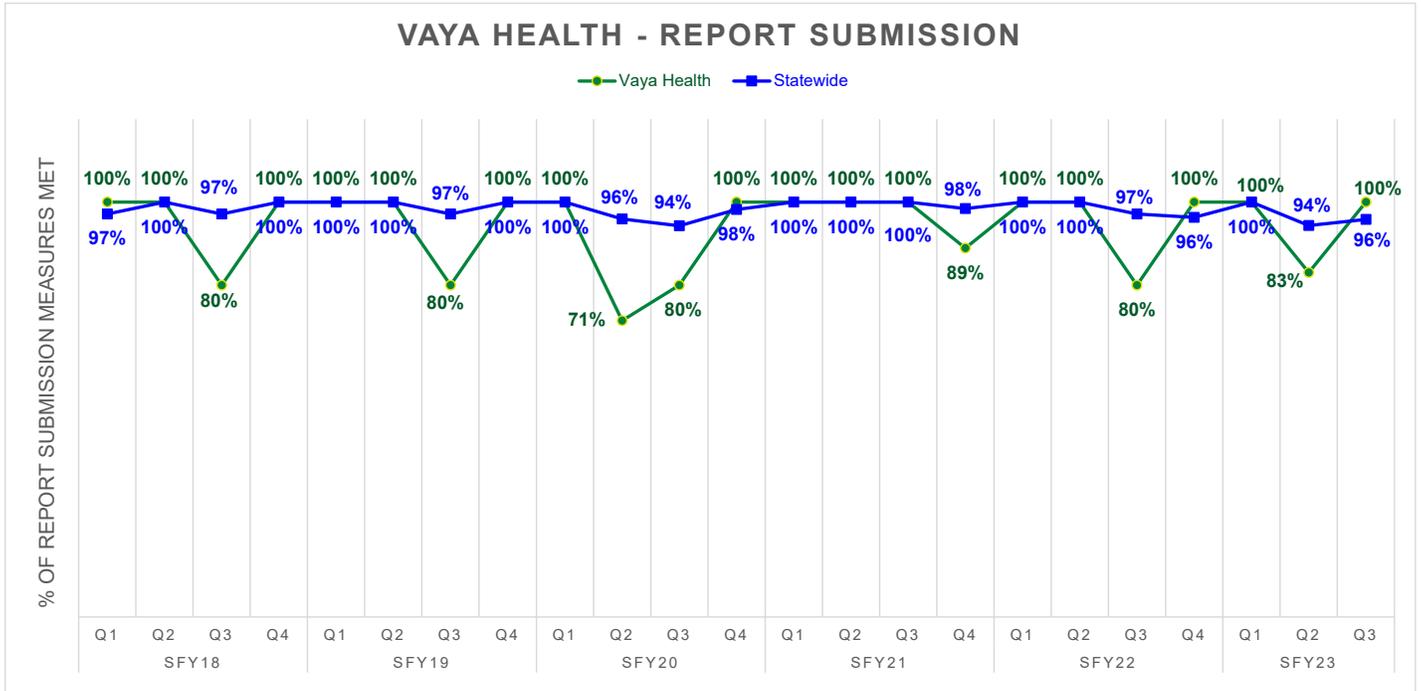


These graphs show Trillium Health Resources's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.





**SFY 2023 Third Quarter LME-MCO Compliance with Reports & Data Requirements**  
*Percent of Report and Data Submission Requirements Met*  
**SFY2018 - SFY2023 Q3**



These graphs show Vaya Health's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. 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.



**Reports and Data Monitored in the Quarterly Performance Contract Data/Report Submission Requirements Report**

Requirement	DMH/DD/SAS Report Contact	LME Actions	Reporting Schedule	Guidelines & Reports	Legislative citation for the requirement to collect the information or Allocation letter.	Description of how DMH staff uses the information.	Who uses the summary information/report.
<b>Monthly Financial Reports</b>	Jay Dixon (919) 715-2051 Jay.Dixon@dhhs.nc.gov	LME 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.	Monthly	Audits for all LME's are required to go to the Local Government Commission for Review and Approval.	Financial Status Report required by APSM 75-1, T10:14C.1102, report requested by the DHHS Controller's Office.	The data is monitored to determine County funding provided to the LME/MCO. The data is monitored to determine if revenues are exceeding expenditures. It also assists the budget office in determining whether an LME needs some level of financial monitoring.	Budget Office
<b>Substance Abuse/Juvenile Justice Initiative Quarterly Report</b>	Raquelle Hawkins 984-236-5261 raquelle.hawkins@dhhs.nc.gov	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). All reports are accurate and complete and are received no later than 10 days after the due date.	Quarterly	Monthly Reports are submitted electronically at: <a href="https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqEBD&amp;RID=MLRP_e9B5sBU39wccUKN&amp;Q_CHL=email">https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqEBD&amp;RID=MLRP_e9B5sBU39wccUKN&amp;Q_CHL=email</a> Reports available on DMH/DD/SAS website: <a href="http://www.jjsamhp.org/publications/">http://www.jjsamhp.org/publications/</a>	NC General Statute 122C-115.4	Report is submitted to federal office as part of block grant reporting	DMHDDSAS Office; NCDHHS Secretary's Office
<b>Work First Initiative Quarterly Reports</b>	Starleen Scott-Robbins (919) 715-2415 Starleen.Scott-Robbins@dhhs.nc.gov	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). All reports are accurate and complete and are received no later than 10 days after the due date.	Quarterly	Website under re-construction.	NC General Statute 108A-25.2; G.S. 108A-29.1; NC DSSFNS 290	Report is submitted to federal office as part of block grant reporting and to State DSS for legislative reporting.	DMHDDSAS Office; NCDHHS Secretary's Office; NC Legislature; NC Division of Social Services
<b>TBI Services Quarterly &amp; Annual Reports</b>	Scott Pokorny (919) 715-2255 Scott.Pokorny@dhhs.nc.gov	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): • 1st quarter report = Dec 31. • 2nd quarter report = Mar 31. • 3rd quarter report = Jun 30. • 4th quarter report = Aug 31. • Annual report = Jul 31.	Quarterly & Annually	Recent reports are not available on the web but are available upon request.	NC Senate Bill 704 and TBI specific allocation	Information is used to report data to the Brain Injury Advisory Council and to monitor performance of the use of services.	DMHDDSAS Leadership. Brain Injury Advisory Council
<b>LME-MCO Quarterly Complaints Report</b>	Glenda Stokes (919) 715-3197 Glenda.Stokes@dhhs.nc.gov	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): • 1st quarter report = Nov 15. • 2nd quarter report = Feb 15. • 3rd quarter report = May 15. • 4th quarter report = Aug 15.	Quarterly	Reports can be found at: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/Forms/index.htm#formsme">http://www.ncdhhs.gov/mhddsas/statpublications/Forms/index.htm#formsme</a>	NC General Statute 122C-115.4. 10A NCAC 27G .0609	Looks at LME performance trends. Summary of LME-MCO activities reported concerning complaints and consumer rights.	DMHDDSAS Central Office and NC Medicaid
<b>Client Data Warehouse (CDW) Admissions</b>	Madhavi Gannem (919) 715-2468 madhavi.gannem@dhhs.nc.gov	LME-MCO submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.	Monthly	CDW Reporting Requirements Manual website: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/Publications/CDW/cdwtechspecv1.12.pdf">http://www.ncdhhs.gov/mhddsas/statpublications/Publications/CDW/cdwtechspecv1.12.pdf</a> Reports available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/CDW/index.htm">http://www.ncdhhs.gov/mhddsas/providers/CDW/index.htm</a>	NC General Statute 122C-115.4. APSM 70-1. CDW Reporting Requirements Manual	Report is submitted to federal office as part of block grant reporting	DMHDDSAS Central Office; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
<b>Client Data Warehouse (CDW) Diagnosis Record</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of open clients who are enrolled in a benefit plan 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.					
<b>Client Data Warehouse (CDW) Unknown Data (Admissions)</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of all mandatory fields contain a value other than 'unknown' or 'other'.					
<b>Client Data Warehouse (CDW) Unknown Data (Discharges)</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown' or 'other'.					
<b>Client Data Warehouse (CDW) Identifying &amp; Demographic Records</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of open clients who are enrolled in a benefit plan 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.					
<b>Client Data Warehouse (CDW) Drug of Choice</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of open clients enrolled in any of the benefit plans: ASCDR, ASTER, ASWOM, CSSAD and ASOUD have a drug of choice record (record type 17) completed within 60 days of the beginning date of service.					
<b>Client Data Warehouse (CDW) Episode Completion Record (SUD Clients)</b>		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 Substance Abuse consumers who have had no billable service for at least 60 days. 90% of Substance Abuse clients admitted since October 1, 2006, who have had no billable service or administrative activity for at least 60 days, have an episode completion record.					
<b>NC-TOPPS Update Interviews</b>	Jennifer Bowman, (919) 715-2358 Jennifer.Bowman@dhhs.nc.gov	LME-MCOs are responsible for assuring that service providers conduct Initial and Update Interviews at appropriate intervals with consumers who qualify for NC-TOPPS. 90% of expected 3-month, 6-month, and 12-month update forms are received within ± 2 weeks of the required update month.	Quarterly	NC-TOPPS Guidelines and Dashboard is available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/index.htm">http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/index.htm</a>	NC General Statute 122C-115.4.	Report is submitted to federal office as part of block grant reporting	DMHDDSAS Office; NC Medicaid; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
<b>System of Care Report</b>	Stacie Forrest 984-236-5027 stacie.forrest@dhhs.nc.gov  Kristin Jerger 919-714-2774 Kristin.Jerger@dhhs.nc.gov	LME-MCO submits a semi-annual System of Care Report by the 31st of the month following the end of the 2nd and 4th quarters (or next business day if the due date is a weekend or holiday). All reports are accurate and complete and received no later than 7 days after the due date.	Semi-annually	SOC information: <a href="http://www.ncdhhs.gov/mhddsas/services/serviceschildfamily/index.htm">http://www.ncdhhs.gov/mhddsas/services/serviceschildfamily/index.htm</a>	NC General Statute 122C-115.4.	Data is used in the System of Care Year end Activity report. In addition the data is reported as a part of the MH Block Grant	DMHDDSAS Leadership; Internal staff.
<b>SAPTBG Compliance Report</b>	DeDe Severino (919) 715-2281 Dede.Severino@dhhs.nc.gov	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 and are received no later than 10 days after the due date.	Semi-annually	The SAPTBG Compliance Report template available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/Forms/index.htm#formsme">http://www.ncdhhs.gov/mhddsas/statpublications/Forms/index.htm#formsme</a>  SAMHSA Synar report includes NC data: SAMHSA Synar report includes NC data: <a href="http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf">http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf</a>	NC General Statute 122C-115.4	Aggregate data from the report is submitted to federal office as part of block grant reporting	DMHDDSAS Office; NCDHHS Secretary's Office

**Reports and Data Monitored in the Quarterly Performance Contract Data/Report Submission Requirements Report**

Requirement	DMH/DD/SAS Report Contact	LME Actions	Reporting Schedule	Guidelines & Reports	Legislative citation for the requirement to collect the information or Allocation letter.	Description of how DMH staff uses the information.	Who uses the summary information/report.
<b>National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys</b>	Lisa Jackson (984) 365-6242 lisa.jackson@dhhs.nc.gov	The LME-MCO, through providers, submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME-MCO will also submit information needed for the mailed survey. All submissions are complete. 75% of the pre-surveys, consents, and mail survey information are received by the due date and are complete.	Annually - Fourth Quarter	DM/DD/SAS-Community Policy Management Section annually sends correspondence to LMEs explaining the NCI process and what is required (e.g. database, consent forms, pre-surveys, refusal forms, and names and addresses of legal guardians/family members). For reports go to the National Core Indicator website: <a href="http://www.nationalcoreindicators.org/">http://www.nationalcoreindicators.org/</a>	NC General Statute 122C-115.4.	Data is sent to HSRI as a part of the NCI national project. Measures are generated as a part of the Innovations Waiver.	DMHDDSAS Office; NC Medicaid; NCDHHS Secretary's Office; Office of Disability and Health; NC Legislature; Federal Reporting.