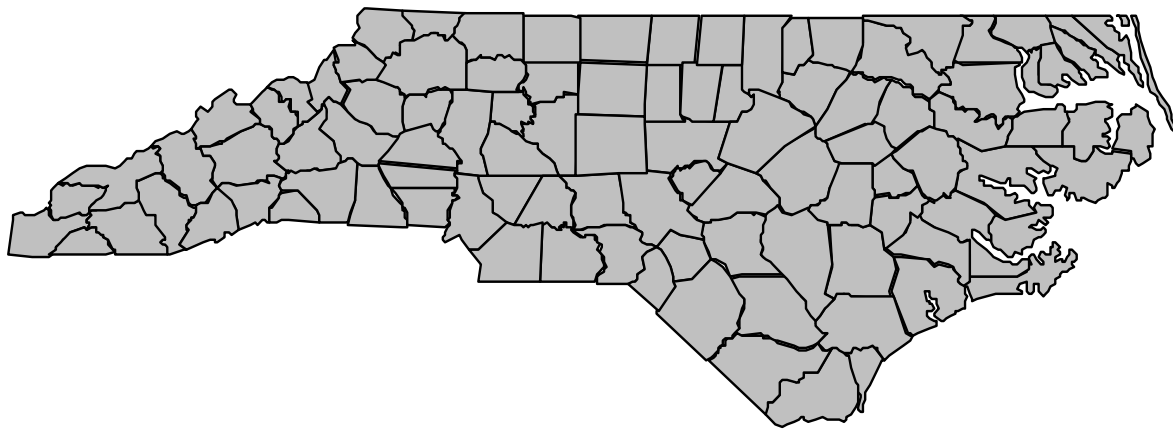


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Third Quarter Report
January 1, 2016 - March 31, 2016**



Prepared by

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

May 2016



Introduction

This is the **Third Quarter Report** for SFY 2015-2016 under the Performance Contract between the LME-MCOs and NC DHHS.

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

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

Overall, the LME-MCOs met 100 percent of the five report submission requirements and 95 percent of the ten data submission/report requirements measured this quarter. Items that are marked "N/A" on the Summary of Performance matrix indicate reports or data submission requirements that do not apply to a specific LME-MCO.

Questions or Concerns

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

SFY 2016 Performance Contract
 Report/Data Submission Requirements
 Third Quarter Report
Table of Contents

	<u>Page</u>
Introduction	2
Table of Contents	3
Report Schedule	4
Summary of LME-MCO Performance	5
 Report/Data Submission Requirements	
Quarterly Reports	
1. Monthly Financial Reports	6
2. Substance Abuse/Juvenile Justice Initiative Quarterly Report	7
3. Work First Initiative Quarterly Reports	8
4. Traumatic Brain Injury (TBI) Services Quarterly Report	9
5. Quarterly Complaints Report	10
6. Client Data Warehouse (CDW) - Admissions	11
7. Client Data Warehouse (CDW) - ICD-9 Diagnosis	12
8. Client Data Warehouse (CDW) - Unknown Data (Admissions)	13
9. Client Data Warehouse (CDW) - Unknown Data (Discharges)	14
10. Client Data Warehouse (CDW) - Identifying and Demographic Records	15
11. Client Data Warehouse (CDW) - Drug of Choice	16
12. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients)	17
14. NC Treatment Outcomes and Program Performance System (3-Month Update).....	18
15. NC Treatment Outcomes and Program Performance System (6-Month Update).....	19
16. NC Treatment Outcomes and Program Performance System (12-Month Update).....	20
17. NC Support Needs Assessment Profile (NC-SNAP)	21

SFY 2016 Performance Contract Report Schedule

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

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

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

**SFY 2016 Performance Contract Report/Data Submission Requirements Summary Of Performance
Third Quarter Report
January 1, 2016 - March 31, 2016**

Report Submission Measures

Data Submission Measures

LME-MCO	Report Submission Measures					Data Submission Measures															
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Monthly Financial Report	2. SAJJ Initiative Quarterly Report	3. Work First Initiative Quarterly Report	4. TBI Services Quarterly Report	5. Quarterly Complaints Report	Number of Data Submission Measures Met	Total Number of Data Submission Measures	Percent of Data Submission Measures Met	7. CDW - Diagnosis Record	8. CDW - Unknown Data (Admissions)	9. CDW - Unknown Data (Discharges)	10. CDW - Identifying and Demographic Records	11. CDW - Drug of Choice	12. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - 3 Month Update	15. NC TOPPS - 6 Month Update	16. NC TOPPS - 12 Month Update	17. NC-SMAP
Alliance Behavioral Healthcare	5	5	100%	★	★	★	★	★	9	10	90%	★	★	★	★	★		★	★	★	
Cardinal Innovations Healthcare Solutions	5	5	100%	★	★	★	★	★	8	9	89%	★	★	★	★	★		★	★	★	N/A
CenterPoint Human Services	5	5	100%	★	★	★	★	★	9	10	90%	★	★	★	★	★		★	★	★	★
Eastpointe	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★
Partners Behavioral Health Management	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★
Sandhills Center	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★
Smoky Mountain Center	5	5	100%	★	★	★	★	★	9	10	90%	★	★	★	★		★	★	★	★	★
Trillium Health Resources	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★
STATEWIDE - Number			100%	8	8	8	8	8			95%	8	8	8	8	7	5	8	8	8	7
STATEWIDE - Percent				100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	62.5%	100.0%	100.0%	100.0%

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

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

% Percents that are highlighted green indicate the LME-MCO met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME-MCO monitoring decisions.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

1. Monthly Financial Reports

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

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

LME-MCO	DEC Report Due 1/20/16		JAN Report Due 2/22/16		FEB Report Due 3/21/16		Standard Met ¹
	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	
Alliance Behavioral Healthcare	1/20/16	Yes	2/22/16	Yes	3/18/16	Yes	★
Cardinal Innovations Healthcare Solutions	1/20/16	Yes	2/19/16	Yes	3/21/16	Yes	★
CenterPoint Human Services	1/20/16	Yes	2/19/16	Yes	3/18/16	Yes	★
Eastpointe	1/20/16	Yes	2/22/16	Yes	3/18/16	Yes	★
Partners Behavioral Health Management	1/19/16	Yes	2/17/16	Yes	3/21/16	Yes	★
Sandhills Center	1/19/16	Yes	2/18/16	Yes	3/16/16	Yes	★
Smoky Mountain Center	1/20/16	Yes	2/22/16	Yes	3/18/16	Yes	★
Trillium Health Resources	1/20/16	Yes	2/22/16	Yes	3/18/16	Yes	★

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

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

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

2. Substance Abuse/Juvenile Justice Initiative Quarterly Reports

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

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

LME-MCO	3rd Qtr Report Due 4/20/16				Standard Met ¹
	Juvenile Detention		JJSAMH Partnership		
	Date Received ²	Accurate And Complete	Date Received ²	Accurate And Complete	
Alliance Behavioral Healthcare	4/8/16	Yes	4/8/16	Yes	★
Cardinal Innovations Healthcare Solutions	4/19/16	Yes	4/19/16	Yes	★
CenterPoint Human Services			4/6/16	Yes	★
Eastpointe			4/7/16	Yes	★
Partners Behavioral Health Management			4/12/16	Yes	★
Sandhills Center	4/12/16	Yes	4/13/16	Yes	★
Smoky Mountain Center	4/8/16	Yes	4/8/16	Yes	★
Trillium Health Resources	4/12/16	Yes	4/11/16	Yes	★

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

8 (100%)

Notes:

- ★ = Met the Performance Contract Standard. N/A = Not Applicable this quarter.
- Reports that are not complete or that were received >10 days after the due date are shaded red.
- Reports with **italicized** dates and yellow shading were received within 10 days after the due date.
- Reports that are shaded gray do not have a program and do not have a reporting requirement.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

3. Work First Initiative Quarterly Reports

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

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

LME-MCO	3rd Qtr Report Due 4/20/16		Standard Met ¹
	Date Received ²	Accurate And Complete	
Alliance Behavioral Healthcare	4/20/2016	Yes	★
Cardinal Innovations Healthcare Solutions	4/20/2016	Yes	★
CenterPoint Human Services	4/15/2016	Yes	★
Eastpointe	4/15/2016	Yes	★
Partners Behavioral Health Management	4/20/2016	Yes	★
Sandhills Center	4/18/2016	Yes	★
Smoky Mountain Center	4/20/2016	Yes	★
Trillium Health Resources	4/20/2016	Yes	★

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

Notes:

1. ★ = Met the Performance Contract Standard.

2. Dates that are shaded red indicate reports received >10 days after the due date.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

4. Quarterly Traumatic Brain Injury (TBI) Services Report

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

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

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

LME-MCO	2nd Qtr Report Due 3/31/16		
	Date Received ²	Accurate, Complete	Standard Met ¹
Alliance Behavioral Healthcare	3/31/16	Yes	★
Cardinal Innovations Healthcare Solutions	3/31/16	Yes	★
CenterPoint Human Services	3/23/16	Yes	★
Eastpointe	3/16/16	Yes	★
Partners Behavioral Health Management	3/29/16	Yes	★
Sandhills Center	3/24/16	Yes	★
Smoky Mountain Center	3/31/16	Yes	★
Trillium Health Resources	3/30/16	Yes	★

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

Notes:

1. ★ = Met the Performance Contract Standard.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

5. Quarterly Complaints Report

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

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

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

LME-MCO	3rd Qtr Report Due 5/16/16		
	Date Received ²	Accurate, Complete	Standard Met ¹
Alliance Behavioral Healthcare	5/13/16	Yes	★
Cardinal Innovations Healthcare Solutions	5/13/16	Yes	★
CenterPoint Human Services	5/16/16	Yes	★
Eastpointe	5/16/16	Yes	★
Partners Behavioral Health Management	5/13/16	Yes	★
Sandhills Center	4/27/16	Yes	★
Smoky Mountain Center	5/16/16	Yes	★
Trillium Health Resources	5/14/16	Yes	★

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

Notes:

1. ★ = Met the Performance Contract Standard.

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

The table below shows the number of admissions for which data was submitted to the CDW as of April 30, 2016.

LME-MCO	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2016	Third Quarter Adm SFY2015	Monthly Average SFY2016	Monthly Average SFY2015
Alliance Behavioral Healthcare	23141	738	813	820	2,371	2,676	790	892
Cardinal Innovations Healthcare Solutions	13121	1,307	1,207	858	3,372	3,400	1,124	1,133
CenterPoint Human Services	23021	346	340	335	1,021	1,111	340	370
Eastpointe	43081	554	599	692	1,845	3,344	615	1,115
Partners Behavioral Health Management	13114	518	509	621	1,648	1,844	549	615
Sandhills Center	33031	943	1,018	1,078	3,039	3,944	1,013	1,315
Smoky Mountain Center	13010	937	965	1,117	3,019	3,136	1,006	1,045
Trillium Health Resources	43071	1,245	1,112	844	3,201	3,239	1,067	1,080
TOTAL ADMISSIONS		6,588	6,563	6,365	19,516	22,694	6,505	7,565

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

7. Client Data Warehouse (CDW) Diagnosis Records

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

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

SFY 2016 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

LME-MCO	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	2,551	73	2,478	97%	★
Cardinal Innovations Healthcare Solutions	4,257	1	4,256	100%	★
CenterPoint Human Services	1,051	1	1,050	100%	★
Eastpointe	1,652	7	1,645	100%	★
Partners Behavioral Health Management	1,711	0	1,711	100%	★
Sandhills Center	3,001	97	2,904	97%	★
Smoky Mountain Center	3,008	9	2,999	100%	★
Trillium Health Resources	3,701	2	3,699	100%	★
TOTAL	20,932	190	20,742	99%	★

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

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

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

LME-MCO	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Education	Employment	Veteran Status	Family Income	Family Size	Arrests 30 Days	Health Med Ins	Primary Language	Attention Self Help	Standard Met ¹
Alliance Behavioral Healthcare	2,551	100%	97%	97%	100%	98%	96%	100%	100%	100%	100%	100%	100%	97%	100%	★
Cardinal Innovations Healthcare Solutions	4,257	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	1,051	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,652	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	1,711	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	3,001	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain Center	3,008	100%	99%	99%	100%	99%	94%	100%	100%	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	3,701	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	20,932	100%	99%	99%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	★

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

8 (100%)

Notes:

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

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

LME-MCO	Discharge Records	Discharge Reason	Employment Status	Arrests Prior 30 Days	Referral To	Living Arrangement	Attention Self Help	Standard Met ¹
Alliance Behavioral Healthcare	141	100%	96%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare Solutions	2,009	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	246	100%	100%	100%	100%	100%	100%	★
Eastpointe	13,053	100%	97%	100%	100%	100%	100%	★
Partners Behavioral Health Management	731	100%	100%	100%	100%	100%	100%	★
Sandhills Center	3,164	100%	100%	100%	100%	100%	100%	★
Smoky Mountain Center	451	100%	94%	100%	100%	100%	100%	★
Trillium Health Resources	1,837	100%	100%	100%	100%	100%	100%	★
TOTAL	21,632	100%	98%	100%	100%	100%	100%	★

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

8 (100%)

Notes:

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

SFY 2016 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

LME-MCO	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	8,051	98	7,953	99%	★
Cardinal Innovations Healthcare Solutions	7,448	267	7,181	96%	★
CenterPoint Human Services	4,340	0	4,340	100%	★
Eastpointe	4,699	19	4,680	100%	★
Partners Behavioral Health Management	6,884	11	6,873	100%	★
Sandhills Center	6,429	78	6,351	99%	★
Smoky Mountain Center	8,205	5	8,200	100%	★
Trillium Health Resources	5,524	197	5,327	96%	★
TOTAL	51,580	675	50,905	99%	★

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

8 (100%)

Notes:

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

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

LME-MCO	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days ²	Standard Met ¹
Alliance Behavioral Healthcare	1,479	31	1,448	98%	★
Cardinal Innovations Healthcare Solutions	813	49	764	94%	★
CenterPoint Human Services	726	8	718	99%	★
Eastpointe	595	1	594	100%	★
Partners Behavioral Health Management	1,213	1	1,212	100%	★
Sandhills Center	953	9	944	99%	★
Smoky Mountain Center	1,272	8	1,264	99%	★
Trillium Health Resources	1,039	55	984	95%	★
TOTAL	8,090	162	7,928	98%	★

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

8 (100%)

Notes:

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

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

SFY 2016 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

LME-MCO	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record ²	Standard Met ¹
Alliance Behavioral Healthcare	409	22	387	95%	★
Cardinal Innovations Healthcare Solutions	1,039	15	1,024	99%	★
CenterPoint Human Services	163	11	152	93%	★
Eastpointe	183	16	167	91%	★
Partners Behavioral Health Management	420	11	409	97%	★
Sandhills Center	353	10	343	97%	★
Smoky Mountain Center	509	92	417	82%	
Trillium Health Resources	1,069	41	1,028	96%	★
TOTAL	4,145	218	3,927	95%	★

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

7 (87.5%)

Notes:

- ★ = Met the Performance Contract Standard.
- Percentages less than 90% are shaded red.
- Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
- Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ¹
		# of Update Assessments Received	% of Expected Assessments Received ²	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ²	
Alliance Behavioral Healthcare	1,297	1,260	97.1%	1,153	88.9%	
Cardinal Innovations Healthcare Solutions	1,790	1,672	93.4%	1,579	88.2%	
CenterPoint Human Services	442	409	92.5%	395	89.4%	
Eastpointe	1,263	1,263	100.0%	1,234	97.7%	★
Partners Behavioral Health Management	1,147	1,135	99.0%	1,109	96.7%	★
Sandhills Center	1,111	1,084	97.6%	1,038	93.4%	★
Smoky Mountain Center	1,360	1,351	99.3%	1,307	96.1%	★
Trillium Health Resources	1,158	1,156	99.8%	1,148	99.1%	★
Totals	9,568	9,330	97.5%	8,963	93.7%	★

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

5 (62.5%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

Performance Requirement: The LME-MCO, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 6-month update assessments. The 6-month update assessments shall be administered between 166 and 194 days after the initial assessment. To ensure accuracy and completeness, the updates reported below are for initial assessments that occurred 9 months ago.

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

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ¹
		# of Update Assessments Received	% of Expected Assessments Received ²	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ²	
Alliance Behavioral Healthcare	1,653	1,598	96.7%	1,510	91.3%	★
Cardinal Innovations Healthcare Solutions	2,059	1,929	93.7%	1,861	90.4%	★
CenterPoint Human Services	507	489	96.4%	478	94.3%	★
Eastpointe	1,194	1,194	100.0%	1,186	99.3%	★
Partners Behavioral Health Management	1,224	1,168	95.4%	1,141	93.2%	★
Sandhills Center	1,242	1,200	96.6%	1,165	93.8%	★
Smoky Mountain Center	1,464	1,453	99.2%	1,418	96.9%	★
Trillium Health Resources	1,453	1,441	99.2%	1,435	98.8%	★
Totals	10,796	10,472	97.0%	10,194	94.4%	★

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

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

Performance Requirement: The LME-MCO, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 12-month update assessments. The 12-month update assessments shall be administered between 351 and 379 days after the initial assessment. To ensure accuracy and completeness, the updates reported below were for initial assessments that occurred 15 months ago.

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

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ¹
		# of Update Assessments Received	% of Expected Assessments Received ²	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ²	
Alliance Behavioral Healthcare	1,489	1,472	98.9%	1,415	95.0%	★
Cardinal Innovations Healthcare Solutions	1,924	1,824	94.8%	1,800	93.6%	★
CenterPoint Human Services	425	419	98.6%	417	98.1%	★
Eastpointe	1,079	1,079	100.0%	1,079	100.0%	★
Partners Behavioral Health Management	1,237	1,225	99.0%	1,213	98.1%	★
Sandhills Center	1,255	1,227	97.8%	1,213	96.7%	★
Smoky Mountain Center	1,655	1,650	99.7%	1,631	98.5%	★
Trillium Health Resources	1,226	1,225	99.9%	1,224	99.8%	★
Totals	10,290	10,121	98.4%	9,992	97.1%	★

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

8 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2016 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2016 - March 31, 2016

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

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

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

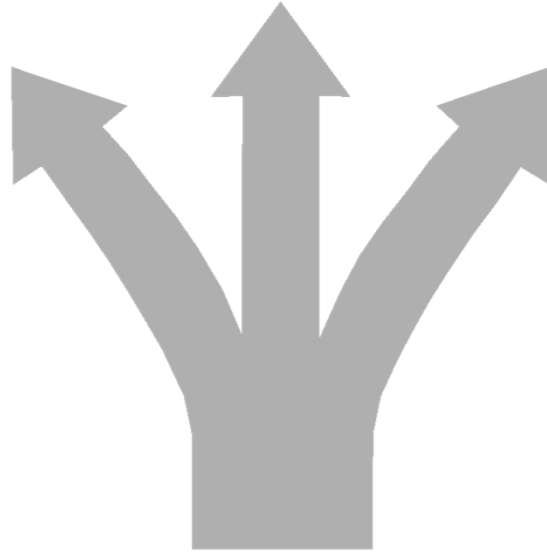
LME-MCO	Currency Of Assessments			Standard Met ¹
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ²	
Alliance Behavioral Healthcare	2,079	2,013	96.8%	★
Cardinal Innovations Healthcare Solutions	LME-MCO submits data through special waiver not the NC-SNAP			N/A
CenterPoint Human Services	1,053	1,053	100.0%	★
Eastpointe	2,106	2,106	100.0%	★
Partners Behavioral Health Management	1,926	1,794	93.1%	★
Sandhills Center	2,050	2,048	99.9%	★
Smoky Mountain Center	2,100	2,098	99.9%	★
Trillium Health Resources	2,717	2,717	100.0%	★
Totals	14,031	13,829	98.6%	★

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

7 (100%)

Notes:

- ★ = Met the Performance Contract Standard. N/A = Not Applicable this quarter.
- Percentages less than 90% are shaded red.



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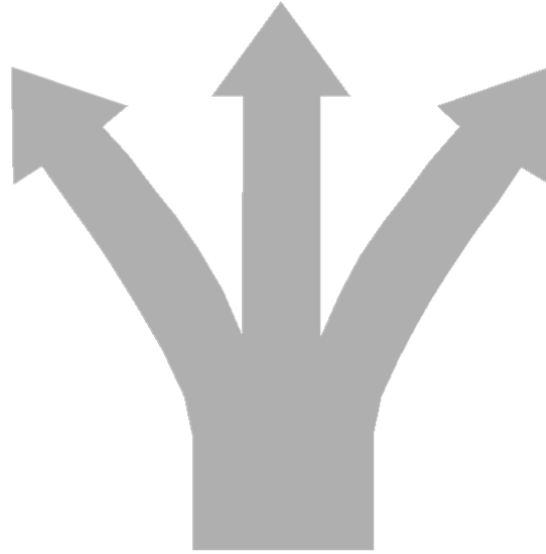
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