LME-MCO Quarterly Performance Measures:

Performance Report

Fourth Quarter SFY 2023-2024

April 1 - June 30, 2024

(All Measures Reported)

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

November 25, 2024

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

Quality
NC DMH/DD/SUS

Introduction

The NC Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) has been tracking the effectiveness of community systems through statewide performance indicators since 2006[1]. These indicators provide a means for Executive Leadership, the NC public and General Assembly to monitor how the public service system is performing its responsibilities. Regular reporting of community progress also assists local and state managers in identifying areas of success and areas in need of attention. Problems caught early can be addressed more effectively. Success in a particular component of the service system by one community can be used as a model to guide development in other communities.

These performance indicators describe an observed level of activity (percent of persons that received a service for a MH, I/DD, or SUD condition or that received a timely follow-up service), but do not explain why the level is as it is. Results do not reveal the substantial "behind-the-scene" activities, processes and interactions involving service providers, LME/MCO and state staff, consumers, and family members, and cannot reveal which factors account for differences in measured levels of quality. Identifying and understanding these factors require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

The performance indicators in this report were chosen to reflect:

- accepted standards of care,
- fair and reliable measures, and
- readily available data sources.

In this report, there are 34 broad category of indicators with 144 items measured. Each performance indicator includes an overview explaining the rationale and a description of the measure. Performance data is summarized for each LME/MCO and the state as a whole for the most recent period for which data is available. For brevity, county-level data for the indicators are not included in this report. That data is maintained separately and may be made available upon request.

The data in this report is a compilation of LME/MCO reported performance measures data submitted to DMH/DD/SUS on 11/17/24 for the 4th Quarter SFY2024 measurement period. Please note that the performance data for the quarter is based on claims paid as of 4 months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

In the process of compiling this report, DMH/DD/SUS did not identify any missing data or data anomalies. LME/MCOs are being given the opportunity to review the report and compare their data to other LME/MCOs and statewide data to ensure their reported numbers are accurate and complete. As it is rare for an LME/MCO to submit a revision when no missing data or data anomalies are noted, this report will be considered to be the final report unless a request for revision is received. If a request for revision is received, a revised report will be reissued.

LME/MCOs are requested to review the report and to submit any needed corrections to the DMH/DD/SUS Quality Management Section at contactdmhquality@dhhs.nc.gov by 1/6/25. If submitting a revised report, **please note which measures were revised**. If no revisions are requested by that date, the report will remain the final report.

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

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

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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

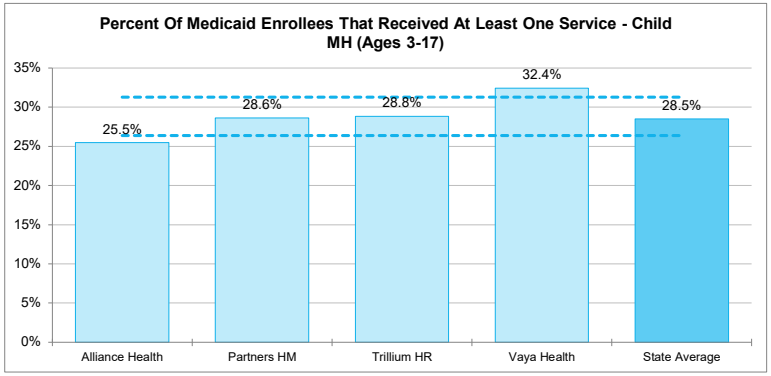
PENETRATION

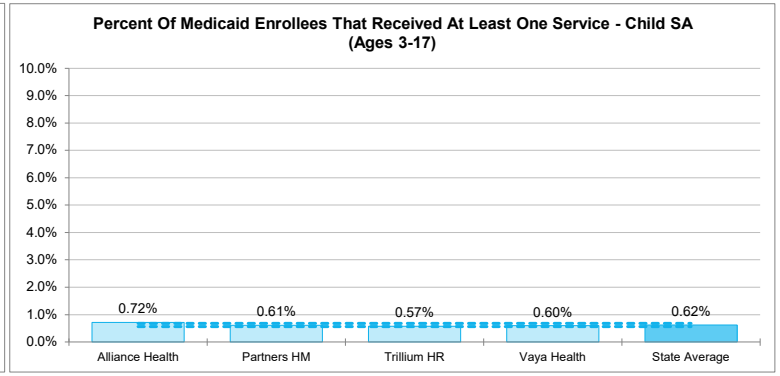
3.1 Persons Served: Medicaid Enrollees

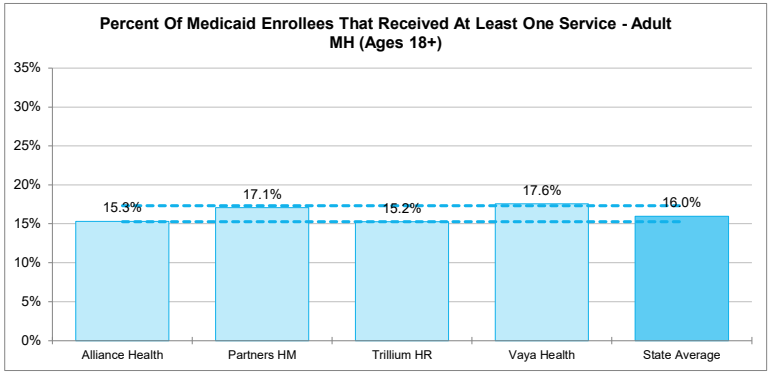
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

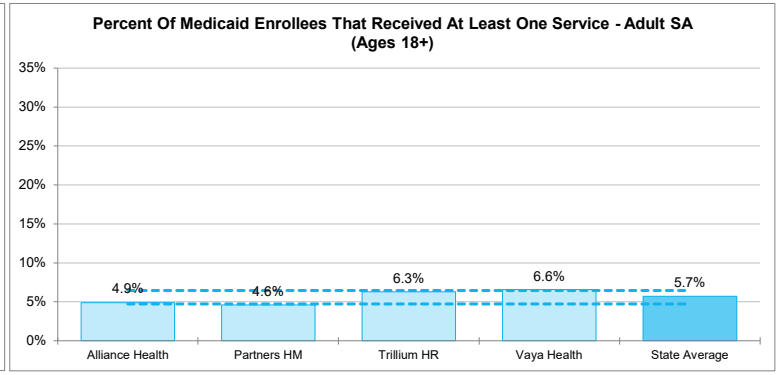
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	8,675	34,048	25.5%	18,680	122,176	15.3%	244	34,048	0.72%	5,990	122,176	4.9%
Partners Health Management	4,720	16,490	28.6%	11,015	64,546	17.1%	100	16,490	0.61%	2,974	64,546	4.6%
Trillium Health Resources	11,865	41,146	28.8%	26,738	175,360	15.2%	235	41,146	0.57%	11,023	175,360	6.3%
Vaya Health	7,432	22,928	32.4%	15,213	86,619	17.6%	137	22,928	0.60%	5,694	86,619	6.6%
Statewide	32,692	114,612	28.5%	71,646	448,701	16.0%	716	114,612	0.62%	25,681	448,701	5.7%
Standard Deviation			2.5%			1.0%			0.06%			0.8%
LME-MCO Average			28.8%			16.3%			0.62%			5.6%









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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

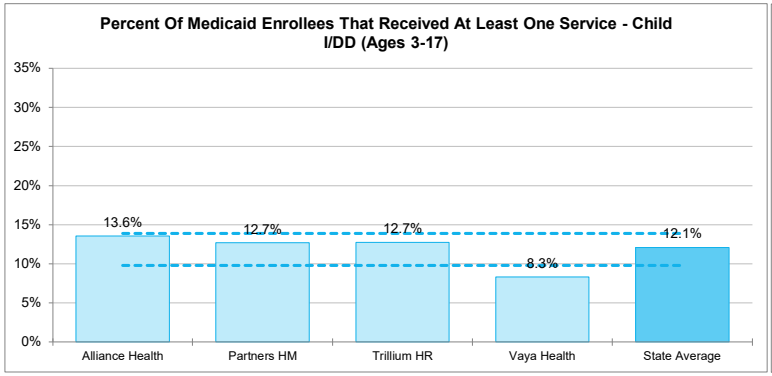
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

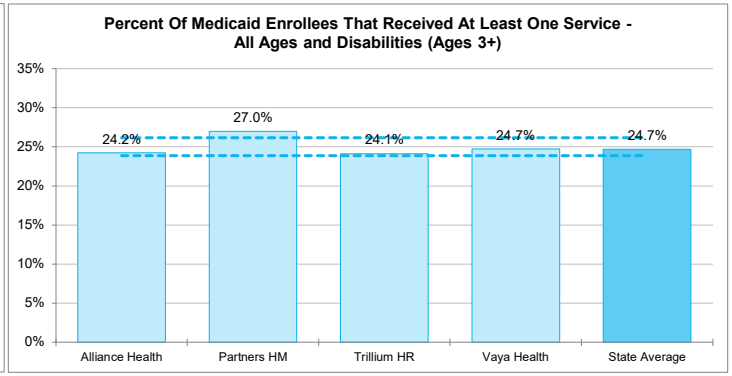
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	4,622	34,048	13.6%	6,791	122,176	5.6%	37,872	156,224	24.2%
Partners Health Management	2,093	16,490	12.7%	4,857	64,546	7.5%	21,868	81,036	27.0%
Trillium Health Resources	5,244	41,146	12.7%	8,383	175,360	4.8%	52,232	216,506	24.1%
Vaya Health	1,912	22,928	8.3%	3,870	86,619	4.5%	27,071	109,547	24.7%
Statewide	13,871	114,612	12.1%	23,901	448,701	5.3%	139,043	563,313	24.7%
Standard Deviation			2.1%			1.2%			1.2%
LME-MCO Average			11.8%			5.6%			25.0%

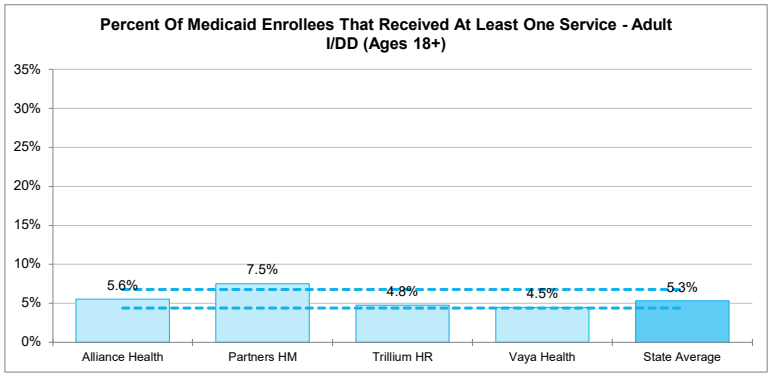
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
45,002	156,224
25,759	81,036
63,488	216,506
34,258	109,547

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.







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

State Fiscal Year:	2025	**Measurement Period:**	Jul 2023 - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

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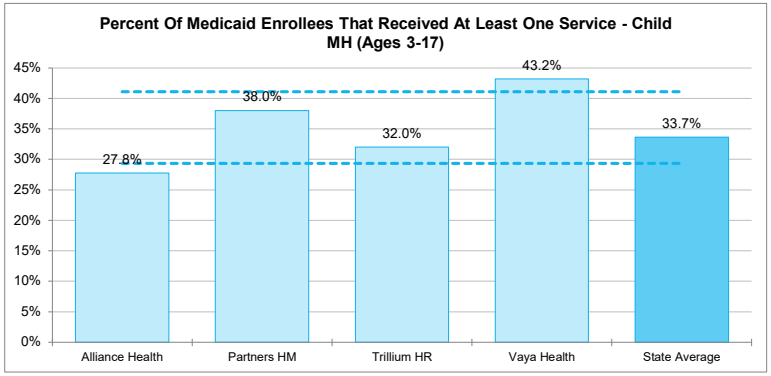
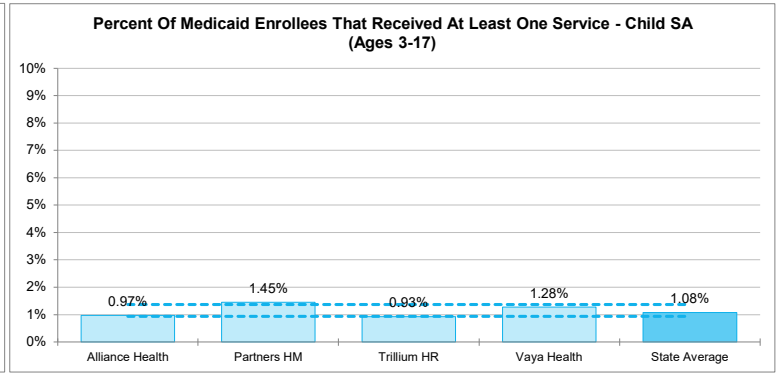
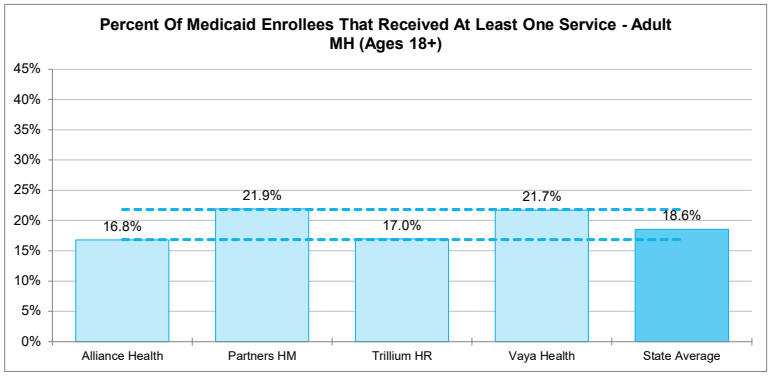
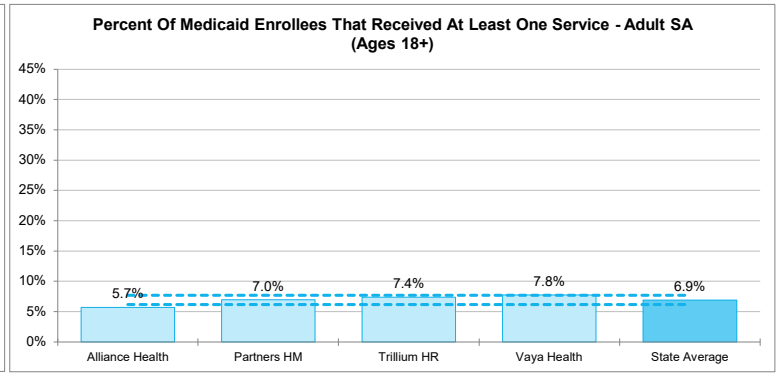
	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	12,954	46,674	27.8%	27,424	163,515	16.8%	454	46,674	0.97%	9,341	163,515	5.7%
Partners Health Management	7,197	18,928	38.0%	17,279	78,900	21.9%	274	18,928	1.45%	5,497	78,900	7.0%
Trillium Health Resources	15,358	48,004	32.0%	35,114	206,891	17.0%	446	48,004	0.93%	15,257	206,891	7.4%
Vaya Health	12,466	28,872	43.2%	24,632	113,512	21.7%	369	28,872	1.28%	8,807	113,512	7.8%
Statewide	47,975	142,478	33.7%	104,449	562,818	18.6%	1,543	142,478	1.08%	38,902	562,818	6.9%
Standard Deviation			5.9%			2.5%			0.2%			0.8%
LME-MCO Average			35.2%			19.3%			1.2%			7.0%









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

State Fiscal Year:	2025	**Measurement Period:**	Jul 2023 - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

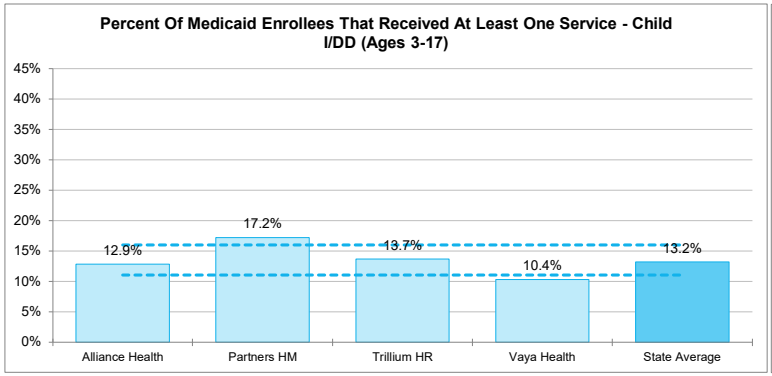
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

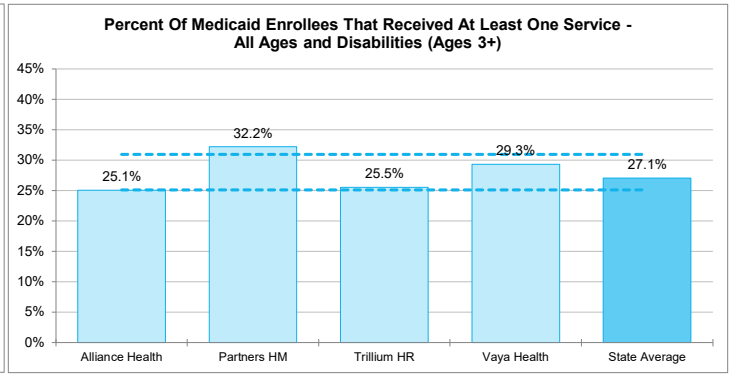
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	6,000	46,674	12.9%	7,550	163,515	4.6%	52,672	210,189	25.1%
Partners Health Management	3,264	18,928	17.2%	5,474	78,900	6.9%	31,514	97,828	32.2%
Trillium Health Resources	6,573	48,004	13.7%	9,407	206,891	4.5%	65,027	254,895	25.5%
Vaya Health	2,992	28,872	10.4%	4,548	113,512	4.0%	41,726	142,384	29.3%
Statewide	18,829	142,478	13.2%	26,979	562,818	4.8%	190,939	705,296	27.1%
Standard Deviation			2.5%			1.1%			2.9%
LME-MCO Average			13.5%			5.0%			28.0%

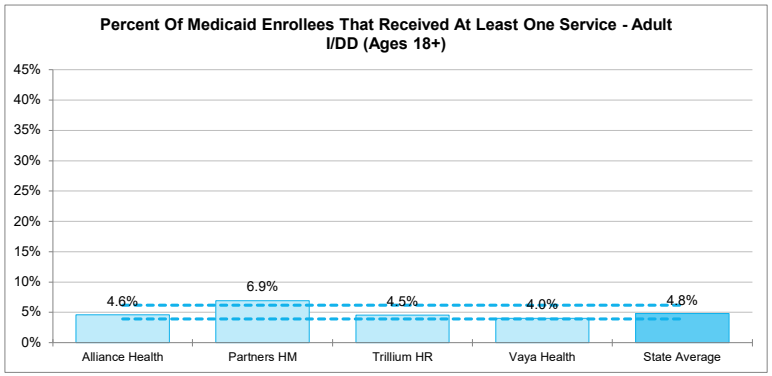
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
63,723	210,189
38,985	97,828
82,155	254,895
53,814	142,384

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







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State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

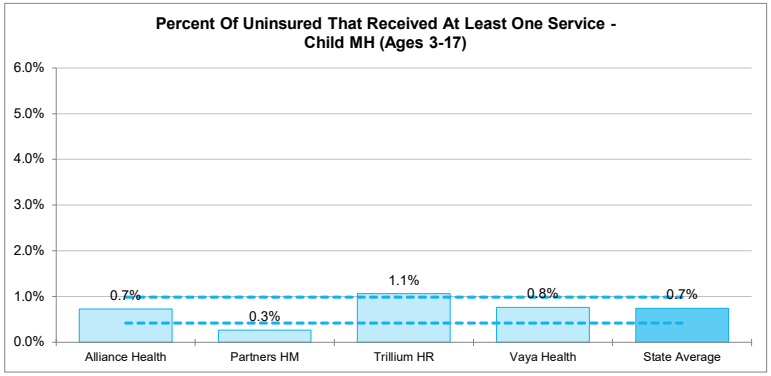
PENETRATION

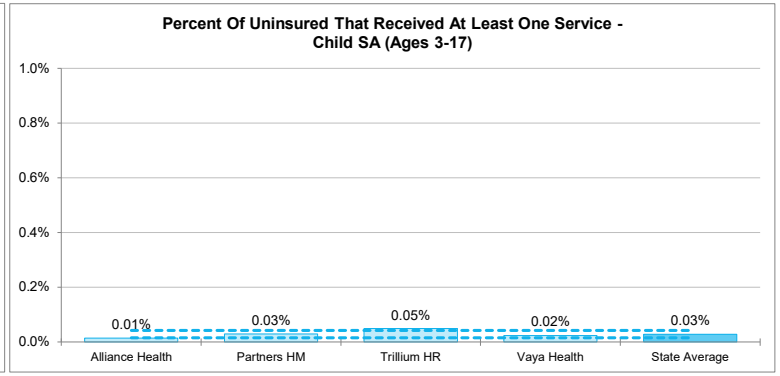
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

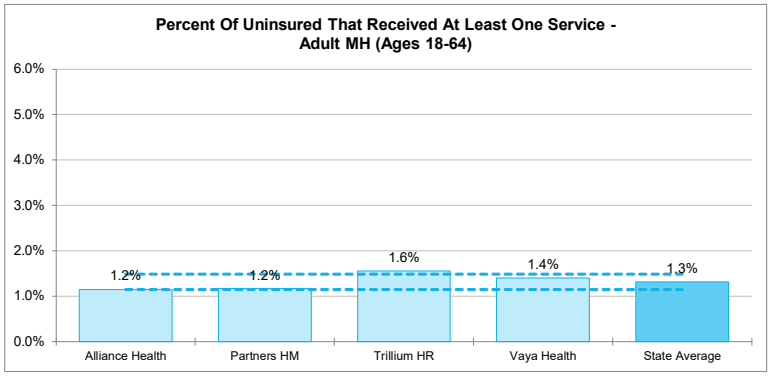
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

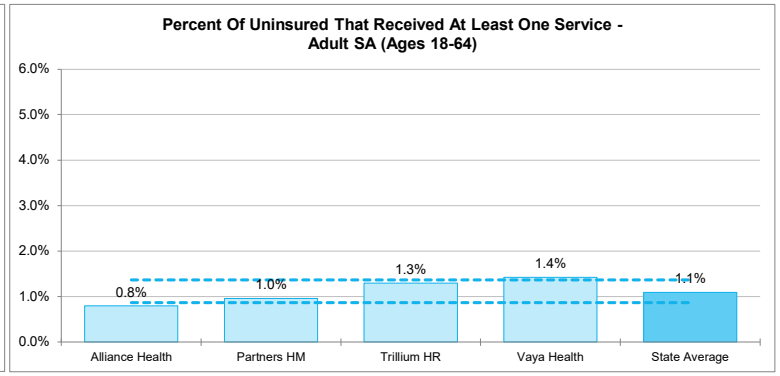
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	266	36,663	0.7%	3,524	306,346	1.2%	5	36,663	0.01%	2,436	306,346	0.8%
Partners Health Management	55	20,501	0.3%	2,433	208,248	1.2%	6	20,501	0.03%	1,999	208,248	1.0%
Trillium Health Resources	324	30,484	1.1%	4,688	301,846	1.6%	15	30,484	0.05%	3,908	301,846	1.3%
Vaya Health	127	16,632	0.8%	2,496	178,339	1.4%	4	16,632	0.02%	2,536	178,339	1.4%
Statewide	772	104,280	0.7%	13,141	994,779	1.3%	30	104,280	0.03%	10,879	994,779	1.1%
Standard Deviation			0.3%			0.2%			0.01%			0.3%
LME-MCO Average			0.7%			1.3%			0.03%			1.1%









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PENETRATION

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

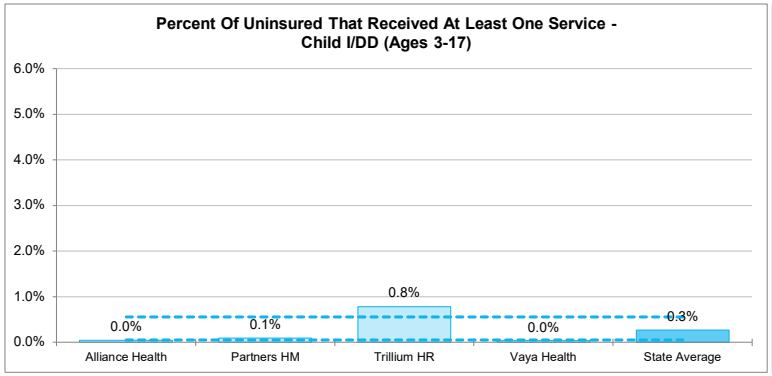
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

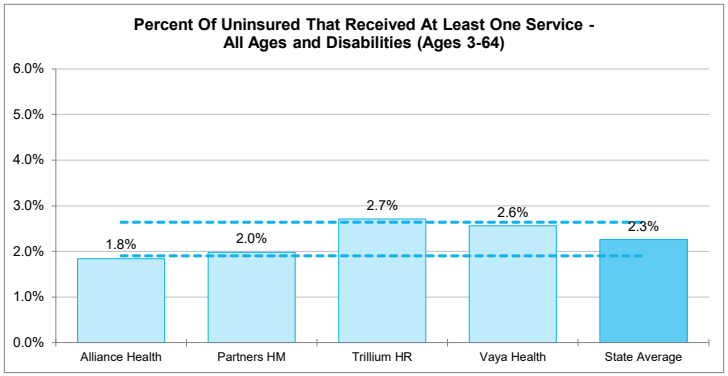
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

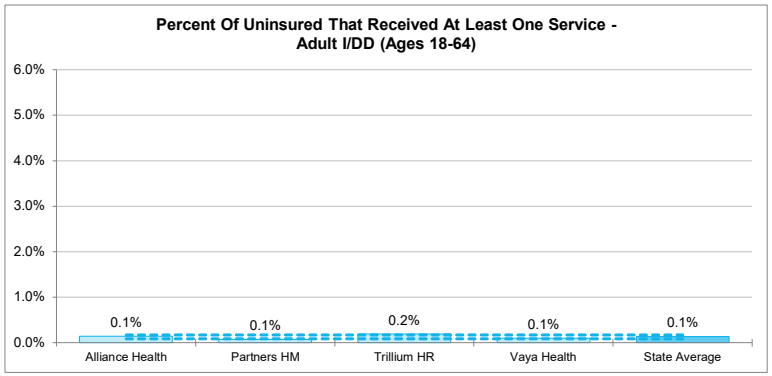
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	18	36,663	0.0%	427	306,346	0.1%	6,119	332,237	1.8%	6,676
Partners Health Management	20	20,501	0.1%	155	208,248	0.1%	4,330	218,476	2.0%	4,668
Trillium Health Resources	239	30,484	0.8%	580	301,846	0.2%	8,682	320,667	2.7%	9,754
Vaya Health	6	16,632	0.0%	178	178,339	0.1%	4,823	188,287	2.6%	5,347
Statewide	283	104,280	0.3%	1,340	994,779	0.1%	23,954	1,059,667	2.3%	
Standard Deviation			0.3%			0.0%			0.4%	
LME-MCO Average			0.2%			0.1%			2.3%	

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

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







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

State Fiscal Year:	2025	**Measurement Period:**	Jul 2023 - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

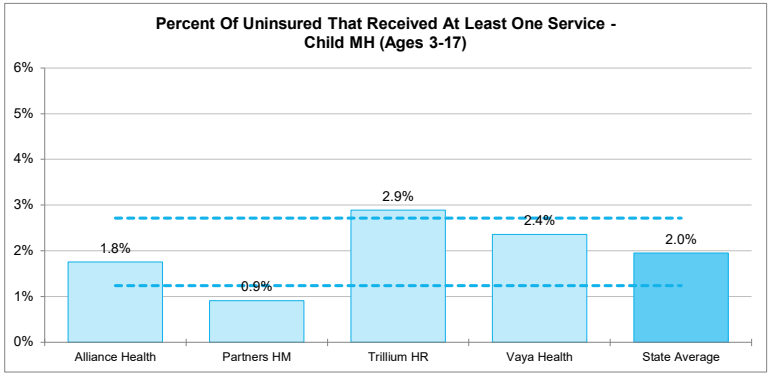
PENETRATION

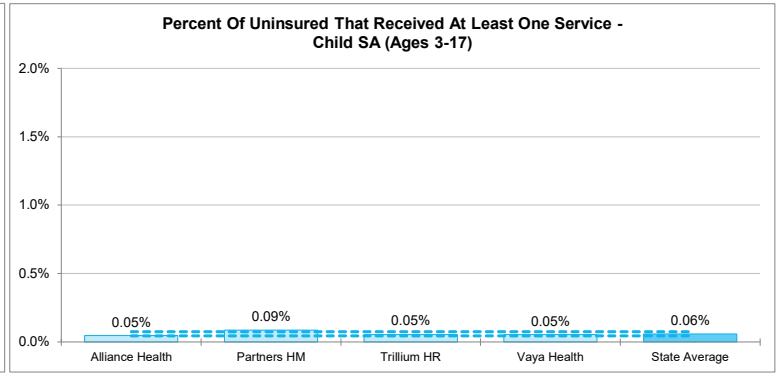
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

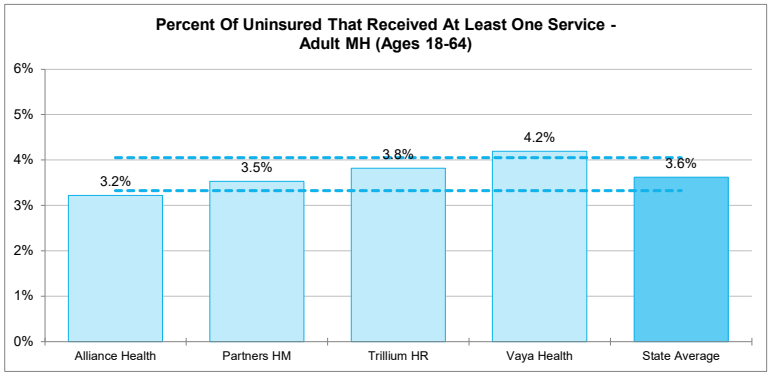
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

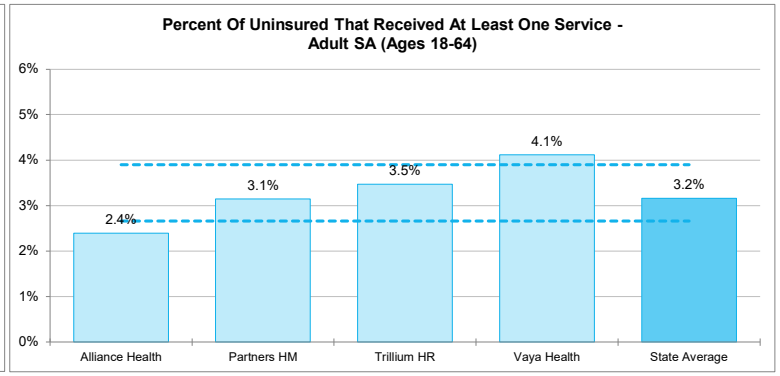
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	643	36,663	1.8%	9,857	306,346	3.2%	17	36,663	0.05%	7,330	306,346	2.4%
Partners Health Management	187	20,501	0.9%	7,344	208,248	3.5%	18	20,501	0.09%	6,547	208,248	3.1%
Trillium Health Resources	686	23,734	2.9%	8,743	228,969	3.8%	13	23,734	0.05%	7,935	228,969	3.5%
Vaya Health	392	16,632	2.4%	7,477	178,339	4.2%	9	16,632	0.05%	7,335	178,339	4.1%
Statewide	1,908	97,530	2.0%	33,421	921,902	3.6%	57	97,530	0.06%	29,147	921,902	3.2%
Standard Deviation			0.7%			0.4%			0.02%			0.6%
LME-MCO Average			2.0%			3.7%			0.06%			3.3%









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

State Fiscal Year:	2025	**Measurement Period:**	Jul 2023 - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

PENETRATION

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

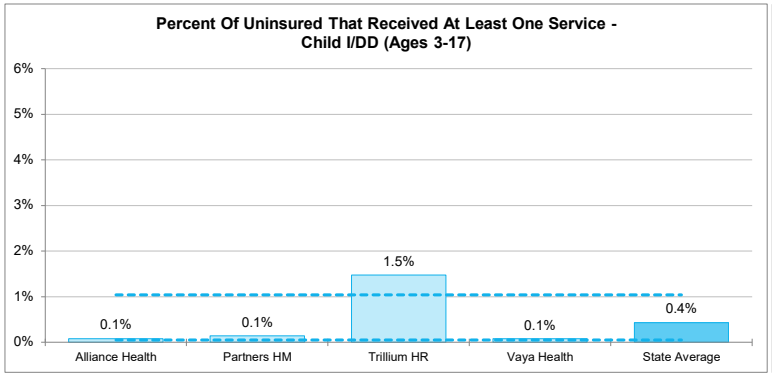
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

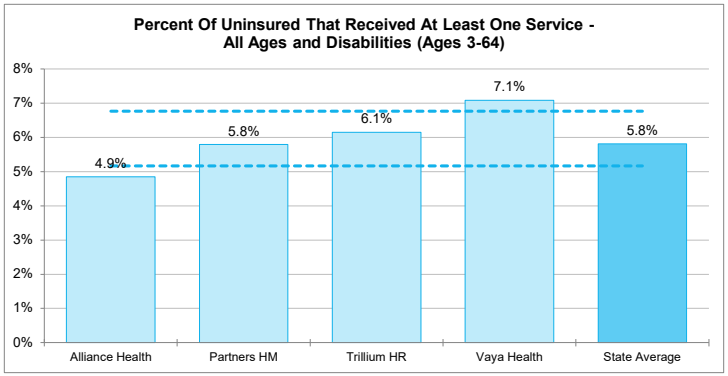
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

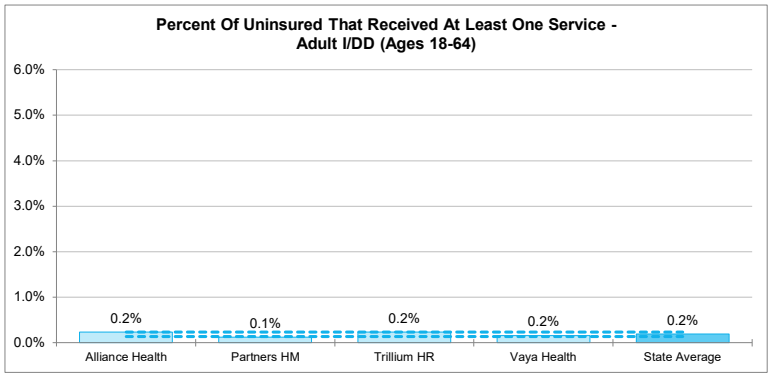
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	30	36,663	0.1%	715	306,346	0.2%	16,117	332,237	4.9%	18,592
Partners Health Management	30	20,501	0.1%	248	208,248	0.1%	12,650	218,476	5.8%	14,374
Trillium Health Resources	350	23,734	1.5%	536	228,969	0.2%	15,033	244,671	6.1%	18,263
Vaya Health	13	16,632	0.1%	280	178,339	0.2%	13,341	188,287	7.1%	15,506
Statewide	423	97,530	0.4%	1,779	921,902	0.2%	57,141	983,672	5.8%	
Standard Deviation			0.6%			0.0%			0.8%	
LME-MCO Average			0.4%			0.2%			6.0%	

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

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.







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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

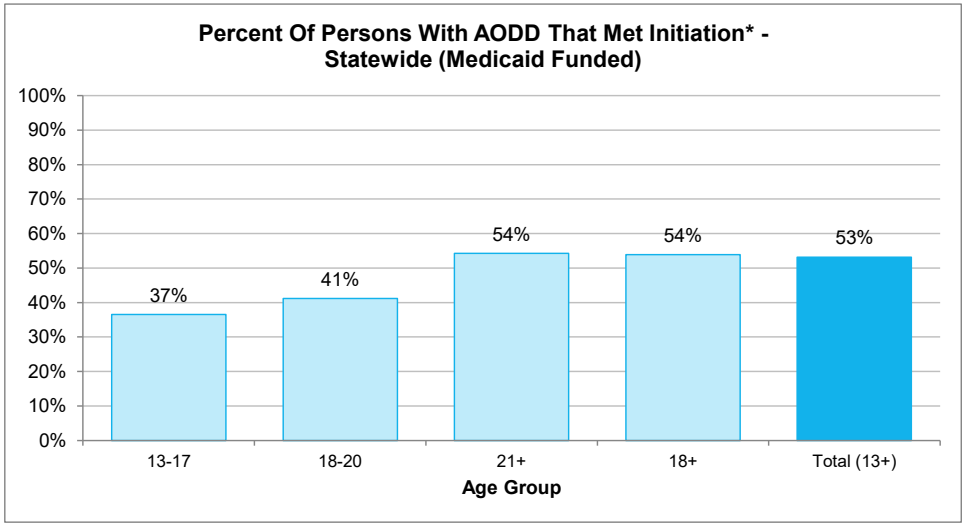
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

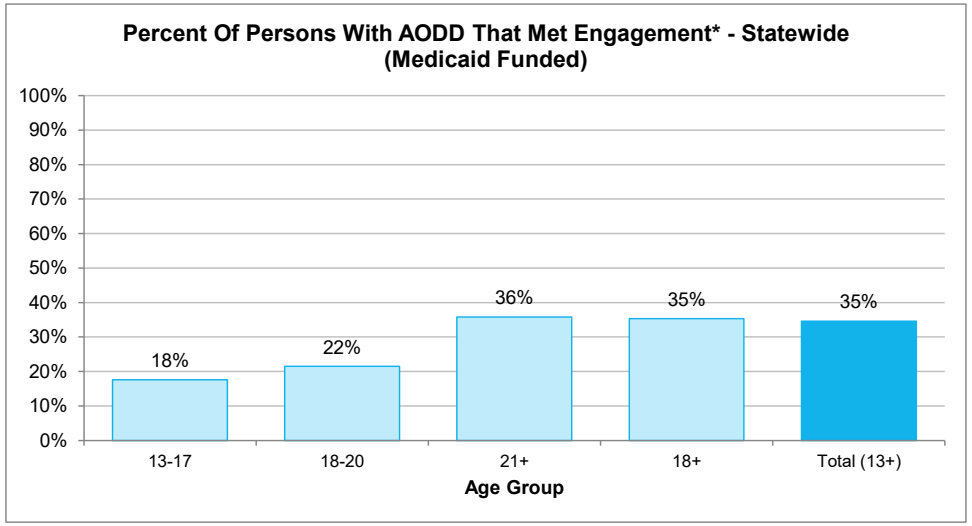
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	110	38	153	53	301	37%	13%	51%	18%
18-20	86	26	97	45	209	41%	12%	46%	22%
21+	3,617	775	2,273	2,386	6,665	54%	12%	34%	36%
18+	3,703	801	2,370	2,431	6,874	54%	12%	34%	35%
Total (13+)	3,813	839	2,523	2,484	7,175	53%	12%	35%	35%





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

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

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

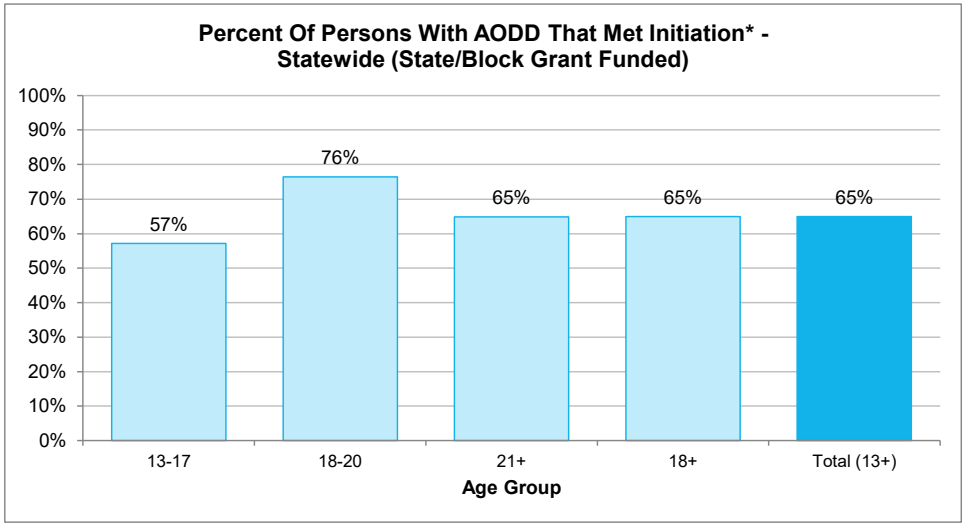
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

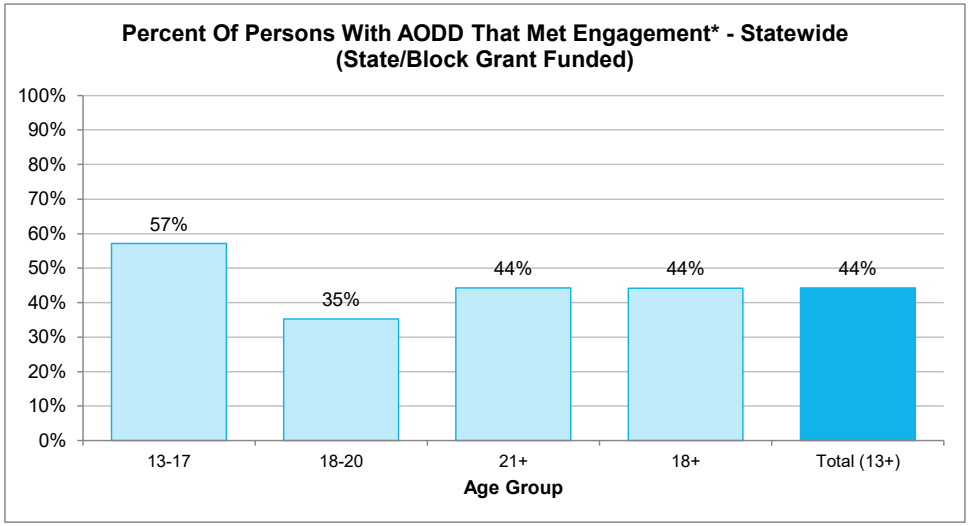
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	4	0	3	4	7	57%	0%	43%	57%
18-20	13	3	1	6	17	76%	18%	6%	35%
21+	1,087	152	437	742	1,676	65%	9%	26%	44%
18+	1,100	155	438	748	1,693	65%	9%	26%	44%
Total (13+)	1,104	155	441	752	1,700	65%	9%	26%	44%





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

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

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

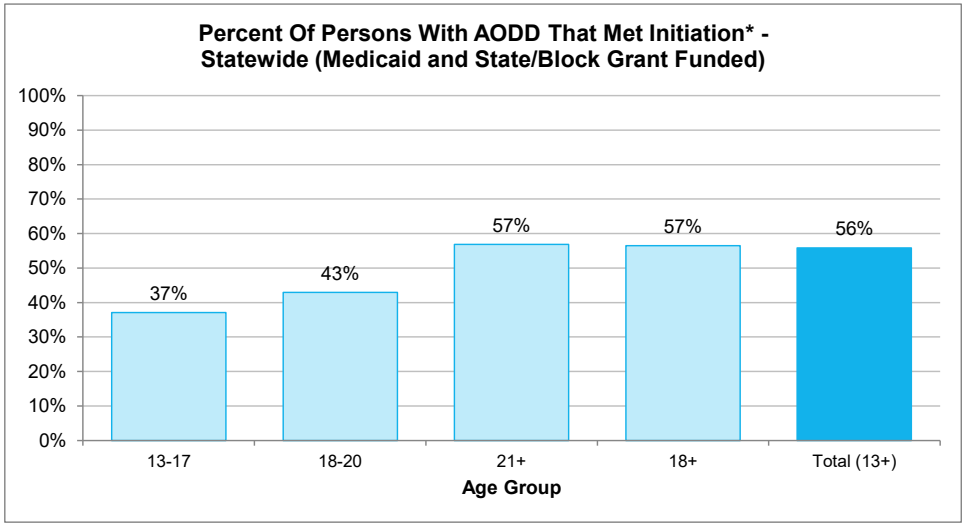
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

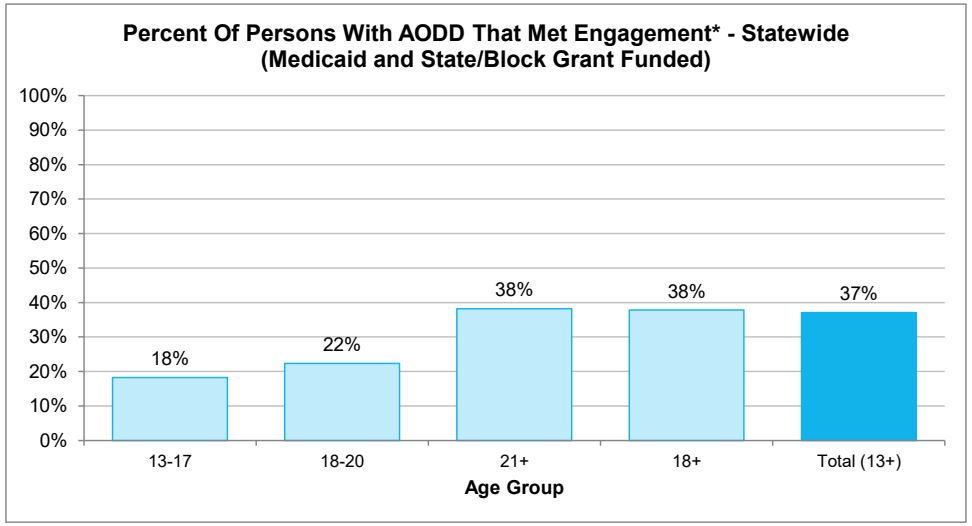
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	116	39	158	57	313	37%	12%	50%	18%
18-20	100	30	103	52	233	43%	13%	44%	22%
21+	4,771	939	2,678	3,205	8,388	57%	11%	32%	38%
18+	4,871	969	2,781	3,257	8,621	57%	11%	32%	38%
Total (13+)	4,987	1,008	2,939	3,314	8,934	56%	11%	33%	37%





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

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

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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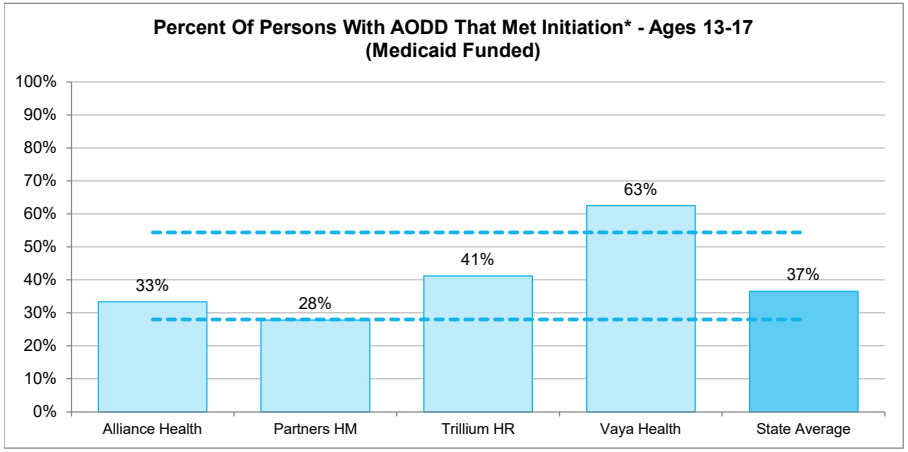
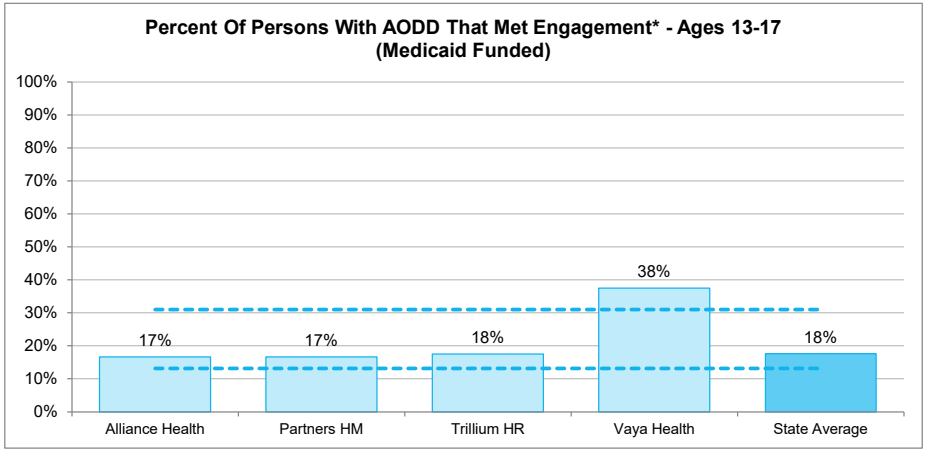
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 13-17 (Medicaid Funded)									
Alliance Health	36	8	64	18	108	33%	7%	59%	17%
Partners Health Management	15	5	34	9	54	28%	9%	63%	17%
Trillium Health Resources	54	22	55	23	131	41%	17%	42%	18%
Vaya Health	5	3	0	3	8	63%	38%	0%	38%
State Average	110	38	153	53	301	37%	13%	51%	18%
Standard Deviation						13.2%	11.9%	25.0%	8.9%
LME-MCO Average						41%	18%	41%	22%



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



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

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

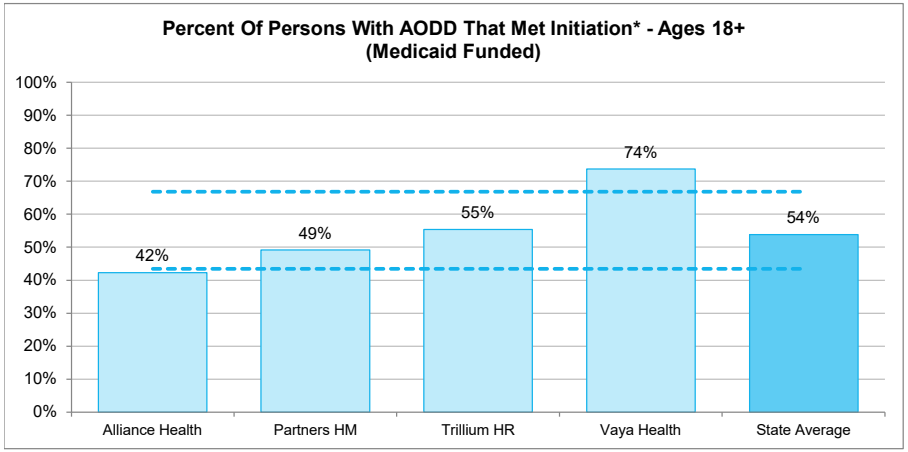
INITIATION AND ENGAGEMENT

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

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	635	167	700	415	1,502	42%	11%	47%	28%
Partners Health Management	500	101	415	338	1,016	49%	10%	41%	33%
Trillium Health Resources	1,946	431	1,135	1,440	3,512	55%	12%	32%	41%
Vaya Health	622	102	120	238	844	74%	12%	14%	28%
State Average	3,703	801	2,370	2,431	6,874	54%	12%	34%	35%
Standard Deviation						11.7%	0.9%	12.2%	5.4%
LME-MCO Average						55%	11%	33%	33%



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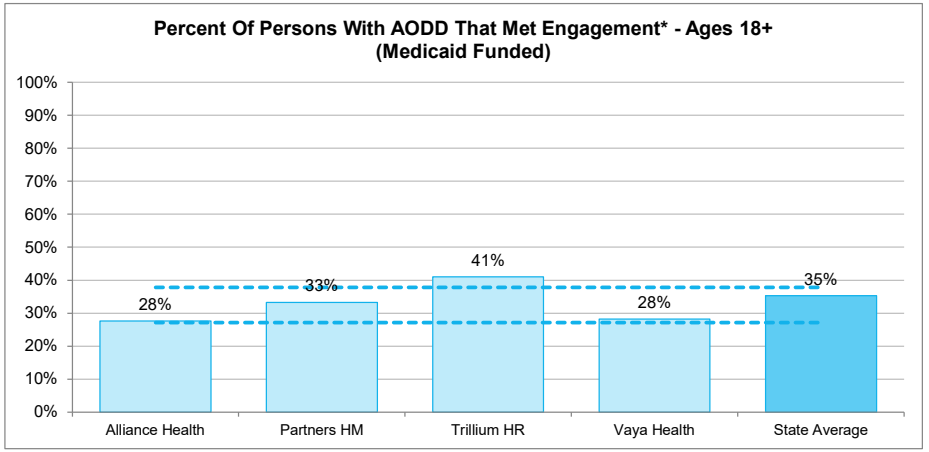

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

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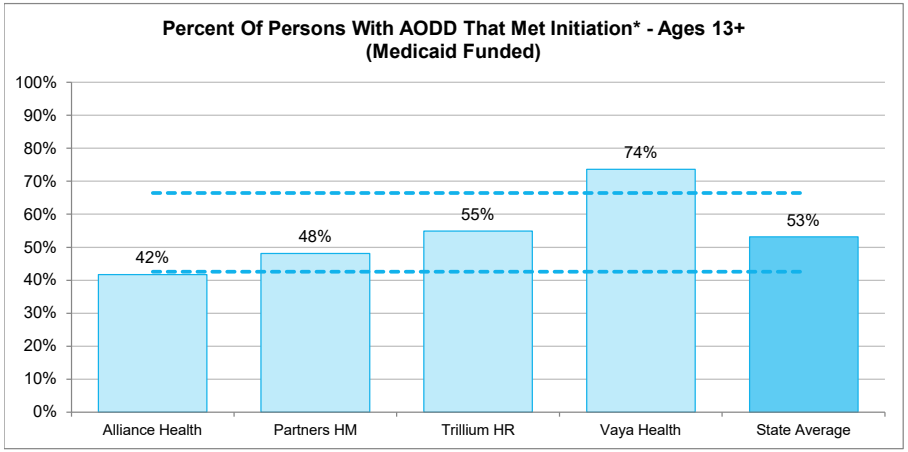
Persons Ages 13+ (Medicaid Funded)									
Alliance Health	671	175	764	433	1,610	42%	11%	47%	27%
Partners Health Management	515	106	449	347	1,070	48%	10%	42%	32%
Trillium Health Resources	2,000	453	1,190	1,463	3,643	55%	12%	33%	40%
Vaya Health	627	105	120	241	852	74%	12%	14%	28%
State Average	3,813	839	2,523	2,484	7,175	53%	12%	35%	35%
Standard Deviation						11.9%	1.1%	12.7%	5.2%
LME-MCO Average						55%	11%	34%	32%



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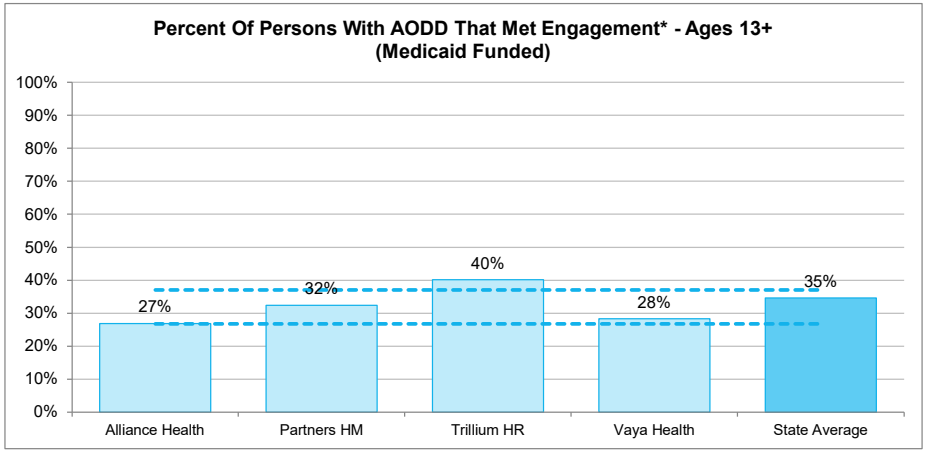

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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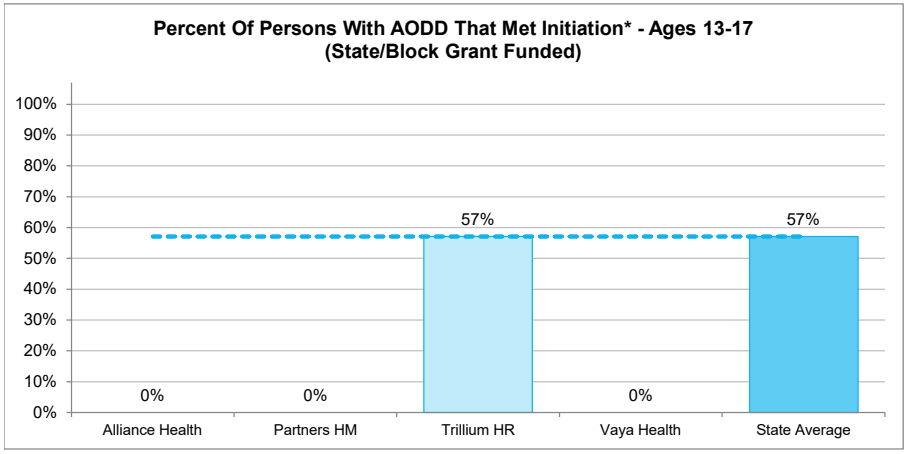
Persons Ages 13-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	4	0	3	4	7	57%	0%	43%	57%
Vaya Health	0	0	0	0	0				
State Average	4	0	3	4	7	57%	0%	43%	57%
Standard Deviation						0.0%	0.0%	0.0%	0.0%
LME-MCO Average		[Alliance, Partners, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.]				57%	0%	43%	57%



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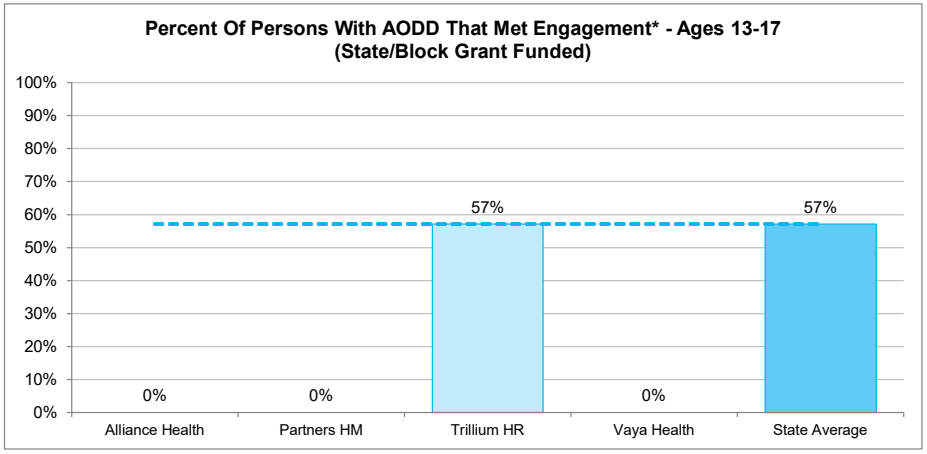

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
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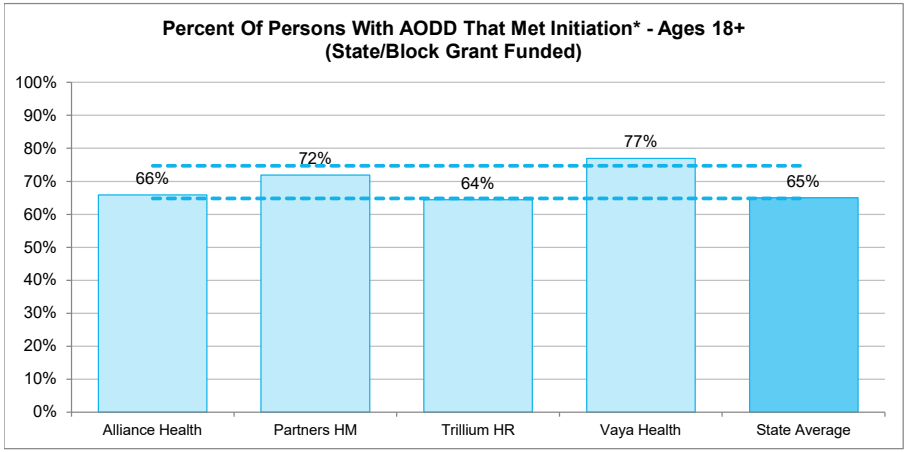
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	87	2	43	78	132	66%	2%	33%	59%
Partners Health Management	46	2	16	40	64	72%	3%	25%	63%
Trillium Health Resources	947	148	376	620	1,471	64%	10%	26%	42%
Vaya Health	20	3	3	10	26	77%	12%	12%	38%
State Average	1,100	155	438	748	1,693	65%	9%	26%	44%
Standard Deviation						5.0%	4.3%	7.6%	10.4%
LME-MCO Average						70%	7%	24%	51%



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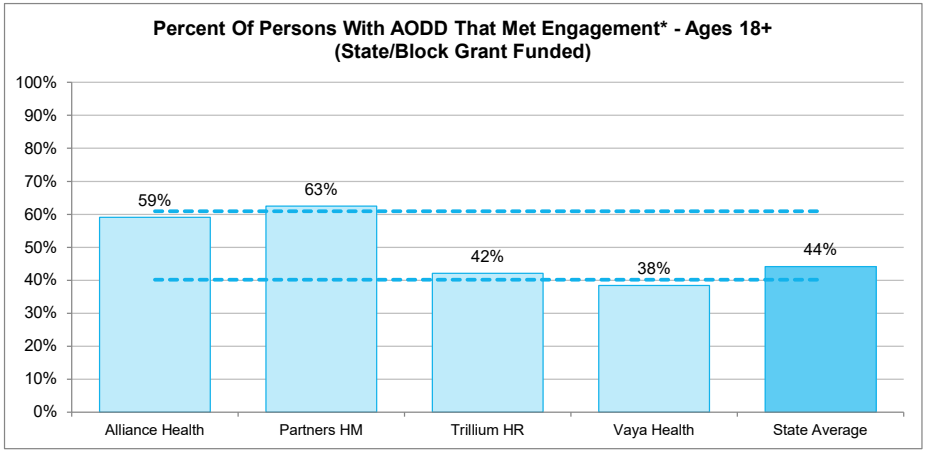

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
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INITIATION AND ENGAGEMENT

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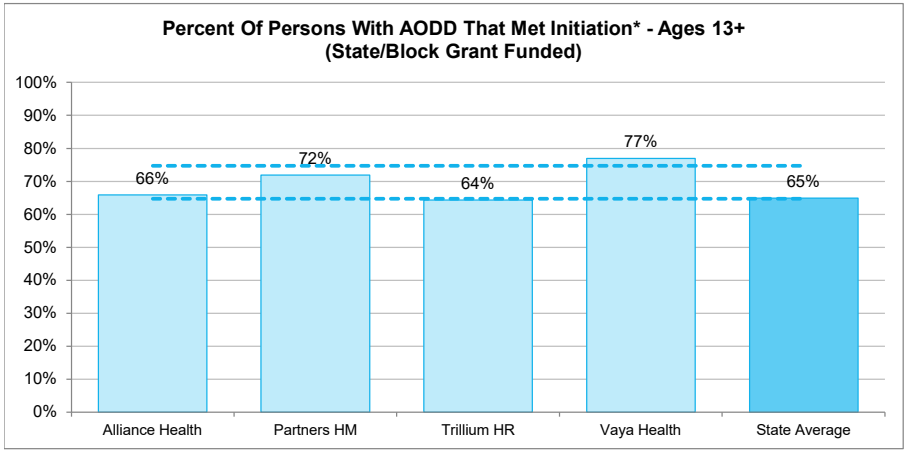
Persons Ages 13+ (State/Block Grant Funded)									
Alliance Health	87	2	43	78	132	66%	2%	33%	59%
Partners Health Management	46	2	16	40	64	72%	3%	25%	63%
Trillium Health Resources	951	148	379	624	1,478	64%	10%	26%	42%
Vaya Health	20	3	3	10	26	77%	12%	12%	38%
State Average	1,104	155	441	752	1,700	65%	9%	26%	44%
Standard Deviation						5.0%	4.3%	7.6%	10.4%
LME-MCO Average						70%	7%	24%	51%



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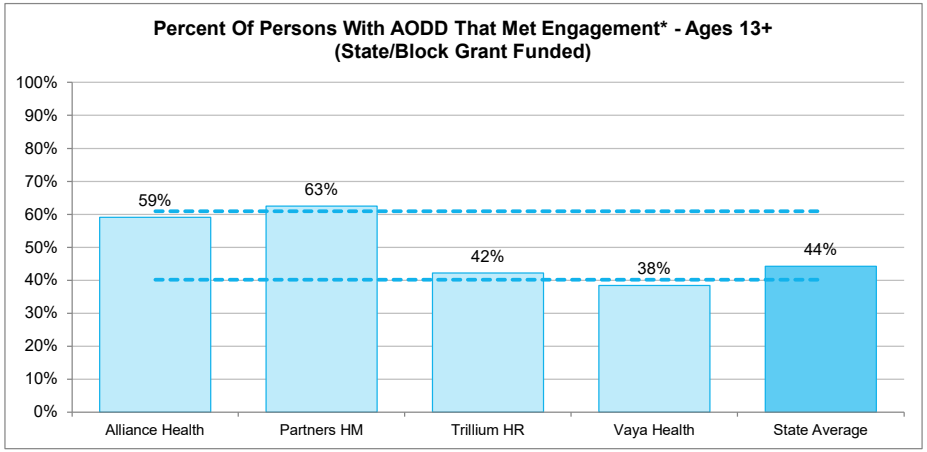

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
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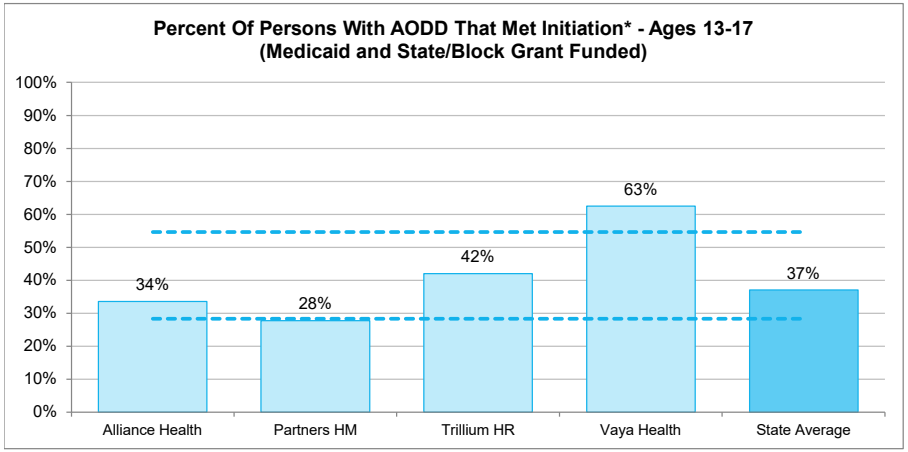
Persons Ages 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	38	9	66	18	113	34%	8%	58%	16%
Partners Health Management	15	5	34	9	54	28%	9%	63%	17%
Trillium Health Resources	58	22	58	27	138	42%	16%	42%	20%
Vaya Health	5	3	0	3	8	63%	38%	0%	38%
State Average	116	39	158	57	313	37%	12%	50%	18%
Standard Deviation						13.1%	11.8%	24.8%	8.8%
LME-MCO Average						41%	18%	41%	22%



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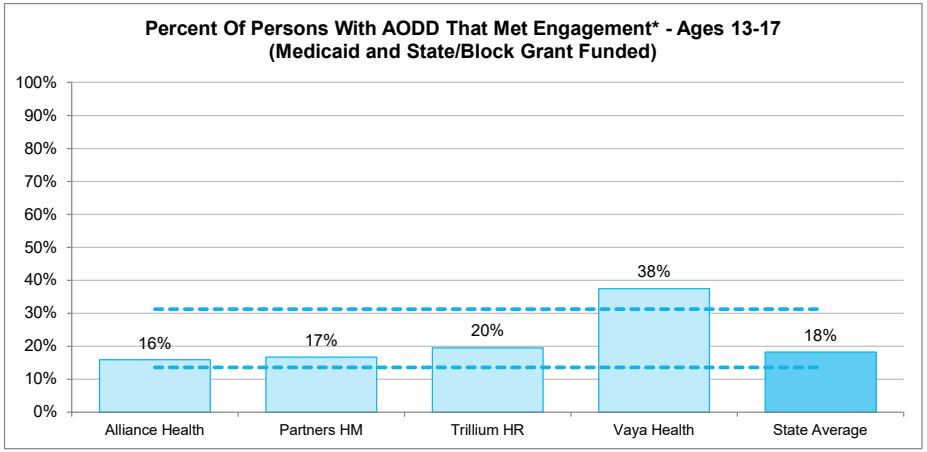

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North Carolina LME-MCO Performance Measurement Reporting
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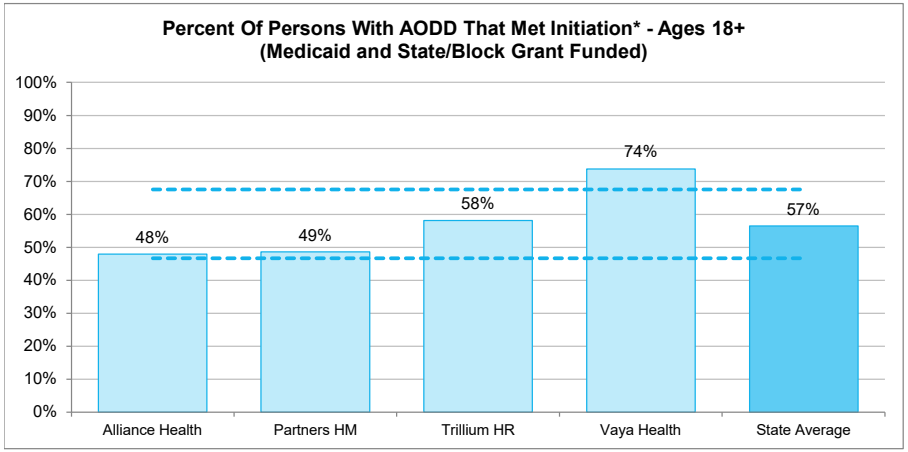
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	861	182	752	611	1,795	48%	10%	42%	34%
Partners Health Management	483	99	411	328	993	49%	10%	41%	33%
Trillium Health Resources	2,885	583	1,495	2,070	4,963	58%	12%	30%	42%
Vaya Health	642	105	123	248	870	74%	12%	14%	29%
State Average	4,871	969	2,781	3,257	8,621	57%	11%	32%	38%
Standard Deviation						10.4%	0.9%	11.3%	4.7%
LME-MCO Average						57%	11%	32%	34%



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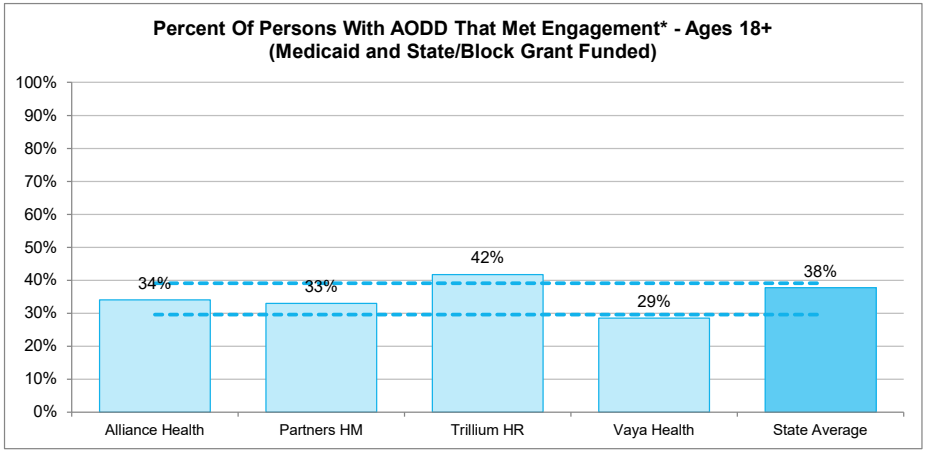

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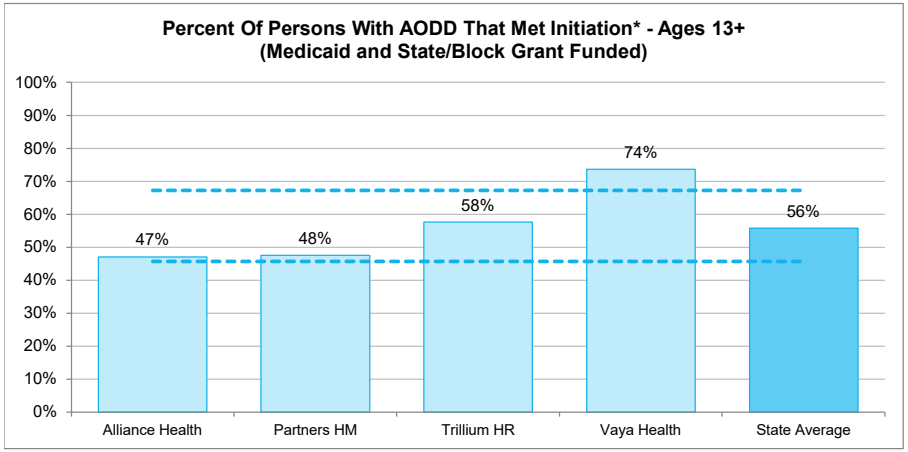
Persons Ages 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	899	191	818	629	1,908	47%	10%	43%	33%
Partners Health Management	498	104	445	337	1,047	48%	10%	43%	32%
Trillium Health Resources	2,943	605	1,553	2,097	5,101	58%	12%	30%	41%
Vaya Health	647	108	123	251	878	74%	12%	14%	29%
State Average	4,987	1,008	2,939	3,314	8,934	56%	11%	33%	37%
Standard Deviation						10.8%	1.1%	11.8%	4.6%
LME-MCO Average						57%	11%	32%	34%



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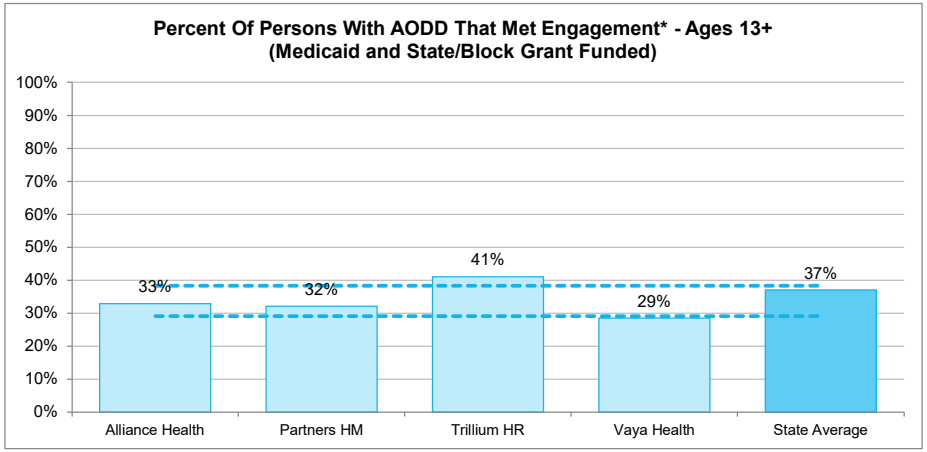

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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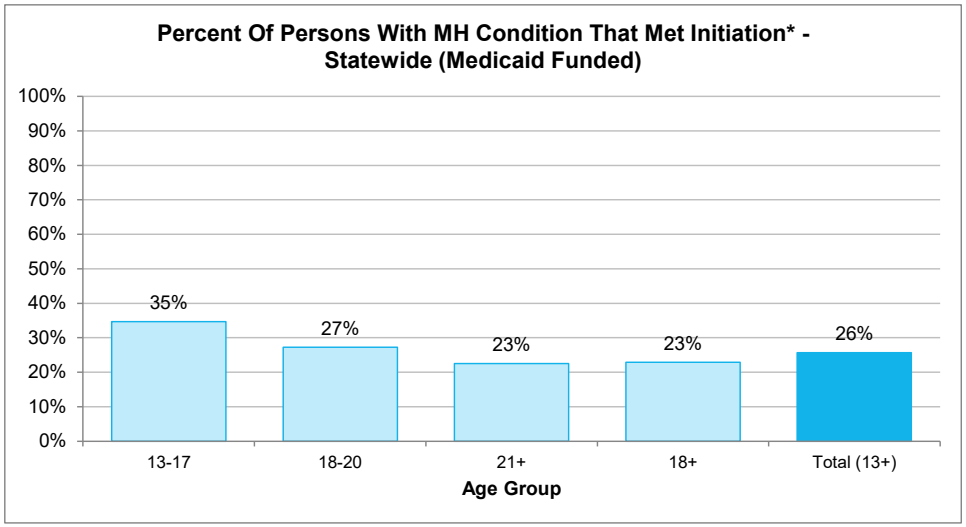
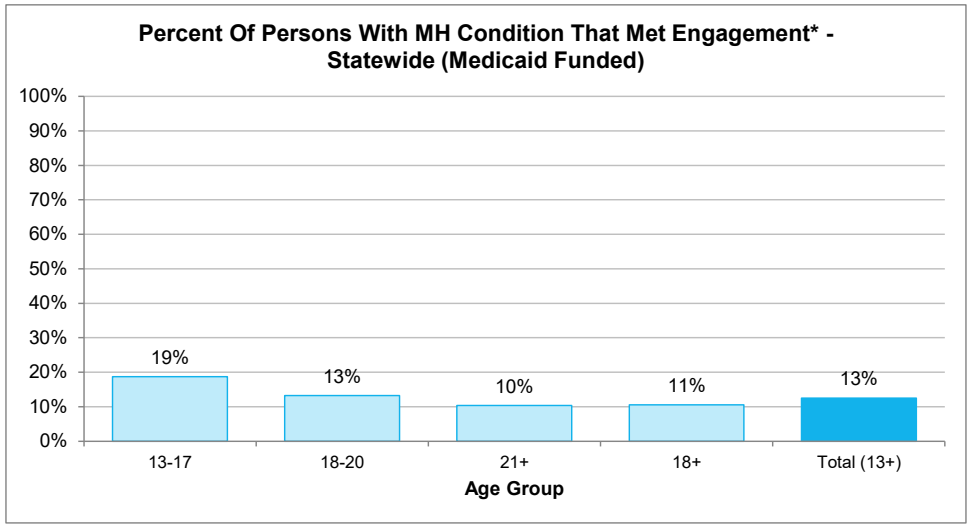
Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	1,451	968	1,767	783	4,186	35%	23%	42%	19%
18-20	262	217	484	127	963	27%	23%	50%	13%
21+	2,734	2,328	7,086	1,256	12,148	23%	19%	58%	10%
18+	2,996	2,545	7,570	1,383	13,111	23%	19%	58%	11%
Total (13+)	4,447	3,513	9,337	2,166	17,297	26%	20%	54%	13%





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

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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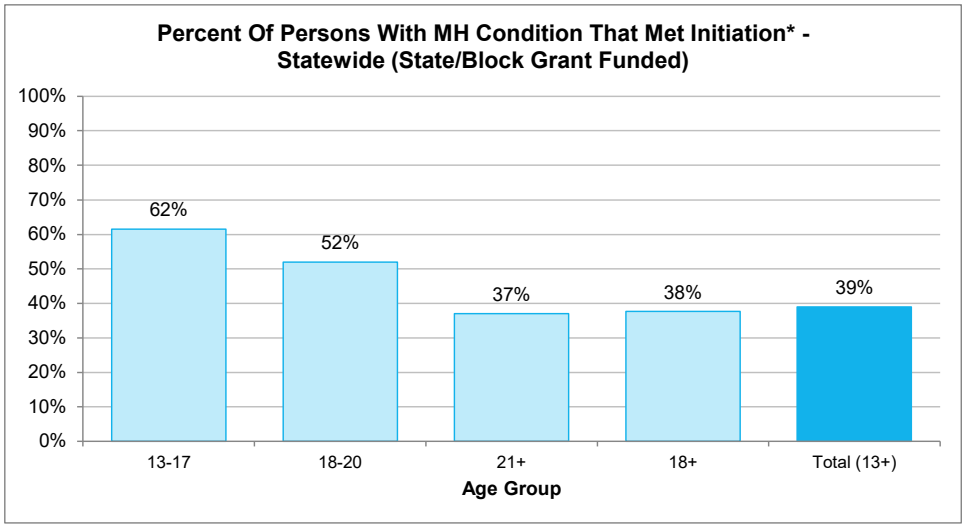
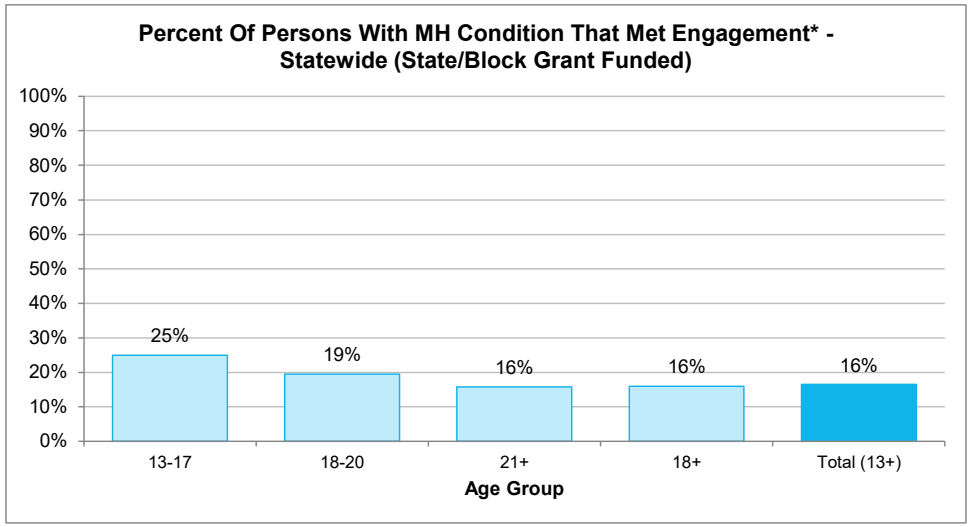
State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	64	8	32	26	104	62%	8%	31%	25%
18-20	40	9	28	15	77	52%	12%	36%	19%
21+	653	300	810	279	1,763	37%	17%	46%	16%
18+	693	309	838	294	1,840	38%	17%	46%	16%
Total (13+)	757	317	870	320	1,944	39%	16%	45%	16%





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Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

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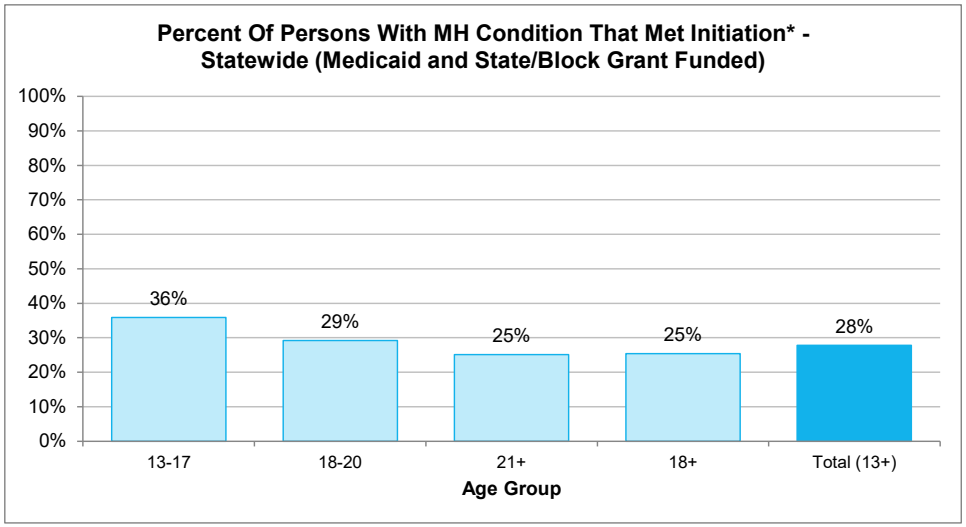
Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	1,736	1,107	2,001	994	4,844	36%	23%	41%	21%
18-20	326	246	546	153	1,118	29%	22%	49%	14%
21+	3,752	2,885	8,327	1,702	14,964	25%	19%	56%	11%
18+	4,078	3,131	8,873	1,855	16,082	25%	19%	55%	12%
Total (13+)	5,814	4,238	10,874	2,849	20,926	28%	20%	52%	14%



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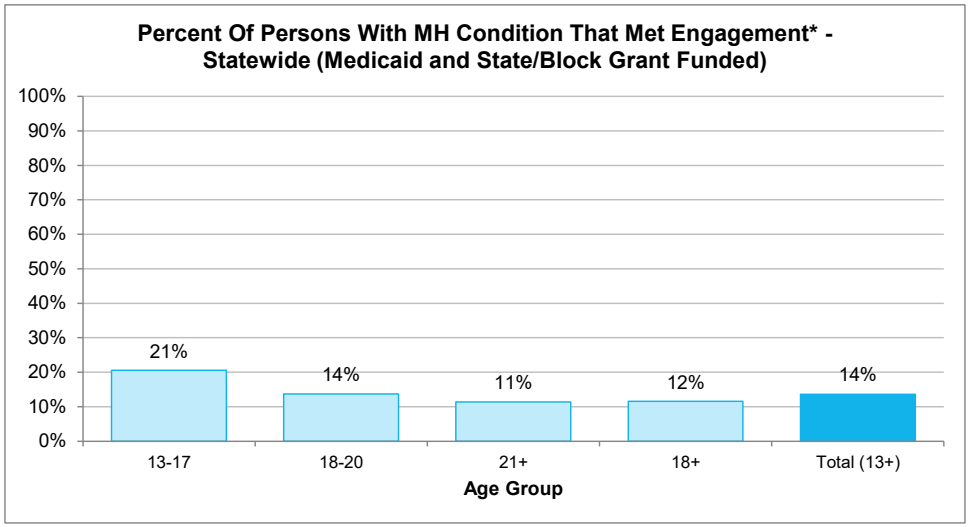

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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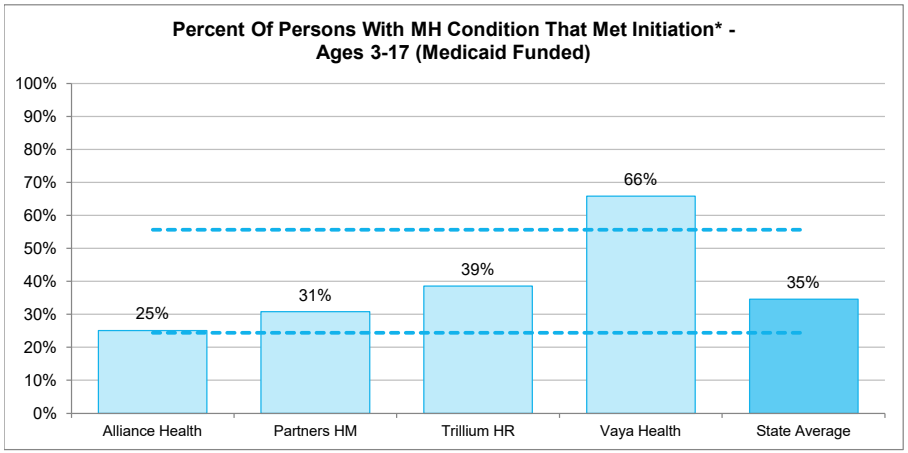
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3-17 (Medicaid Funded)									
Alliance Health	416	346	895	246	1,657	25%	21%	54%	15%
Partners Health Management	344	257	517	223	1,118	31%	23%	46%	20%
Trillium Health Resources	337	235	301	197	873	39%	27%	34%	23%
Vaya Health	354	130	54	117	538	66%	24%	10%	22%
State Average	1,451	968	1,767	783	4,186	35%	23%	42%	19%
Standard Deviation						15.6%	2.2%	16.6%	3.0%
LME-MCO Average						40%	24%	36%	20%



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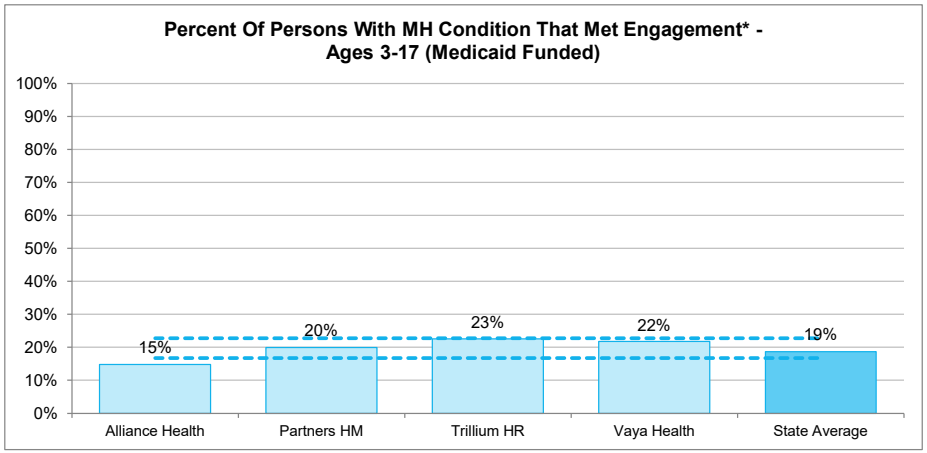

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

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	Numerator1			Numerator2	Denominator	Rate1			Rate2
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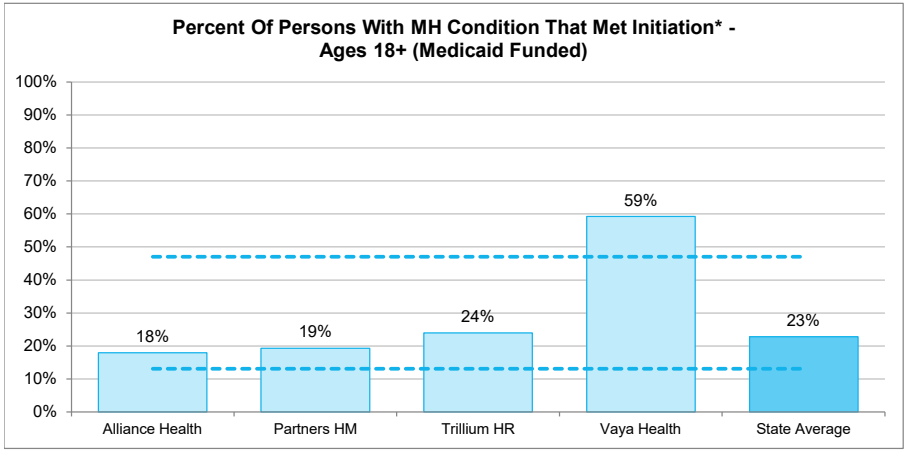
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	791	779	2,848	314	4,418	18%	18%	64%	7%
Partners Health Management	643	561	2,132	284	3,336	19%	17%	64%	9%
Trillium Health Resources	1,090	1,052	2,418	603	4,560	24%	23%	53%	13%
Vaya Health	472	153	172	182	797	59%	19%	22%	23%
State Average	2,996	2,545	7,570	1,383	13,111	23%	19%	58%	11%
Standard Deviation						17.0%	2.4%	17.4%	6.2%
LME-MCO Average						30%	19%	51%	13%



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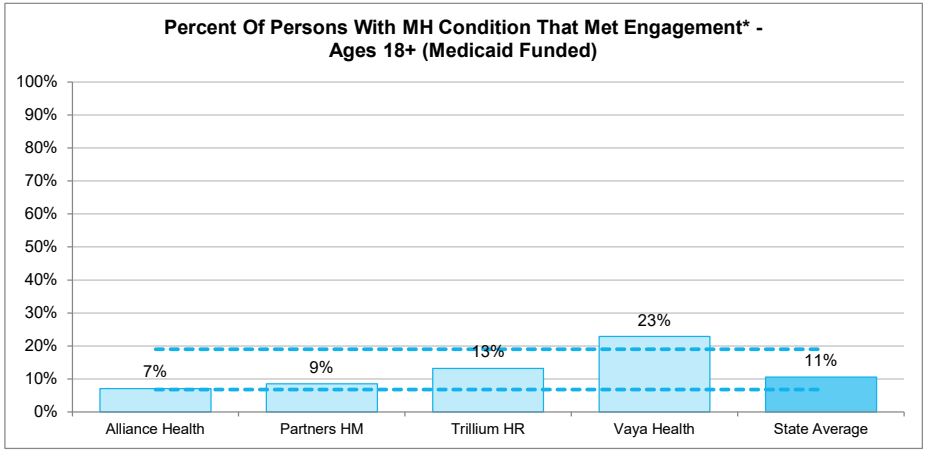

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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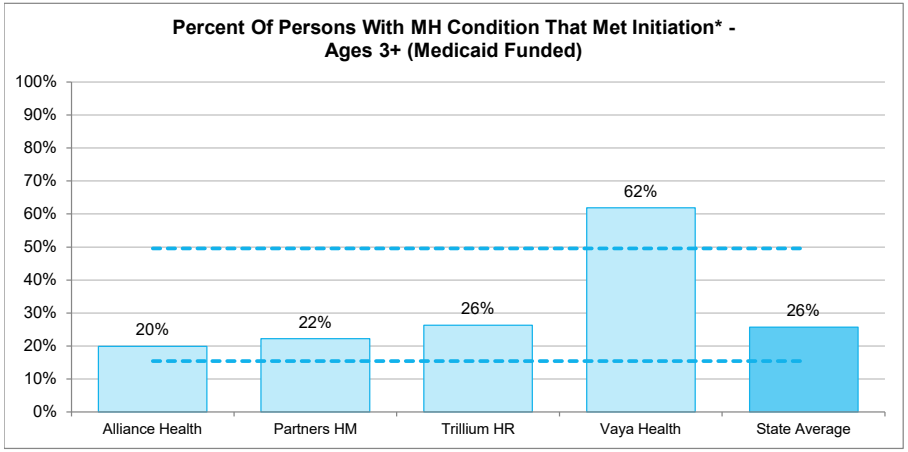
Persons Ages 3+ (Medicaid Funded)									
Alliance Health	1,207	1,125	3,743	560	6,075	20%	19%	62%	9%
Partners Health Management	987	818	2,649	507	4,454	22%	18%	59%	11%
Trillium Health Resources	1,427	1,287	2,719	800	5,433	26%	24%	50%	15%
Vaya Health	826	283	226	299	1,335	62%	21%	17%	22%
State Average	4,447	3,513	9,337	2,166	17,297	26%	20%	54%	13%
Standard Deviation						17.1%			5.0%
LME-MCO Average						33%	20%	47%	14%



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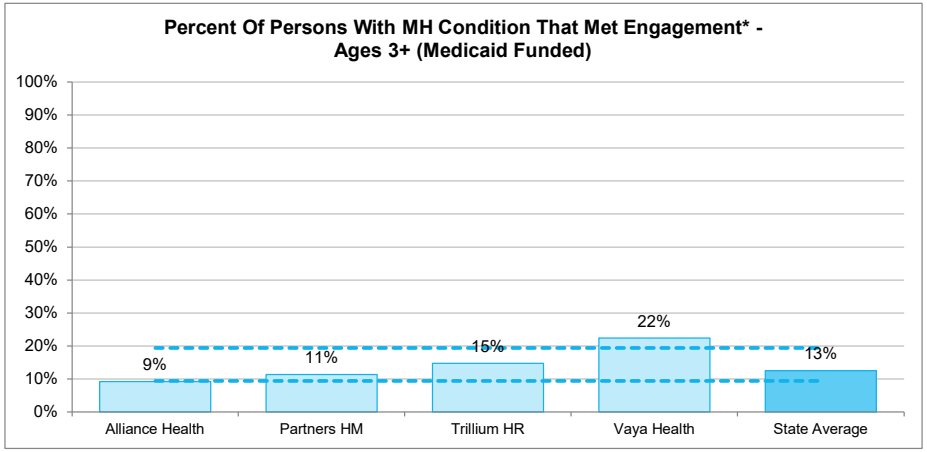

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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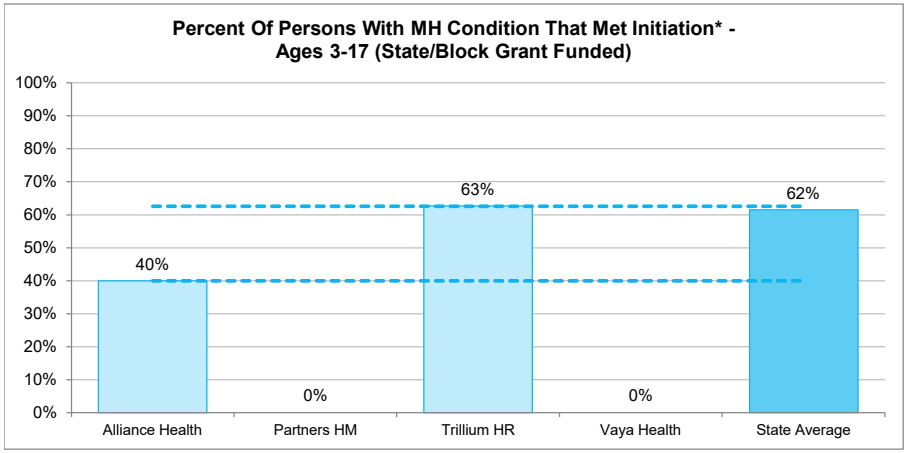
Persons Ages 3-17 (State/Block Grant Funded)									
Alliance Health	2	0	3	0	5	40%	0%	60%	0%
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	62	8	29	26	99	63%	8%	29%	26%
Vaya Health	0	0	0	0	0				
State Average	64	8	32	26	104	62%	8%	31%	25%
Standard Deviation						11.3%	4.0%	15.4%	13.1%
LME-MCO Average						51%	4%	45%	13%



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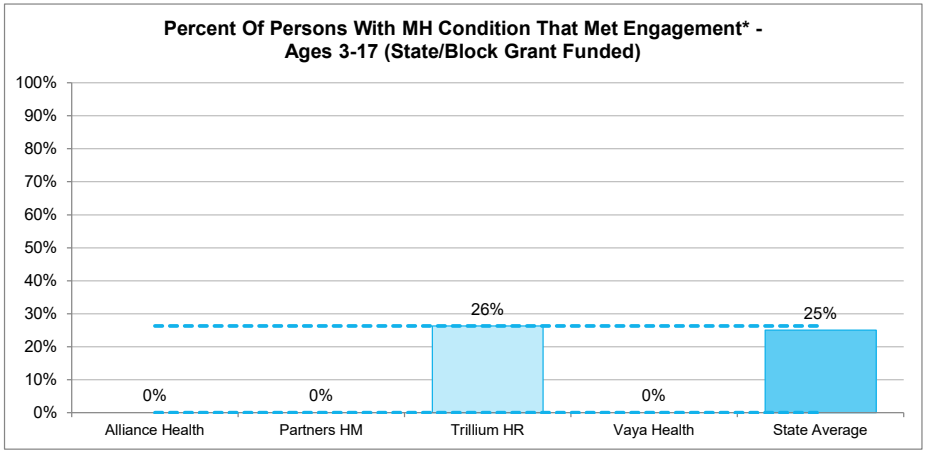

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

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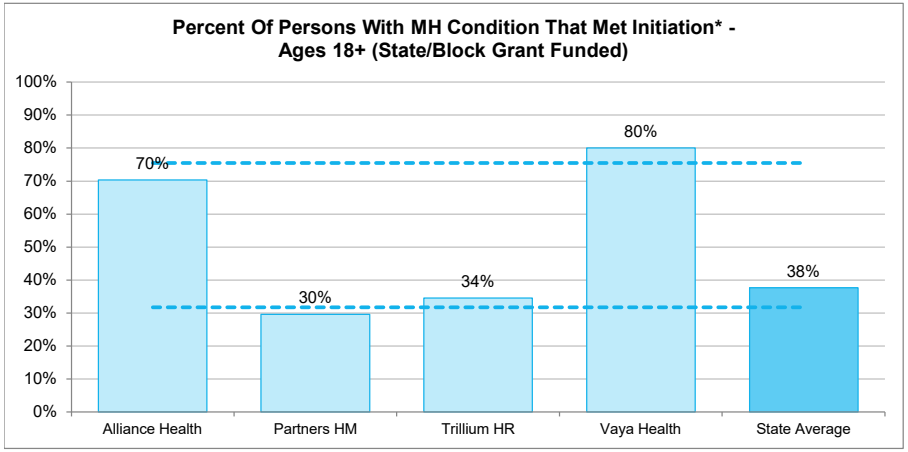
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	90	5	33	72	128	70%	4%	26%	56%
Partners Health Management	21	3	47	13	71	30%	4%	66%	18%
Trillium Health Resources	554	297	755	200	1,606	34%	18%	47%	12%
Vaya Health	28	4	3	9	35	80%	11%	9%	26%
State Average	693	309	838	294	1,840	38%	17%	46%	16%
Standard Deviation						21.9%	6.0%	21.7%	16.9%
LME-MCO Average						54%	10%	37%	28%



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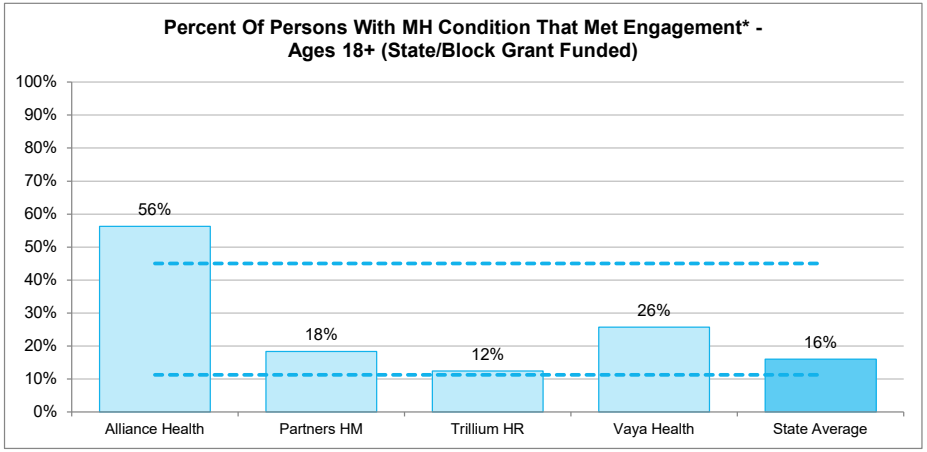

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

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

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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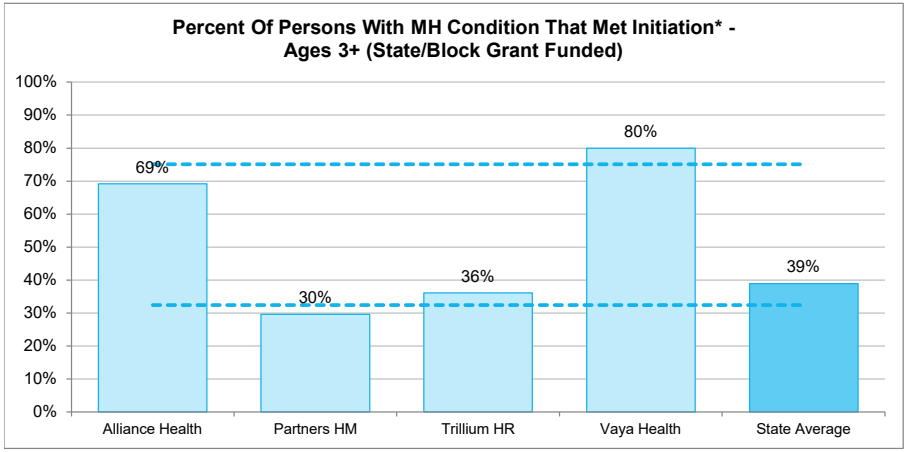
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3+ (State/Block Grant Funded)									
Alliance Health	92	5	36	72	133	69%	4%	27%	54%
Partners Health Management	21	3	47	13	71	30%	4%	66%	18%
Trillium Health Resources	616	305	784	226	1,705	36%	18%	46%	13%
Vaya Health	28	4	3	9	35	80%	11%	9%	26%
State Average	757	317	870	320	1,944	39%	16%	45%	16%
Standard Deviation						21.3%	5.8%	21.4%	15.8%
LME-MCO Average						54%	9%	37%	28%



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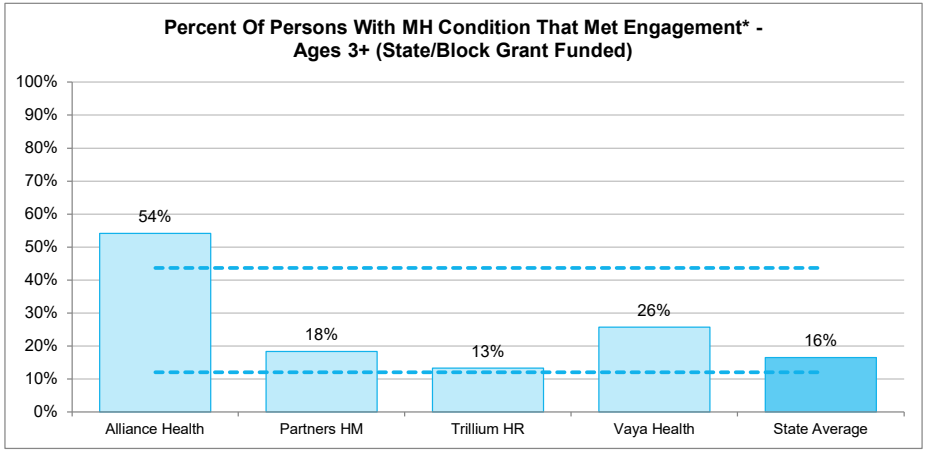

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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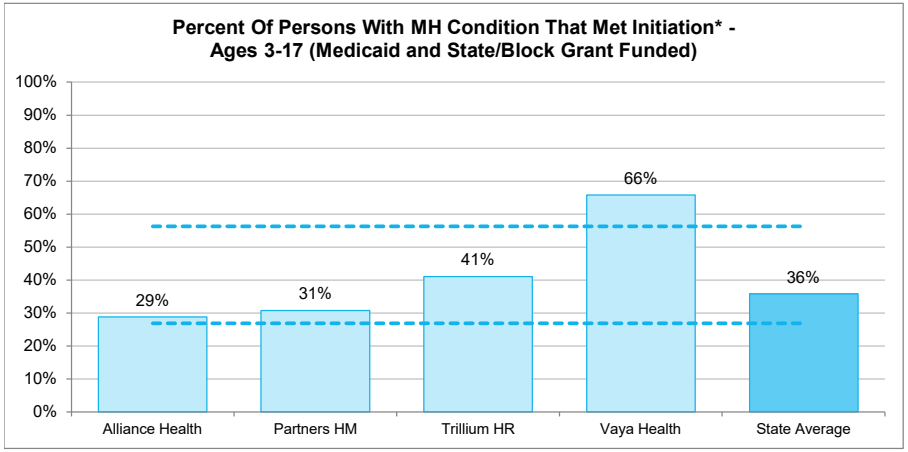
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	639	477	1,100	431	2,216	29%	22%	50%	19%
Partners Health Management	344	257	517	223	1,118	31%	23%	46%	20%
Trillium Health Resources	399	243	330	223	972	41%	25%	34%	23%
Vaya Health	354	130	54	117	538	66%	24%	10%	22%
State Average	1,736	1,107	2,001	994	4,844	36%	23%	41%	21%
Standard Deviation						14.7%	1.3%	15.5%	1.4%
LME-MCO Average						42%	23%	35%	21%



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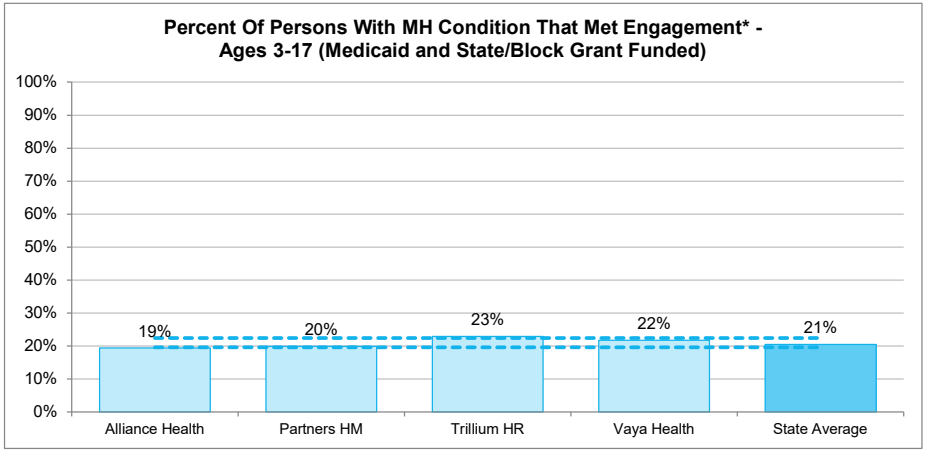

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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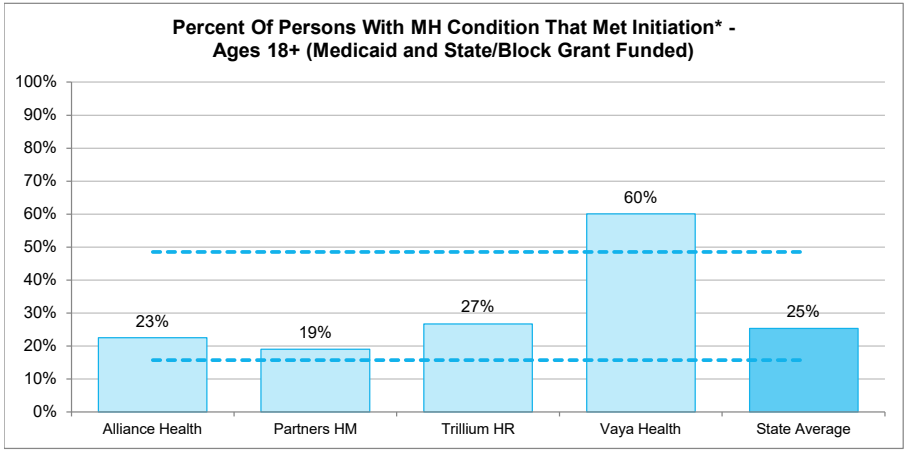
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,297	1,050	3,416	576	5,763	23%	18%	59%	10%
Partners Health Management	634	557	2,137	279	3,328	19%	17%	64%	8%
Trillium Health Resources	1,647	1,367	3,145	809	6,159	27%	22%	51%	13%
Vaya Health	500	157	175	191	832	60%	19%	21%	23%
State Average	4,078	3,131	8,873	1,855	16,082	25%	19%	55%	12%
Standard Deviation						16.4%	2.0%	16.8%	5.7%
LME-MCO Average						32%	19%	49%	14%



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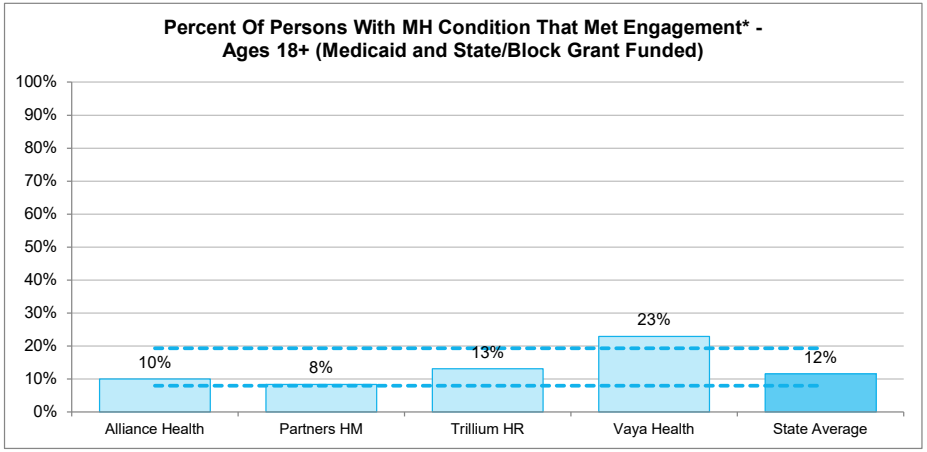

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

INITIATION AND ENGAGEMENT

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

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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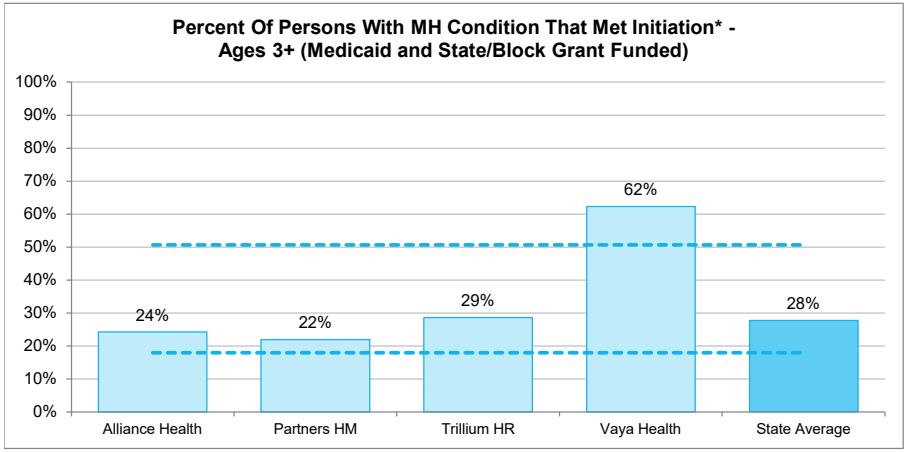
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,936	1,527	4,516	1,007	7,979	24%	19%	57%	13%
Partners Health Management	978	814	2,654	502	4,446	22%	18%	60%	11%
Trillium Health Resources	2,046	1,610	3,475	1,032	7,131	29%	23%	49%	14%
Vaya Health	854	287	229	308	1,370	62%	21%	17%	22%
State Average	5,814	4,238	10,874	2,849	20,926	28%	20%	52%	14%
Standard Deviation						16.4%	1.7%	17.1%	4.3%
LME-MCO Average						34%	20%	45%	15%



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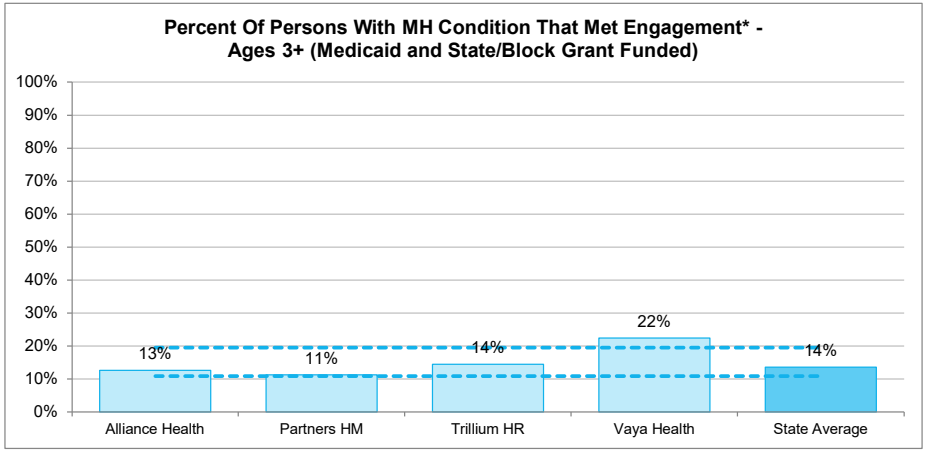

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2025 **Measurement Period:** Apr - Jun 2024
Report Quarter: 1st Quarter

CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

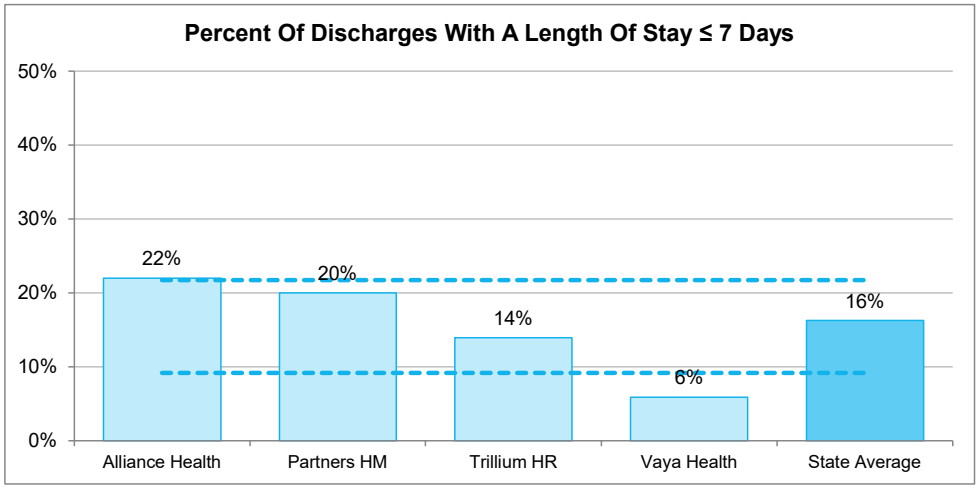
Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

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

Reducing the short-term use of state psychiatric hospitals allows persons to receive acute services closer to home and provides more effective and efficient use of funds for community services. This is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from state psychiatric hospitals each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below), with a length of stay of 7 days or less.

	Numerator	Denominator	Rate
LME-MCO	**Number of Discharges with a LOS ≤ 7 Days**	**Total Discharges**	**Percent with a Length Of Stay ≤ 7 Days**
Consumers Discharged With A Length Of Stay Of 7 Days Or Less			
Alliance Health	11	50	22%
Partners Health Management	4	20	20%
Trillium Health Resources	11	79	14%
Vaya Health	1	17	6%
State Average	27	166	16%
Standard Deviation			6.3%
LME-MCO Average			15%



Data Source: State Psychiatric Hospital data in CDW as of 7/15/24. Discharges have been filtered to include only "direct" discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, acute care hospital, outpatient services, residential care, other). Discharges for other reasons (e.g. transfers to other facilities, to medical visits, out-of-state, to correctional facilities, deaths, etc.) are not included as LME-MCOs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

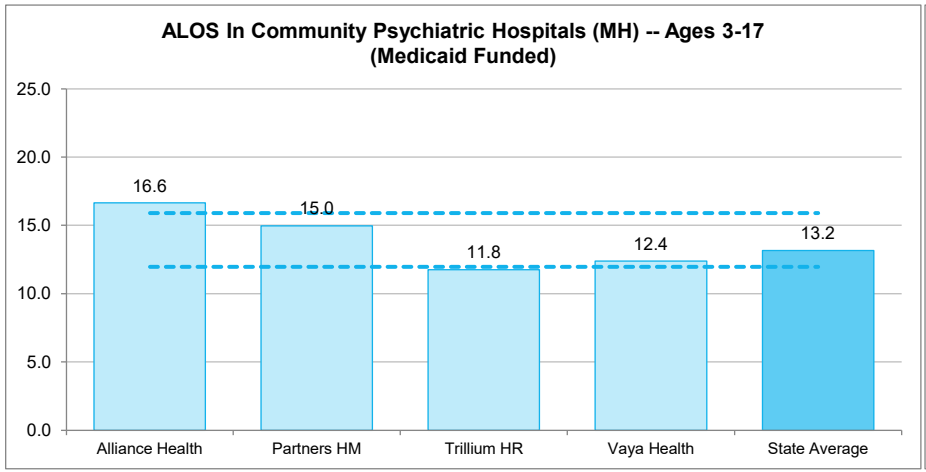
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

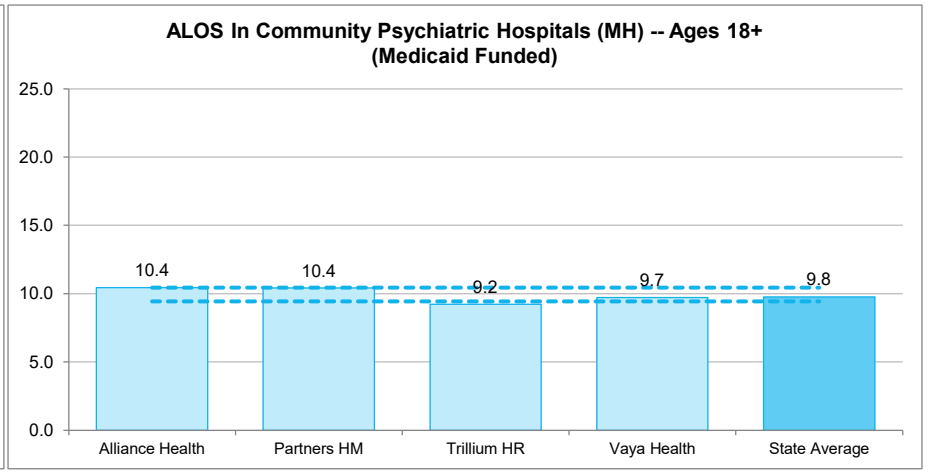
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2,713	163	16.6	9,626	923	10.4	12,339	1,086	11.4
Partners Health Management	1,662	111	15.0	4,936	474	10.4	6,598	585	11.3
Trillium Health Resources	4,609	392	11.8	14,796	1,604	9.2	19,405	1,996	9.7
Vaya Health	3,257	263	12.4	7,686	791	9.7	10,943	1,054	10.4
State Average	12,241	929	13.2	37,044	3,792	9.8	49,285	4,721	10.4
Standard Deviation			2.0			0.5			0.7
LME-MCO Average			13.9			9.9			10.7





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

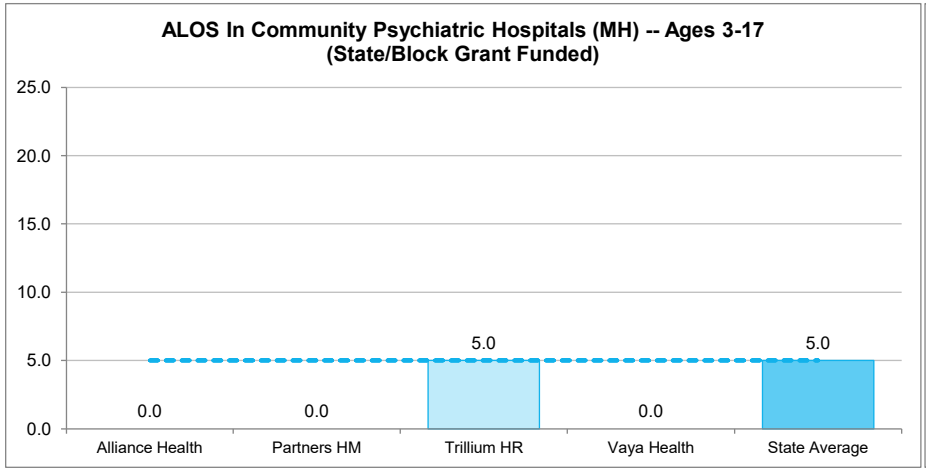
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

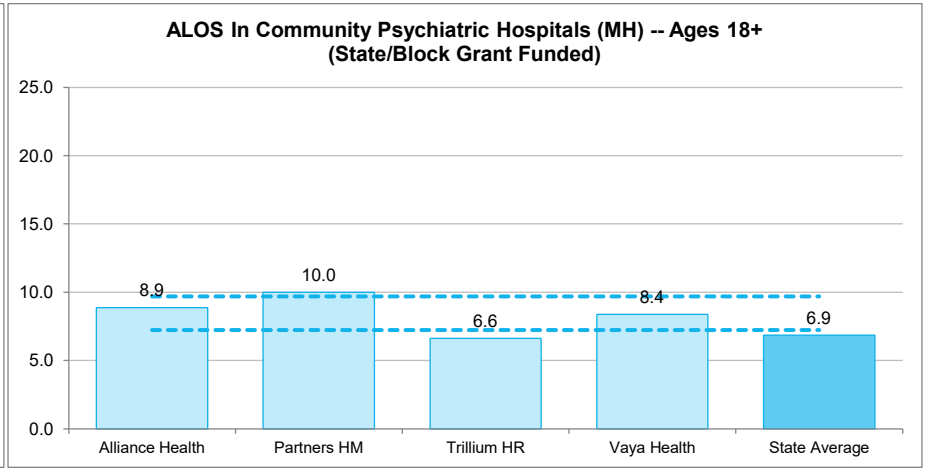
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	0	0		71	8	8.9	71	8	8.9
Partners Health Management	0	0		20	2	10.0	20	2	10.0
Trillium Health Resources	5	1	5.0	1,363	206	6.6	1,368	207	6.6
Vaya Health	0	0		159	19	8.4	159	19	8.4
State Average	5	1	5.0	1,613	235	6.9	1,618	236	6.9
Standard Deviation			0.0			1.2			1.2
LME-MCO Average			5.0			8.5			8.5





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

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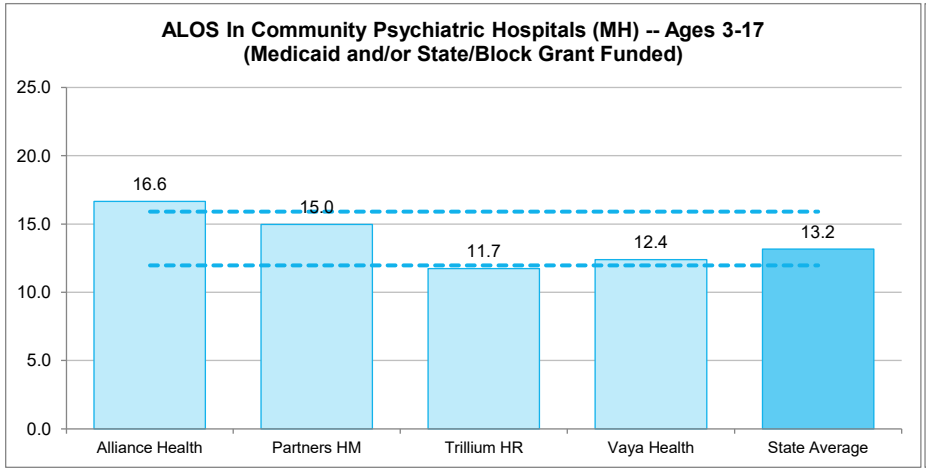
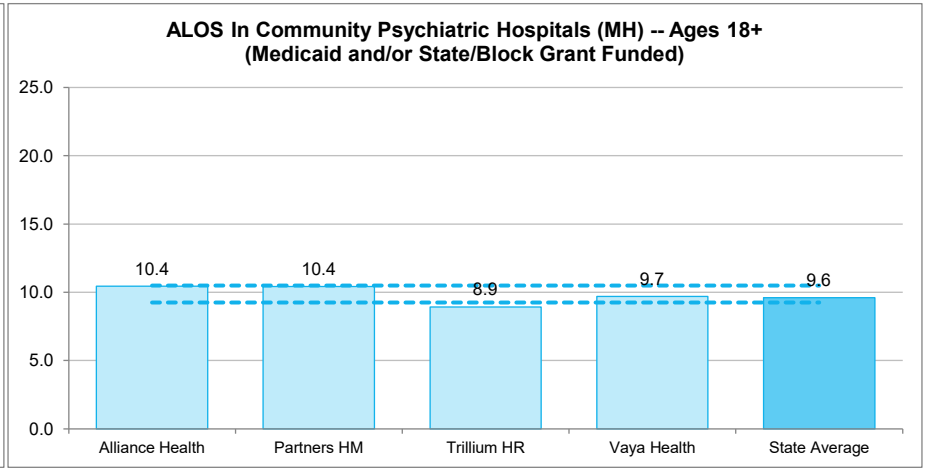
Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Ages 3-17 Numerator: Total Number Inpatient Days	Ages 3-17 Denominator: Total Number Discharges	Ages 3-17 Rate: Average LOS	Ages 18+ Numerator: Total Number Inpatient Days	Ages 18+ Denominator: Total Number Discharges	Ages 18+ Rate: Average LOS	Total (Ages 3+) Numerator: Total Number Inpatient Days	Total (Ages 3+) Denominator: Total Number Discharges	Total (Ages 3+) Rate: Average LOS
Alliance Health	2,713	163	16.6	9,566	916	10.4	12,279	1,079	11.4
Partners Health Management	1,662	111	15.0	4,956	476	10.4	6,618	587	11.3
Trillium Health Resources	4,614	393	11.7	16,159	1,810	8.9	20,773	2,203	9.4
Vaya Health	3,257	263	12.4	7,845	810	9.7	11,102	1,073	10.3
State Average	12,246	930	13.2	38,526	4,012	9.6	50,772	4,942	10.3
Standard Deviation			2.0			0.6			0.8
LME-MCO Average			13.9			9.9			10.6





CRISIS AND INPATIENT SERVICES

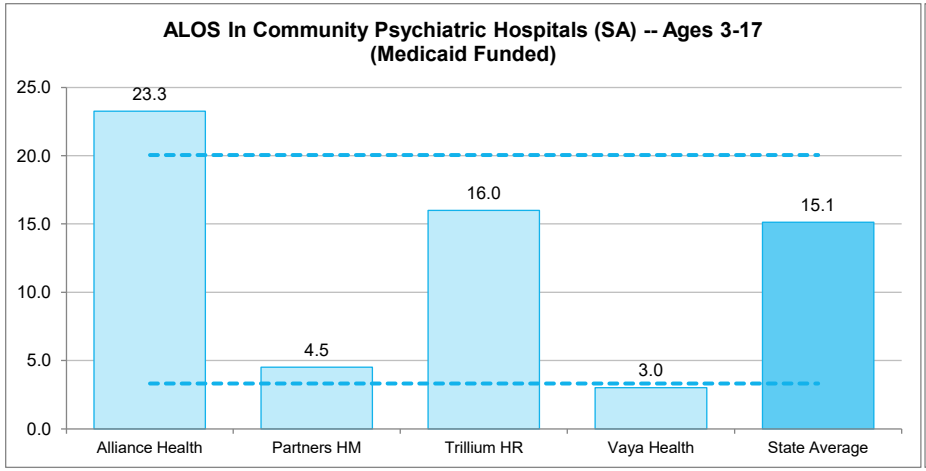
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

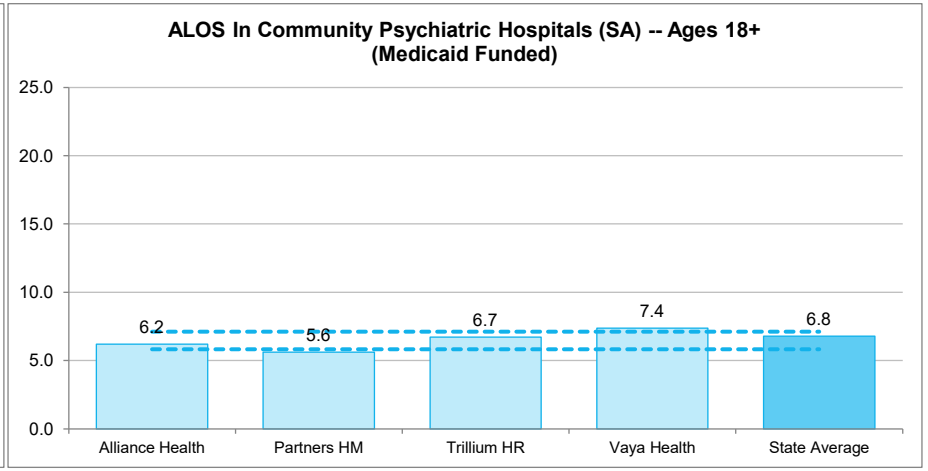
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	93	4	23.3	959	155	6.2	1,052	159	6.6
Partners Health Management	9	2	4.5	415	74	5.6	424	76	5.6
Trillium Health Resources	16	1	16.0	1,371	204	6.7	1,387	205	6.8
Vaya Health	3	1	3.0	2,394	325	7.4	2,397	326	7.4
State Average	121	8	15.1	5,139	758	6.8	5,260	766	6.9
Standard Deviation			8.4			0.6			0.6
LME-MCO Average			11.7			6.5			6.6





CRISIS AND INPATIENT SERVICES

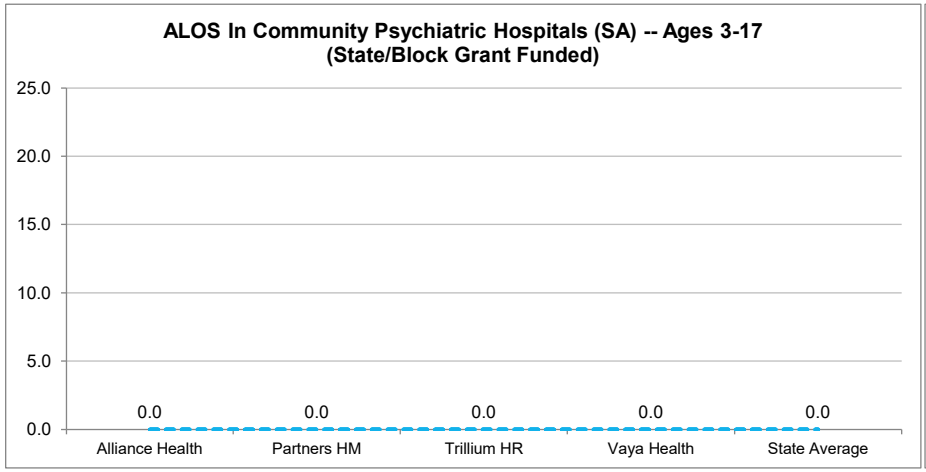
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

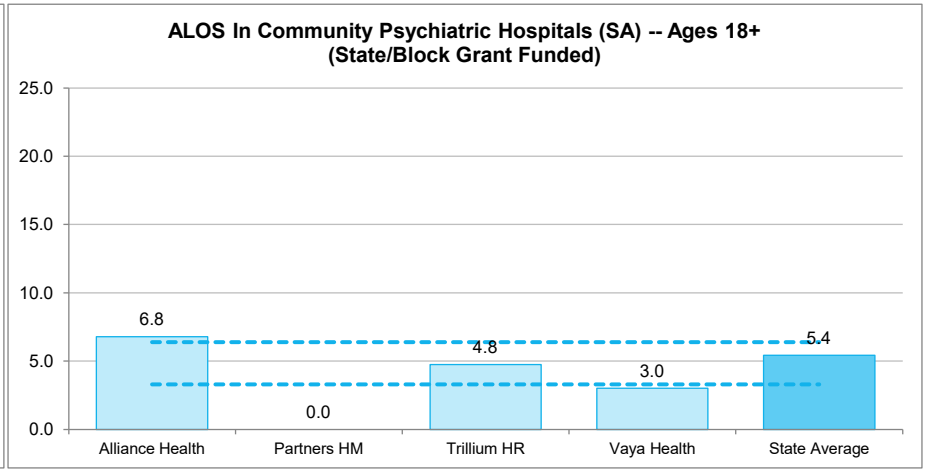
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (State/Block Grant Funded)

LME-MCO	Ages 3-17 Numerator: Total Number Inpatient Days	Ages 3-17 Denominator: Total Number Discharges	Ages 3-17 Rate: Average LOS	Ages 18+ Numerator: Total Number Inpatient Days	Ages 18+ Denominator: Total Number Discharges	Ages 18+ Rate: Average LOS	Total (Ages 3+) Numerator: Total Number Inpatient Days	Total (Ages 3+) Denominator: Total Number Discharges	Total (Ages 3+) Rate: Average LOS
Alliance Health	0	0		129	19	6.8	129	19	6.8
Partners Health Management	0	0		0	0				
Trillium Health Resources	0	0		114	24	4.8	114	24	4.8
Vaya Health	0	0		12	4	3.0	12	4	3.0
State Average	0	0		255	47	5.4	255	47	5.4
Standard Deviation						1.5			1.5
LME-MCO Average						4.8			4.8





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

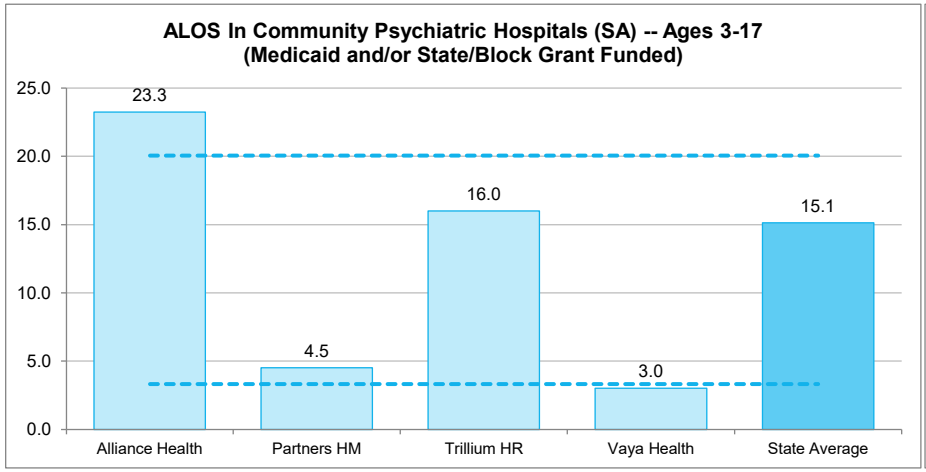
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

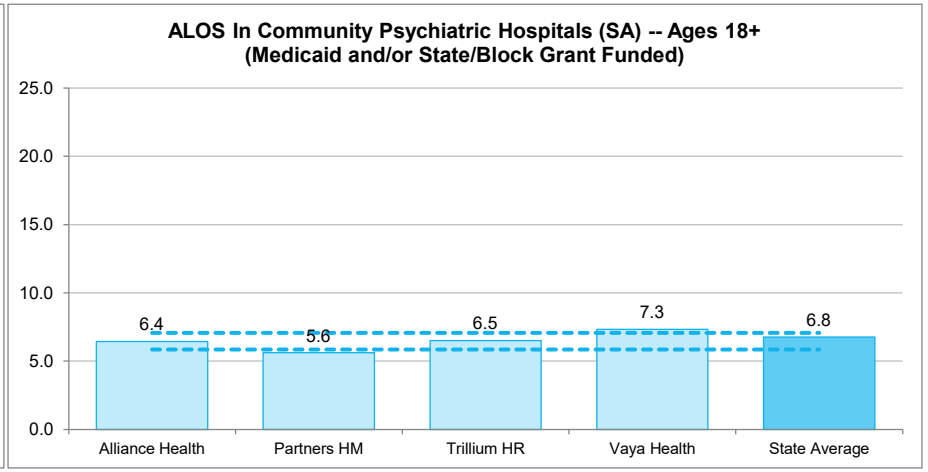
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	93	4	23.3	823	128	6.4	916	132	6.9
Partners Health Management	9	2	4.5	415	74	5.6	424	76	5.6
Trillium Health Resources	16	1	16.0	1,485	228	6.5	1,501	229	6.6
Vaya Health	3	1	3.0	2,406	329	7.3	2,409	330	7.3
State Average	121	8	15.1	5,129	759	6.8	5,250	767	6.8
Standard Deviation			8.4			0.6			0.6
LME-MCO Average			11.7			6.5			6.6





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT

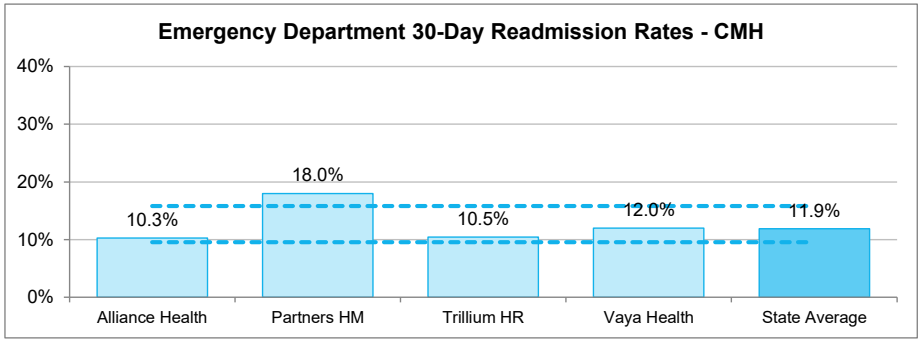
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

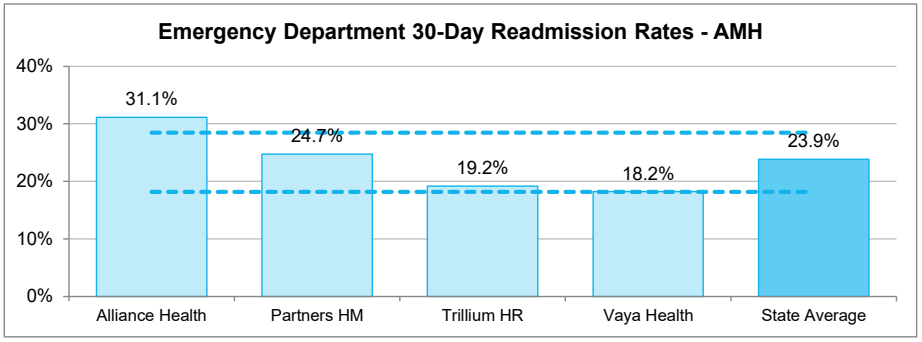
Child Mental Health (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	42	409	10.3%
Partners Health Management	36	200	18.0%
Trillium Health Resources	46	439	10.5%
Vaya Health	30	250	12.0%
State Average	154	1,298	11.9%
Standard Deviation			3.1%
LME-MCO Average			12.7%



Adult Mental Health (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	482	1,548	31.1%
Partners Health Management	148	598	24.7%
Trillium Health Resources	322	1,679	19.2%
Vaya Health	128	703	18.2%
State Average	1,080	4,528	23.9%
Standard Deviation			5.2%
LME-MCO Average			23.3%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT

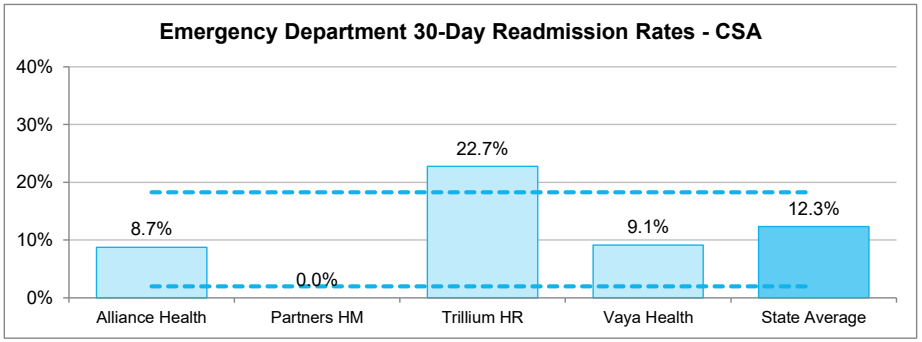
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

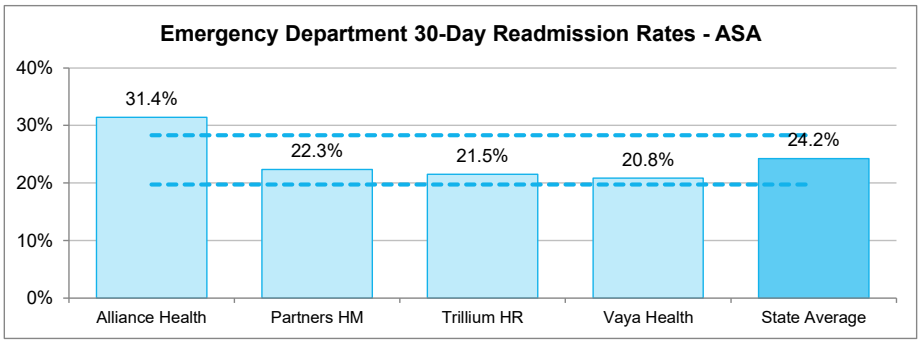
Child Substance Abuse (Ages 3-17)

	Numerator	Denominator	Rate
LME-MCO	**Number that are Readmissions within 30 days**	**Number of ED Admissions**	**Percent that are Readmissions within 30 Days**
Alliance Health	2	23	8.7%
Partners Health Management	0	9	0.0%
Trillium Health Resources	5	22	22.7%
Vaya Health	1	11	9.1%
State Average	8	65	12.3%
Standard Deviation			8.1%
LME-MCO Average			10.1%



Adult Substance Abuse (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	182	580	31.4%
Partners Health Management	59	264	22.3%
Trillium Health Resources	176	818	21.5%
Vaya Health	86	413	20.8%
State Average	503	2,075	24.2%
Standard Deviation			4.3%
LME-MCO Average			24.0%



CRISIS AND INPATIENT

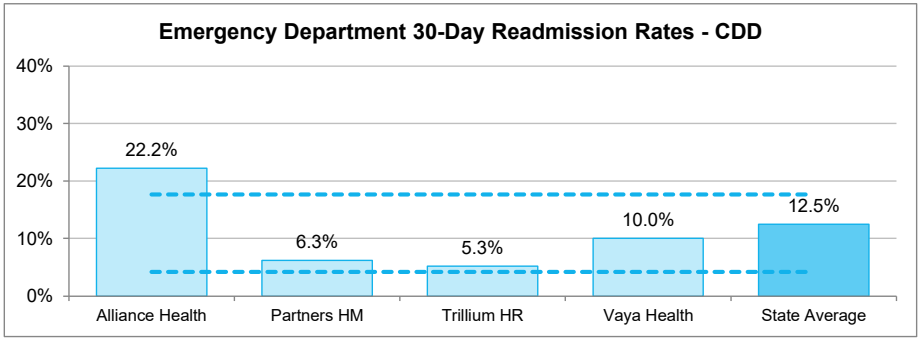
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

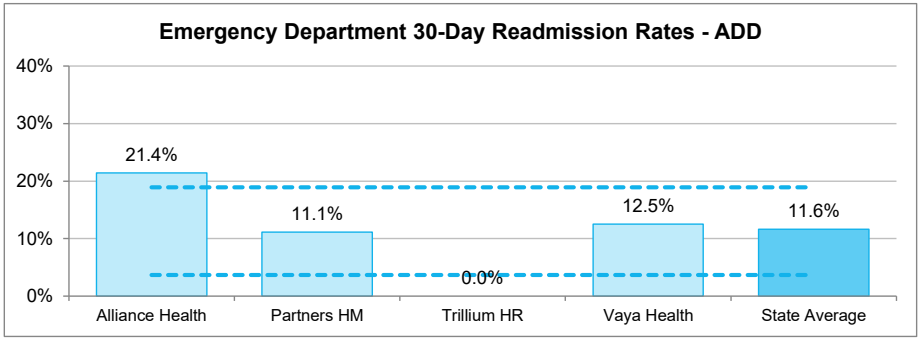
Child Intellectual or Developmental Disabilities (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	6	27	22.2%
Partners Health Management	1	16	6.3%
Trillium Health Resources	1	19	5.3%
Vaya Health	1	10	10.0%
State Average	9	72	12.5%
Standard Deviation			6.8%
LME-MCO Average			10.9%



Adult Intellectual or Developmental Disabilities (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	6	28	21.4%
Partners Health Management	1	9	11.1%
Trillium Health Resources	0	24	0.0%
Vaya Health	1	8	12.5%
State Average	8	69	11.6%
Standard Deviation			7.6%
LME-MCO Average			11.3%



CRISIS AND INPATIENT

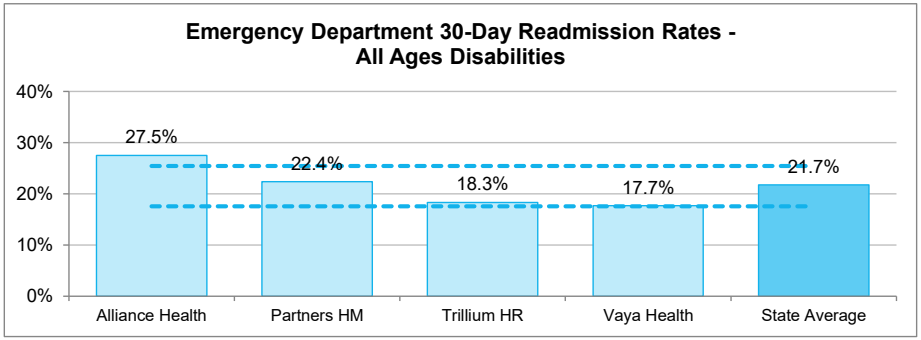
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

All Ages and Disabilities (Ages 3+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	720	2,615	27.5%
Partners Health Management	245	1,096	22.4%
Trillium Health Resources	550	3,001	18.3%
Vaya Health	247	1,395	17.7%
State Average	1,762	8,107	21.7%
Standard Deviation			3.9%
LME-MCO Average			21.5%



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

State Fiscal Year:	2025	**30-Day Readmission Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**180-Day Readmission Measurement Period:**	Jan - Mar 2024

CRISIS AND INPATIENT SERVICES

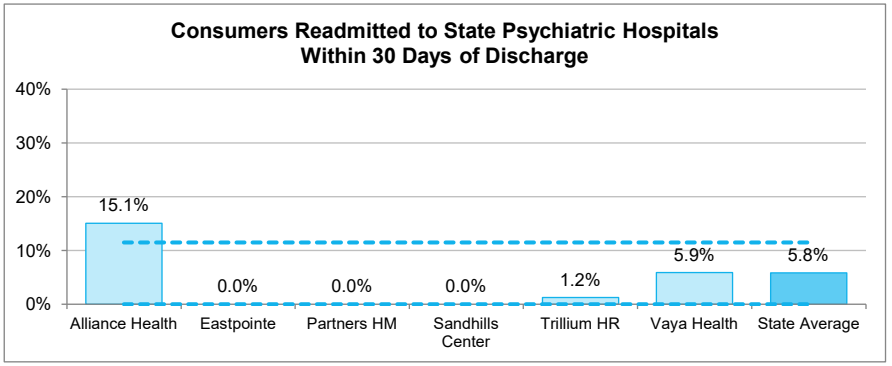
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low psychiatric hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations. This is a MH Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below) that are readmitted to any state psychiatric hospital within 30 days and within 180 days following discharge.

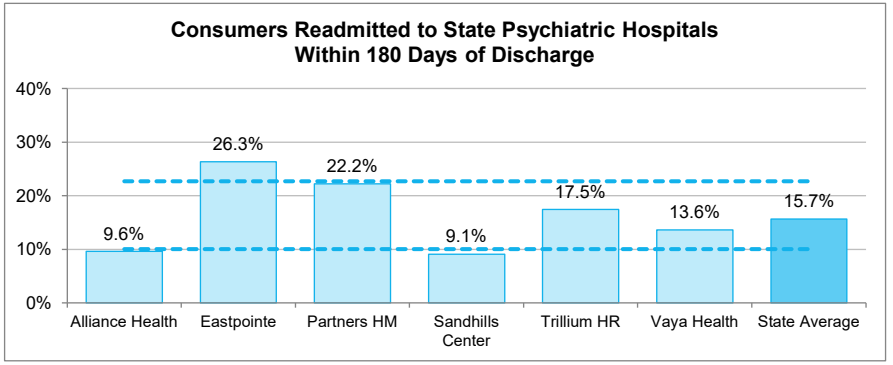
Readmitted within 30 Days (Discharges Apr - Jun 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	8	53	15.1%
Eastpointe			
Partners Health Management	0	20	0.0%
Sandhills Center			
Trillium Health Resources	1	81	1.2%
Vaya Health	1	17	5.9%
State Average	10	171	5.8%
Standard Deviation			5.9%
LME-MCO Average			5.6%



Readmitted within 180 Days (Discharges Jan - Mar 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	5	52	9.6%
Eastpointe	5	19	26.3%
Partners Health Management	4	18	22.2%
Sandhills Center	1	11	9.1%
Trillium Health Resources	11	63	17.5%
Vaya Health	3	22	13.6%
State Average	29	185	15.7%
Standard Deviation			6.3%
LME-MCO Average			16.4%



Data Source: State Hospital data in CDW as of 10/16/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

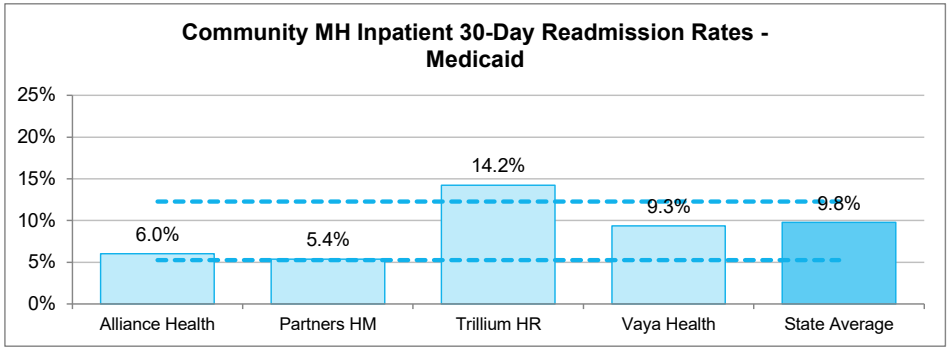
CRISIS AND INPATIENT SERVICES

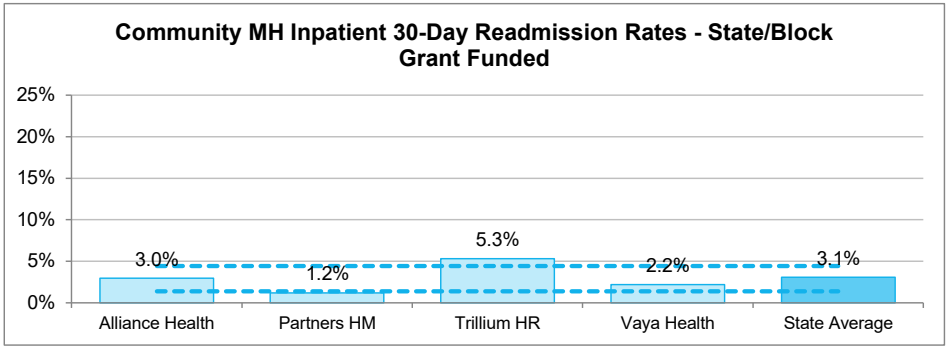
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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

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

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	68	1,131	6.0%
Partners Health Management	52	967	5.4%
Trillium Health Resources	284	1,996	14.2%
Vaya Health	89	952	9.3%
State Average	493	5,046	9.8%
Standard Deviation			3.5%
LME-MCO Average			8.7%
State/Block Grant Funded			
Alliance Health	7	237	3.0%
Partners Health Management	2	166	1.2%
Trillium Health Resources	11	207	5.3%
Vaya Health	3	137	2.2%
State Average	23	747	3.1%
Standard Deviation			1.5%
LME-MCO Average			2.9%





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

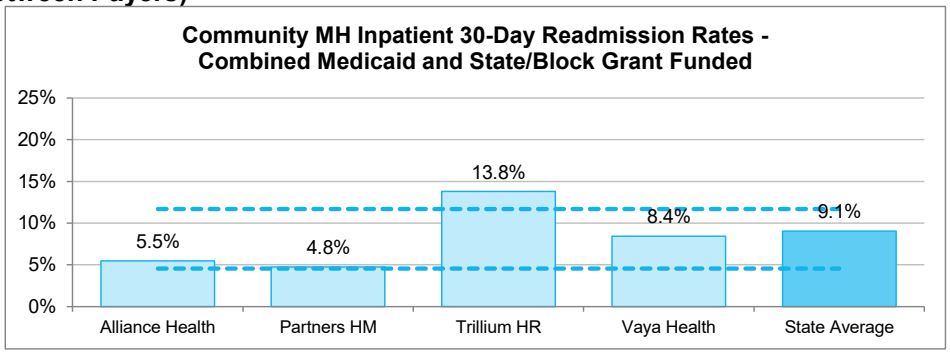
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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

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

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	75	1,368	5.5%
Partners Health Management	54	1,133	4.8%
Trillium Health Resources	304	2,203	13.8%
Vaya Health	92	1,089	8.4%
State Average	525	5,793	9.1%
Standard Deviation			3.6%
LME-MCO Average			8.1%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

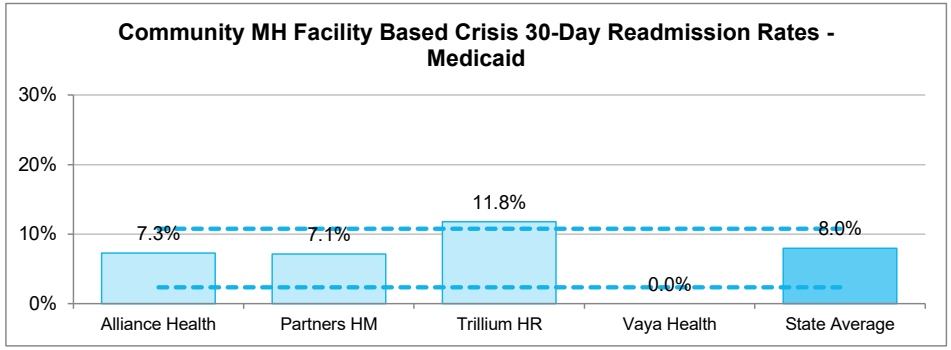
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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

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

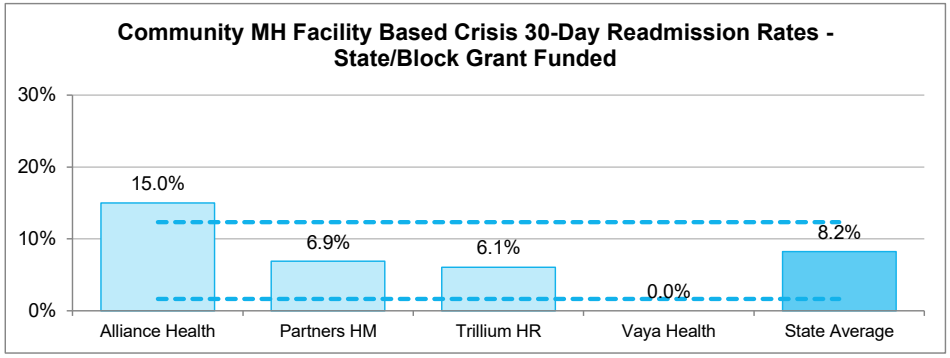
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	4	55	7.3%
Partners Health Management	5	70	7.1%
Trillium Health Resources	6	51	11.8%
Vaya Health	0	12	0.0%
State Average	15	188	8.0%
Standard Deviation			4.2%
LME-MCO Average			6.5%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	3	20	15.0%
Partners Health Management	2	29	6.9%
Trillium Health Resources	2	33	6.1%
Vaya Health	0	3	0.0%
State Average	7	85	8.2%
Standard Deviation			5.3%
LME-MCO Average			7.0%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

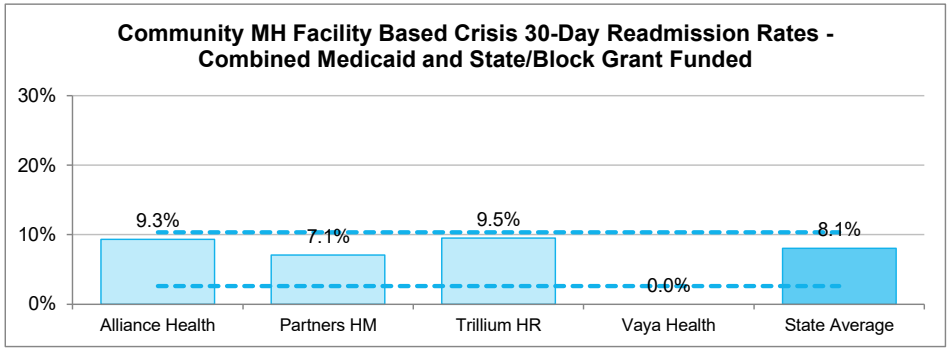
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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

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

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	7	75	9.3%
Partners Health Management	7	99	7.1%
Trillium Health Resources	8	84	9.5%
Vaya Health	0	15	0.0%
State Average	22	273	8.1%
Standard Deviation			3.9%
LME-MCO Average			6.5%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

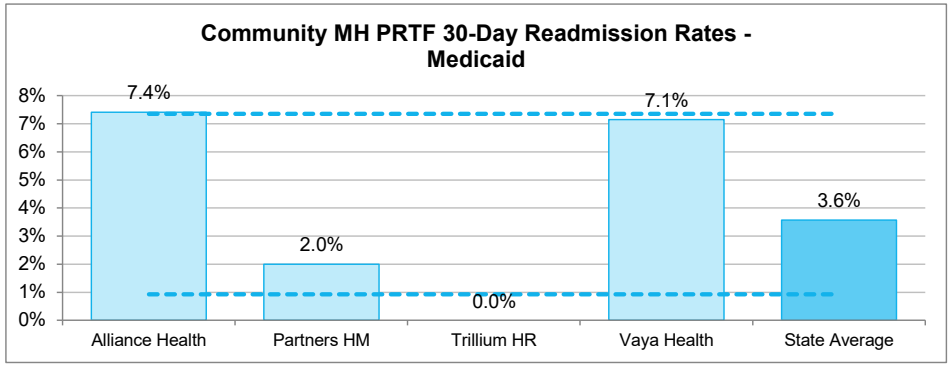
CRISIS AND INPATIENT SERVICES

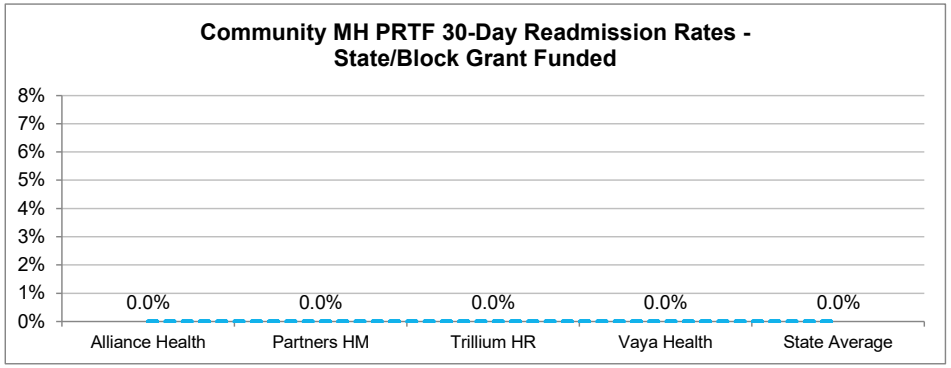
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	4	54	7.4%
Partners Health Management	1	50	2.0%
Trillium Health Resources	0	64	0.0%
Vaya Health	2	28	7.1%
State Average	7	196	3.6%
Standard Deviation			3.2%
LME-MCO Average			4.1%
State/Block Grant Funded			
Alliance Health	0	0	
Partners Health Management	0	0	
Trillium Health Resources	0	0	
Vaya Health	0	0	
State Average	0	0	
Standard Deviation			0.0%
LME-MCO Average			0.0%





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

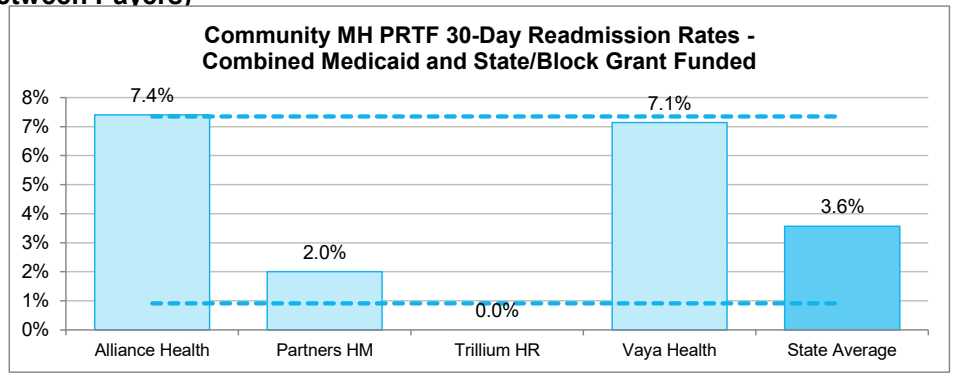
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	4	54	7.4%
Partners Health Management	1	50	2.0%
Trillium Health Resources	0	64	0.0%
Vaya Health	2	28	7.1%
State Average	7	196	3.6%
Standard Deviation			3.2%
LME-MCO Average			4.1%



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

State Fiscal Year:	2025	**30-Day Readmission Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**180-Day Readmission Measurement Period:**	Jan - Mar 2024

CRISIS AND INPATIENT SERVICES

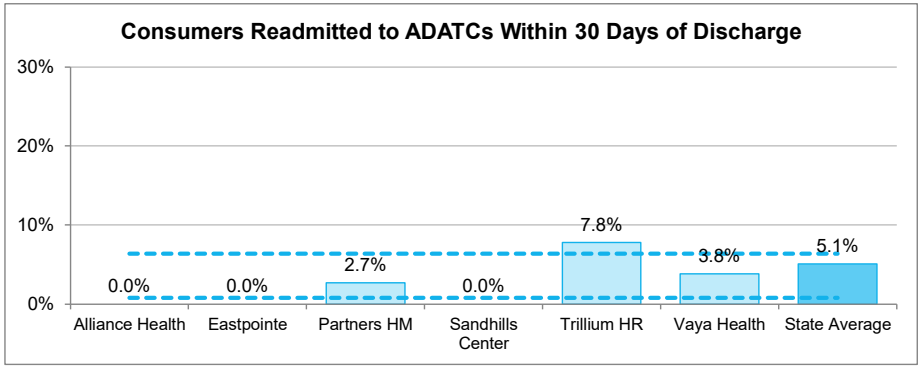
5.8 State ADATC Readmissions within 30 Days and 180 Days

Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in an ADATC.

Description: This indicator measures the percent of persons discharged from a State ADATC for a principal SUD diagnosis each quarter that are readmitted to any ADATC within 30 days and within 180 days following discharge.

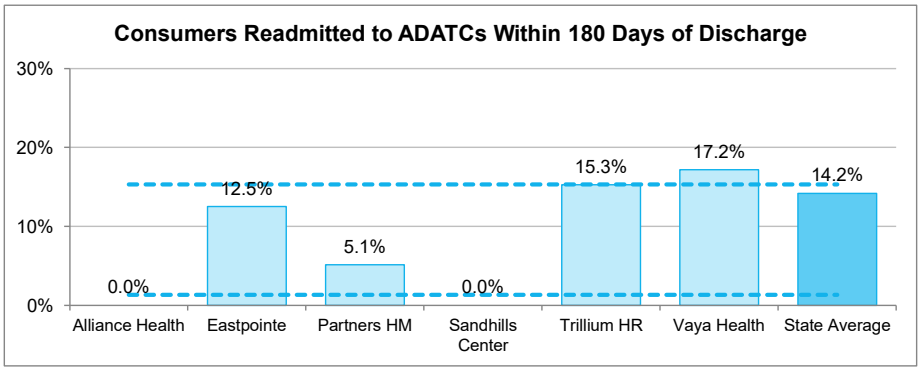
Readmitted within 30 Days (Discharges Apr - Jun 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	33	0.0%
Eastpointe			
Partners Health Management	1	37	2.7%
Sandhills Center			
Trillium Health Resources	14	180	7.8%
Vaya Health	7	183	3.8%
State Average	22	433	5.1%
Standard Deviation			2.8%
LME-MCO Average			3.6%



Readmitted within 180 Days (Discharges Jan - Mar 2024)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	17	0.0%
Eastpointe	1	8	12.5%
Partners Health Management	2	39	5.1%
Sandhills Center	0	1	0.0%
Trillium Health Resources	18	118	15.3%
Vaya Health	29	169	17.2%
State Average	50	352	14.2%
Standard Deviation			7.0%
LME-MCO Average			8.3%



Data Source: State ADATC data in CDW as of 10/16/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

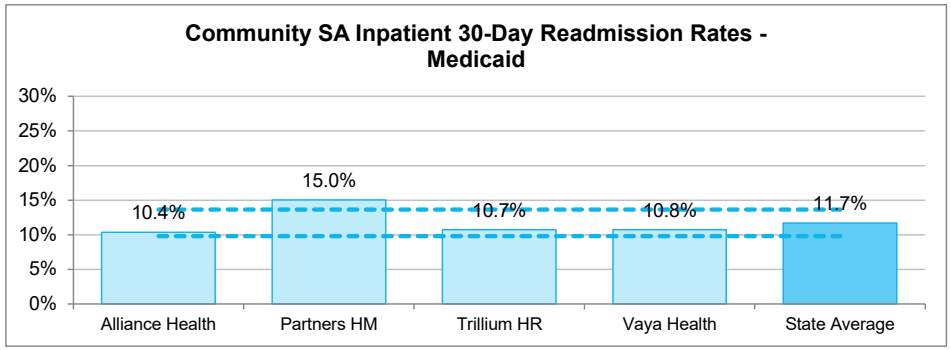
CRISIS AND INPATIENT SERVICES

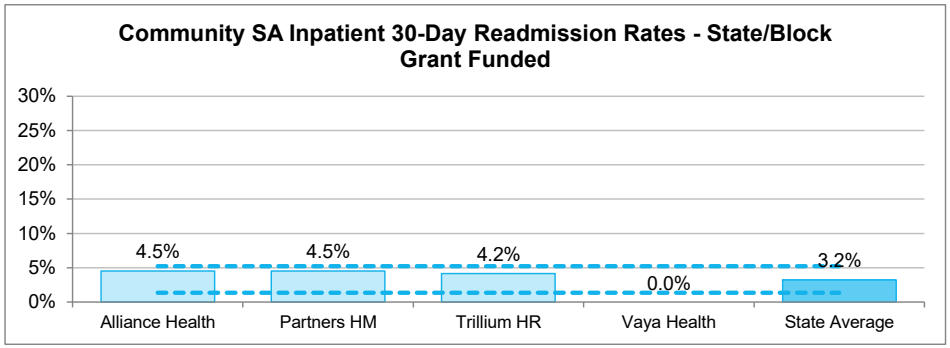
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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

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

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	24	231	10.4%
Partners Health Management	31	206	15.0%
Trillium Health Resources	22	205	10.7%
Vaya Health	20	186	10.8%
State Average	97	828	11.7%
Standard Deviation			1.9%
LME-MCO Average			11.7%
State/Block Grant Funded			
Alliance Health	1	22	4.5%
Partners Health Management	1	22	4.5%
Trillium Health Resources	1	24	4.2%
Vaya Health	0	25	0.0%
State Average	3	93	3.2%
Standard Deviation			1.9%
LME-MCO Average			3.3%





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

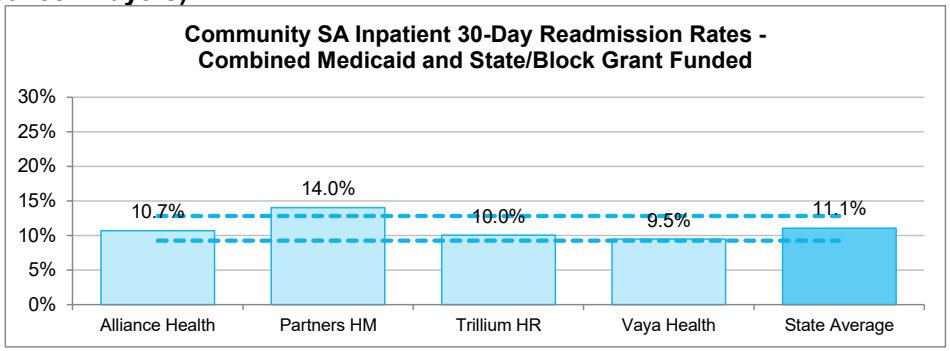
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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

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

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	27	253	10.7%
Partners Health Management	32	228	14.0%
Trillium Health Resources	23	229	10.0%
Vaya Health	20	211	9.5%
State Average	102	921	11.1%
Standard Deviation			1.8%
LME-MCO Average			11.1%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

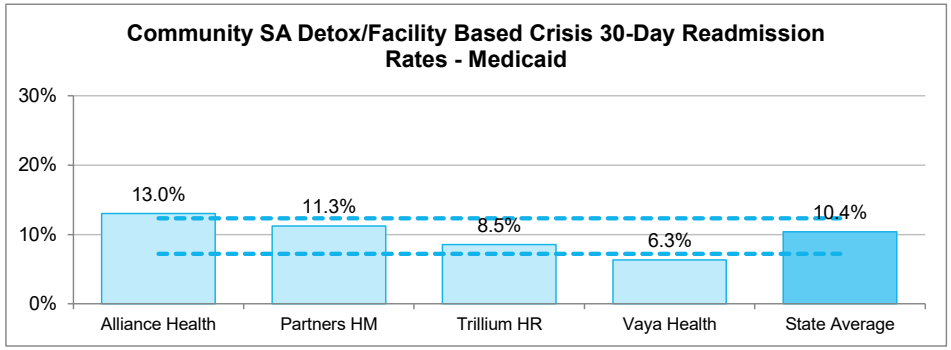
CRISIS AND INPATIENT SERVICES

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

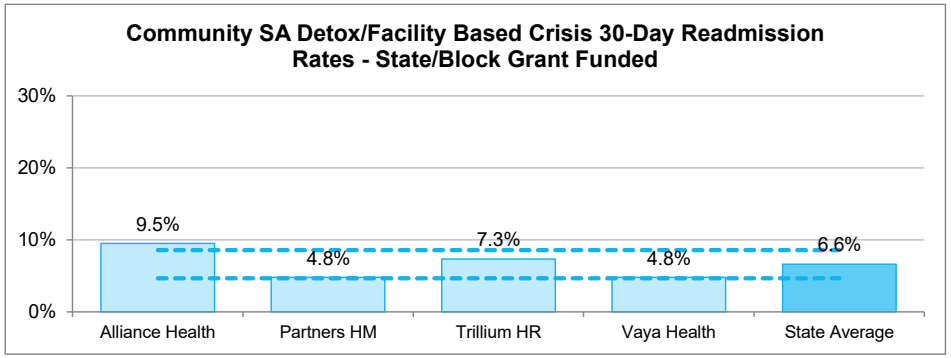
Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	48	368	13.0%
Partners Health Management	53	471	11.3%
Trillium Health Resources	34	398	8.5%
Vaya Health	10	158	6.3%
State Average	145	1,395	10.4%
Standard Deviation			2.6%
LME-MCO Average			9.8%



State/Block Grant Funded			
Alliance Health	19	200	9.5%
Partners Health Management	17	355	4.8%
Trillium Health Resources	24	327	7.3%
Vaya Health	4	83	4.8%
State Average	64	965	6.6%
Standard Deviation			2.0%
LME-MCO Average			6.6%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CRISIS AND INPATIENT SERVICES

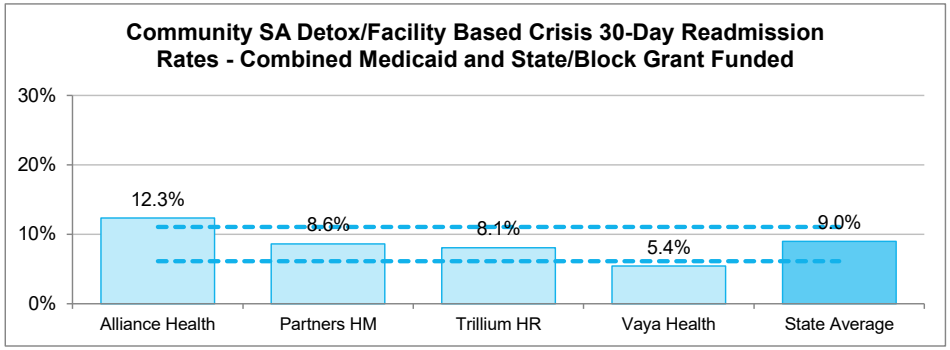
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	70	568	12.3%
Partners Health Management	71	826	8.6%
Trillium Health Resources	58	719	8.1%
Vaya Health	13	240	5.4%
State Average	212	2,353	9.0%
Standard Deviation			2.5%
LME-MCO Average			8.6%



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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

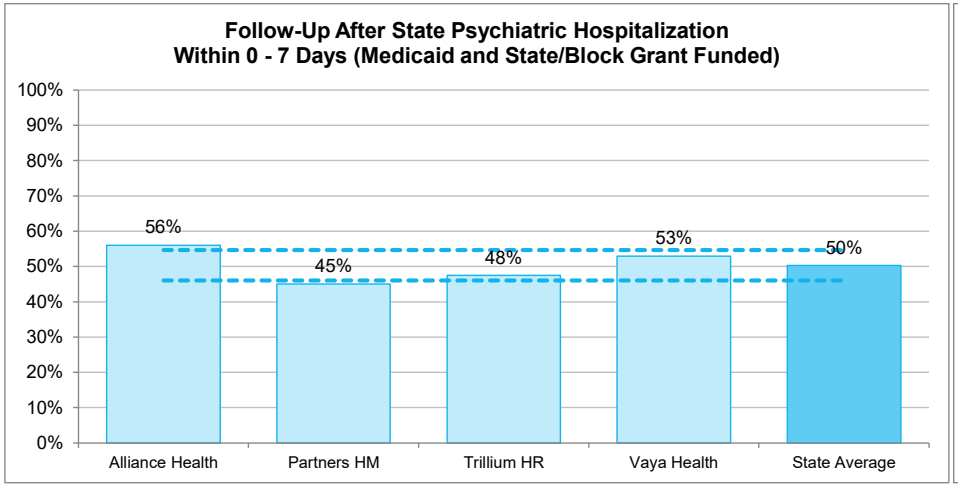
6.1 Follow-Up After Discharge: State Psychiatric Hospitals

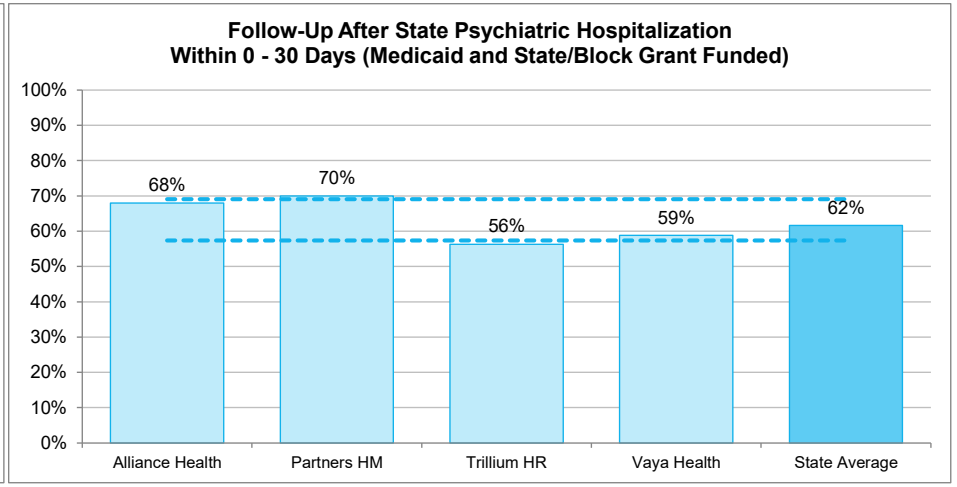
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis)**				**Total Number of Discharges**	**Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis)**			
	0 - 7 Days	**8 - 30 Days**	**>30 Days**	**Not Seen***		**0 - 7 Days**	**8 - 30 Days**	**>30 Days**	**Not Seen***
Follow-Up After State Psychiatric Hospitalization (Medicaid and/or State/Block Grant Funded)									
Alliance Health	28	6	4	12	50	56%	12%	8%	24%
Partners Health Management	9	5	1	5	20	45%	25%	5%	25%
Trillium Health Resources	38	7	16	19	80	48%	9%	20%	24%
Vaya Health	9	1	1	6	17	53%	6%	6%	35%
State Average	84	19	22	42	167	50%	11%	13%	25%
Standard Deviation						4.3%			
LME-MCO Average						50%			

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

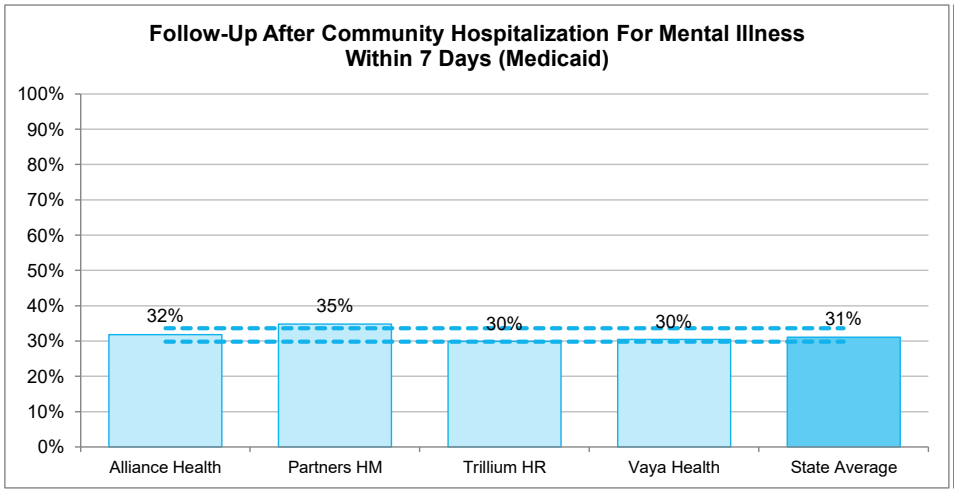
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

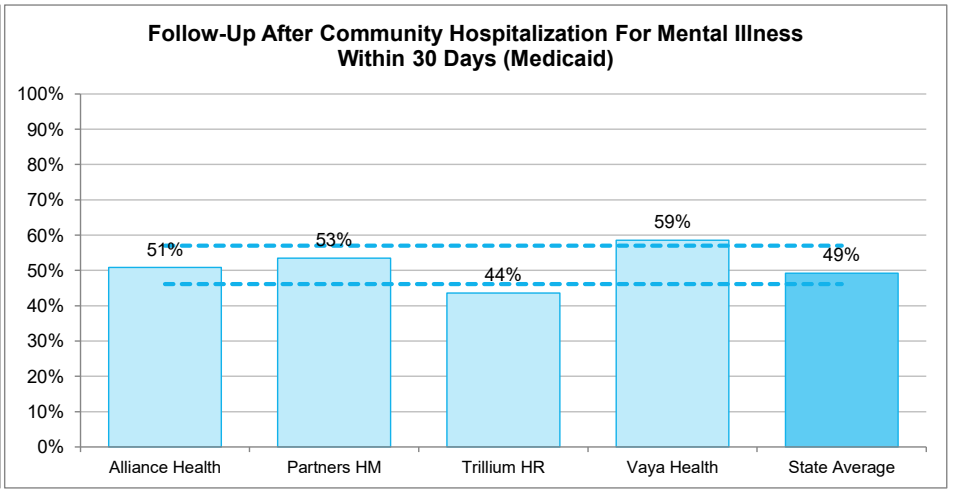
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (Medicaid Funded)									
Alliance Health	344	549	208	323	1,080	32%	51%	19%	30%
Partners Health Management	166	255	64	158	477	35%	53%	13%	33%
Trillium Health Resources	483	704	226	686	1,616	30%	44%	14%	42%
Vaya Health	182	350	134	114	598	30%	59%	22%	19%
State Average	1,175	1,858	632	1,281	3,771	31%	49%	17%	34%
Standard Deviation						1.9%	5.4%		
LME-MCO Average						32%	52%	17%	31%

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

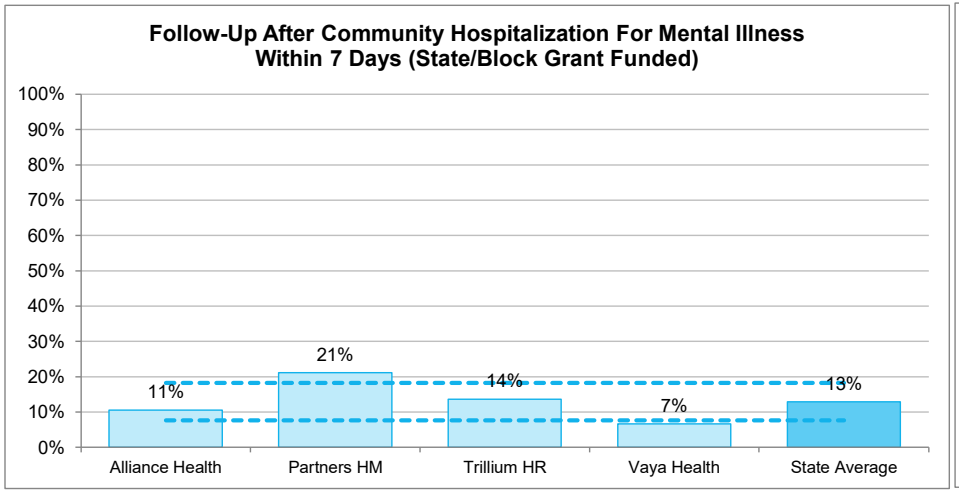
CONTINUITY OF CARE

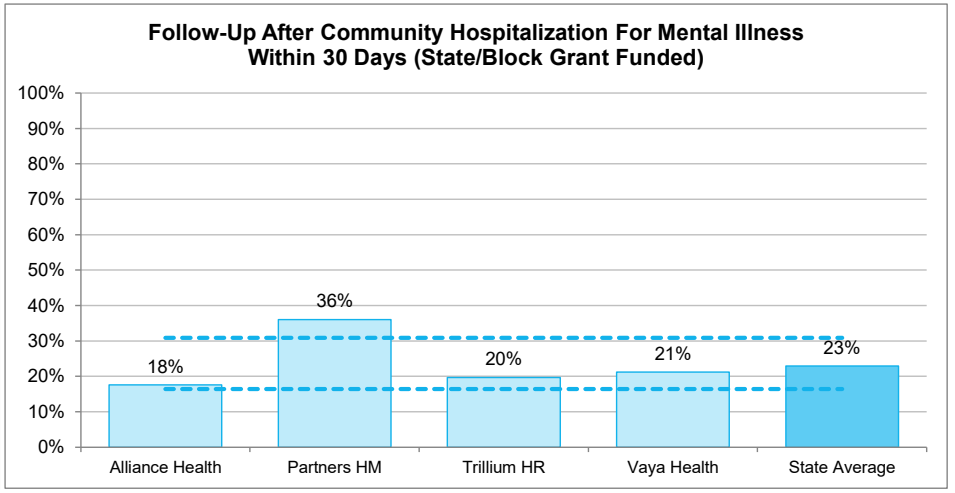
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)									
Alliance Health	24	40	16	171	227	11%	18%	7%	75%
Partners Health Management	34	58	4	99	161	21%	36%	2%	61%
Trillium Health Resources	27	39	13	146	198	14%	20%	7%	74%
Vaya Health	10	32	19	100	151	7%	21%	13%	66%
State Average	95	169	52	516	737	13%	23%	7%	70%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.					5.3%	7.3%		
LME-MCO Average						13%	24%	7%	69%





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

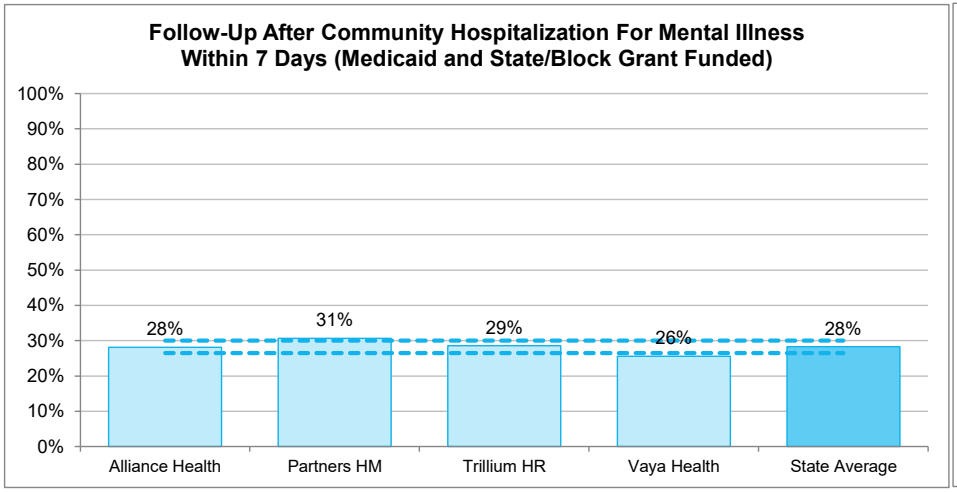
CONTINUITY OF CARE

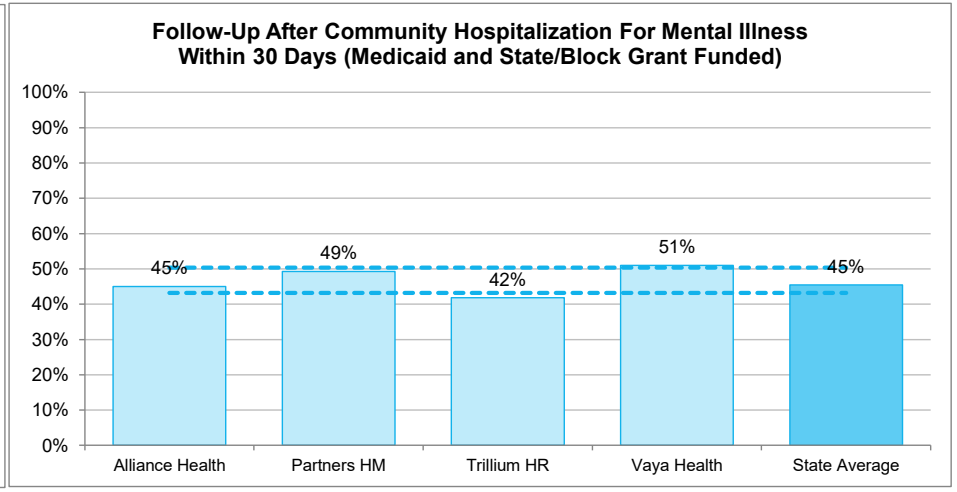
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)									
Alliance Health	373	597	225	505	1,327	28%	45%	17%	38%
Partners Health Management	240	386	90	307	783	31%	49%	11%	39%
Trillium Health Resources	513	749	241	802	1,792	29%	42%	13%	45%
Vaya Health	192	382	153	214	749	26%	51%	20%	29%
State Average	1,318	2,114	709	1,828	4,651	28%	45%	15%	39%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.					1.8%	3.6%		
LME-MCO Average						28%	47%	16%	38%





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

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

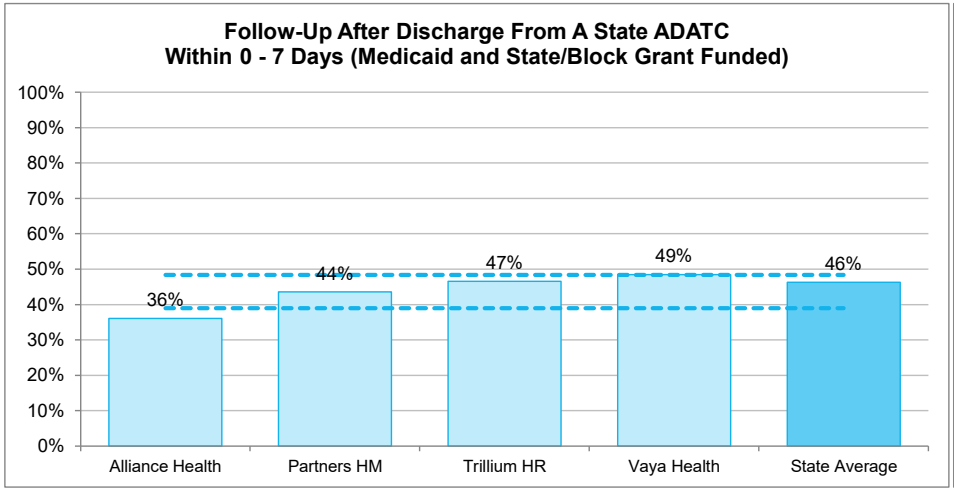
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge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

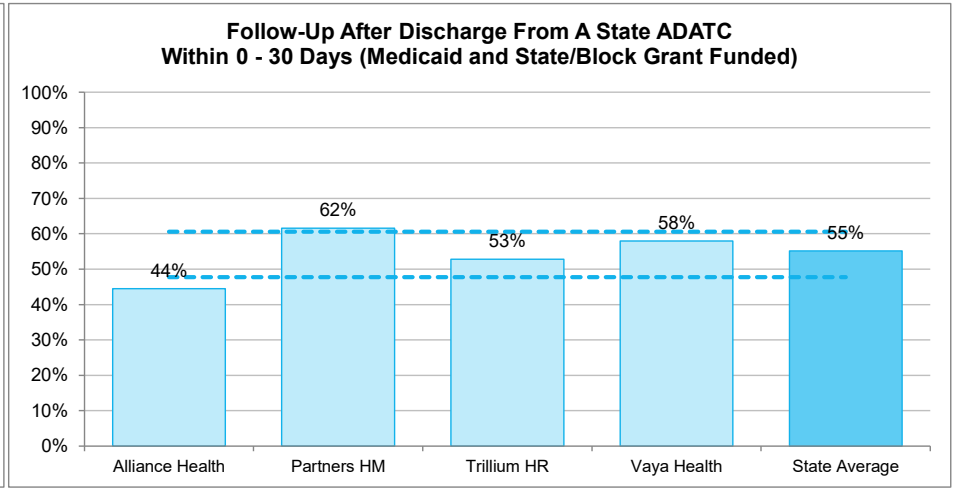
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

Follow-Up After Discharge From A State ADATC (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator: Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Numerator: 8 - 30 Days	Numerator: >30 Days	Numerator: Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Rate: 8 - 30 Days	Rate: >30 Days	Rate: Not Seen*
Alliance Health	13	3	4	16	36	36%	8%	11%	44%
Partners Health Management	17	7	3	12	39	44%	18%	8%	31%
Trillium Health Resources	82	11	17	66	176	47%	6%	10%	38%
Vaya Health	97	19	19	65	200	49%	10%	10%	33%
State Average	209	40	43	159	451	46%	9%	10%	35%
Standard Deviation						4.7%			
LME-MCO Average						44%			

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

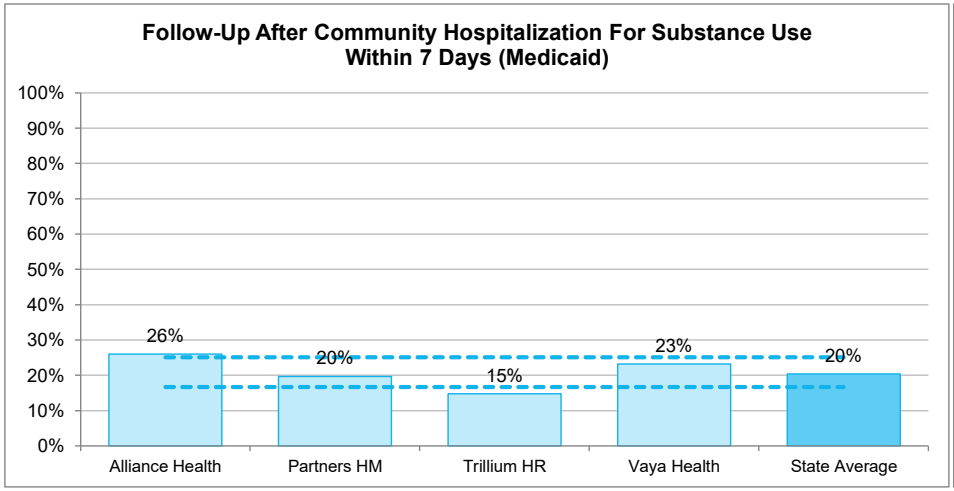
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

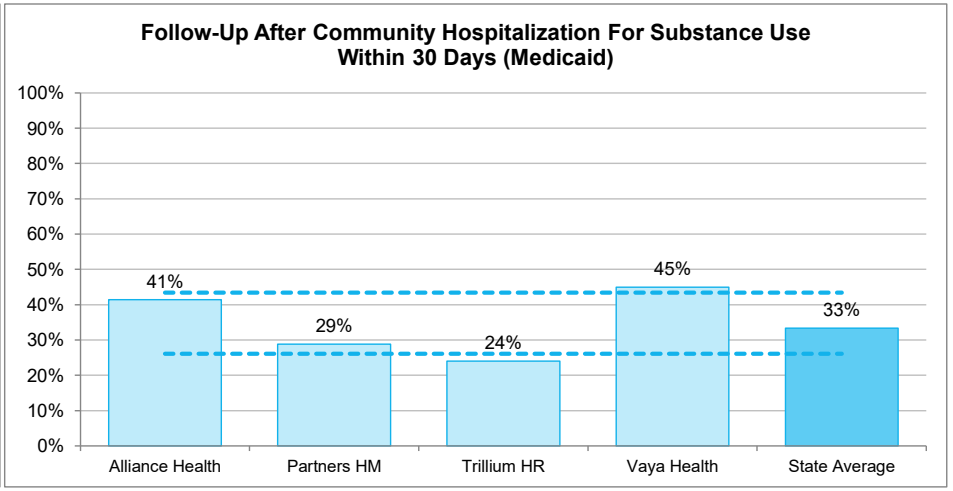
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (Medicaid Funded)									
Alliance Health	44	70	39	60	169	26%	41%	23%	36%
Partners Health Management	13	19	15	32	66	20%	29%	23%	48%
Trillium Health Resources	29	47	30	119	196	15%	24%	15%	61%
Vaya Health	16	31	16	22	69	23%	45%	23%	32%
State Average	102	167	100	233	500	20%	33%	20%	47%
Standard Deviation						4.2%	8.7%		
LME-MCO Average						21%	35%		

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

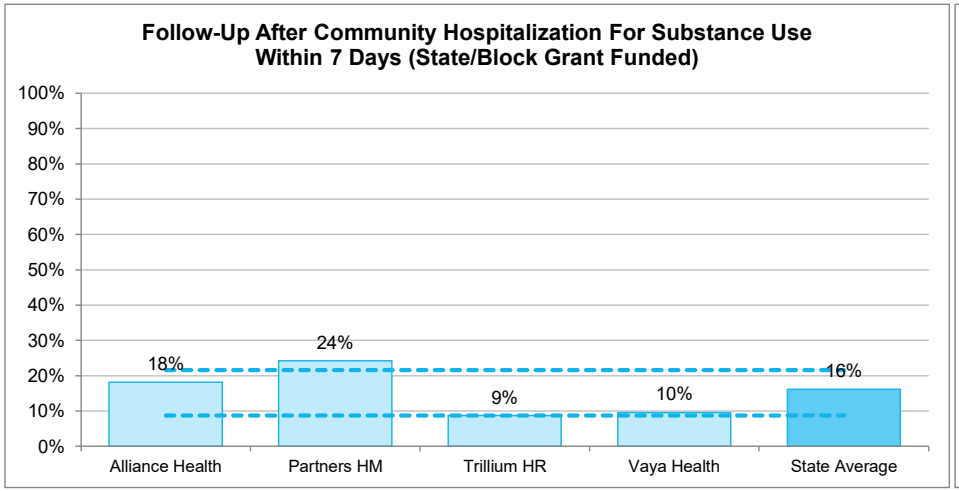
CONTINUITY OF CARE

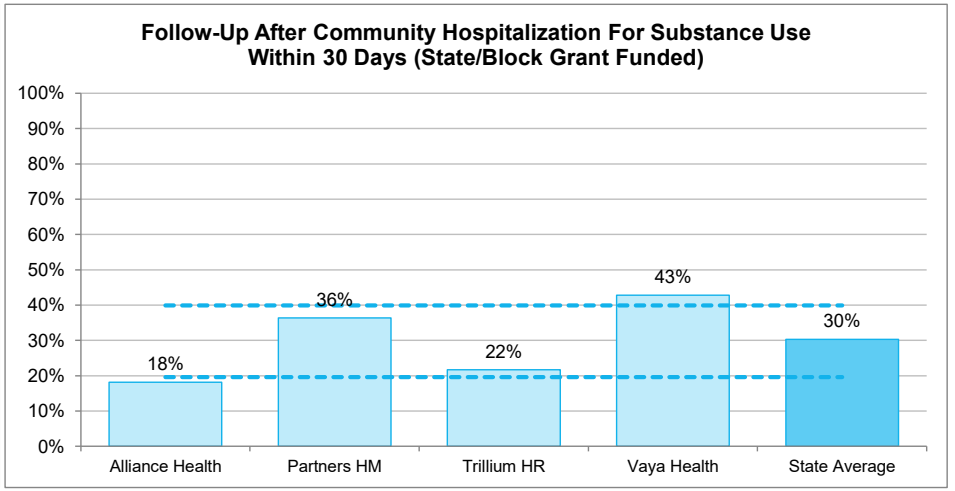
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)									
Alliance Health	4	4	2	16	22	18%	18%	9%	73%
Partners Health Management	8	12	1	20	33	24%	36%	3%	61%
Trillium Health Resources	2	5	1	17	23	9%	22%	4%	74%
Vaya Health	2	9	0	12	21	10%	43%	0%	57%
State Average	16	30	4	65	99	16%	30%	4%	66%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.					6.4%	10.2%		
LME-MCO Average						15%	30%		





State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

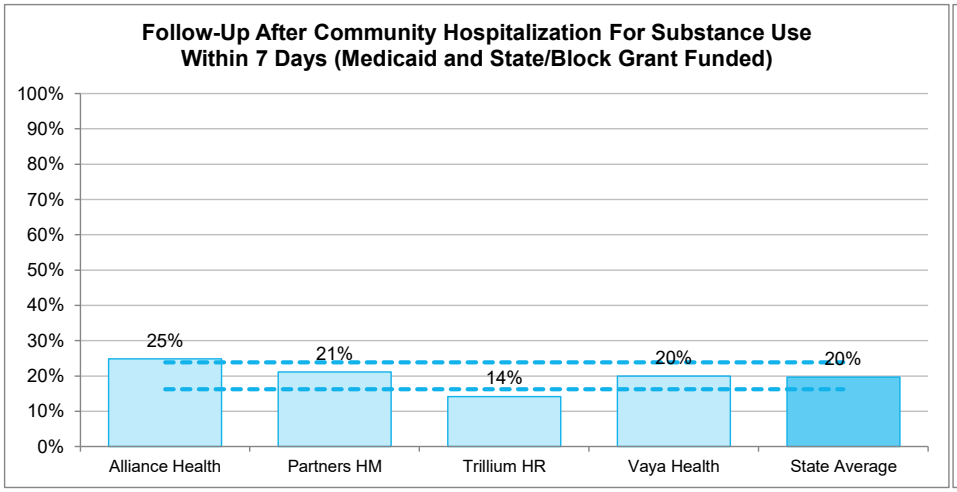
CONTINUITY OF CARE

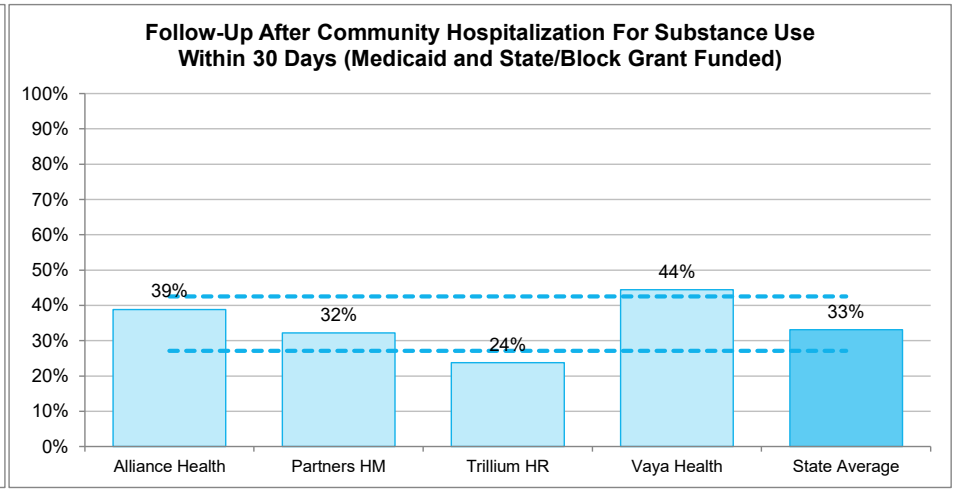
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)									
Alliance Health	48	75	41	77	193	25%	39%	21%	40%
Partners Health Management	25	38	19	61	118	21%	32%	16%	52%
Trillium Health Resources	31	52	32	135	219	14%	24%	15%	62%
Vaya Health	18	40	16	34	90	20%	44%	18%	38%
State Average	122	205	108	307	620	20%	33%	17%	50%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.					3.8%	7.7%		
LME-MCO Average						20%	35%		





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

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

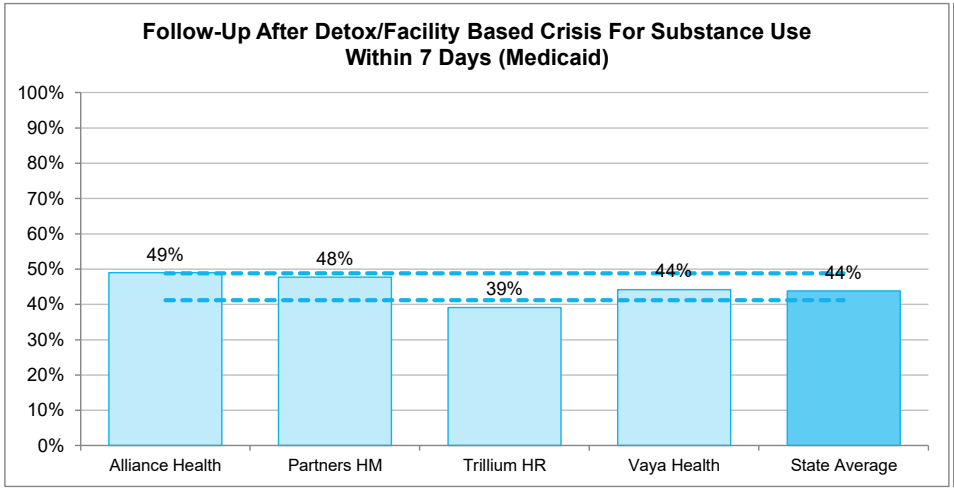
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

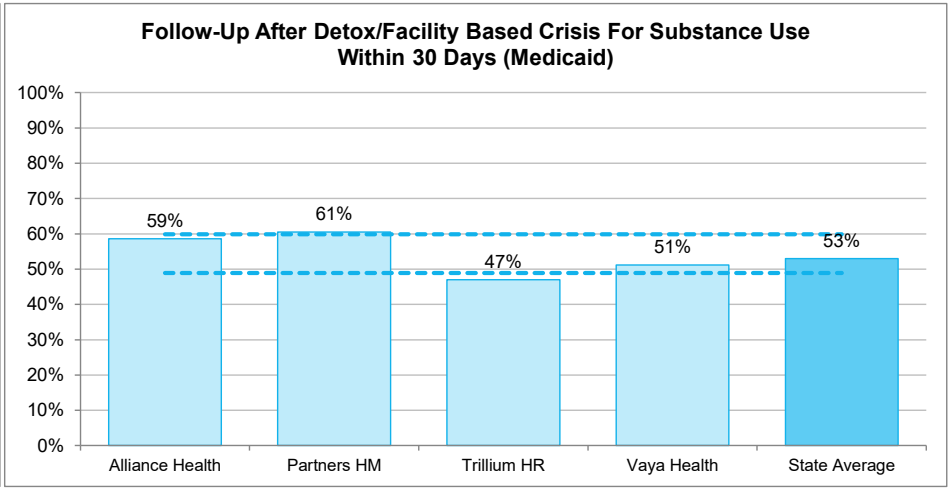
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Detox/Facility Based Crisis Services (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	122	146	33	70	249	49%	59%	13%	28%
Partners Health Management	52	66	10	33	109	48%	61%	9%	30%
Trillium Health Resources	144	173	55	140	368	39%	47%	15%	38%
Vaya Health	19	22	11	10	43	44%	51%	26%	23%
State Average	337	407	109	253	769	44%	53%	14%	33%
Standard Deviation						3.8%	5.5%		
LME-MCO Average						45%	54%		

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

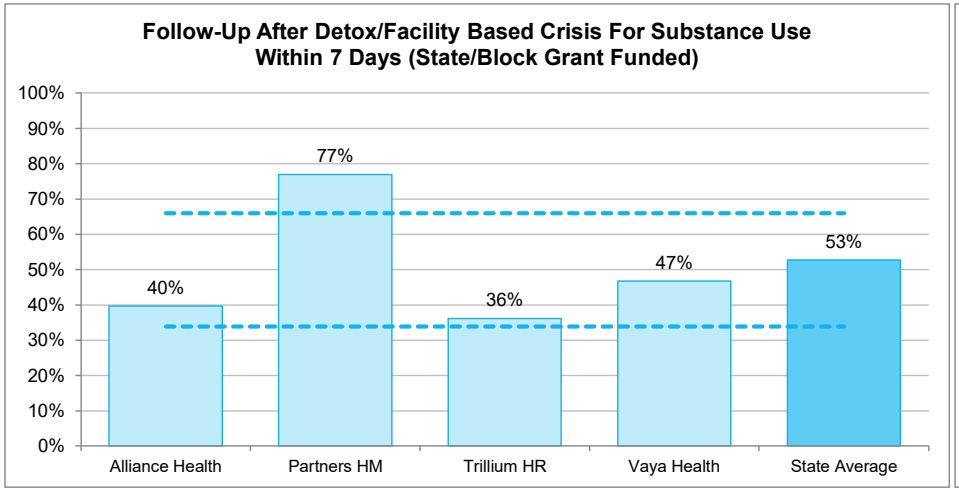
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

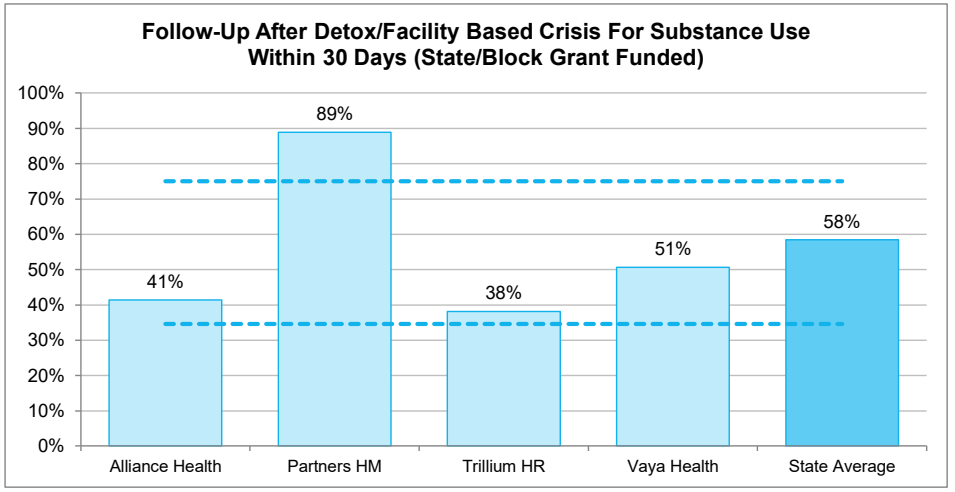
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Detox/Facility Based Crisis Services (State/Federal Block Grant Funded)									
Alliance Health	67	70	9	90	169	40%	41%	5%	53%
Partners Health Management	243	281	5	30	316	77%	89%	2%	9%
Trillium Health Resources	110	116	10	178	304	36%	38%	3%	59%
Vaya Health	36	39	9	29	77	47%	51%	12%	38%
State Average	456	506	33	327	866	53%	58%	4%	38%
Standard Deviation						16.1%	20.2%		
LME-MCO Average						50%	55%		

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

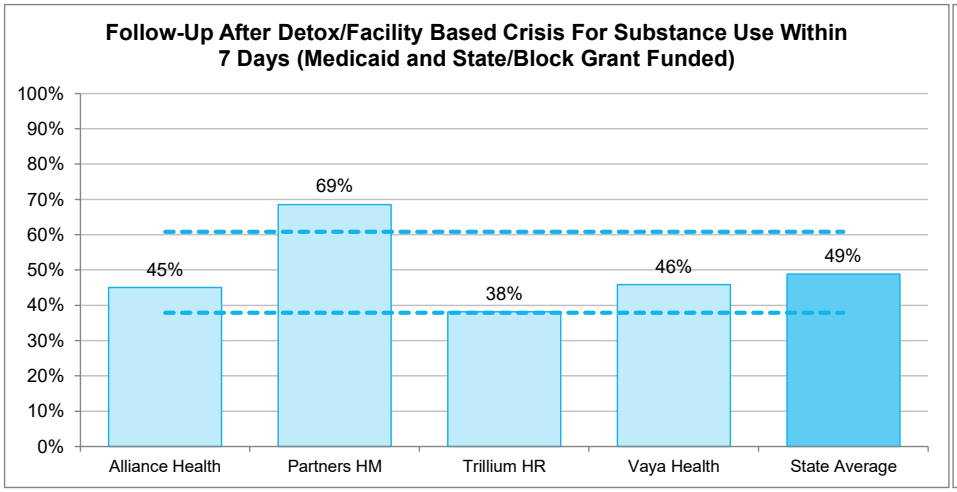
CONTINUITY OF CARE

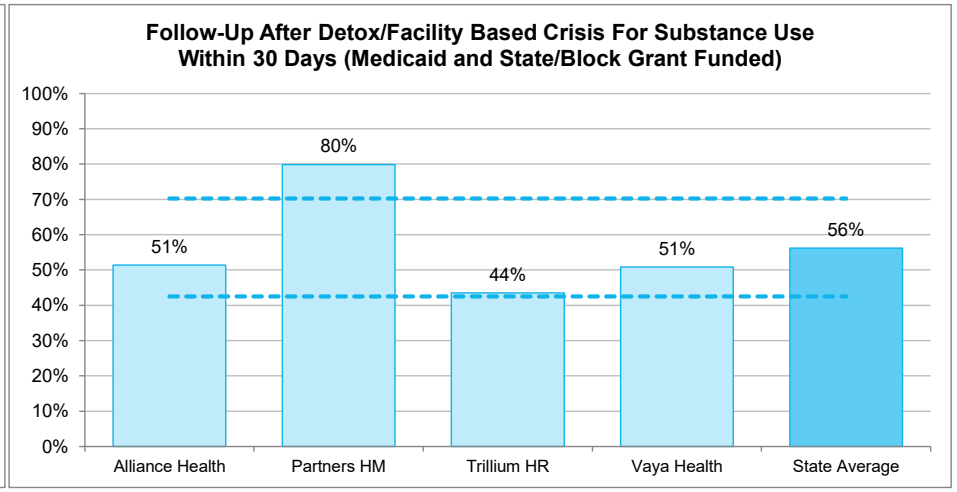
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Detox/Facility Based Crisis Services (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)									
Alliance Health	190	217	42	163	422	45%	51%	10%	39%
Partners Health Management	320	373	22	72	467	69%	80%	5%	15%
Trillium Health Resources	254	290	68	308	666	38%	44%	10%	46%
Vaya Health	55	61	20	39	120	46%	51%	17%	33%
State Average	819	941	152	582	1,675	49%	56%	9%	35%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.					11.4%	13.9%		
LME-MCO Average						49%	56%		





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

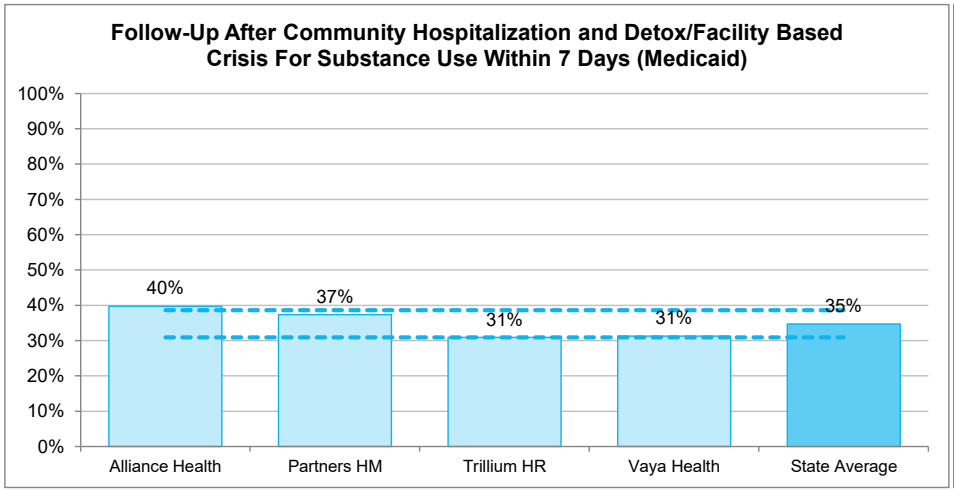
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

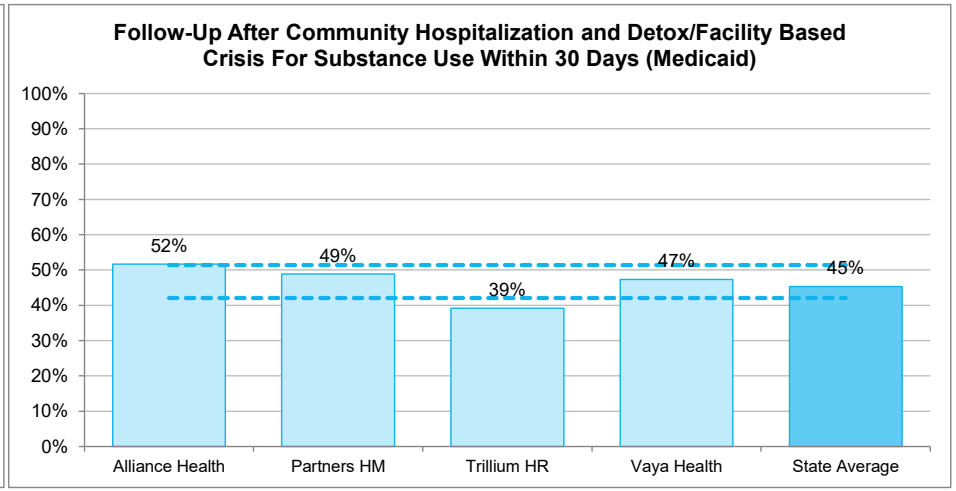
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Medicaid Funded)									
Alliance Health	166	216	72	130	418	40%	52%	17%	31%
Partners Health Management	65	85	25	64	174	37%	49%	14%	37%
Trillium Health Resources	172	218	83	256	557	31%	39%	15%	46%
Vaya Health	35	53	27	32	112	31%	47%	24%	29%
State Average	438	572	207	482	1,261	35%	45%	16%	38%
Standard Deviation						3.8%	4.7%		
LME-MCO Average						35%	47%		

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

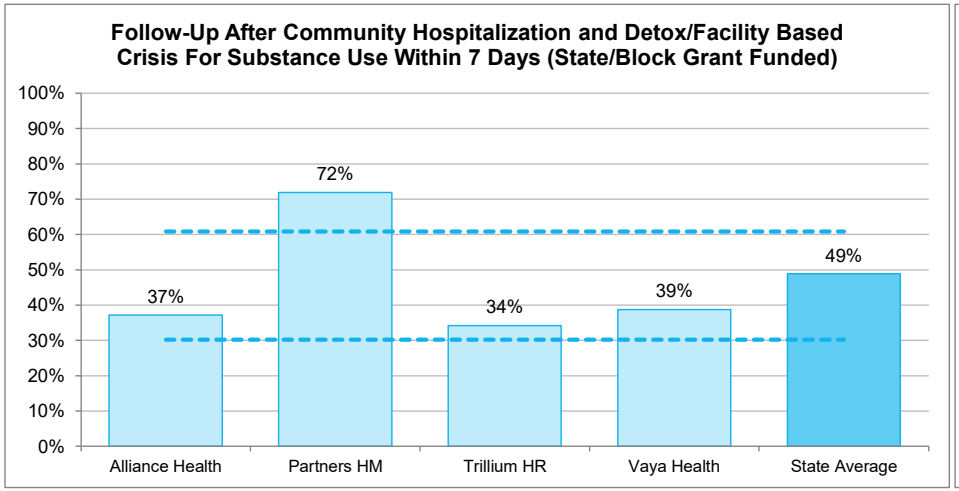
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

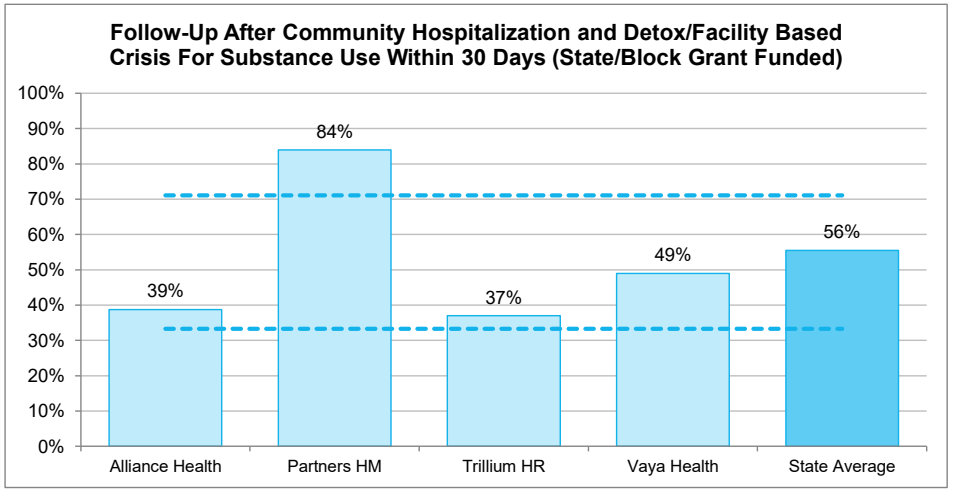
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (State/Federal Block Grant Funded)									
Alliance Health	71	74	11	106	191	37%	39%	6%	55%
Partners Health Management	251	293	6	50	349	72%	84%	2%	14%
Trillium Health Resources	112	121	11	195	327	34%	37%	3%	60%
Vaya Health	38	48	9	41	98	39%	49%	9%	42%
State Average	472	536	37	392	965	49%	56%	4%	41%
Standard Deviation						15.3%	18.9%		
LME-MCO Average						46%	52%		

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

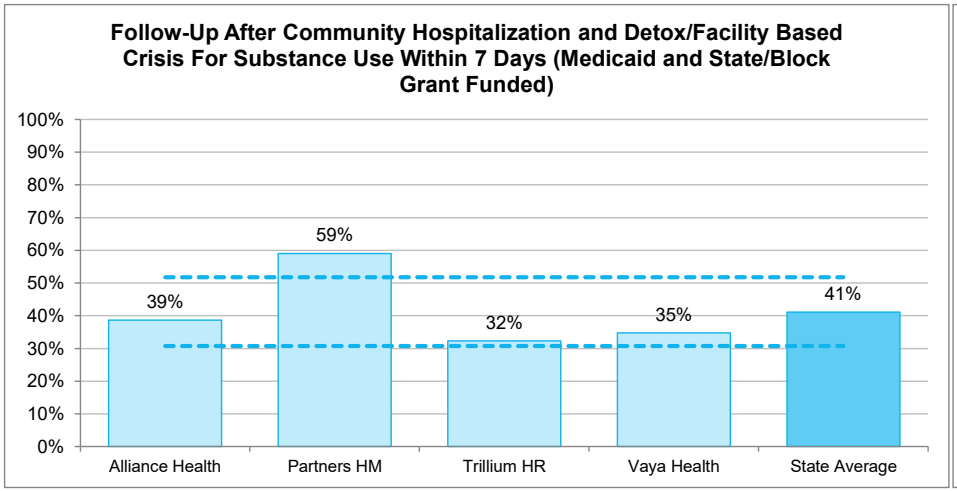
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

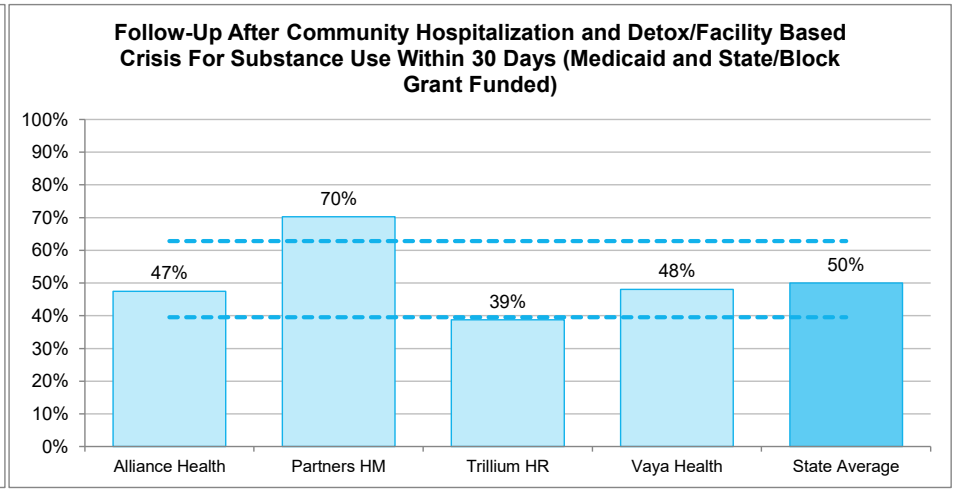
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based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

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

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Combined Medicaid and State/Block Grant Funded)									
Alliance Health	238	292	83	240	615	39%	47%	13.5%	39.0%
Partners Health Management	345	411	41	133	585	59%	70%	7%	23%
Trillium Health Resources	284	340	98	440	878	32%	39%	11%	50%
Vaya Health	73	101	36	73	210	35%	48%	17%	35%
State Average	940	1,144	258	886	2,288	41%	50%	11%	39%
Standard Deviation						10.5%	11.6%		
LME-MCO Average						41%	51%		

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





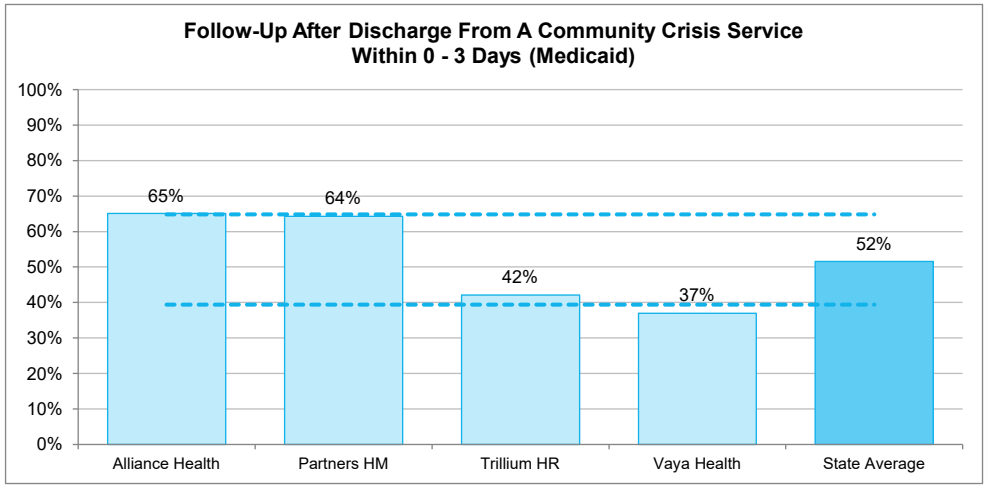
CONTINUITY OF CARE

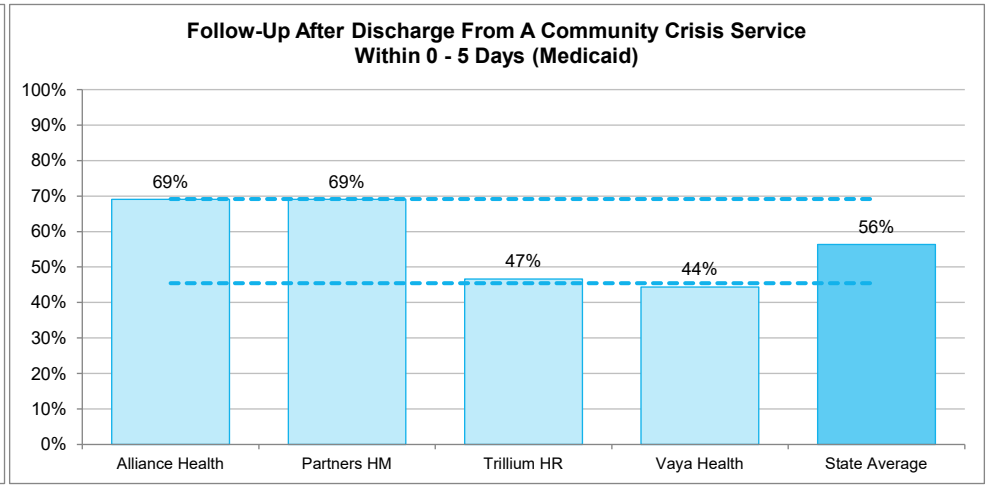
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

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

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Medicaid Funded											
Alliance Health	3,202	195	405	685	428	4,915	65%	4%	8%	14%	9%
Partners Health Management	377	28	48	45	88	586	64%	5%	8%	8%	15%
Trillium Health Resources	1,866	202	467	911	988	4,434	42%	5%	11%	21%	22%
Vaya Health	827	165	293	271	681	2,237	37%	7%	13%	12%	30%
State Average	6,272	590	1,213	1,912	2,185	12,172	52%	5%	10%	16%	18%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						12.7%	1.3%			
LME-MCO Average							52%	5%			





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

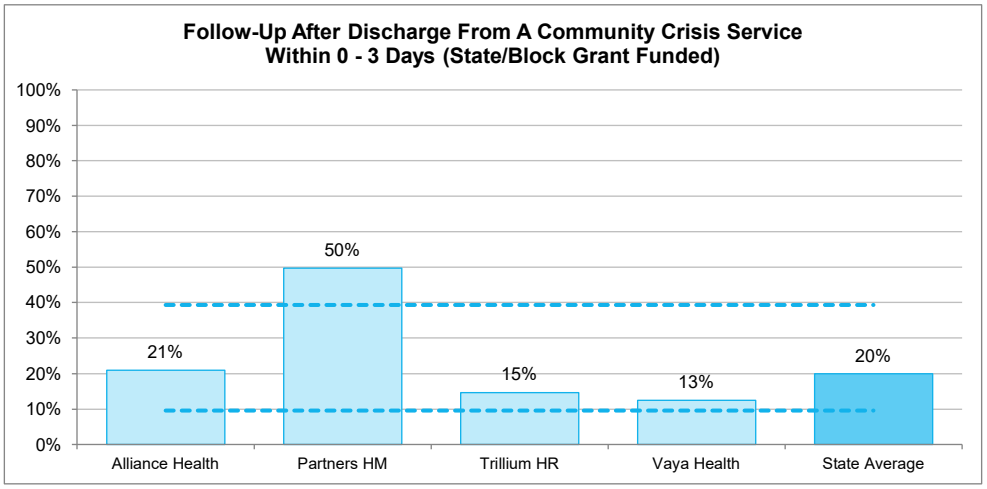
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

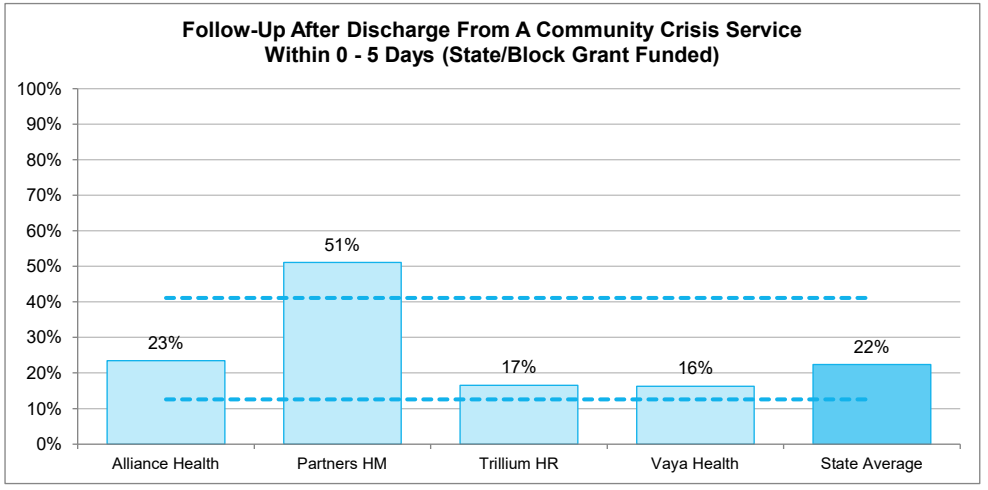
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of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

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
State/Federal Block Grant Funded											
Alliance Health	100	12	18	35	313	478	21%	3%	4%	7%	65%
Partners Health Management	175	5	12	24	136	352	50%	1%	3%	7%	39%
Trillium Health Resources	155	20	22	66	793	1,056	15%	2%	2%	6%	75%
Vaya Health	91	28	47	49	513	728	13%	4%	6%	7%	70%
State Average	521	65	99	174	1,755	2,614	20%	2%	4%	7%	67%
Standard Deviation							14.9%	0.9%			
LME-MCO Average							24%	2%			

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





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

State Fiscal Year:	2025	**Measurement Period:**	Apr - Jun 2024
Report Quarter:	1st Quarter	**Based On Claims Paid As Of:**	Oct 31, 2024

CONTINUITY OF CARE

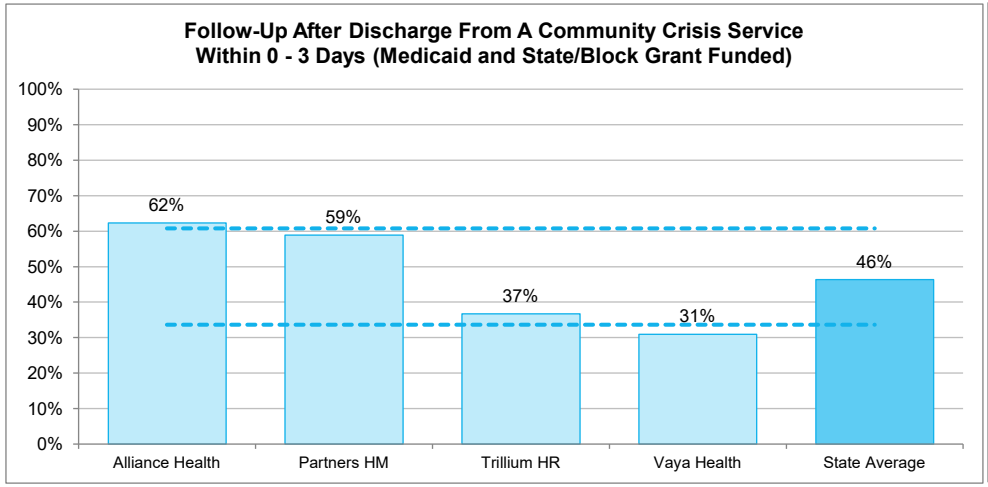
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

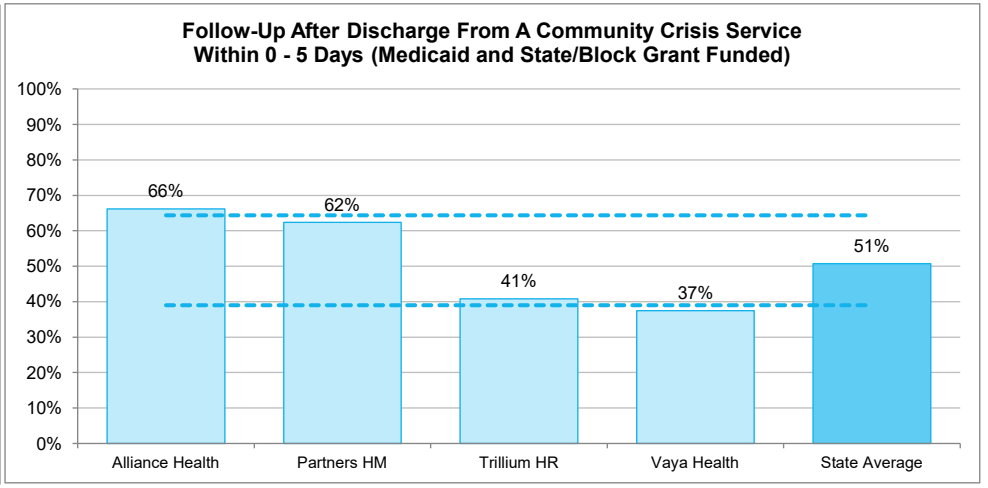
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of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

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers											
Alliance Health	3,359	209	415	703	707	5,393	62%	4%	8%	13%	13%
Partners Health Management	552	33	60	69	224	938	59%	4%	6%	7%	24%
Trillium Health Resources	2,014	222	489	976	1,781	5,482	37%	4%	9%	18%	32%
Vaya Health	918	193	340	320	1,194	2,965	31%	7%	11%	11%	40%
State Average	6,843	657	1,304	2,068	3,906	14,778	46%	4%	9%	14%	26%
Standard Deviation							13.6%				
LME-MCO Average							47%	4%			

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





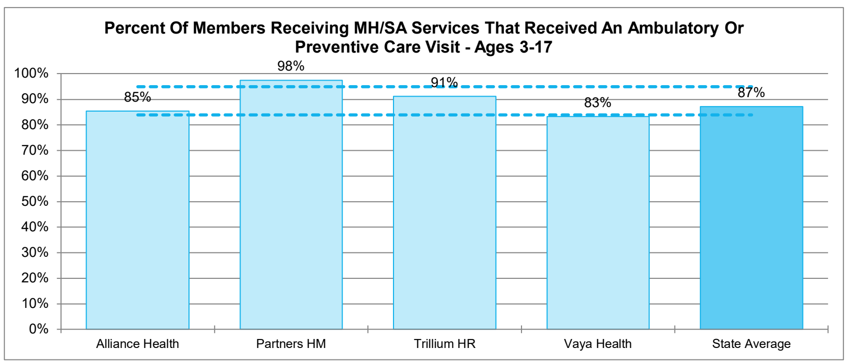
CONTINUITY OF CARE

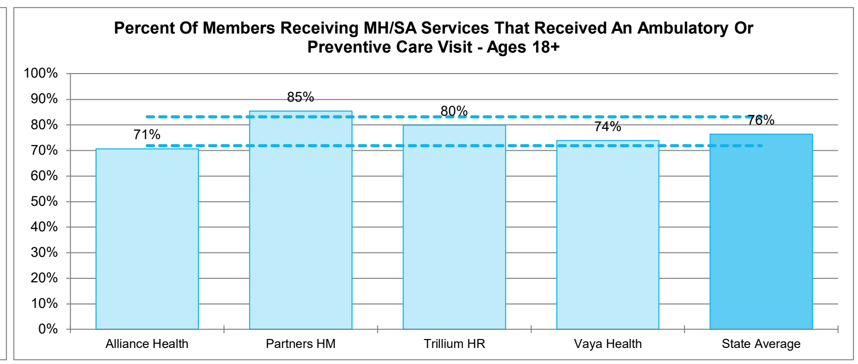
6.6 Medical Care Coordination (Medicaid Only)

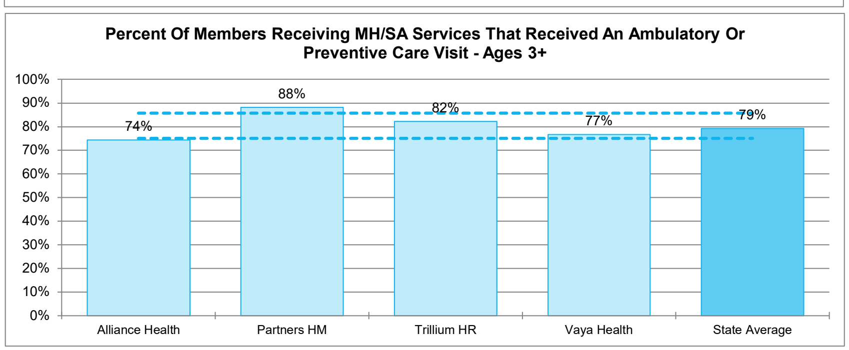
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

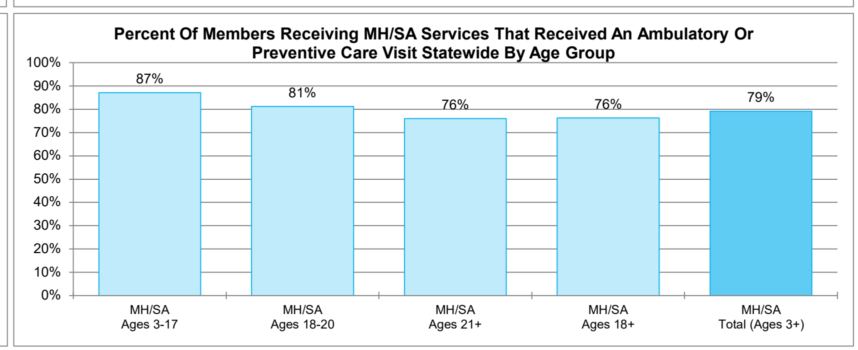
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 3-17			MH/SA Ages 18+			MH/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	6,349	7,433	85%	15,413	21,805	71%	21,762	29,238	74%
Partners Health Management	4,744	4,865	98%	14,025	16,419	85%	18,769	21,284	88%
Trillium Health Resources	3,614	3,961	91%	11,885	14,872	80%	15,499	18,833	82%
Vaya Health	11,579	13,893	83%	23,544	31,880	74%	35,123	45,773	77%
Statewide	26,286	30,152	87%	64,867	84,976	76%	91,153	115,128	79%
Standard Deviation			5.5%			5.7%			5.3%
LME-MCO Average			89%			77%			80%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2025
Report Quarter: 1st Quarter
Measurement Period: Jul 2023 - Jun 2024

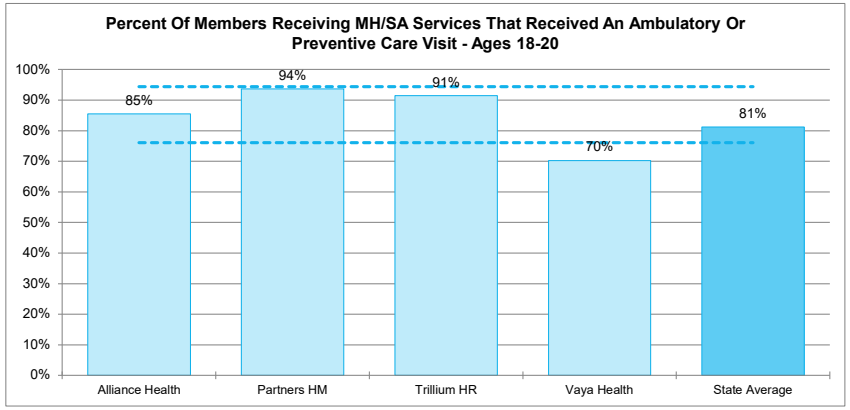
CONTINUITY OF CARE

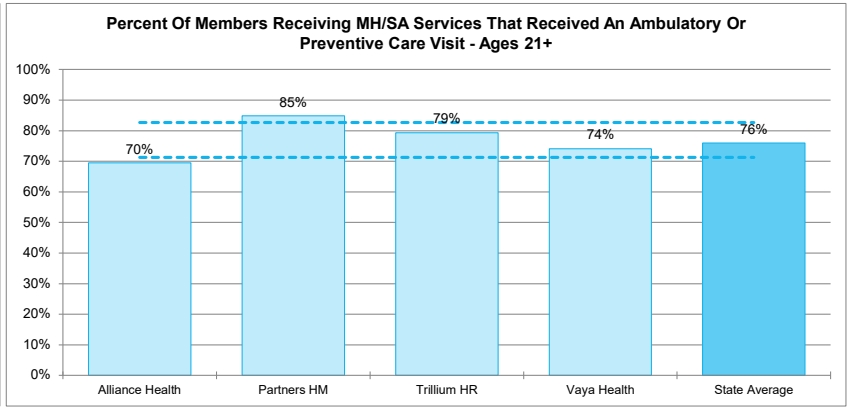
6.6 Medical Care Coordination (Medicaid Only)

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

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 18-20			MH/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	1,324	1,549	85%	14,089	20,256	70%
Partners Health Management	1,007	1,075	94%	13,018	15,344	85%
Trillium Health Resources	651	712	91%	11,234	14,160	79%
Vaya Health	1,746	2,486	70%	21,798	29,394	74%
Statewide	4,728	5,822	81%	60,139	79,154	76%
Standard Deviation			9.1%			5.7%
LME-MCO Average			85%			77%





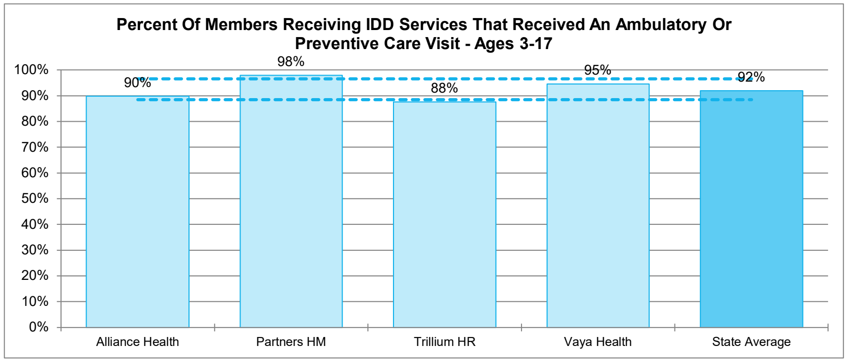
CONTINUITY OF CARE

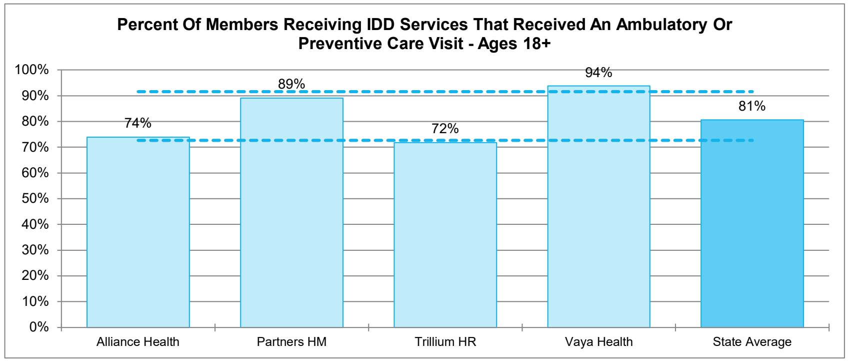
6.6 Medical Care Coordination (Medicaid Only)

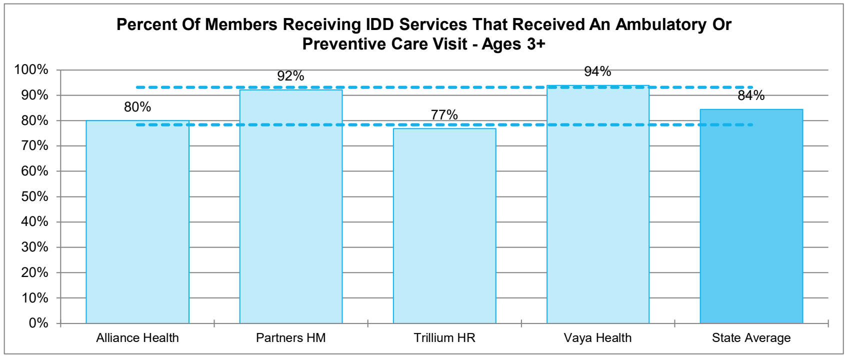
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

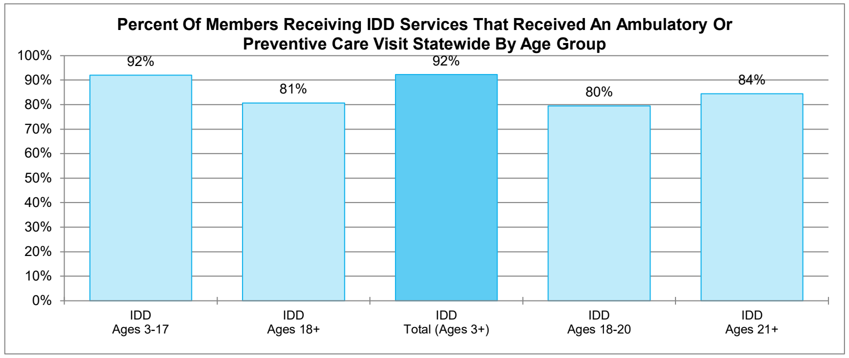
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	IDD Ages 3-17			IDD Ages 18+			IDD Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	3,599	4,009	90%	4,690	6,345	74%	8,289	10,354	80%
Partners Health Management	2,761	2,819	98%	4,761	5,343	89%	7,522	8,162	92%
Trillium Health Resources	1,930	2,203	88%	3,357	4,676	72%	5,287	6,879	77%
Vaya Health	612	647	95%	2,786	2,971	94%	3,398	3,618	94%
Statewide	8,902	9,678	92%	15,594	19,335	81%	24,496	29,013	84%
Standard Deviation			4.0%			9.5%			7.4%
LME-MCO Average			92%			82%			86%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2025
Report Quarter: 1st Quarter
Measurement Period: Jul 2023 - Jun 2024

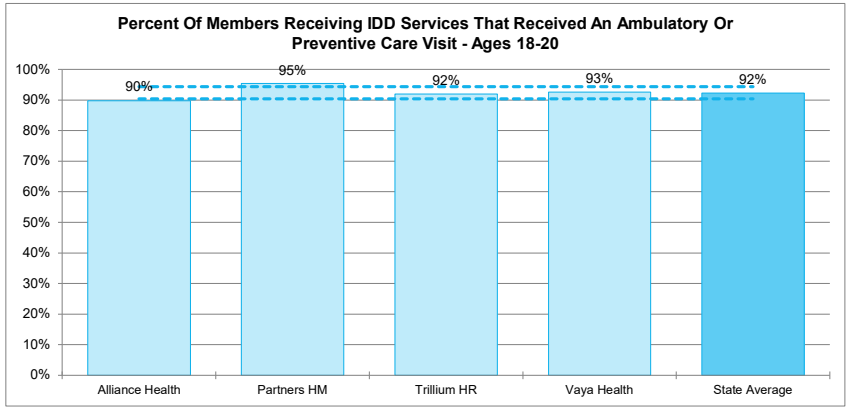
CONTINUITY OF CARE

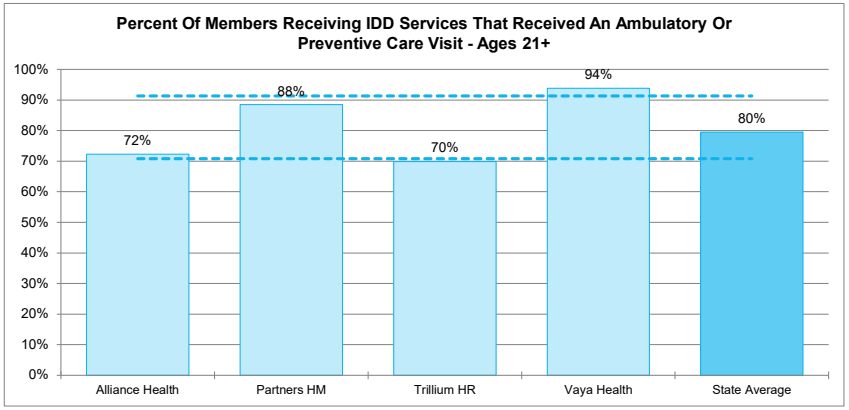
6.6 Medical Care Coordination (Medicaid Only)

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

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	IDD Ages 18-20			IDD Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	528	588	90%	4,162	5,757	72%
Partners Health Management	478	501	95%	4,283	4,842	88%
Trillium Health Resources	368	400	92%	2,989	4,276	70%
Vaya Health	175	189	93%	2,611	2,782	94%
Statewide	1,549	1,678	92%	14,045	17,657	80%
Standard Deviation			2.0%			10.2%
LME-MCO Average			92%			81%





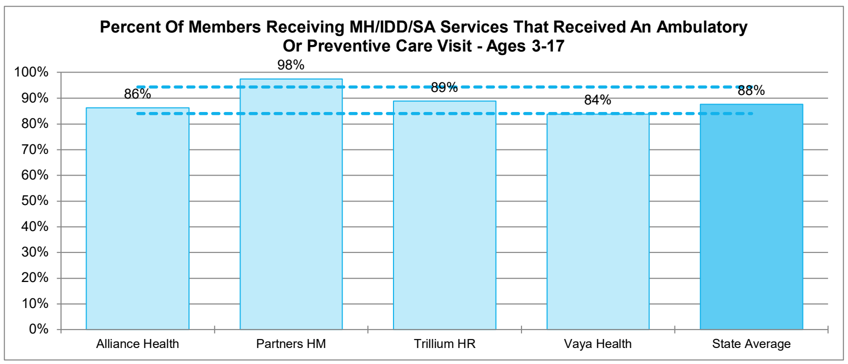
CONTINUITY OF CARE

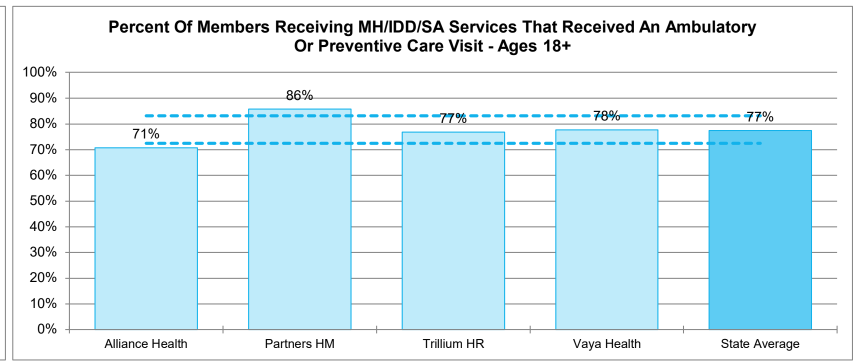
6.6 Medical Care Coordination (Medicaid Only)

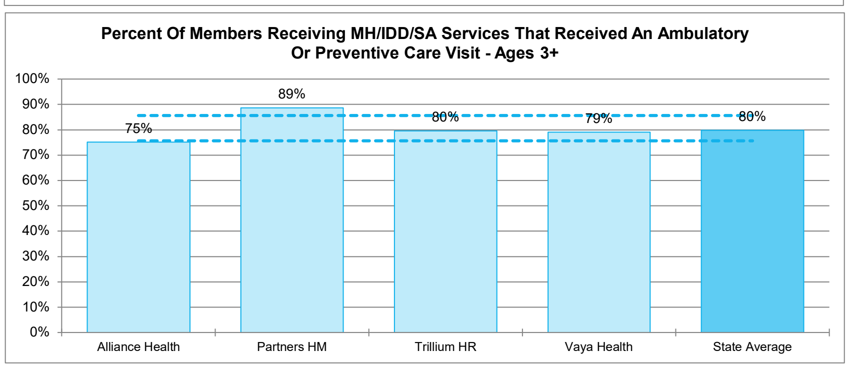
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

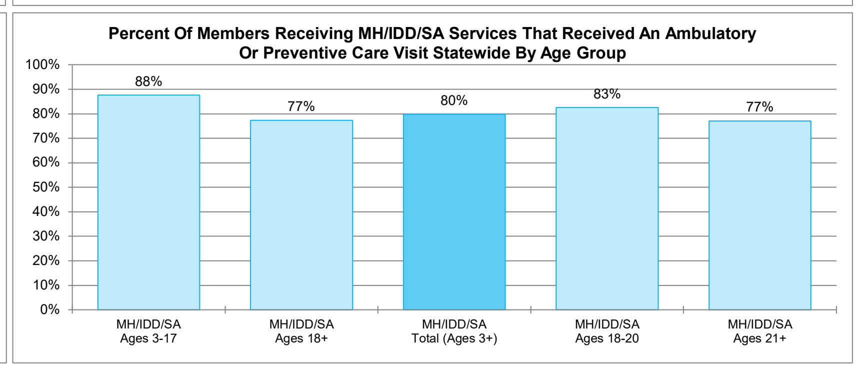
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/IDD/SA Ages 3-17			MH/IDD/SA Ages 18+			MH/IDD/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	8,851	10,259	86%	18,546	26,215	71%	27,397	36,474	75%
Partners Health Management	6,260	6,417	98%	16,824	19,604	86%	23,084	26,021	89%
Trillium Health Resources	4,450	5,007	89%	13,192	17,169	77%	17,642	22,176	80%
Vaya Health	12,191	14,540	84%	40,442	52,066	78%	52,633	66,606	79%
Statewide	31,752	36,223	88%	89,004	115,054	77%	120,756	151,277	80%
Standard Deviation			5.2%			5.4%			5.0%
LME-MCO Average			89%			78%			81%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2025
Report Quarter: 1st Quarter
Measurement Period: Jul 2023 - Jun 2024

CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

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

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/IDD/SA Ages 18-20			MH/IDD/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	1,638	1,902	86%	16,908	24,313	70%
Partners Health Management	1,213	1,293	94%	15,611	18,311	85%
Trillium Health Resources	801	884	91%	12,391	16,285	76%
Vaya Health	1,921	2,675	72%	38,521	49,391	78%
Statewide	5,573	6,754	83%	83,431	108,300	77%
Standard Deviation			8.4%			5.6%
LME-MCO Average			86%			77%