LME-MCO Quarterly Performance Measures:

Performance Report

First Quarter SFY 2023-2024

July 1 - September 30, 2023

(All Measures Reported)

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

Revised October 1, 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 2/17/24 for the 1st 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.

On 3/14/24 LME/MCOs were provided an initial DRAFT report annotating data anomalies and/or missing data identified by DMH/DD/SUS. This report did not include performance measures data for Eastpointe LME/MCO. Trillium received an extension to submit data for Eastpointe by 5/17/24. LME/MCOs were given the opportunity to review the initial DRAFT report to resolve identified anomalies, provide any missing data, and compare their data to other LME/MCOs and statewide data to ensure their reported numbers are accurate and complete.

LME/MCOs were asked to submit any needed corrections to the DMH/DD/SUS Quality Management Section by 3/29/24 so the initial DRAFT could be finalized. A revised DRAFT report was prepared that included all corrections received as of 4/15/24. It was noted that a final report will be shared when Eastpointe's data has been receved.

The data in this revised report includes performance measures data for Eastpointe LME/MCO that was received 5/17/24. On 6/3/24 Trillium was provided a DRAFT report annotating data anomalies for Eastpointe identified by DMH/DD/SUS and was given the opportunity to resolve identified anomalies and compare Eastpointe's data to other LME/MCOs and statewide data and was asked to submit revisions by 6/21/24 so the report can be finalized. Revisions were received and a revised DRAFT report was prepared 6/25/24 that included all corrections received. Anomalies were noted with Eastpointe measure 3.1 that still require correction. Provided Trillium another opportunity to address anomalies noted in measure 3.1 before finalizing the report 9/10/24. Received revised Eastpointe data for measures 3.1 and 3.2 on 9/27/24. This is the finalized 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.

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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

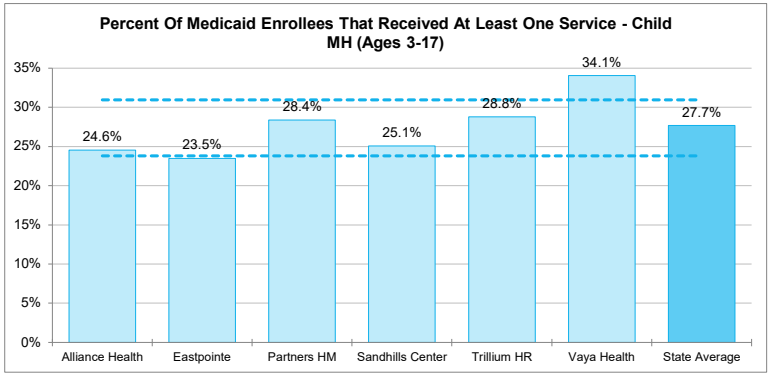
PENETRATION

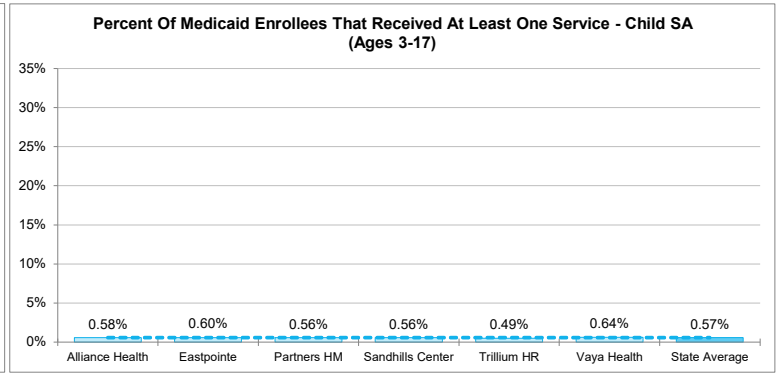
3.1 Persons Served: Medicaid Enrollees

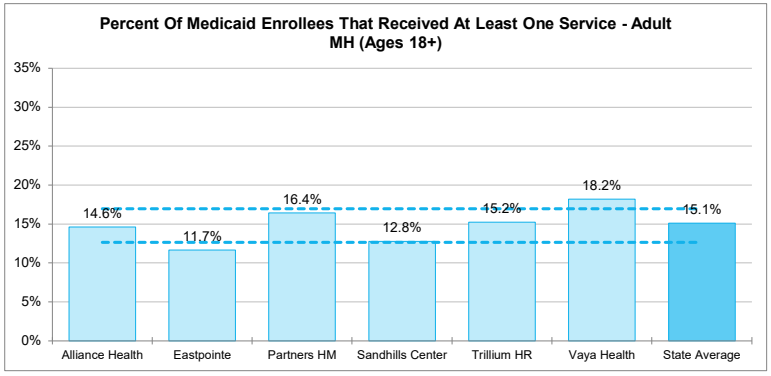
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

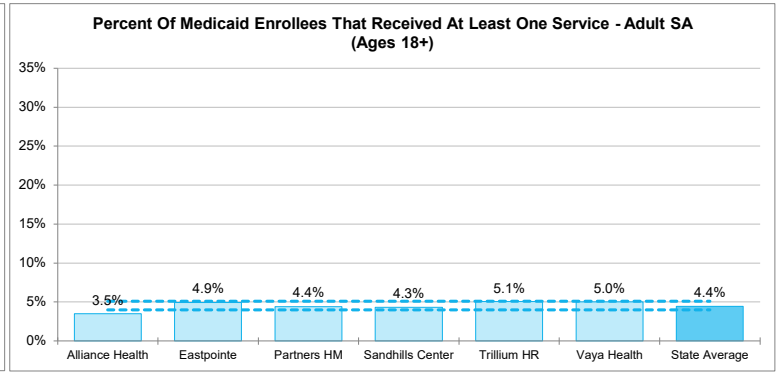
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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	7,416	30,203	24.6%	14,480	99,177	14.6%	175	30,203	0.58%	3,463	99,177	3.5%
Eastpointe	2,129	9,071	23.5%	4,991	42,805	11.7%	54	9,071	0.60%	2,114	42,805	4.9%
Partners Health Management	4,956	17,475	28.4%	11,397	69,503	16.4%	98	17,475	0.56%	3,062	69,503	4.4%
Sandhills Center	3,364	13,409	25.1%	6,969	54,592	12.8%	75	13,409	0.56%	2,353	54,592	4.3%
Trillium Health Resources	5,408	18,793	28.8%	10,954	71,924	15.2%	93	18,793	0.49%	3,634	71,924	5.1%
Vaya Health	7,284	21,391	34.1%	13,382	73,552	18.2%	136	21,391	0.64%	3,683	73,552	5.0%
Statewide	30,557	110,342	27.7%	62,173	411,553	15.1%	631	110,342	0.57%	18,309	411,553	4.4%
Standard Deviation			3.6%			2.2%			0.04%			0.5%
LME-MCO Average			27.4%			14.8%			0.57%			4.5%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 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.

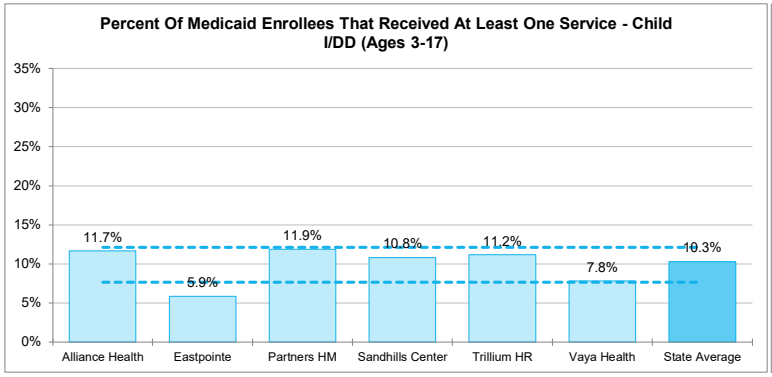
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

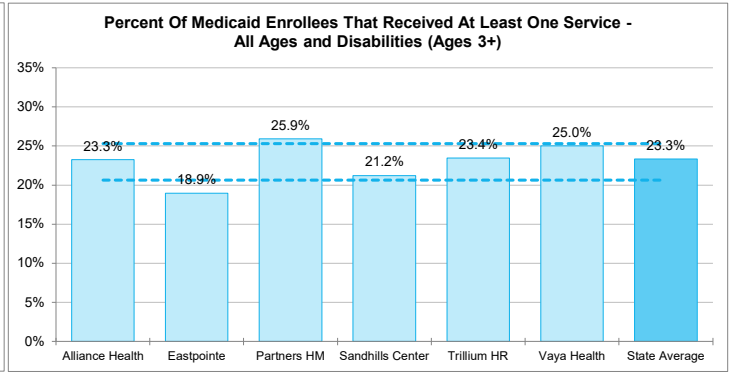
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	3,525	30,203	11.7%	6,108	99,177	6.2%	30,086	129,380	23.3%
Eastpointe	534	9,071	5.9%	1,359	42,805	3.2%	9,952	52,546	18.9%
Partners Health Management	2,076	17,475	11.9%	4,743	69,503	6.8%	22,526	86,978	25.9%
Sandhills Center	1,452	13,409	10.8%	3,103	54,592	5.7%	14,428	68,001	21.2%
Trillium Health Resources	2,101	18,793	11.2%	4,152	71,924	5.8%	21,273	90,717	23.4%
Vaya Health	1,679	21,391	7.8%	3,697	73,552	5.0%	23,744	94,943	25.0%
Statewide	11,367	110,342	10.3%	23,162	411,553	5.6%	122,009	522,565	23.3%
Standard Deviation			2.2%			1.1%			2.3%
LME-MCO Average			9.9%			5.4%			23.0%

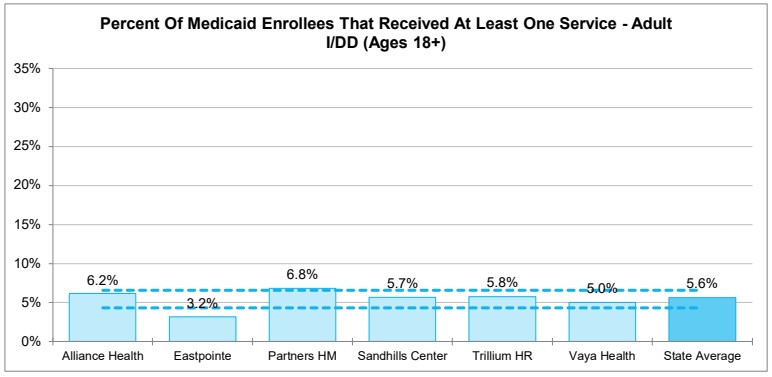
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
35,167	129,380
11,181	51,876
26,332	86,978
17,316	68,001
26,342	90,717
29,861	94,943

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

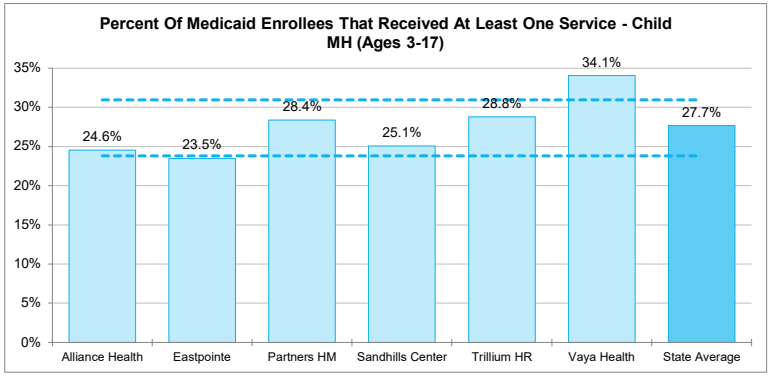
PENETRATION

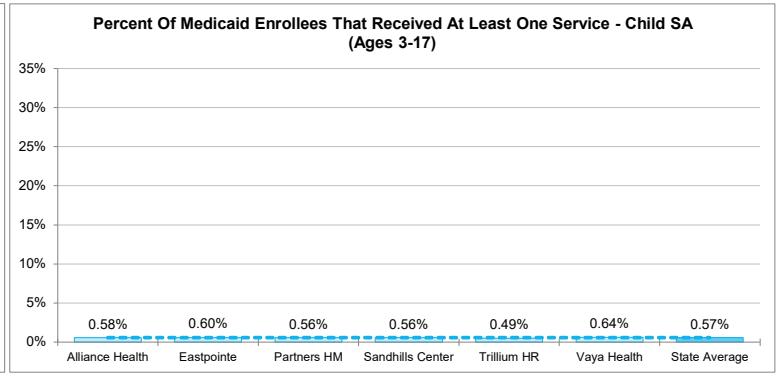
3.1 Persons Served: Medicaid Enrollees (SFYTD)

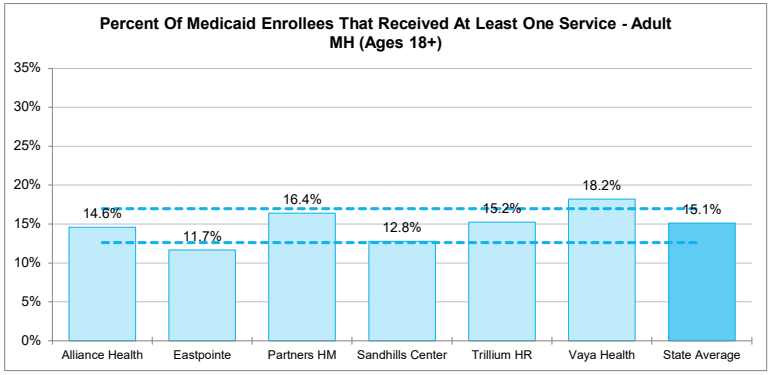
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

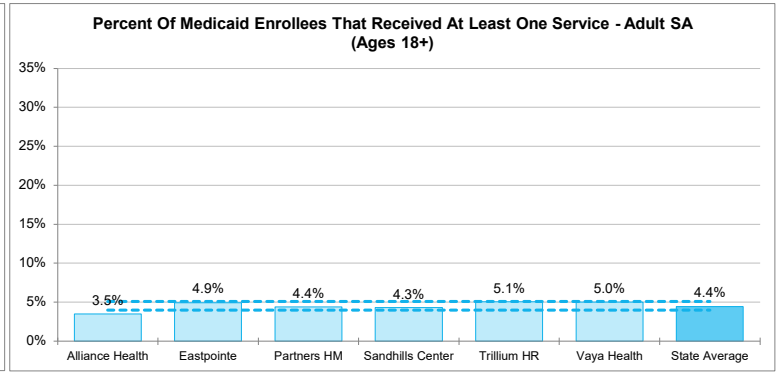
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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 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	7,416	30,203	24.6%	14,480	99,177	14.6%	175	30,203	0.58%	3,463	99,177	3.5%
Eastpointe	2,129	9,071	23.5%	4,991	42,805	11.7%	54	9,071	0.60%	2,114	42,805	4.9%
Partners Health Management	4,956	17,475	28.4%	11,397	69,503	16.4%	98	17,475	0.56%	3,062	69,503	4.4%
Sandhills Center	3,364	13,409	25.1%	6,969	54,592	12.8%	75	13,409	0.56%	2,353	54,592	4.3%
Trillium Health Resources	5,408	18,793	28.8%	10,954	71,924	15.2%	93	18,793	0.49%	3,634	71,924	5.1%
Vaya Health	7,284	21,391	34.1%	13,382	73,552	18.2%	136	21,391	0.64%	3,683	73,552	5.0%
Statewide	30,557	110,342	27.7%	62,173	411,553	15.1%	631	110,342	0.57%	18,309	411,553	4.4%
Standard Deviation			3.6%			2.2%			0.0%			0.5%
LME-MCO Average			27.4%			14.8%			0.6%			4.5%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 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.

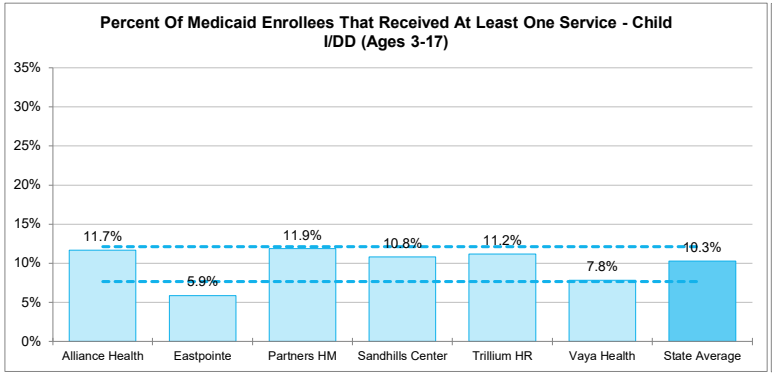
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received 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.

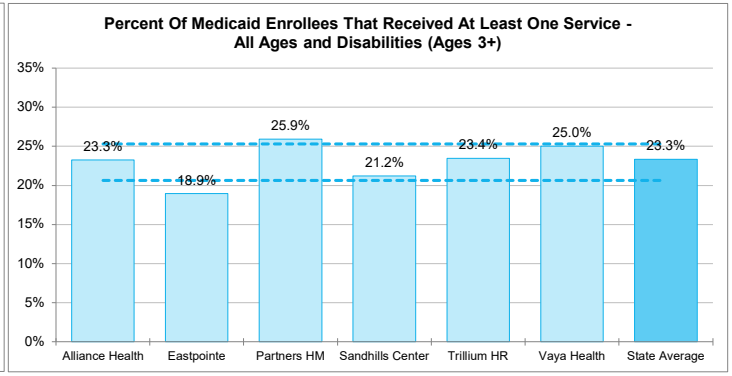
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**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	3,525	30,203	11.7%	6,108	99,177	6.2%	30,086	129,380	23.3%
Eastpointe	534	9,071	5.9%	1,359	42,805	3.2%	9,952	52,546	18.9%
Partners Health Management	2,076	17,475	11.9%	4,743	69,503	6.8%	22,526	86,978	25.9%
Sandhills Center	1,452	13,409	10.8%	3,103	54,592	5.7%	14,428	68,001	21.2%
Trillium Health Resources	2,101	18,793	11.2%	4,152	71,924	5.8%	21,273	90,717	23.4%
Vaya Health	1,679	21,391	7.8%	3,697	73,552	5.0%	23,744	94,943	25.0%
Statewide	11,367	110,342	10.3%	23,162	411,553	5.6%	122,009	522,565	23.3%
Standard Deviation			2.2%			1.1%			2.3%
LME-MCO Average			9.9%			5.4%			23.0%

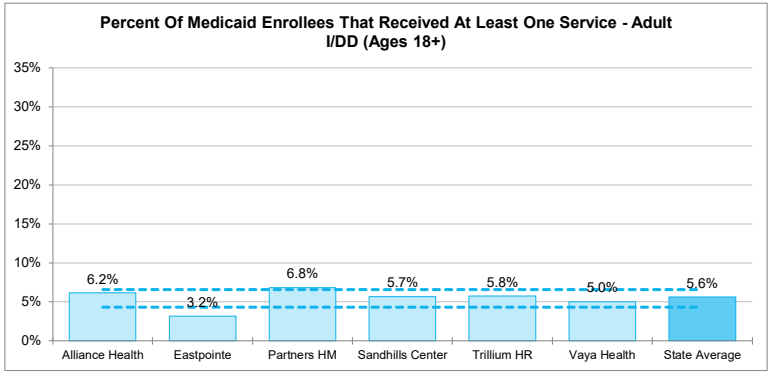
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
35,167	129,380
11,181	51,876
26,332	86,978
17,316	68,001
26,342	90,717
29,861	94,943

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

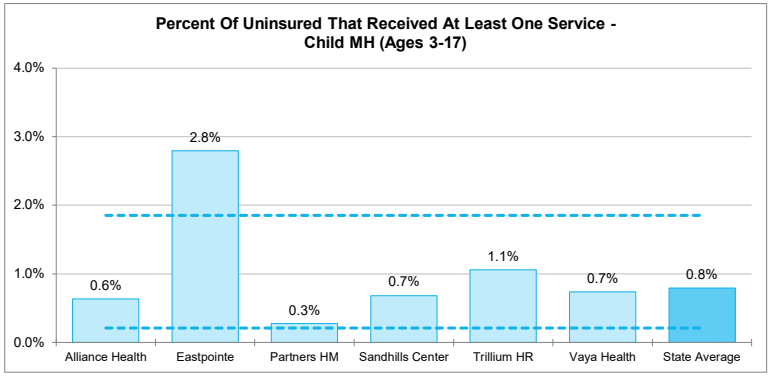
PENETRATION

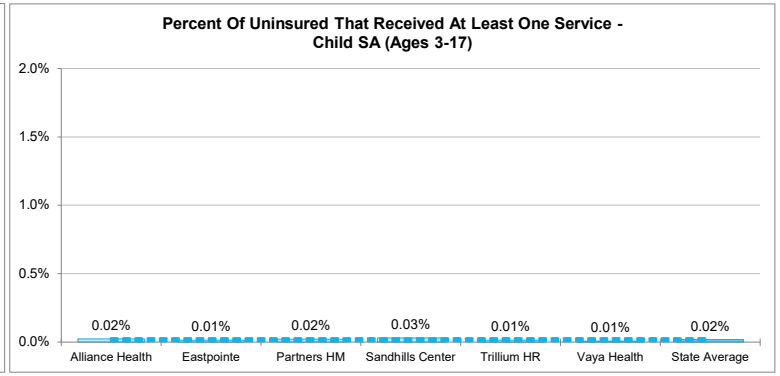
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

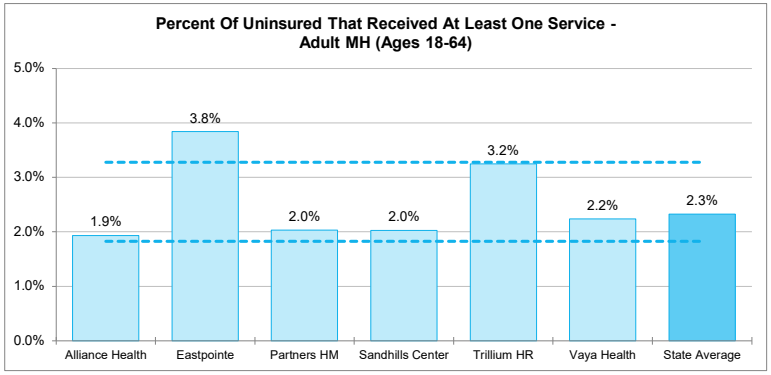
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

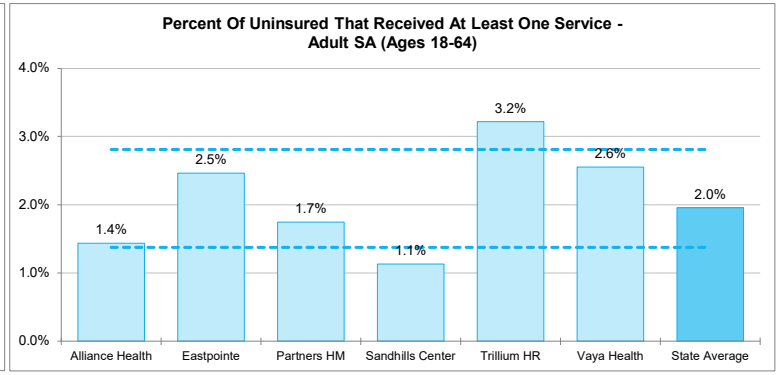
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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	222	35,096	0.6%	5,656	292,699	1.9%	8	35,096	0.02%	4,207	292,699	1.4%
Eastpointe	192	6,868	2.8%	2,640	68,813	3.8%	1	6,868	0.01%	1,696	68,813	2.5%
Partners Health Management	52	18,881	0.3%	3,882	190,900	2.0%	4	18,881	0.02%	3,329	190,900	1.7%
Sandhills Center	90	13,182	0.7%	2,809	138,792	2.0%	4	13,182	0.03%	1,569	138,792	1.1%
Trillium Health Resources	153	14,420	1.1%	4,371	134,654	3.2%	2	14,420	0.01%	4,334	134,654	3.2%
Vaya Health	117	15,834	0.7%	3,781	168,921	2.2%	1	15,834	0.01%	4,309	168,921	2.6%
Statewide	826	104,280	0.8%	23,139	994,779	2.3%	20	104,280	0.02%	19,444	994,779	2.0%
Standard Deviation			0.8%			0.7%			0.01%			0.7%
LME-MCO Average			1.0%			2.6%			0.02%			2.1%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

PENETRATION

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

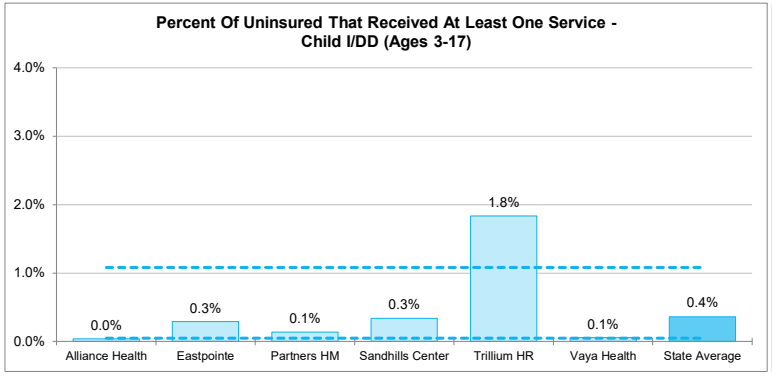
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

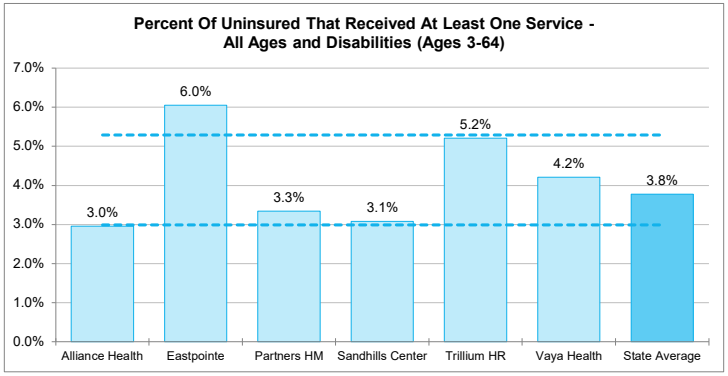
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the 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.

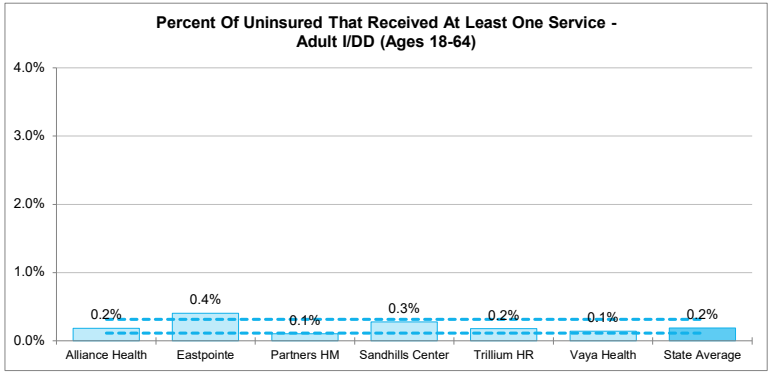
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One 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	14	35,096	0.0%	532	292,699	0.2%	9,378	317,480	3.0%	10,639
Eastpointe	20	6,868	0.3%	279	68,813	0.4%	4,392	72,607	6.0%	4,828
Partners Health Management	26	18,881	0.1%	197	190,900	0.1%	6,695	200,306	3.3%	7,490
Sandhills Center	45	13,182	0.3%	383	138,792	0.3%	4,475	145,384	3.1%	4,900
Trillium Health Resources	265	14,420	1.8%	239	134,654	0.2%	7,567	145,394	5.2%	9,364
Vaya Health	9	15,834	0.1%	243	168,921	0.1%	7,510	178,496	4.2%	8,460
Statewide	379	104,280	0.4%	1,873	994,779	0.2%	40,017	1,059,667	3.8%	
Standard Deviation			0.6%			0.1%			1.2%	
LME-MCO Average			0.5%			0.2%			4.1%	

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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

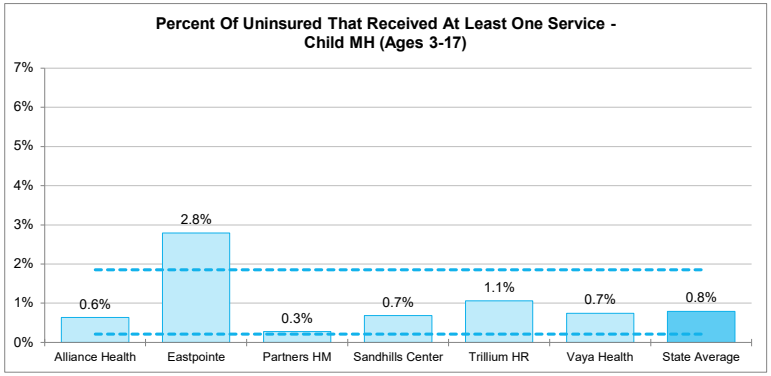
PENETRATION

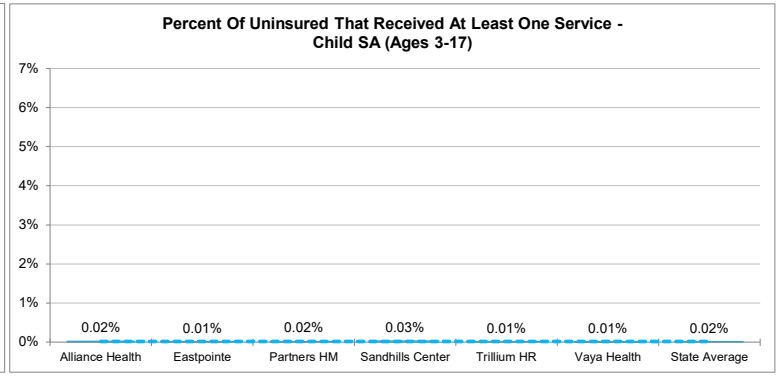
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

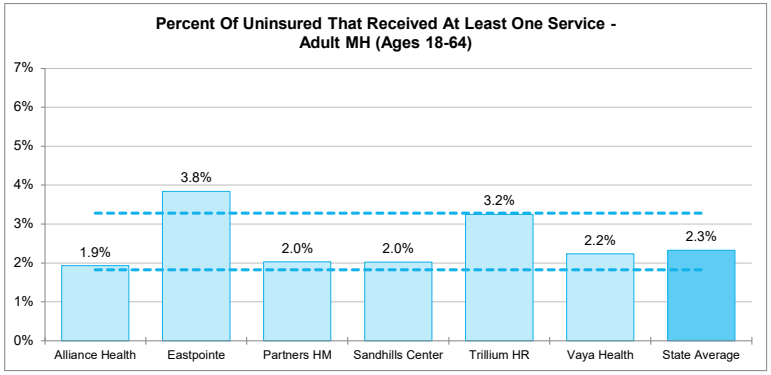
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

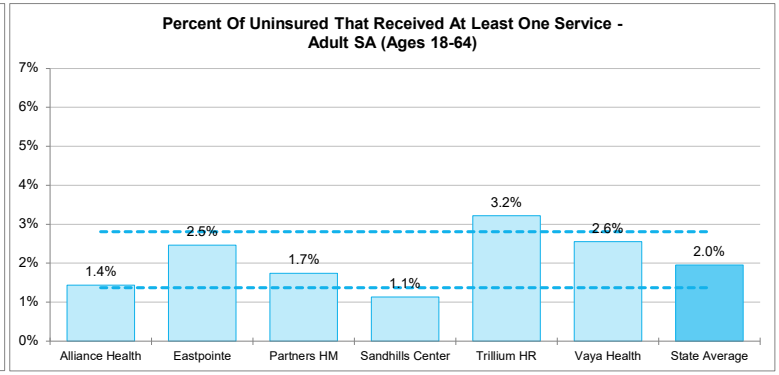
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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	222	35,096	0.6%	5,656	292,699	1.9%	8	35,096	0.02%	4,207	292,699	1.4%
Eastpointe	192	6,868	2.8%	2,640	68,813	3.8%	1	6,868	0.01%	1,696	68,813	2.5%
Partners Health Management	52	18,881	0.3%	3,882	190,900	2.0%	4	18,881	0.02%	3,329	190,900	1.7%
Sandhills Center	90	13,182	0.7%	2,809	138,792	2.0%	4	13,182	0.03%	1,569	138,792	1.1%
Trillium Health Resources	153	14,420	1.1%	4,371	134,654	3.2%	2	14,420	0.01%	4,334	134,654	3.2%
Vaya Health	117	15,834	0.7%	3,781	168,921	2.2%	1	15,834	0.01%	4,309	168,921	2.6%
Statewide	826	104,280	0.8%	23,139	994,779	2.3%	20	104,280	0.02%	19,444	994,779	2.0%
Standard Deviation			0.8%			0.7%			0.01%			0.7%
LME-MCO Average			1.0%			2.6%			0.02%			2.1%









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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

PENETRATION

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

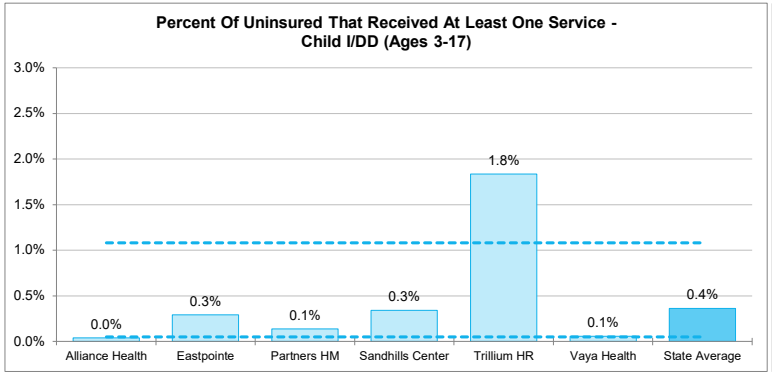
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally 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.

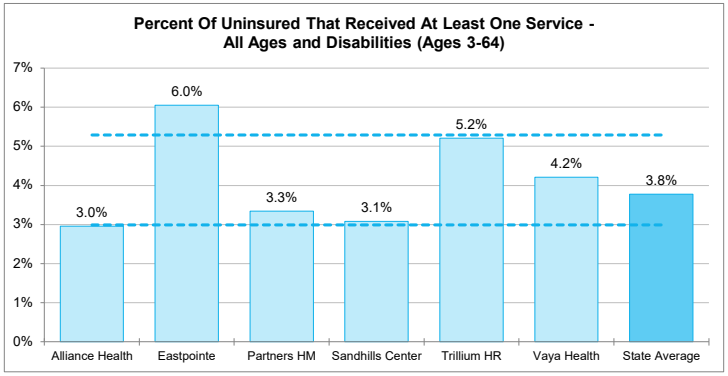
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number 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.

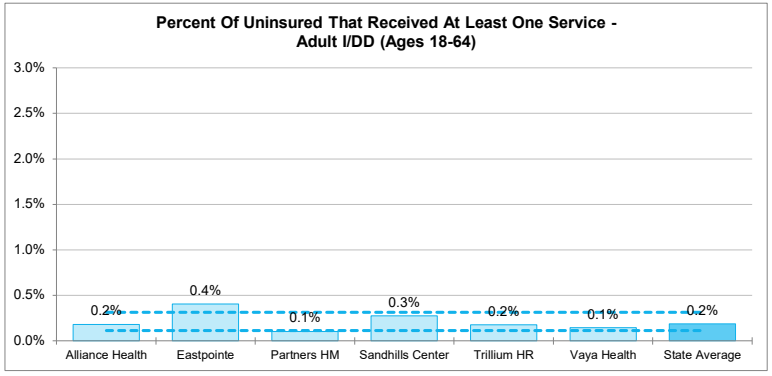
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			Sum of # in each age disability that rec'd a service
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured 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**	
Alliance Health	14	35,096	0.0%	532	292,699	0.2%	9,378	317,480	3.0%	10,639
Eastpointe	20	6,868	0.3%	279	68,813	0.4%	4,392	72,607	6.0%	4,828
Partners Health Management	26	18,881	0.1%	197	190,900	0.1%	6,695	200,306	3.3%	7,490
Sandhills Center	45	13,182	0.3%	383	138,792	0.3%	4,475	145,384	3.1%	4,900
Trillium Health Resources	265	14,420	1.8%	239	134,654	0.2%	7,567	145,394	5.2%	9,364
Vaya Health	9	15,834	0.1%	243	168,921	0.1%	7,510	178,496	4.2%	8,460
Statewide	379	104,280	0.4%	1,873	994,779	0.2%	40,017	1,059,667	3.8%	
Standard Deviation			0.6%			0.1%			1.2%	
LME-MCO Average			0.5%			0.2%			4.1%	

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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

INITIATION AND ENGAGEMENT

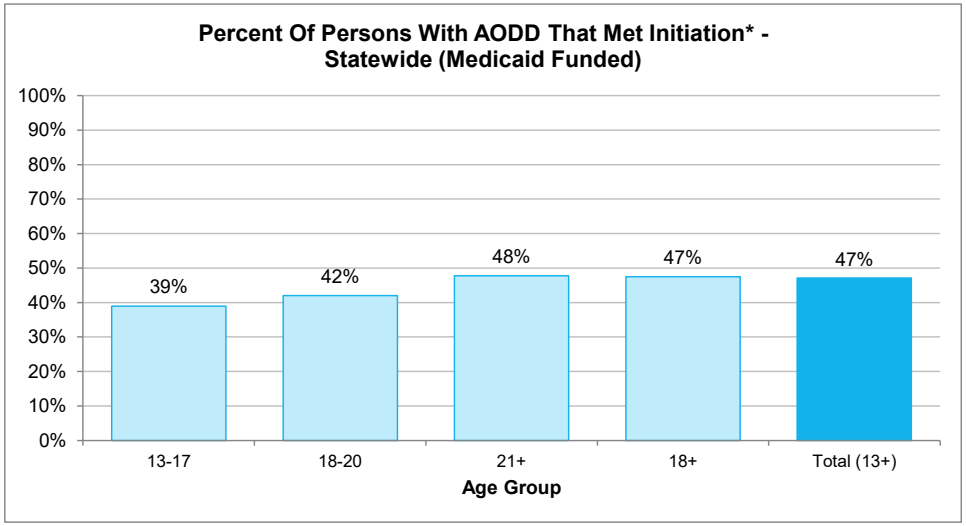
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

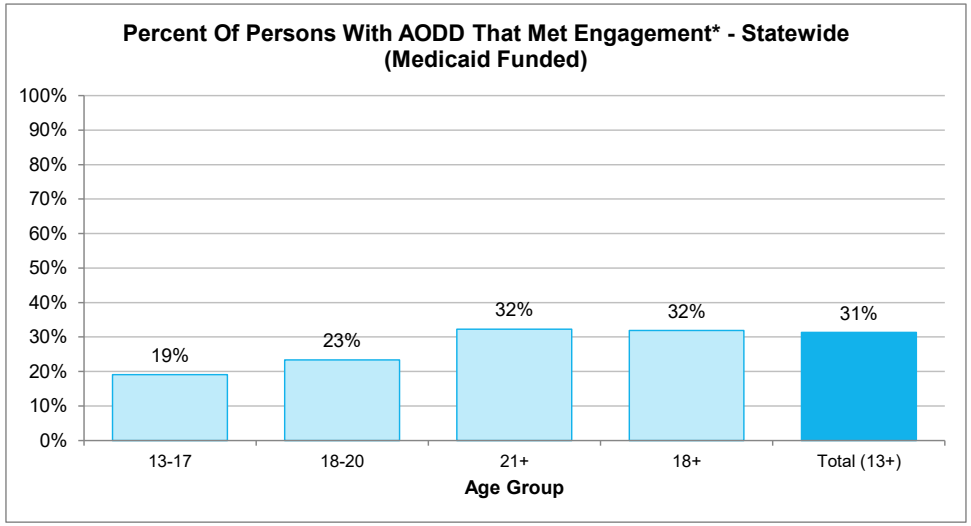
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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	92	35	109	45	236	39%	15%	46%	19%
18-20	97	30	104	54	231	42%	13%	45%	23%
21+	2,256	608	1,864	1,527	4,728	48%	13%	39%	32%
18+	2,353	638	1,968	1,581	4,959	47%	13%	40%	32%
Total (13+)	2,445	673	2,077	1,626	5,195	47%	13%	40%	31%





* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

INITIATION AND ENGAGEMENT

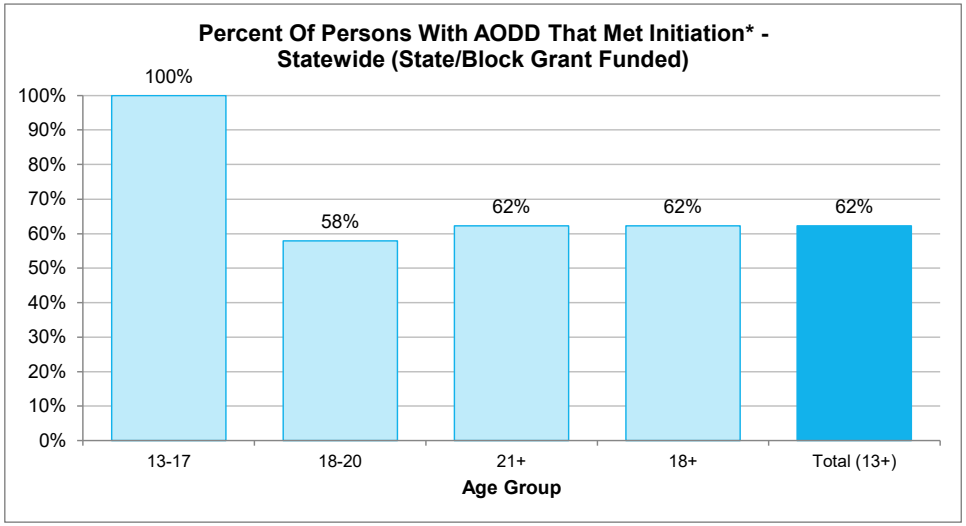
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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.

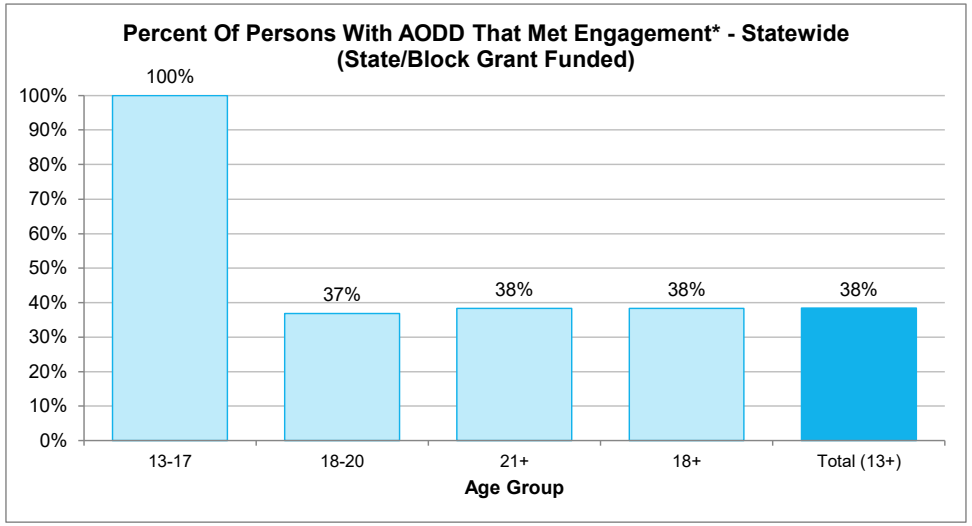
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days 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	2	0	0	2	2	100%	0%	0%	100%
18-20	11	5	3	7	19	58%	26%	16%	37%
21+	1,243	287	466	765	1,996	62%	14%	23%	38%
18+	1,254	292	469	772	2,015	62%	14%	23%	38%
Total (13+)	1,256	292	469	774	2,017	62%	14%	23%	38%



* 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.

INITIATION AND ENGAGEMENT

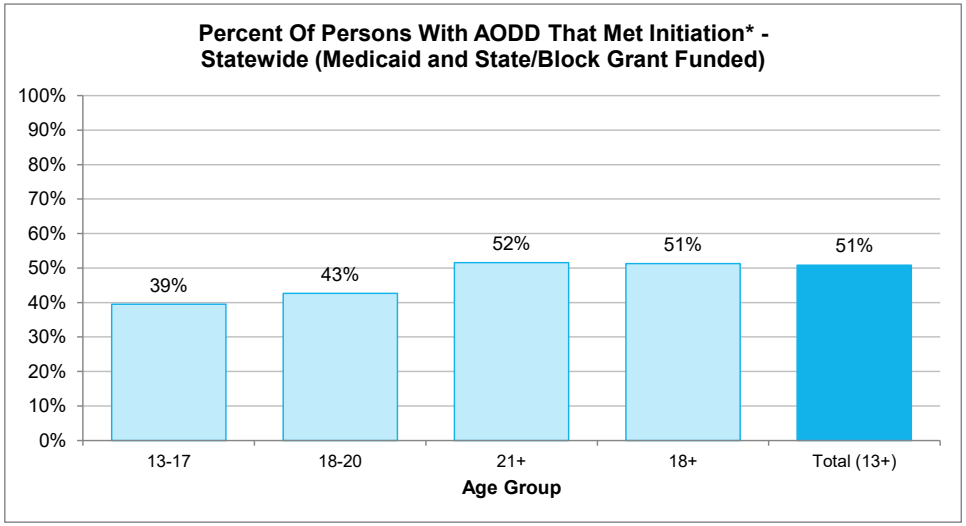
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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.

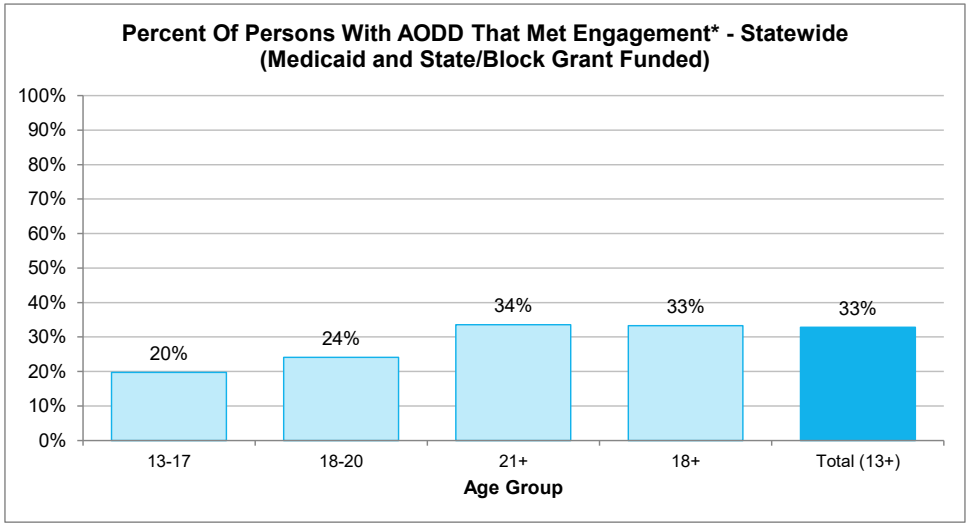
Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days 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	94	35	109	47	238	39%	15%	46%	20%
18-20	108	35	110	61	253	43%	14%	43%	24%
21+	3,428	894	2,326	2,233	6,648	52%	13%	35%	34%
18+	3,536	929	2,436	2,294	6,901	51%	13%	35%	33%
Total (13+)	3,630	964	2,545	2,341	7,139	51%	14%	36%	33%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

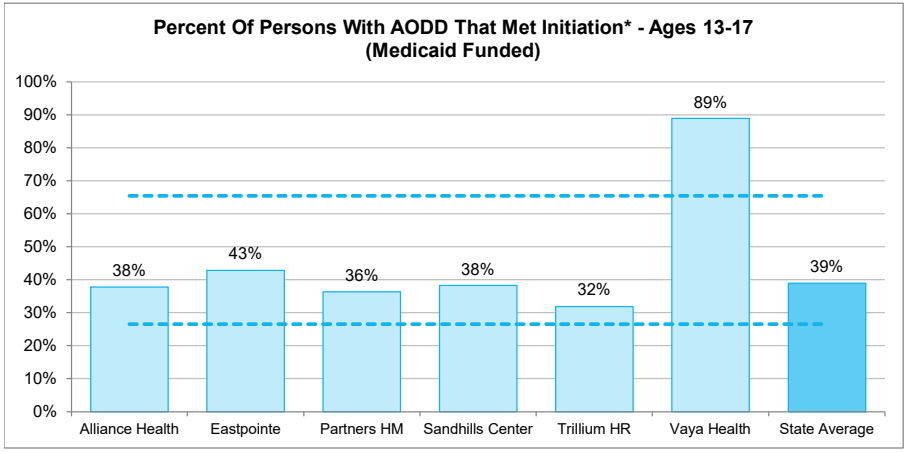
INITIATION AND ENGAGEMENT

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

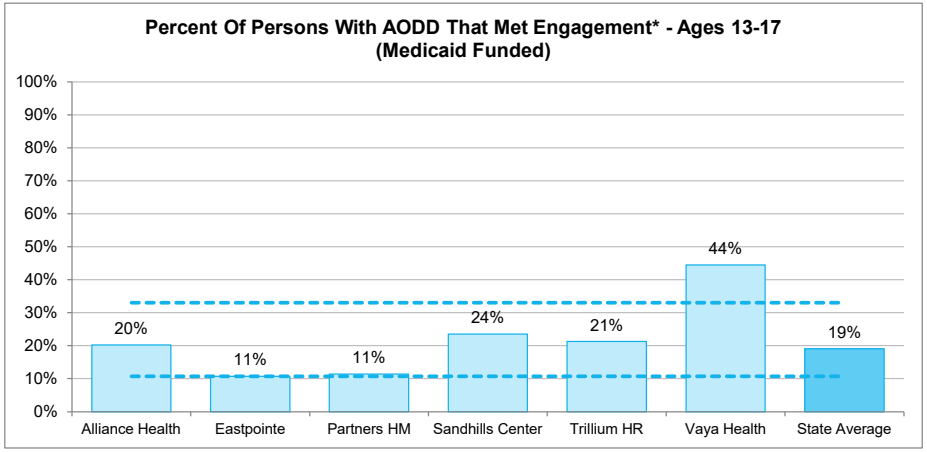
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (Medicaid Funded)									
Alliance Health	28	7	39	15	74	38%	9%	53%	20%
Eastpointe	12	2	14	3	28	43%	7%	50%	11%
Partners Health Management	16	7	21	5	44	36%	16%	48%	11%
Sandhills Center	13	8	13	8	34	38%	24%	38%	24%
Trillium Health Resources	15	10	22	10	47	32%	21%	47%	21%
Vaya Health	8	1	0	4	9	89%	11%	0%	44%
State Average	92	35	109	45	236	39%	15%	46%	19%
Standard Deviation						19.4%	6.1%	18.1%	11.2%
LME-MCO Average						46%	15%	39%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

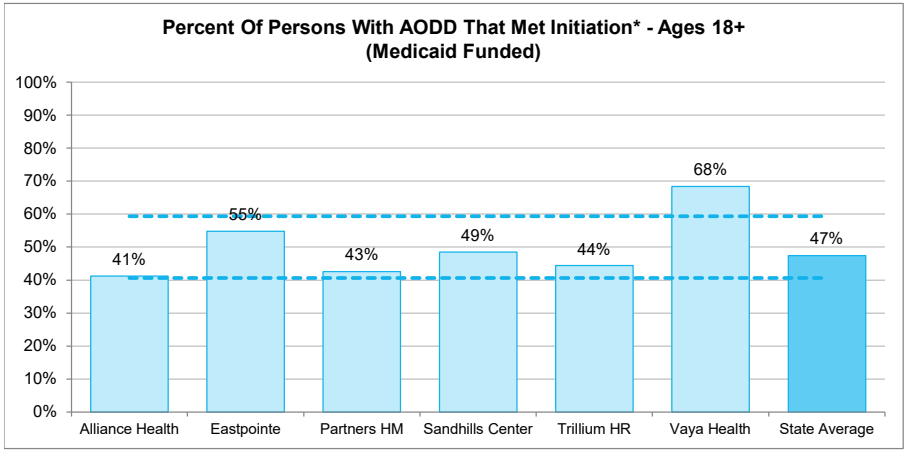
INITIATION AND ENGAGEMENT

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

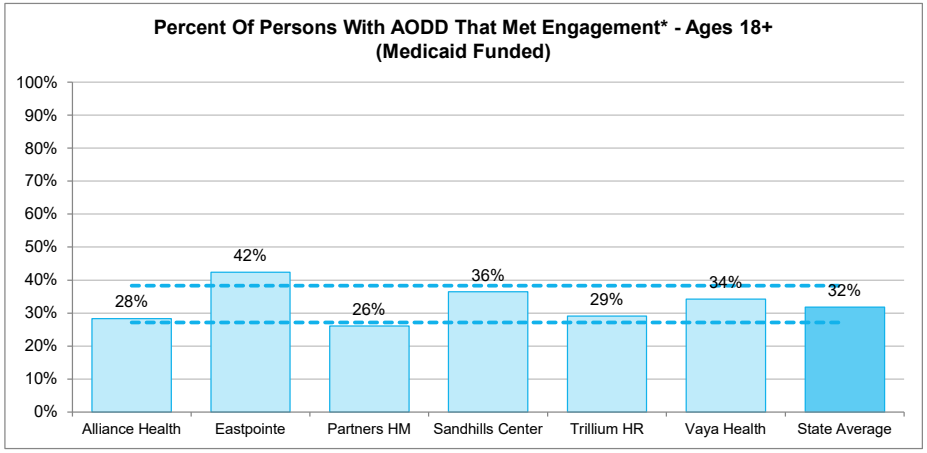
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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	438	139	485	301	1,062	41%	13%	46%	28%
Eastpointe	407	74	262	315	743	55%	10%	35%	42%
Partners Health Management	378	110	399	231	887	43%	12%	45%	26%
Sandhills Center	358	76	304	269	738	49%	10%	41%	36%
Trillium Health Resources	506	194	440	332	1,140	44%	17%	39%	29%
Vaya Health	266	45	78	133	389	68%	12%	20%	34%
State Average	2,353	638	1,968	1,581	4,959	47%	13%	40%	32%
Standard Deviation						9.4%	2.3%	8.6%	5.6%
LME-MCO Average						50%	12%	38%	33%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

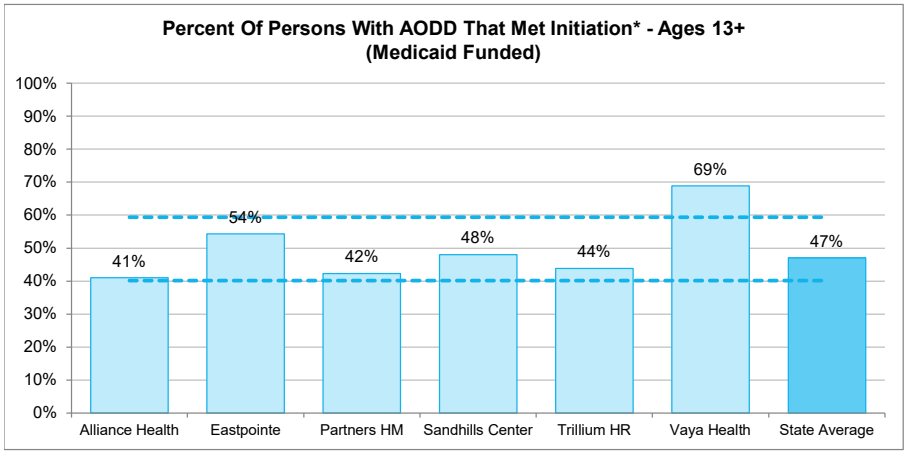
INITIATION AND ENGAGEMENT

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

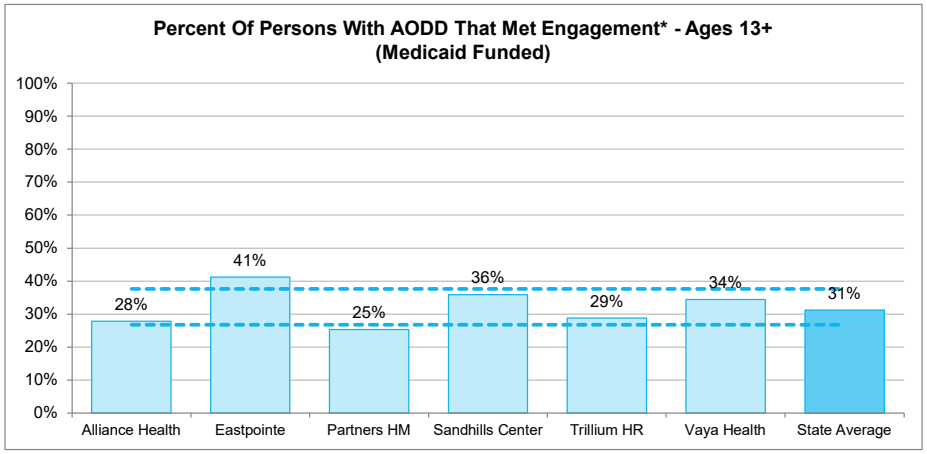
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13+ (Medicaid Funded)									
Alliance Health	466	146	524	316	1,136	41%	13%	46%	28%
Eastpointe	419	76	276	318	771	54%	10%	36%	41%
Partners Health Management	394	117	420	236	931	42%	13%	45%	25%
Sandhills Center	371	84	317	277	772	48%	11%	41%	36%
Trillium Health Resources	521	204	462	342	1,187	44%	17%	39%	29%
Vaya Health	274	46	78	137	398	69%	12%	20%	34%
State Average	2,445	673	2,077	1,626	5,195	47%	13%	40%	31%
Standard Deviation						9.6%	2.3%	8.9%	5.4%
LME-MCO Average						50%	12%	38%	32%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

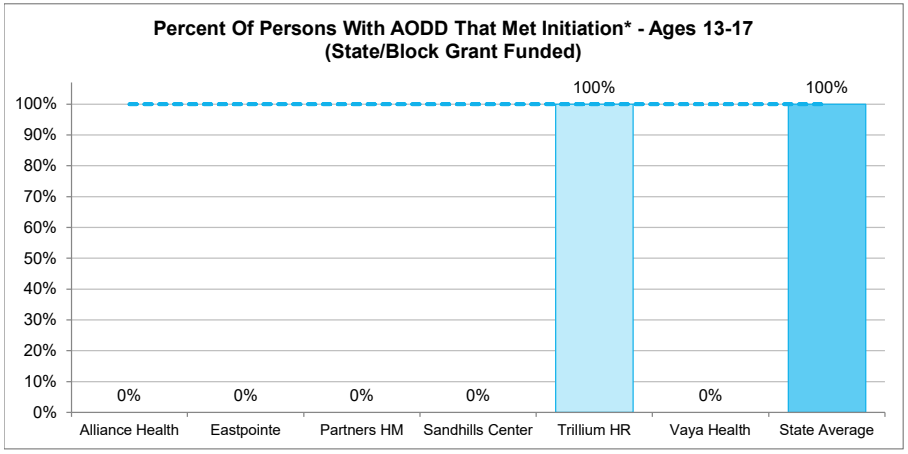
INITIATION AND ENGAGEMENT

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

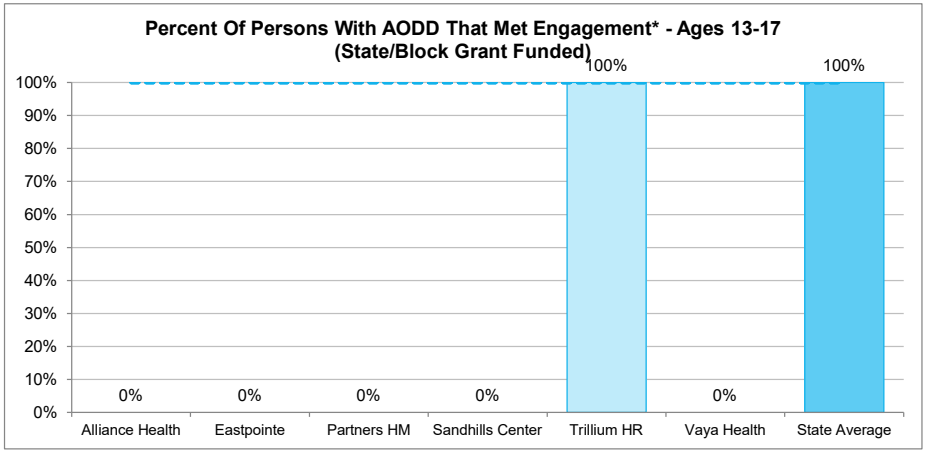
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	2	0	0	2	2	100%	0%	0%	100%
Vaya Health	0	0	0	0	0				
State Average	2	0	0	2	2	100%	0%	0%	100%
Standard Deviation						0.0%	0.0%	0.0%	0.0%
LME-MCO Average		[Alliance, Eastpointe, Partners, and Sandhills reported no individuals in this age group beginning a new episode of care this quarter.]				100%	0%	0%	100%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

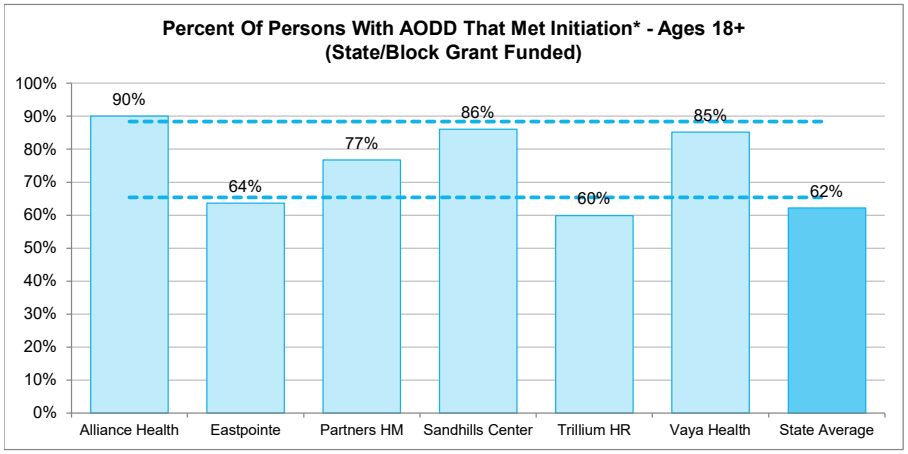
INITIATION AND ENGAGEMENT

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

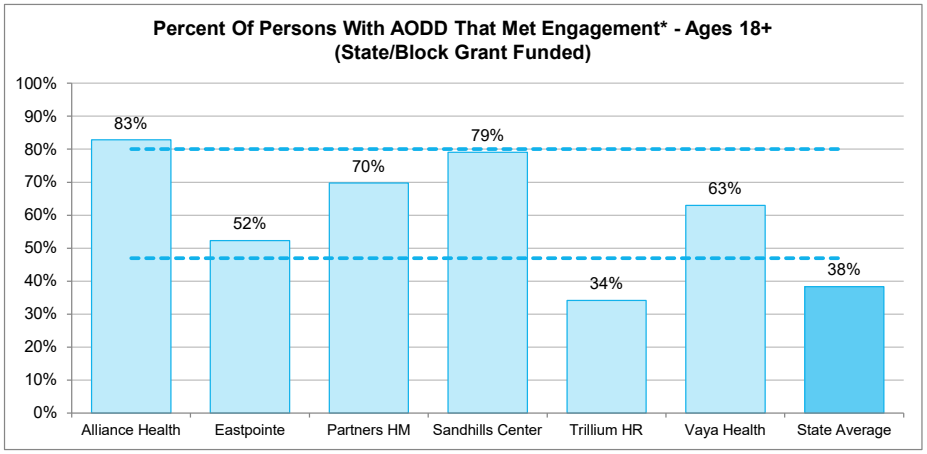
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+ (State/Block Grant Funded)									
Alliance Health	63	2	5	58	70	90%	3%	7%	83%
Eastpointe	28	4	12	23	44	64%	9%	27%	52%
Partners Health Management	33	1	9	30	43	77%	2%	21%	70%
Sandhills Center	37	0	6	34	43	86%	0%	14%	79%
Trillium Health Resources	1,070	283	435	610	1,788	60%	16%	24%	34%
Vaya Health	23	2	2	17	27	85%	7%	7%	63%
State Average	1,254	292	469	772	2,015	62%	14%	23%	38%
Standard Deviation						11.5%	5.3%	7.9%	16.6%
LME-MCO Average						77%	6%	17%	64%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

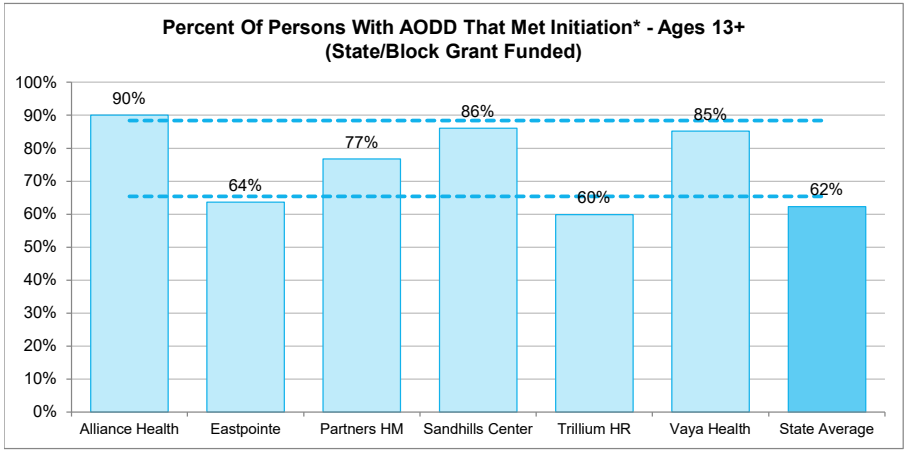
INITIATION AND ENGAGEMENT

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

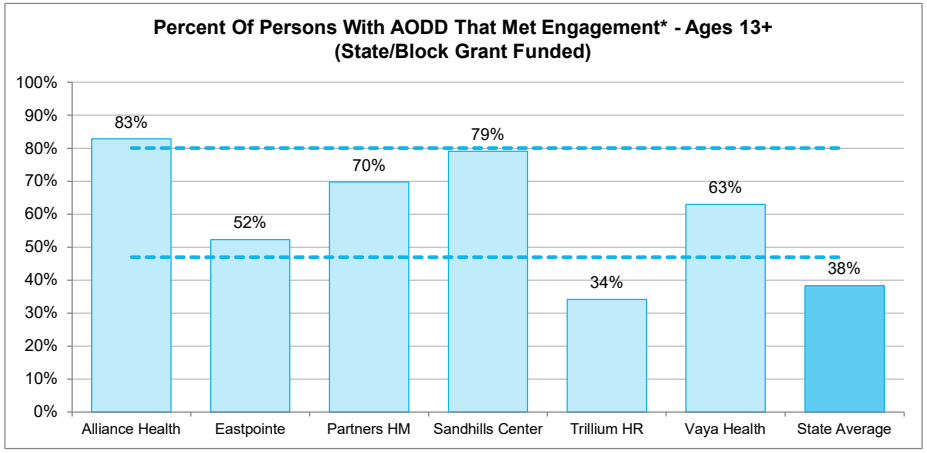
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13+ (State/Block Grant Funded)									
Alliance Health	63	2	5	58	70	90%	3%	7%	83%
Eastpointe	28	4	12	23	44	64%	9%	27%	52%
Partners Health Management	33	1	9	30	43	77%	2%	21%	70%
Sandhills Center	37	0	6	34	43	86%	0%	14%	79%
Trillium Health Resources	1,072	283	435	612	1,790	60%	16%	24%	34%
Vaya Health	23	2	2	17	27	85%	7%	7%	63%
State Average	1,256	292	469	774	2,017	62%	14%	23%	38%
Standard Deviation						11.5%	5.3%	7.9%	16.5%
LME-MCO Average						77%	6%	17%	64%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

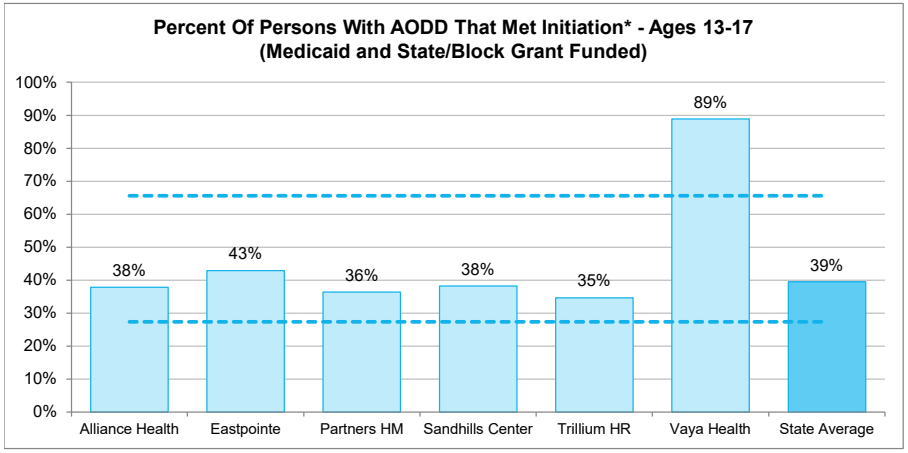
INITIATION AND ENGAGEMENT

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

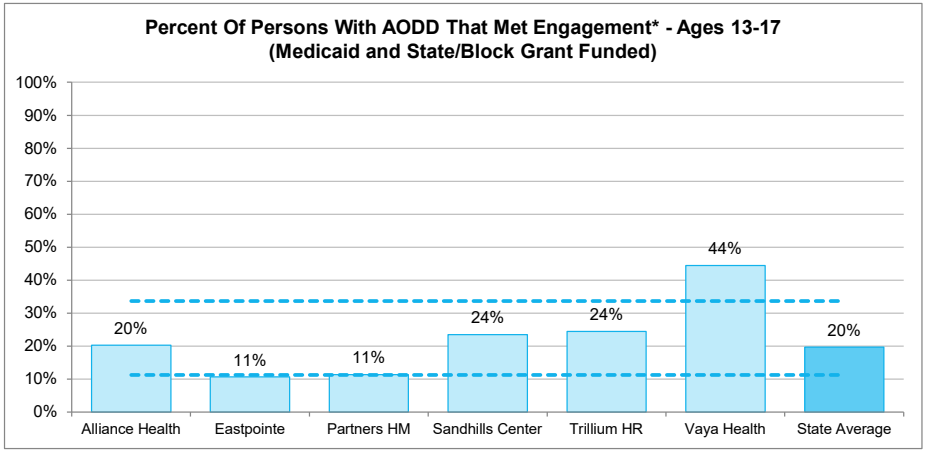
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	28	7	39	15	74	38%	9%	53%	20%
Eastpointe	12	2	14	3	28	43%	7%	50%	11%
Partners Health Management	16	7	21	5	44	36%	16%	48%	11%
Sandhills Center	13	8	13	8	34	38%	24%	38%	24%
Trillium Health Resources	17	10	22	12	49	35%	20%	45%	24%
Vaya Health	8	1	0	4	9	89%	11%	0%	44%
State Average	94	35	109	47	238	39%	15%	46%	20%
Standard Deviation						19.1%	5.9%	18.0%	11.2%
LME-MCO Average						46%	15%	39%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

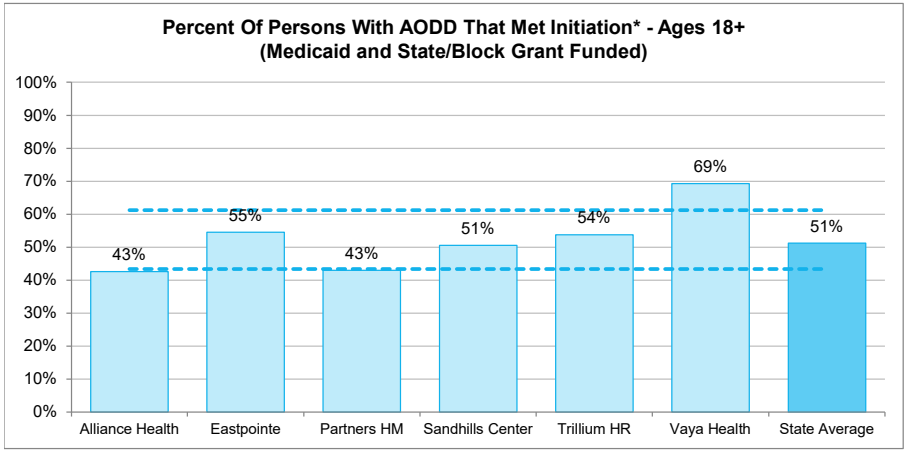
INITIATION AND ENGAGEMENT

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

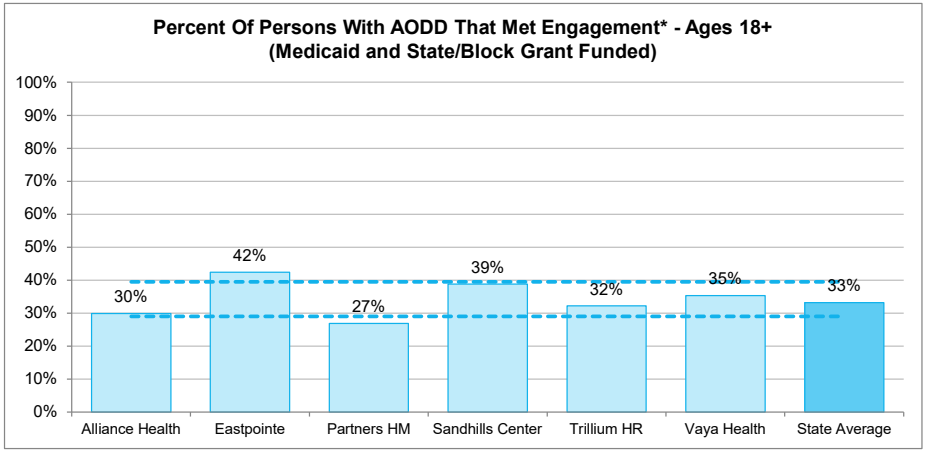
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 and State/Block Grant Funded)									
Alliance Health	474	143	495	333	1,112	43%	13%	45%	30%
Eastpointe	427	77	279	332	783	55%	10%	36%	42%
Partners Health Management	384	109	400	240	893	43%	12%	45%	27%
Sandhills Center	395	76	310	303	781	51%	10%	40%	39%
Trillium Health Resources	1,574	478	873	942	2,925	54%	16%	30%	32%
Vaya Health	282	46	79	144	407	69%	11%	19%	35%
State Average	3,536	929	2,436	2,294	6,901	51%	13%	35%	33%
Standard Deviation						8.9%	2.2%	8.9%	5.3%
LME-MCO Average						52%	12%	36%	34%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

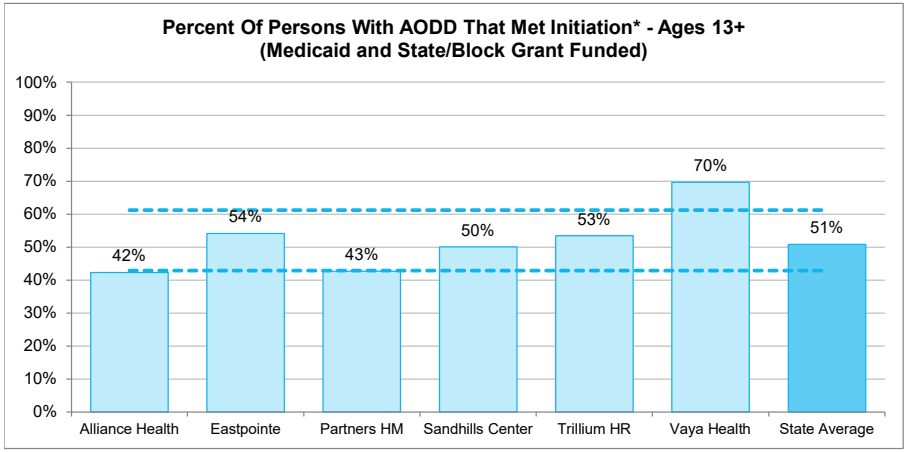
INITIATION AND ENGAGEMENT

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

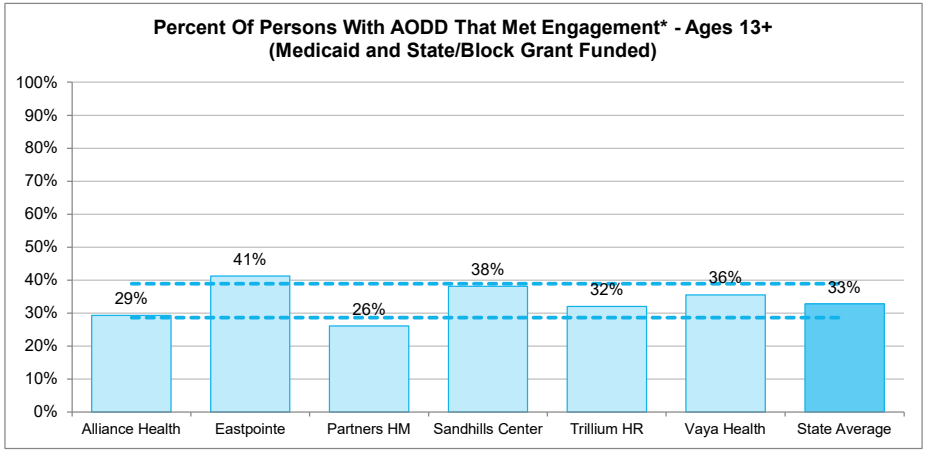
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	502	150	534	348	1,186	42%	13%	45%	29%
Eastpointe	439	79	293	335	811	54%	10%	36%	41%
Partners Health Management	400	116	421	245	937	43%	12%	45%	26%
Sandhills Center	408	84	323	311	815	50%	10%	40%	38%
Trillium Health Resources	1,591	488	895	954	2,974	53%	16%	30%	32%
Vaya Health	290	47	79	148	416	70%	11%	19%	36%
State Average	3,630	964	2,545	2,341	7,139	51%	14%	36%	33%
Standard Deviation						9.2%	2.2%	9.1%	5.2%
LME-MCO Average						52%	12%	36%	34%



* 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.

INITIATION AND ENGAGEMENT

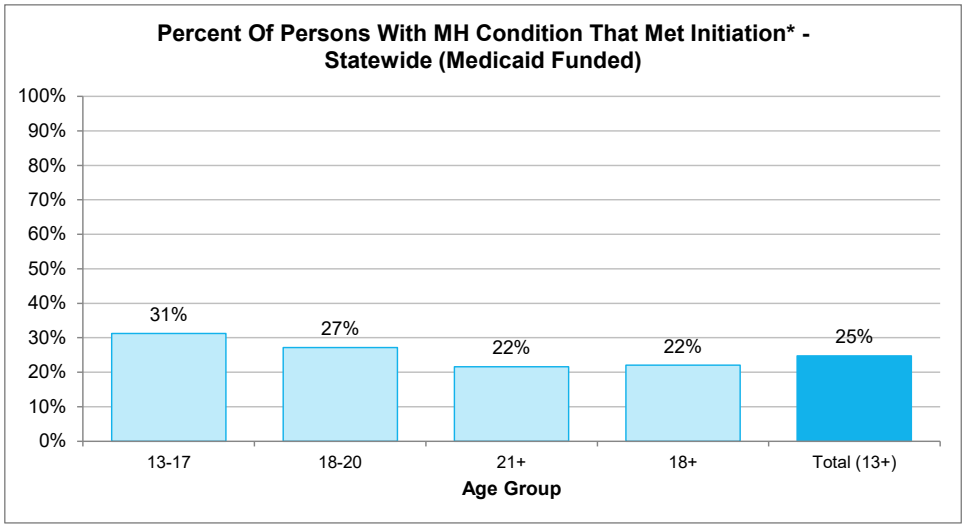
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

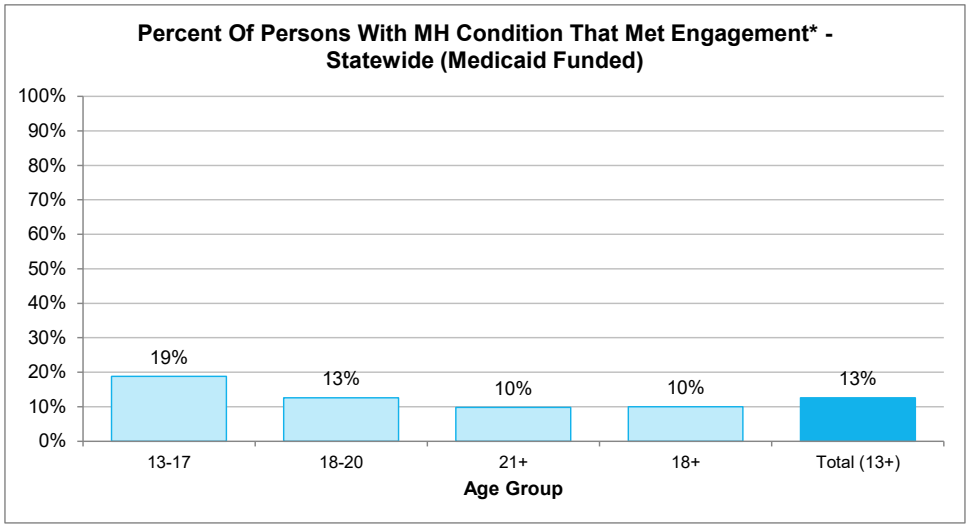
Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH 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	1,903	1,473	2,713	1,146	6,089	31%	24%	45%	19%
18-20	317	250	602	147	1,169	27%	21%	51%	13%
21+	2,954	2,568	8,163	1,339	13,685	22%	19%	60%	10%
18+	3,271	2,818	8,765	1,486	14,854	22%	19%	59%	10%
Total (13+)	5,174	4,291	11,478	2,632	20,943	25%	20%	55%	13%



* 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.

INITIATION AND ENGAGEMENT

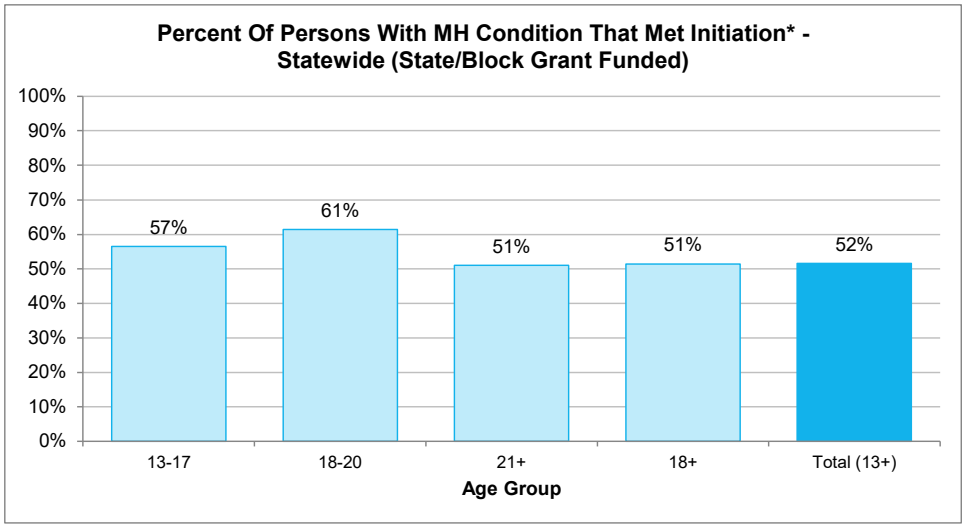
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

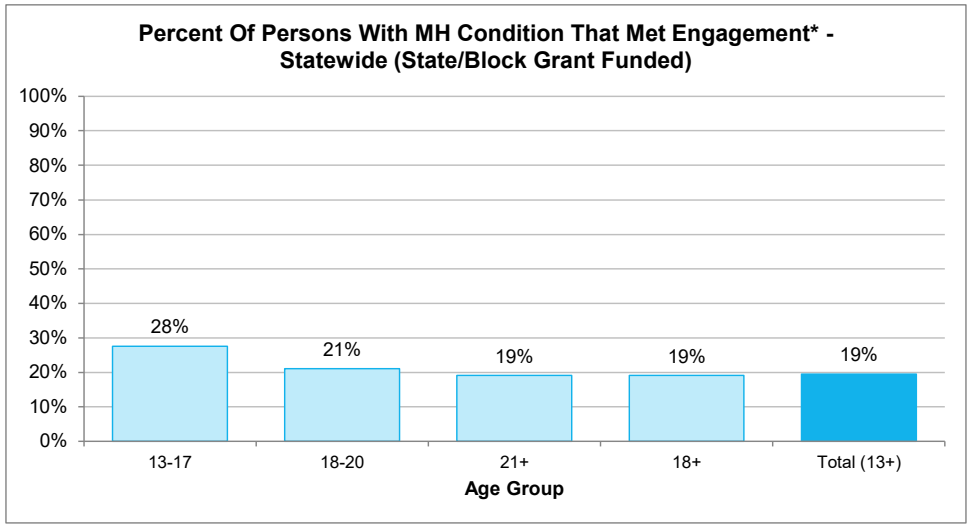
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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	39	5	25	19	69	57%	7%	36%	28%
18-20	35	7	15	12	57	61%	12%	26%	21%
21+	829	284	511	310	1,624	51%	17%	31%	19%
18+	864	291	526	322	1,681	51%	17%	31%	19%
Total (13+)	903	296	551	341	1,750	52%	17%	31%	19%





* 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.

INITIATION AND ENGAGEMENT

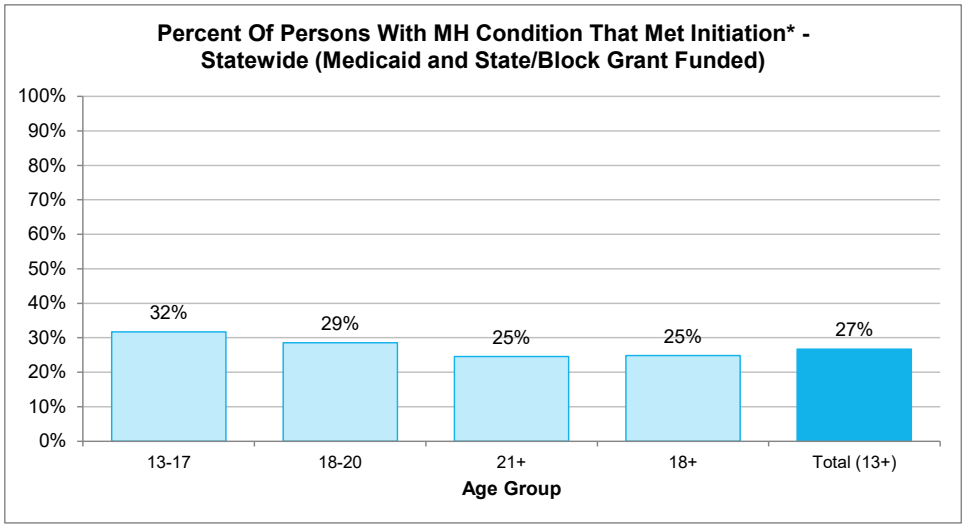
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

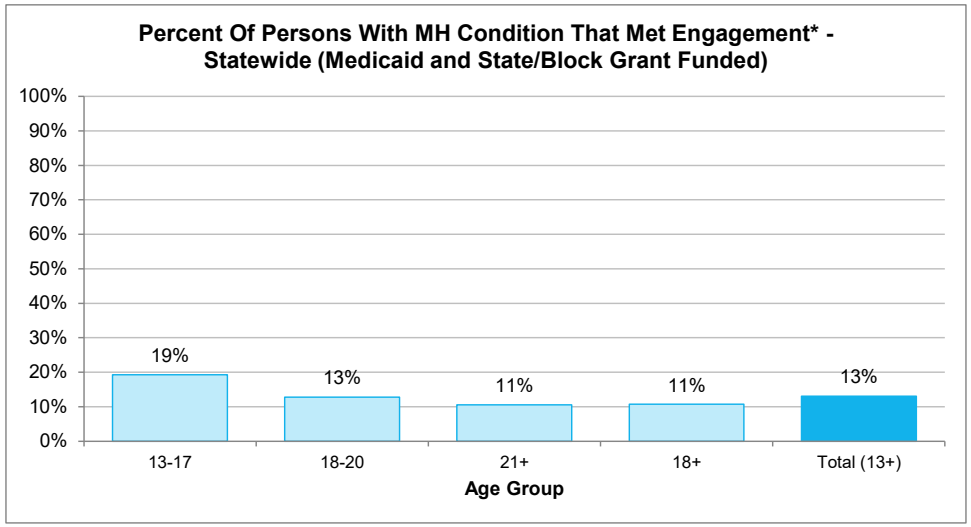
Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH 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	2,014	1,518	2,817	1,223	6,349	32%	24%	44%	19%
18-20	359	264	634	161	1,257	29%	21%	50%	13%
21+	3,780	2,886	8,748	1,627	15,414	25%	19%	57%	11%
18+	4,139	3,150	9,382	1,788	16,671	25%	19%	56%	11%
Total (13+)	6,153	4,668	12,199	3,011	23,020	27%	20%	53%	13%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

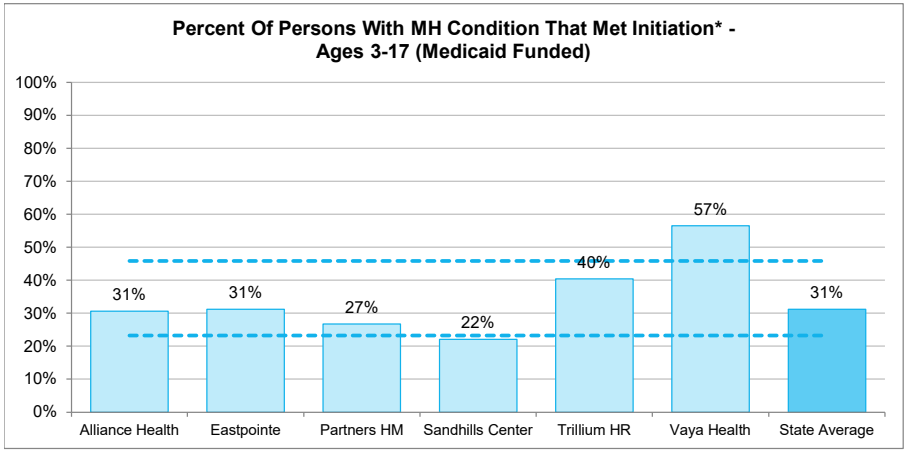
INITIATION AND ENGAGEMENT

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

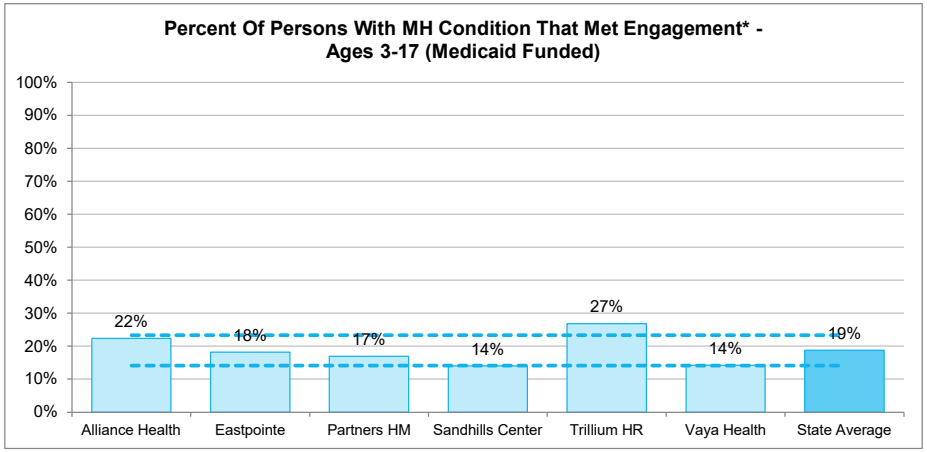
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3-17 (Medicaid Funded)									
Alliance Health	630	473	958	462	2,061	31%	23%	46%	22%
Eastpointe	225	189	307	131	721	31%	26%	43%	18%
Partners Health Management	326	265	628	207	1,219	27%	22%	52%	17%
Sandhills Center	251	259	629	160	1,139	22%	23%	55%	14%
Trillium Health Resources	164	126	116	109	406	40%	31%	29%	27%
Vaya Health	307	161	75	77	543	57%	30%	14%	14%
State Average	1,903	1,473	2,713	1,146	6,089	31%	24%	45%	19%
Standard Deviation						11.3%	3.6%	14.3%	4.6%
LME-MCO Average						35%	26%	40%	19%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

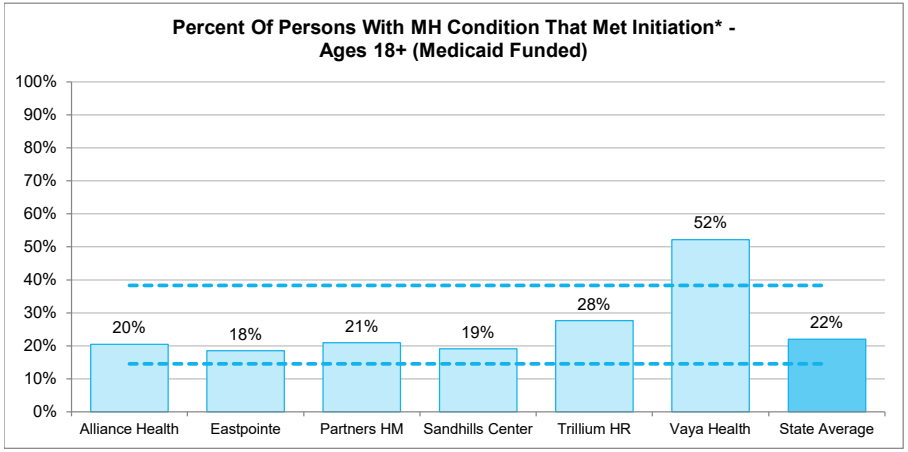
INITIATION AND ENGAGEMENT

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

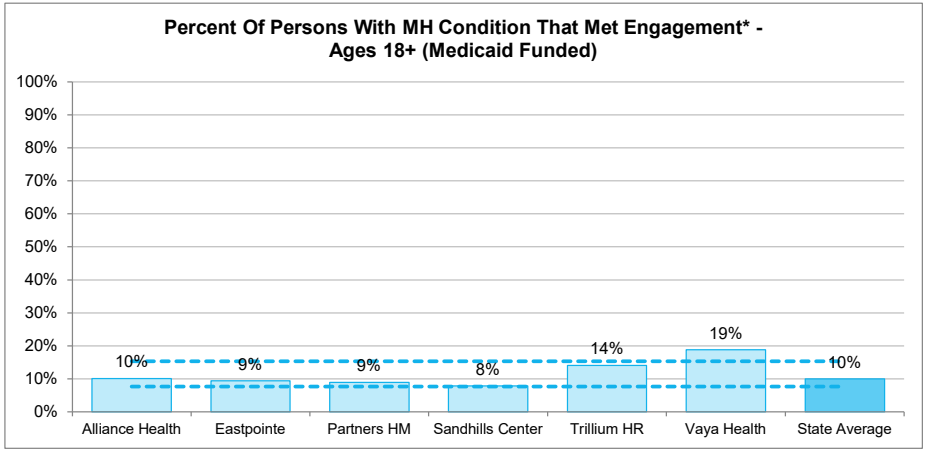
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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	960	851	2,892	473	4,703	20%	18%	61%	10%
Eastpointe	340	375	1,124	173	1,839	18%	20%	61%	9%
Partners Health Management	750	654	2,178	319	3,582	21%	18%	61%	9%
Sandhills Center	531	442	1,807	218	2,780	19%	16%	65%	8%
Trillium Health Resources	368	326	639	187	1,333	28%	24%	48%	14%
Vaya Health	322	170	125	116	617	52%	28%	20%	19%
State Average	3,271	2,818	8,765	1,486	14,854	22%	19%	59%	10%
Standard Deviation						11.9%	4.0%	15.5%	3.8%
LME-MCO Average						26%	21%	53%	12%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

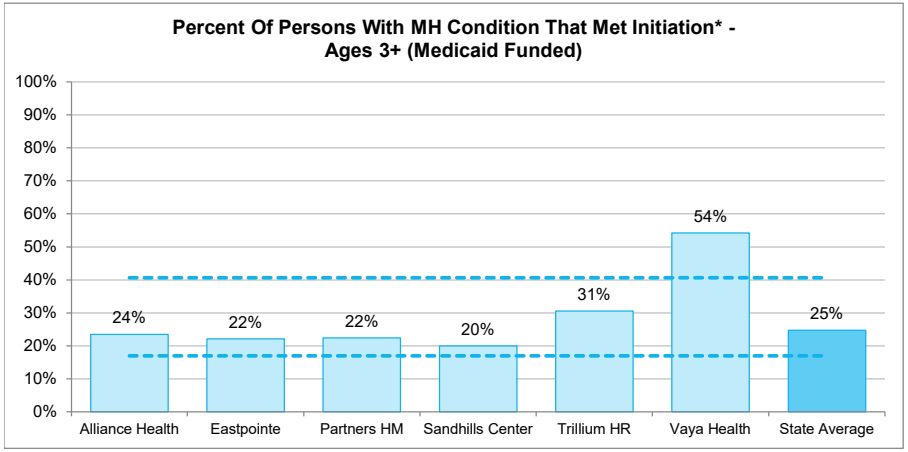
INITIATION AND ENGAGEMENT

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

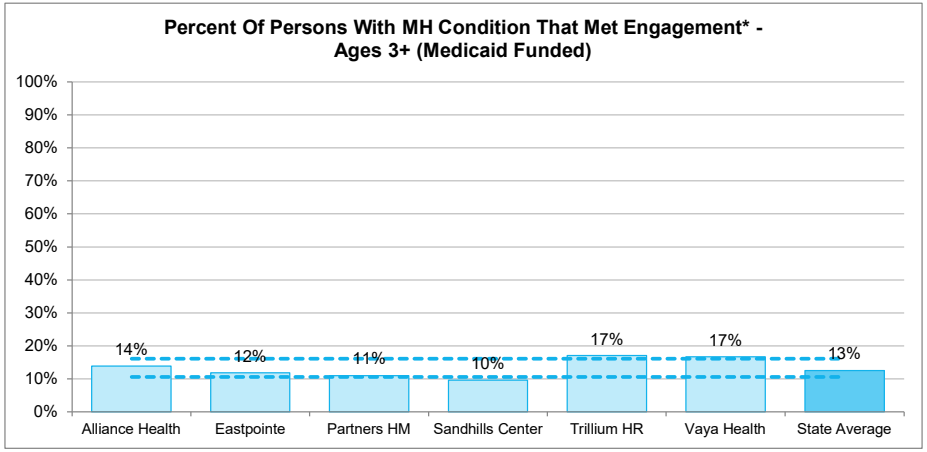
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3+ (Medicaid Funded)									
Alliance Health	1,590	1,324	3,850	935	6,764	24%	20%	57%	14%
Eastpointe	565	564	1,431	304	2,560	22%	22%	56%	12%
Partners Health Management	1,076	919	2,806	526	4,801	22%	19%	58%	11%
Sandhills Center	782	701	2,436	378	3,919	20%	18%	62%	10%
Trillium Health Resources	532	452	755	296	1,739	31%	26%	43%	17%
Vaya Health	629	331	200	193	1,160	54%	29%	17%	17%
State Average	5,174	4,291	11,478	2,632	20,943	25%	20%	55%	13%
Standard Deviation						11.8%			2.8%
LME-MCO Average						29%	22%	49%	13%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

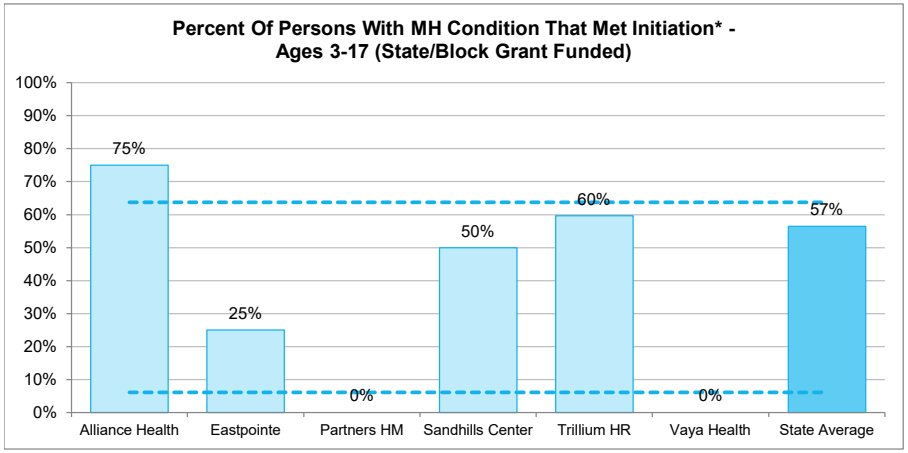
INITIATION AND ENGAGEMENT

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

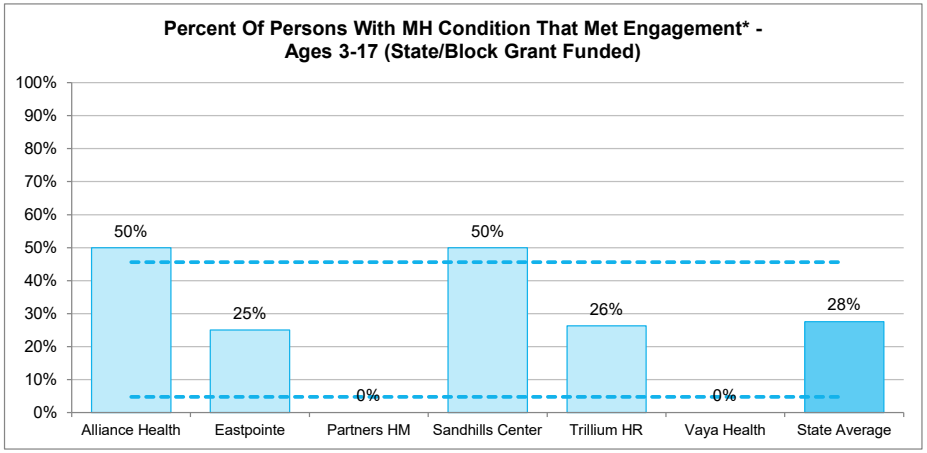
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3-17 (State/Block Grant Funded)									
Alliance Health	3	1	0	2	4	75%	25%	0%	50%
Eastpointe	1	1	2	1	4	25%	25%	50%	25%
Partners Health Management	0	0	1	0	1	0%	0%	100%	0%
Sandhills Center	1	0	1	1	2	50%	0%	50%	50%
Trillium Health Resources	34	3	20	15	57	60%	5%	35%	26%
Vaya Health	0	0	1	0	1	0%	0%	100%	0%
State Average	39	5	25	19	69	57%	7%	36%	28%
Standard Deviation						28.8%	11.3%	35.4%	20.4%
LME-MCO Average						35%	9%	56%	25%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

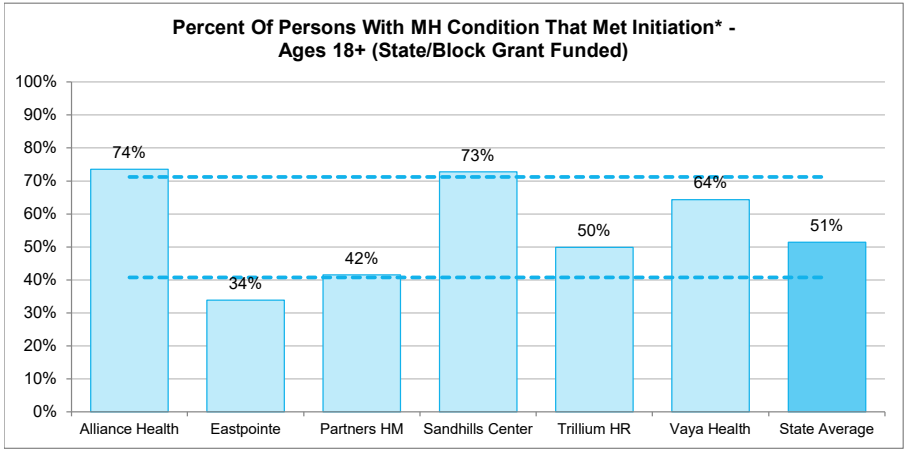
INITIATION AND ENGAGEMENT

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

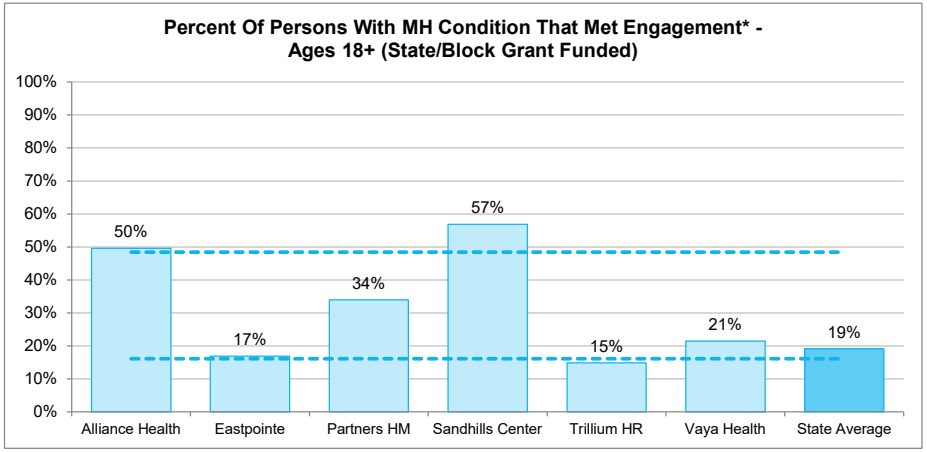
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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+ (State/Block Grant Funded)									
Alliance Health	89	8	24	60	121	74%	7%	20%	50%
Eastpointe	22	11	32	11	65	34%	17%	49%	17%
Partners Health Management	22	2	29	18	53	42%	4%	55%	34%
Sandhills Center	32	0	12	25	44	73%	0%	27%	57%
Trillium Health Resources	690	269	425	205	1,384	50%	19%	31%	15%
Vaya Health	9	1	4	3	14	64%	7%	29%	21%
State Average	864	291	526	322	1,681	51%	17%	31%	19%
Standard Deviation						15.2%	6.9%	12.5%	16.1%
LME-MCO Average						56%	9%	35%	32%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

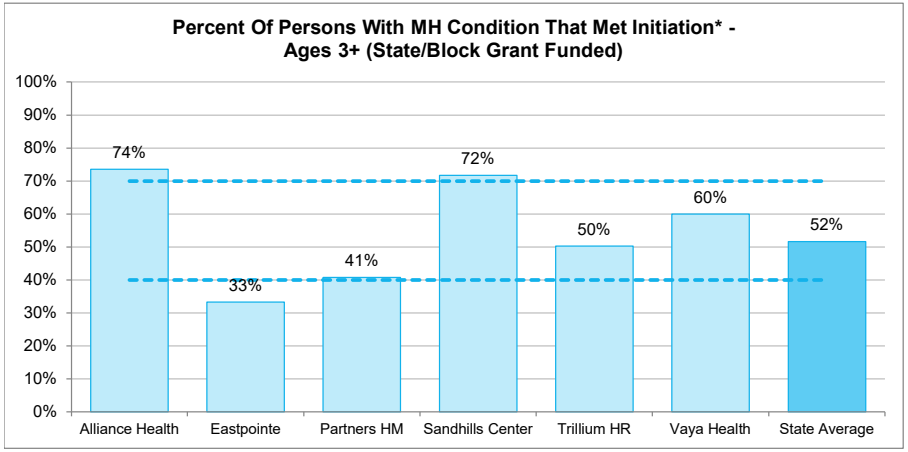
INITIATION AND ENGAGEMENT

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

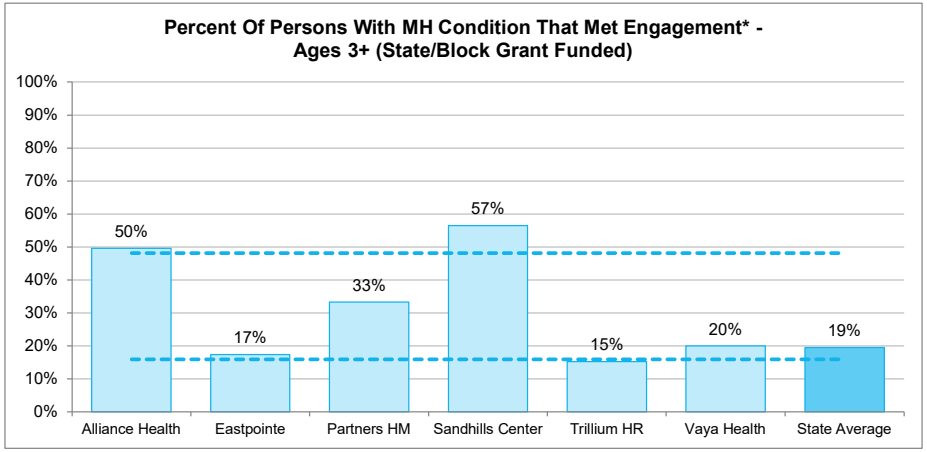
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3+ (State/Block Grant Funded)									
Alliance Health	92	9	24	62	125	74%	7%	19%	50%
Eastpointe	23	12	34	12	69	33%	17%	49%	17%
Partners Health Management	22	2	30	18	54	41%	4%	56%	33%
Sandhills Center	33	0	13	26	46	72%	0%	28%	57%
Trillium Health Resources	724	272	445	220	1,441	50%	19%	31%	15%
Vaya Health	9	1	5	3	15	60%	7%	33%	20%
State Average	903	296	551	341	1,750	52%	17%	31%	19%
Standard Deviation						15.0%	6.9%	12.5%	16.1%
LME-MCO Average						55%	9%	36%	32%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

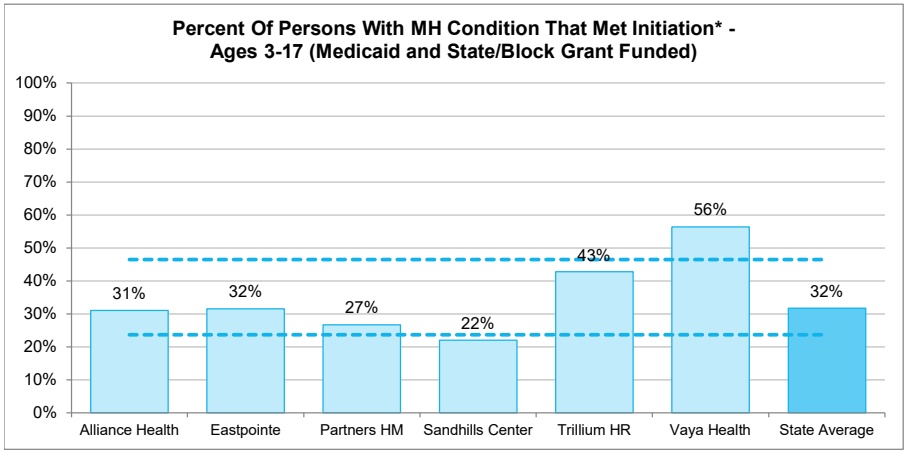
INITIATION AND ENGAGEMENT

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

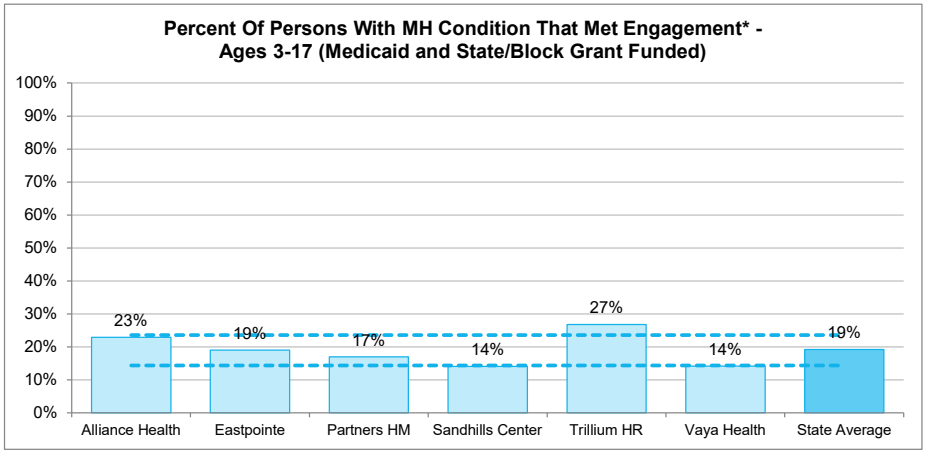
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	689	503	1,024	508	2,216	31%	23%	46%	23%
Eastpointe	242	201	323	146	766	32%	26%	42%	19%
Partners Health Management	326	265	628	207	1,219	27%	22%	52%	17%
Sandhills Center	252	259	630	161	1,141	22%	23%	55%	14%
Trillium Health Resources	198	129	136	124	463	43%	28%	29%	27%
Vaya Health	307	161	76	77	544	56%	30%	14%	14%
State Average	2,014	1,518	2,817	1,223	6,349	32%	24%	44%	19%
Standard Deviation						11.4%	2.9%	14.1%	4.6%
LME-MCO Average						35%	25%	40%	19%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

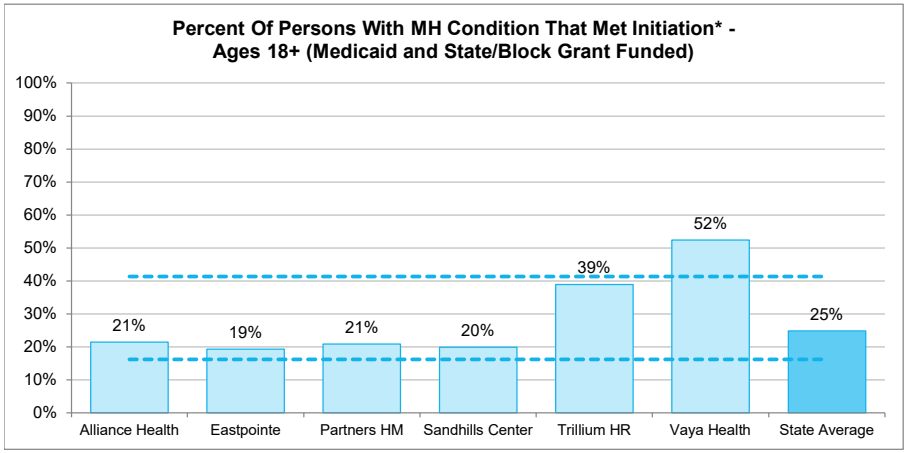
INITIATION AND ENGAGEMENT

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

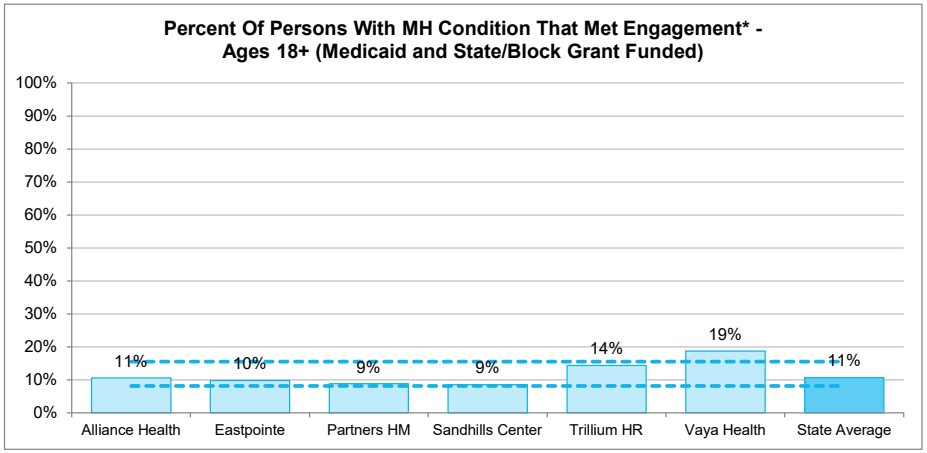
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 and State/Block Grant Funded)									
Alliance Health	1,065	885	3,017	525	4,967	21%	18%	61%	11%
Eastpointe	379	396	1,190	194	1,965	19%	20%	61%	10%
Partners Health Management	745	655	2,170	316	3,570	21%	18%	61%	9%
Sandhills Center	563	442	1,819	243	2,824	20%	16%	64%	9%
Trillium Health Resources	1,057	602	1,057	392	2,716	39%	22%	39%	14%
Vaya Health	330	170	129	118	629	52%	27%	21%	19%
State Average	4,139	3,150	9,382	1,788	16,671	25%	19%	56%	11%
Standard Deviation						12.6%	3.7%	16.0%	3.6%
LME-MCO Average						29%	20%	51%	12%



* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

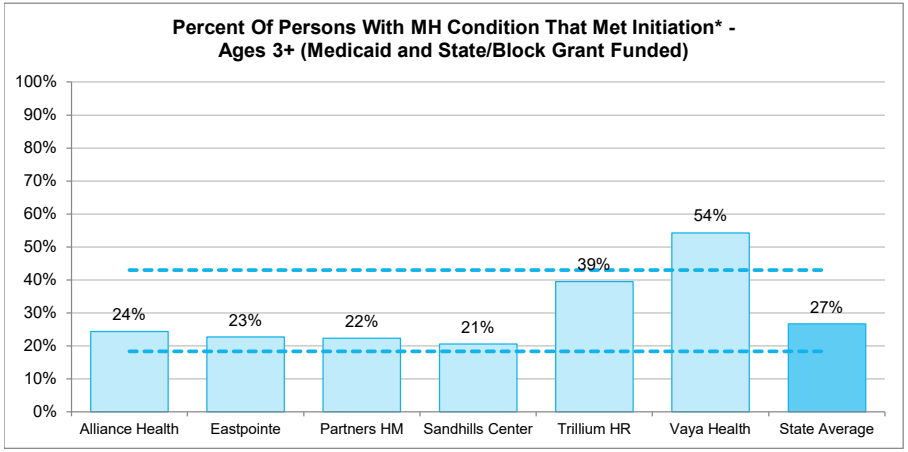
INITIATION AND ENGAGEMENT

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

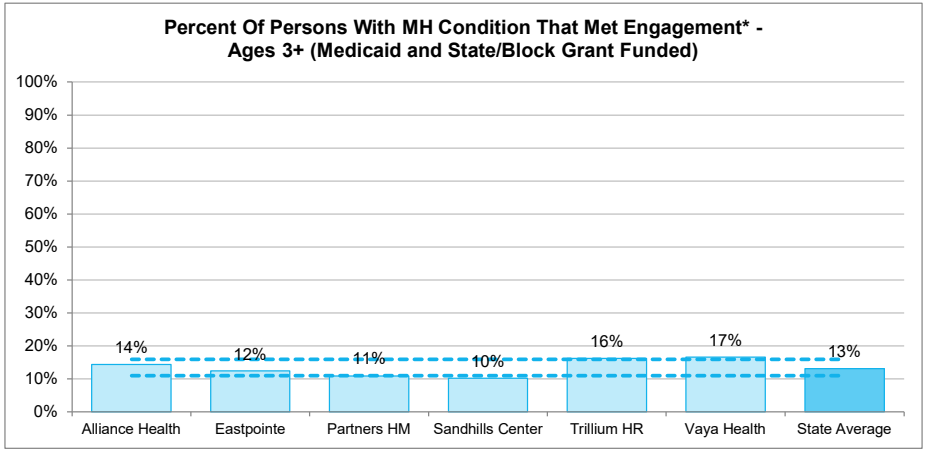
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars 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.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH 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 a MH 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 (3-17, 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 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,754	1,388	4,041	1,033	7,183	24%	19%	56%	14%
Eastpointe	621	597	1,513	340	2,731	23%	22%	55%	12%
Partners Health Management	1,071	920	2,798	523	4,789	22%	19%	58%	11%
Sandhills Center	815	701	2,449	404	3,965	21%	18%	62%	10%
Trillium Health Resources	1,255	731	1,193	516	3,179	39%	23%	38%	16%
Vaya Health	637	331	205	195	1,173	54%	28%	17%	17%
State Average	6,153	4,668	12,199	3,011	23,020	27%	20%	53%	13%
Standard Deviation						12.3%	3.5%	15.6%	2.5%
LME-MCO Average						31%	22%	48%	13%



* 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
State Fiscal Year: 2024 **Measurement Period:** Jul - Sep 2023
Report Quarter: 2nd 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.

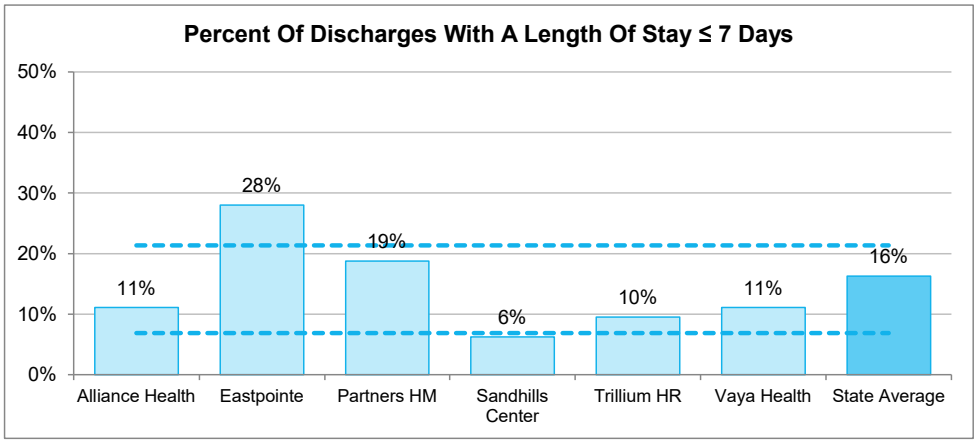
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

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.

Consumers Discharged 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**
Alliance Health	5	45	11%
Eastpointe	14	50	28%
Partners Health Management	3	16	19%
Sandhills Center	1	16	6%
Trillium Health Resources	2	21	10%
Vaya Health	2	18	11%
State Average	27	166	16%
Standard Deviation			7.2%
LME-MCO Average			14%



Data Source: State Psychiatric Hospital data in CDW as of 10/16/23. 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

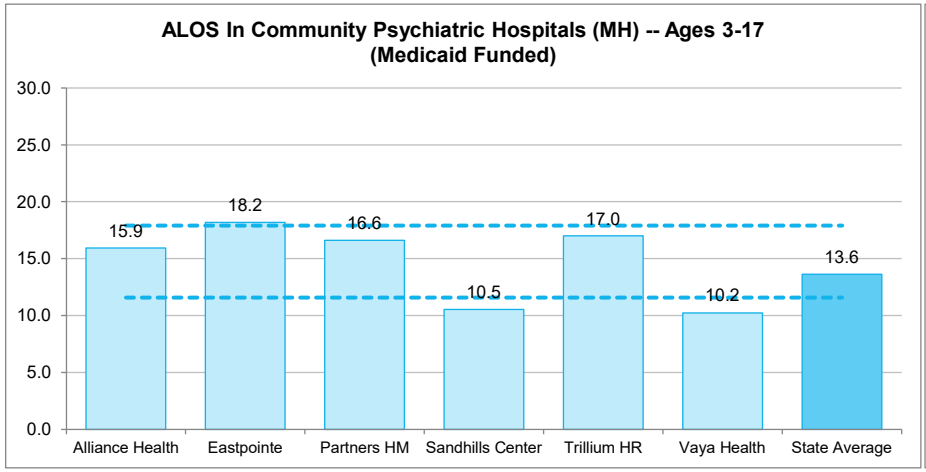
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

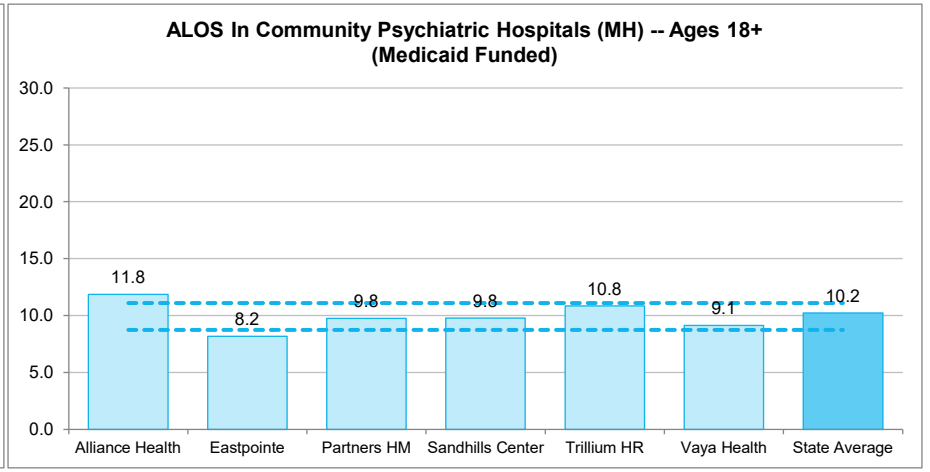
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	1,512	95	15.9	9,764	824	11.8	11,276	919	12.3
Eastpointe	981	54	18.2	1,804	221	8.2	2,785	275	10.1
Partners Health Management	1,661	100	16.6	5,275	541	9.8	6,936	641	10.8
Sandhills Center	1,452	138	10.5	7,233	741	9.8	8,685	879	9.9
Trillium Health Resources	1,971	116	17.0	6,106	564	10.8	8,077	680	11.9
Vaya Health	2,179	213	10.2	5,339	586	9.1	7,518	799	9.4
State Average	9,756	716	13.6	35,521	3,477	10.2	45,277	4,193	10.8
Standard Deviation			3.2			1.2			1.0
LME-MCO Average			14.7			9.9			10.7





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

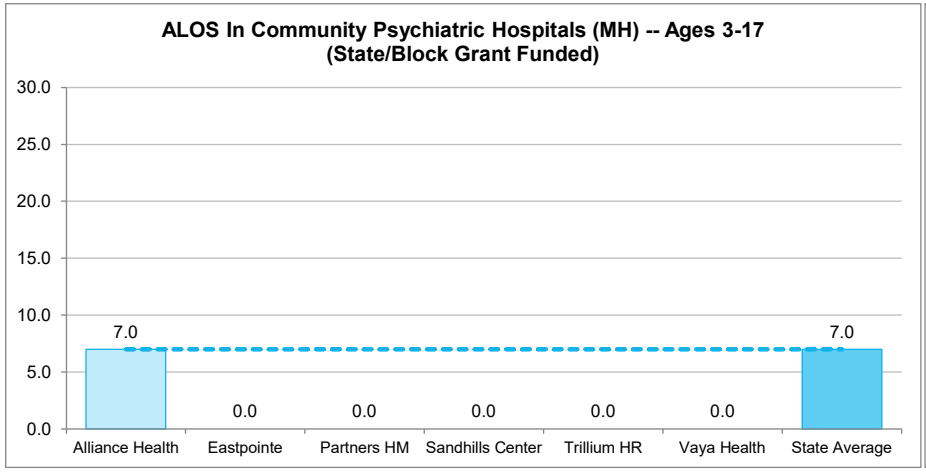
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

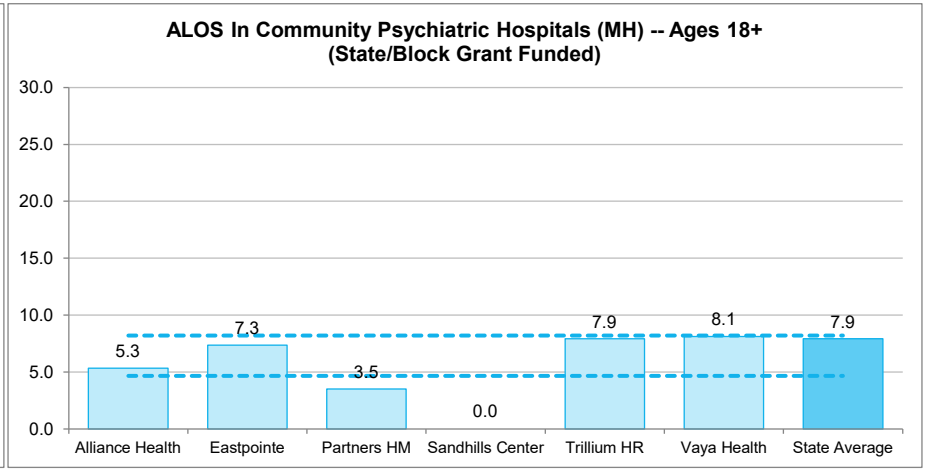
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	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	7	1	7.0	16	3	5.3	23	4	5.8
Eastpointe	0	0		617	84	7.3	617	84	7.3
Partners Health Management	0	0		7	2	3.5	7	2	3.5
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		2,043	258	7.9	2,043	258	7.9
Vaya Health	0	0		2,654	327	8.1	2,654	327	8.1
State Average	7	1	7.0	5,337	674	7.9	5,344	675	7.9
Standard Deviation			0.0			1.8			1.7
LME-MCO Average			7.0			6.4			6.5





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

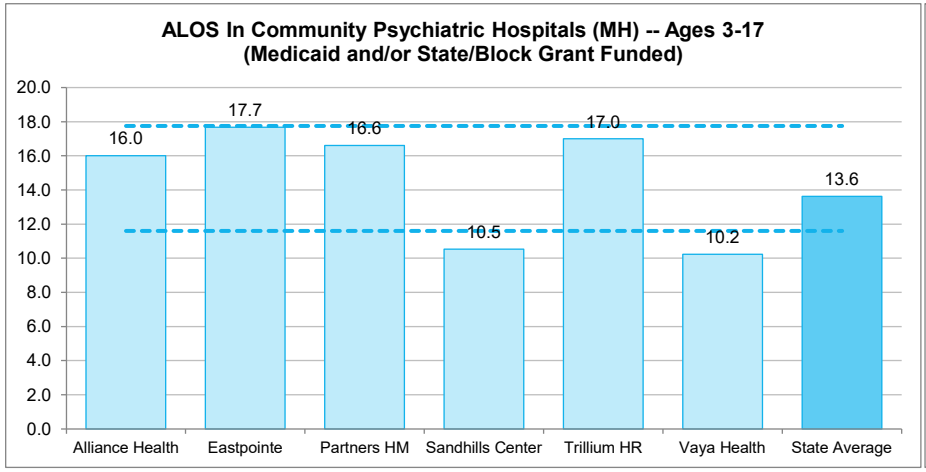
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

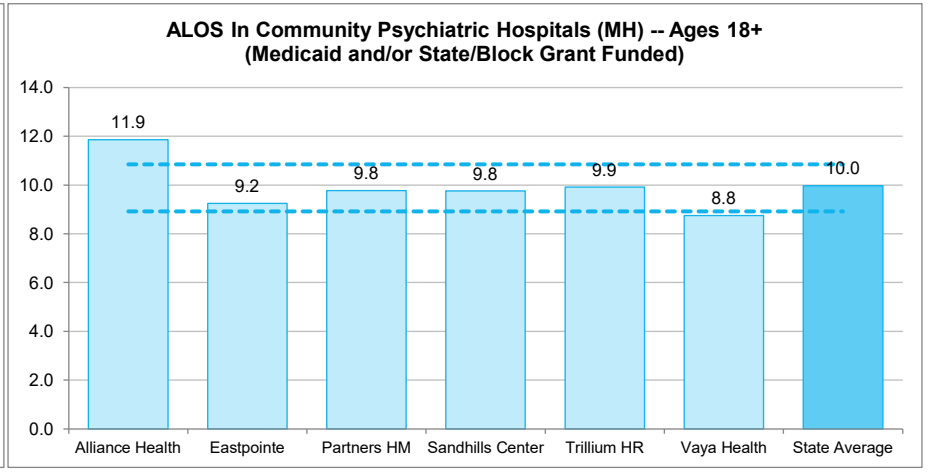
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 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	1,505	94	16.0	9,764	823	11.9	11,269	917	12.3
Eastpointe	1,061	60	17.7	1,692	183	9.2	2,753	243	11.3
Partners Health Management	1,661	100	16.6	5,268	539	9.8	6,929	639	10.8
Sandhills Center	1,452	138	10.5	7,233	741	9.8	8,685	879	9.9
Trillium Health Resources	1,971	116	17.0	8,149	822	9.9	10,120	938	10.8
Vaya Health	2,179	213	10.2	7,993	913	8.8	10,172	1,126	9.0
State Average	9,829	721	13.6	40,099	4,021	10.0	49,928	4,742	10.5
Standard Deviation			3.1			1.0			1.0
LME-MCO Average			14.7			9.9			10.7





CRISIS AND INPATIENT SERVICES

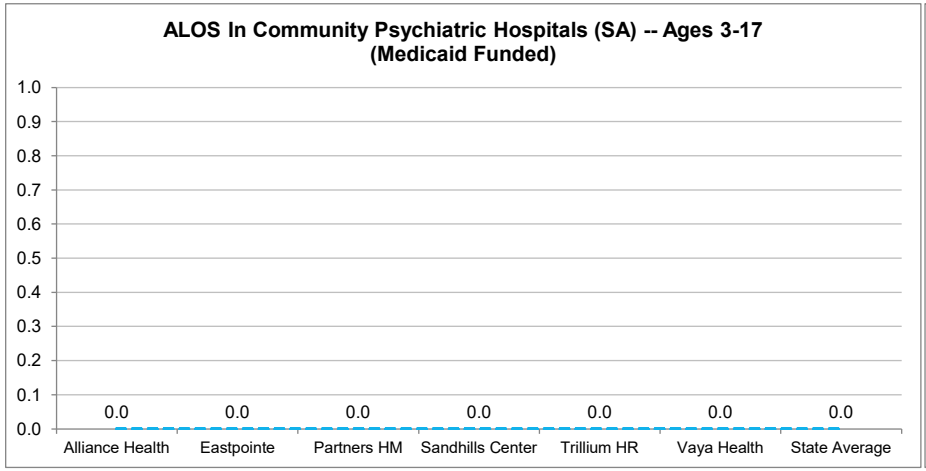
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

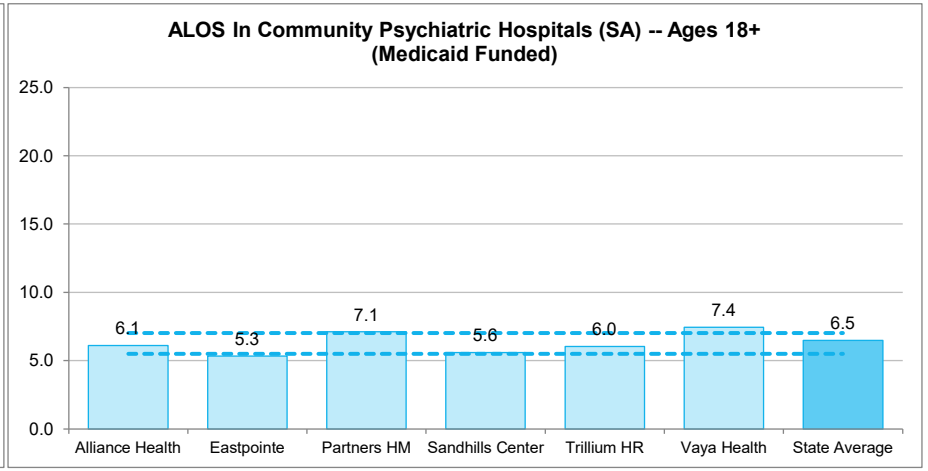
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	0	0		434	71	6.1	434	71	6.1
Eastpointe	0	0		160	30	5.3	160	30	5.3
Partners Health Management	0	0		476	67	7.1	476	67	7.1
Sandhills Center	0	0		621	111	5.6	621	111	5.6
Trillium Health Resources	0	0		151	25	6.0	151	25	6.0
Vaya Health	0	0		989	133	7.4	989	133	7.4
State Average	0	0		2,831	437	6.5	2,831	437	6.5
Standard Deviation						0.8			0.8
LME-MCO Average						6.3			6.3





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

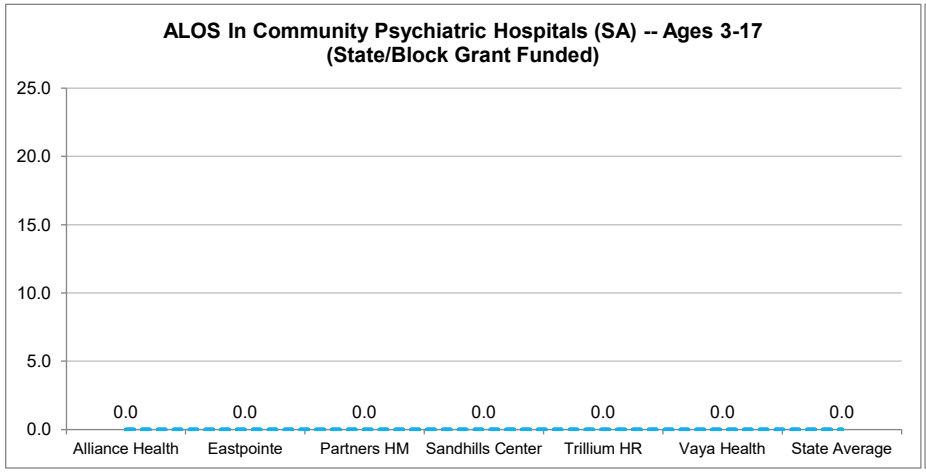
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

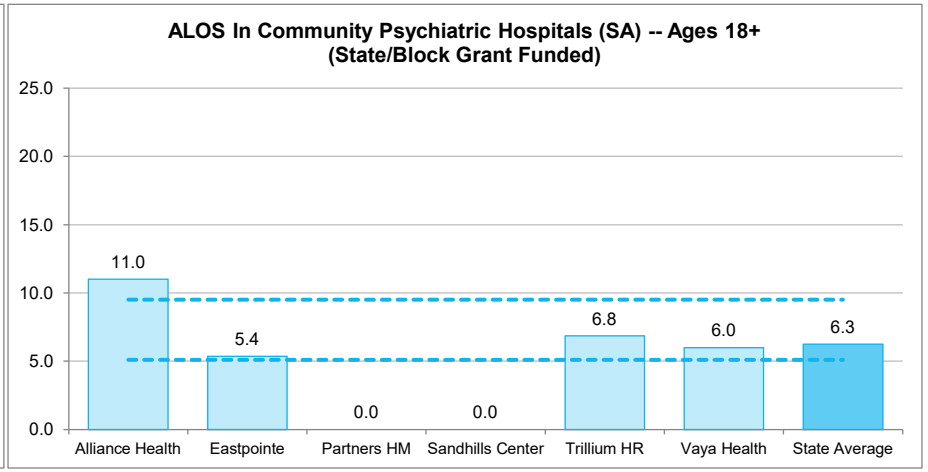
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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 (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		22	2	11.0	22	2	11.0
Eastpointe	0	0		59	11	5.4	59	11	5.4
Partners Health Management	0	0		0	0				
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		226	33	6.8	226	33	6.8
Vaya Health	0	0		431	72	6.0	431	72	6.0
State Average	0	0		738	118	6.3	738	118	6.3
Standard Deviation						2.2			2.2
LME-MCO Average						7.3			7.3





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

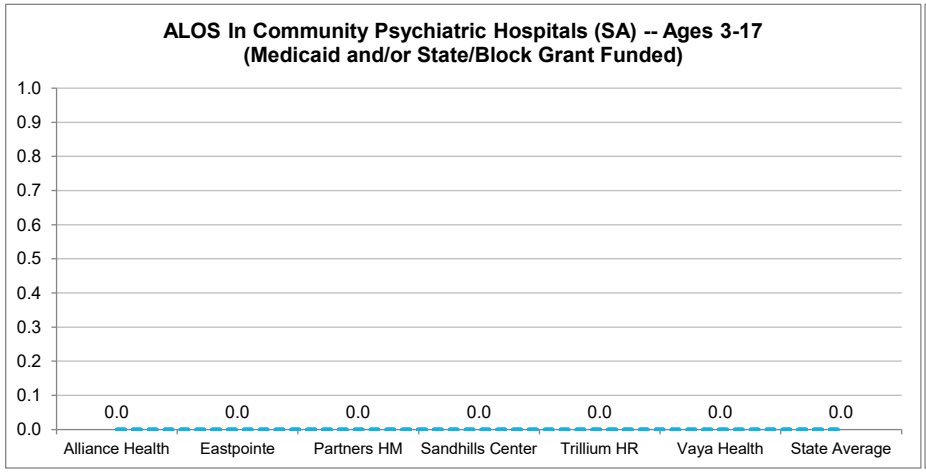
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

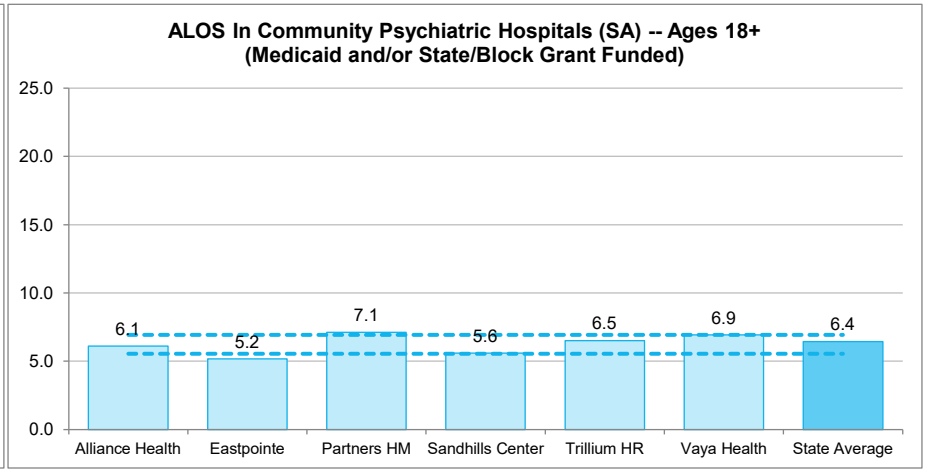
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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	0	0		427	70	6.1	427	70	6.1
Eastpointe	0	0		129	25	5.2	129	25	5.2
Partners Health Management	0	0		476	67	7.1	476	67	7.1
Sandhills Center	0	0		621	111	5.6	621	111	5.6
Trillium Health Resources	0	0		377	58	6.5	377	58	6.5
Vaya Health	0	0		1,420	205	6.9	1,420	205	6.9
State Average	0	0		3,450	536	6.4	3,450	536	6.4
Standard Deviation			#DIV/0!			0.7			0.7
LME-MCO Average			#DIV/0!			6.2			6.2





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT

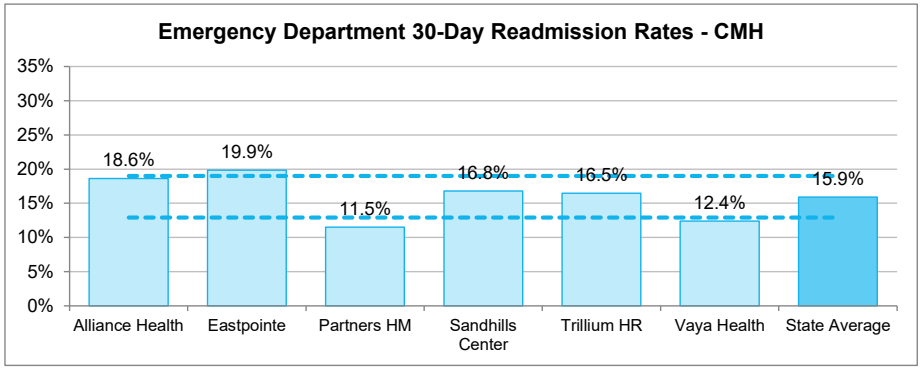
5.5 Emergency Department Readmissions (Medicaid Only)

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.

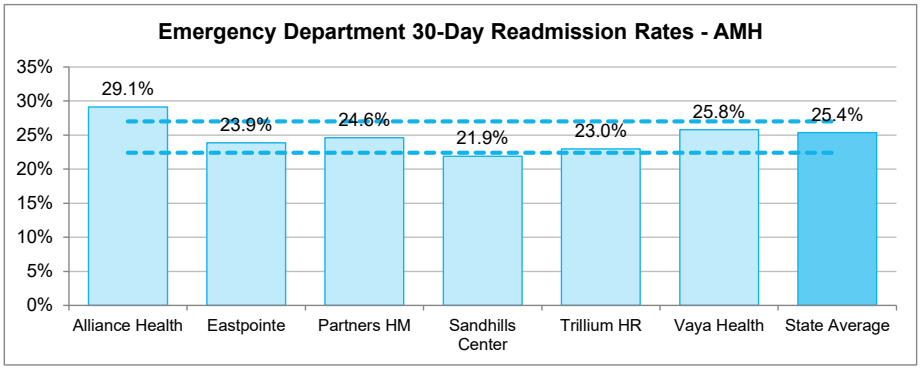
Child Mental Health (Ages 3-17)

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	57	306	18.6%
Eastpointe	27	136	19.9%
Partners Health Management	23	200	11.5%
Sandhills Center	22	131	16.8%
Trillium Health Resources	30	182	16.5%
Vaya Health	26	210	12.4%
State Average	185	1,165	15.9%
Standard Deviation			3.1%
LME-MCO Average			15.9%



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	319	1,096	29.1%
Eastpointe	89	373	23.9%
Partners Health Management	163	662	24.6%
Sandhills Center	108	493	21.9%
Trillium Health Resources	156	679	23.0%
Vaya Health	152	589	25.8%
State Average	987	3,892	25.4%
Standard Deviation			2.3%
LME-MCO Average			24.7%



CRISIS AND INPATIENT

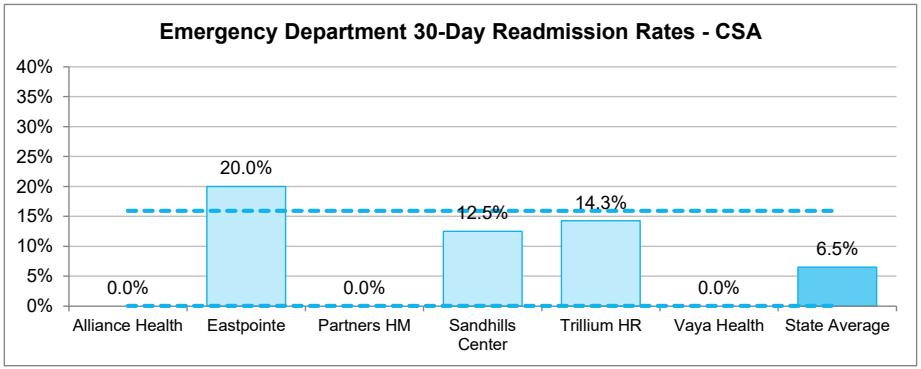
5.5 Emergency Department Readmissions (Medicaid Only)

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.

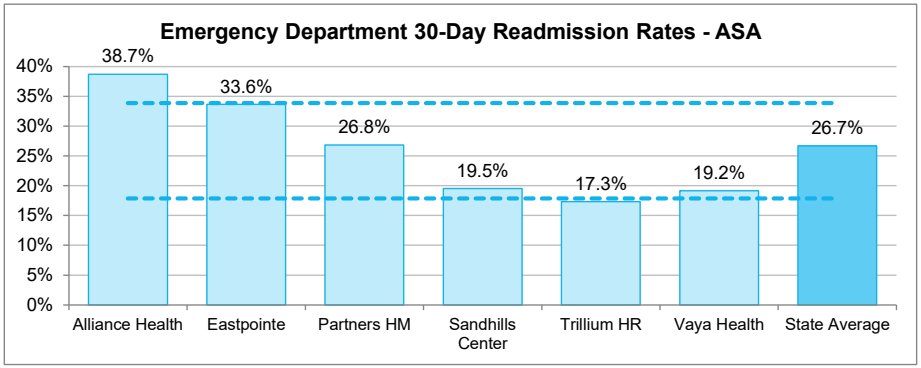
Child Substance Abuse (Ages 3-17)

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	0	10	0.0%
Eastpointe	1	5	20.0%
Partners Health Management	0	8	0.0%
Sandhills Center	1	8	12.5%
Trillium Health Resources	1	7	14.3%
Vaya Health	0	8	0.0%
State Average	3	46	6.5%
Standard Deviation			8.1%
LME-MCO Average			7.8%



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	149	385	38.7%
Eastpointe	39	116	33.6%
Partners Health Management	70	261	26.8%
Sandhills Center	41	210	19.5%
Trillium Health Resources	40	231	17.3%
Vaya Health	46	240	19.2%
State Average	385	1,443	26.7%
Standard Deviation			8.0%
LME-MCO Average			25.9%



CRISIS AND INPATIENT

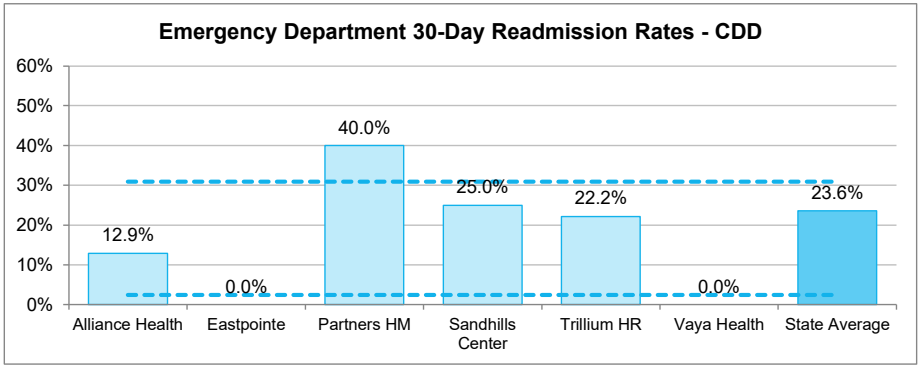
5.5 Emergency Department Readmissions (Medicaid Only)

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.

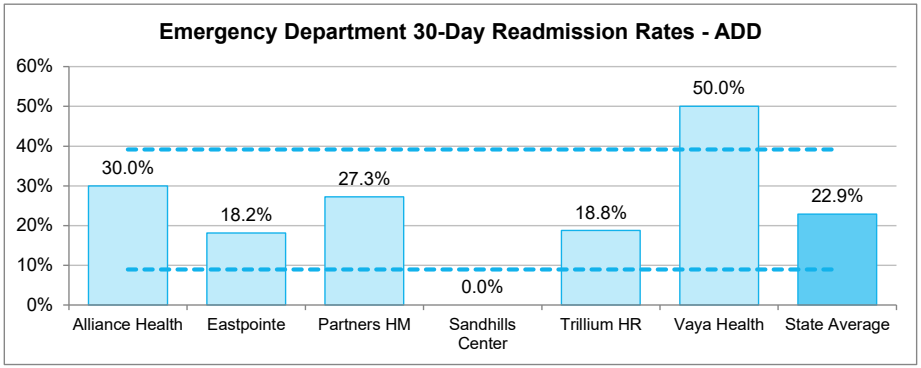
Child Intellectual or Developmental Disabilities (Ages 3-17)

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	4	31	12.9%
Eastpointe	0	2	0.0%
Partners Health Management	10	25	40.0%
Sandhills Center	1	4	25.0%
Trillium Health Resources	2	9	22.2%
Vaya Health	0	1	0.0%
State Average	17	72	23.6%
Standard Deviation			14.2%
LME-MCO Average			16.7%



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	9	30	30.0%
Eastpointe	2	11	18.2%
Partners Health Management	3	11	27.3%
Sandhills Center	0	11	0.0%
Trillium Health Resources	3	16	18.8%
Vaya Health	2	4	50.0%
State Average	19	83	22.9%
Standard Deviation			15.1%
LME-MCO Average			24.0%



State Fiscal Year: 2024 **Measurement Period:** Jul - Sep 2023
Report Quarter: 2nd Quarter **Based On Claims Paid As Of:** Jan 31, 2024

CRISIS AND INPATIENT

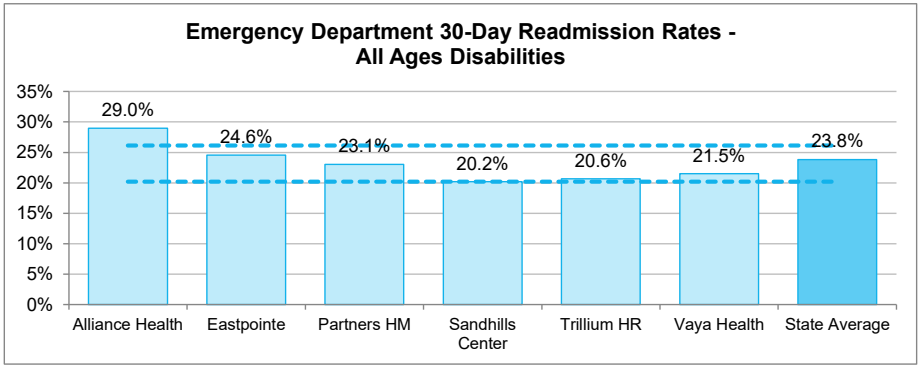
5.5 Emergency Department Readmissions (Medicaid Only)

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.

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	538	1,858	29.0%
Eastpointe	158	643	24.6%
Partners Health Management	269	1,167	23.1%
Sandhills Center	173	857	20.2%
Trillium Health Resources	232	1,124	20.6%
Vaya Health	226	1,052	21.5%
State Average	1,596	6,701	23.8%
Standard Deviation			3.0%
LME-MCO Average			23.1%



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

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**180-Day Readmission Measurement Period:**	Apr - Jun 2023

CRISIS AND INPATIENT SERVICES

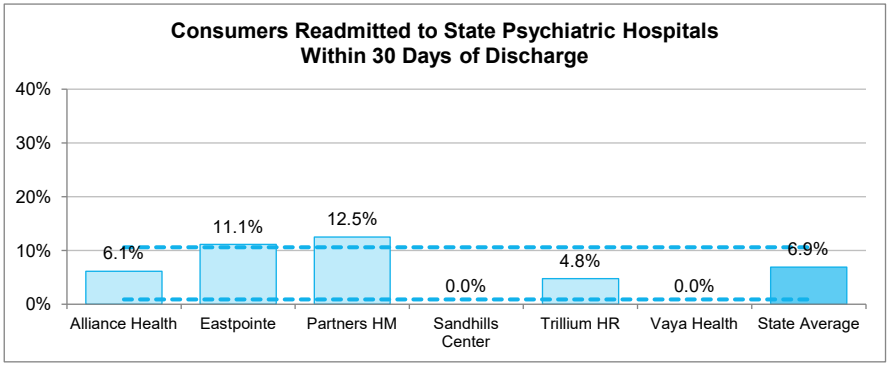
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

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.

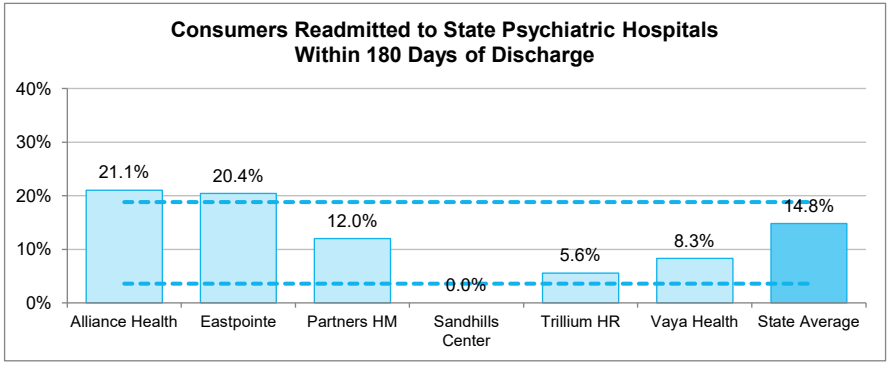
Readmitted within 30 Days (Discharges Jul - Sep 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	3	49	6.1%
Eastpointe	6	54	11.1%
Partners Health Management	2	16	12.5%
Sandhills Center	0	16	0.0%
Trillium Health Resources	1	21	4.8%
Vaya Health	0	18	0.0%
State Average	12	174	6.9%
Standard Deviation			4.9%
LME-MCO Average			5.7%



Readmitted within 180 Days (Discharges Apr - Jun 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	8	38	21.1%
Eastpointe	10	49	20.4%
Partners Health Management	3	25	12.0%
Sandhills Center	0	8	0.0%
Trillium Health Resources	1	18	5.6%
Vaya Health	2	24	8.3%
State Average	24	162	14.8%
Standard Deviation			7.6%
LME-MCO Average			11.2%



Data Source: State Hospital data in CDW as of 1/24/24. 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

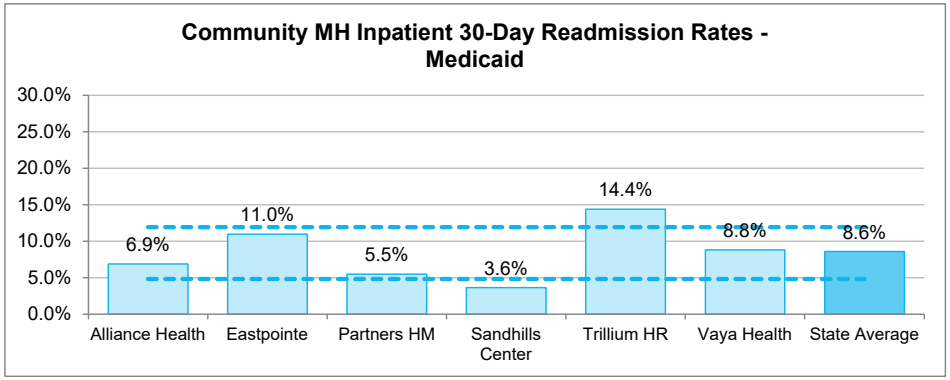
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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.

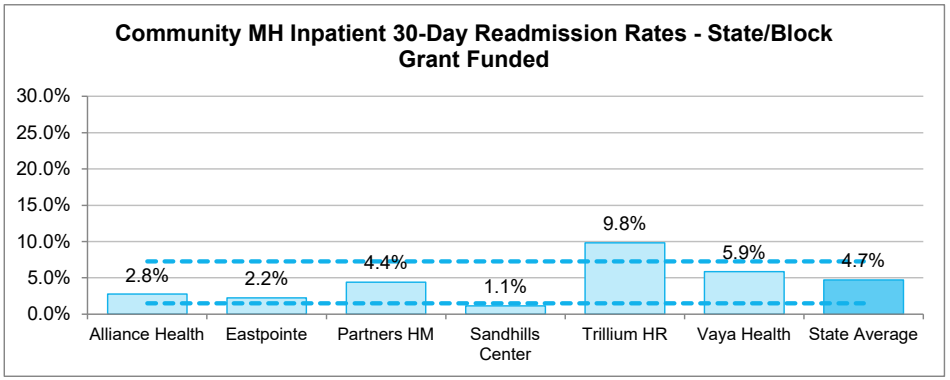
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	65	946	6.9%
Eastpointe	33	301	11.0%
Partners Health Management	37	675	5.5%
Sandhills Center	11	302	3.6%
Trillium Health Resources	103	715	14.4%
Vaya Health	115	1,302	8.8%
State Average	364	4,241	8.6%
Standard Deviation			3.6%
LME-MCO Average			8.4%



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	14	506	2.8%
Eastpointe	2	89	2.2%
Partners Health Management	22	499	4.4%
Sandhills Center	2	176	1.1%
Trillium Health Resources	25	254	9.8%
Vaya Health	33	563	5.9%
State Average	98	2,087	4.7%
Standard Deviation			2.9%
LME-MCO Average			4.4%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

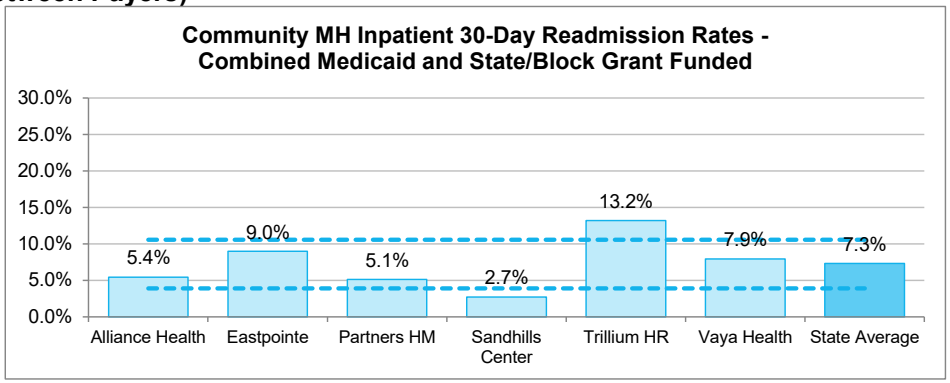
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

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)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	79	1,452	5.4%
Eastpointe	35	390	9.0%
Partners Health Management	60	1,174	5.1%
Sandhills Center	13	478	2.7%
Trillium Health Resources	128	969	13.2%
Vaya Health	148	1,865	7.9%
State Average	463	6,328	7.3%
Standard Deviation			3.3%
LME-MCO Average			7.2%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

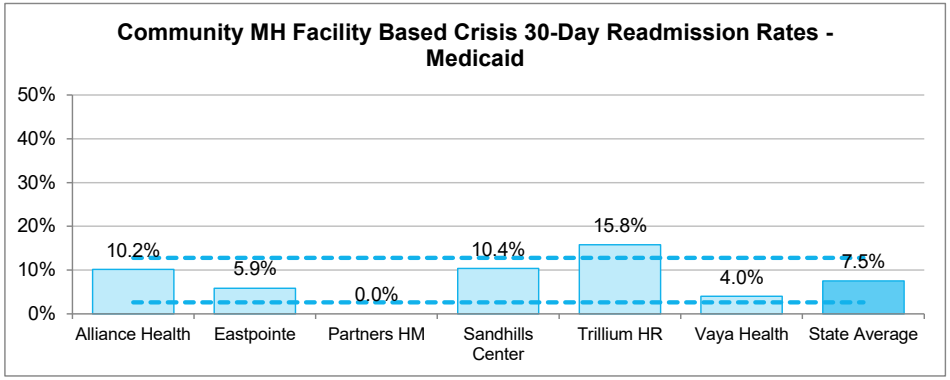
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

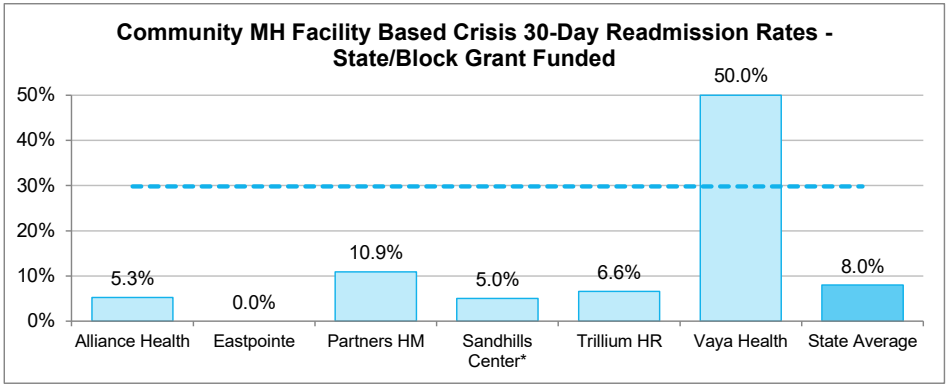
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	6	59	10.2%
Eastpointe	1	17	5.9%
Partners Health Management	0	44	0.0%
Sandhills Center	5	48	10.4%
Trillium Health Resources	3	19	15.8%
Vaya Health	1	25	4.0%
State Average	16	212	7.5%
Standard Deviation			5.1%
LME-MCO Average			7.7%



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	57	5.3%
Eastpointe	0	3	0.0%
Partners Health Management	6	55	10.9%
Sandhills Center	1	20	5.0%
Trillium Health Resources	4	61	6.6%
Vaya Health	2	4	50.0%
State Average	16	200	8.0%
Standard Deviation			16.9%
LME-MCO Average			13.0%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

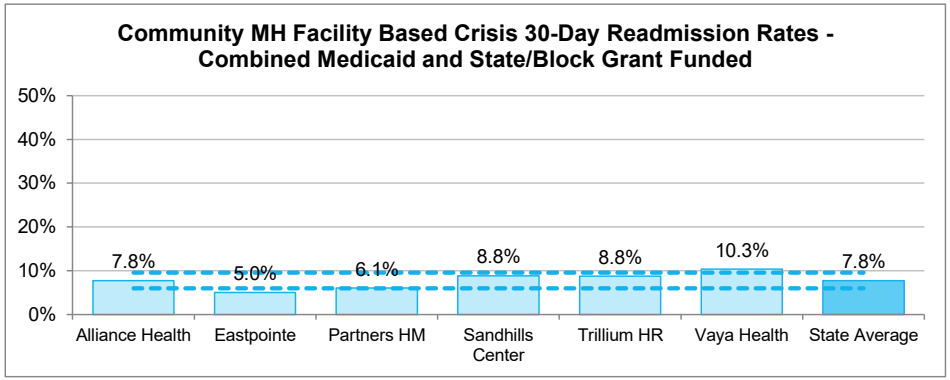
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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	9	116	7.8%
Eastpointe	1	20	5.0%
Partners Health Management	6	99	6.1%
Sandhills Center	6	68	8.8%
Trillium Health Resources	7	80	8.8%
Vaya Health	3	29	10.3%
State Average	32	412	7.8%
Standard Deviation			1.8%
LME-MCO Average			7.8%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

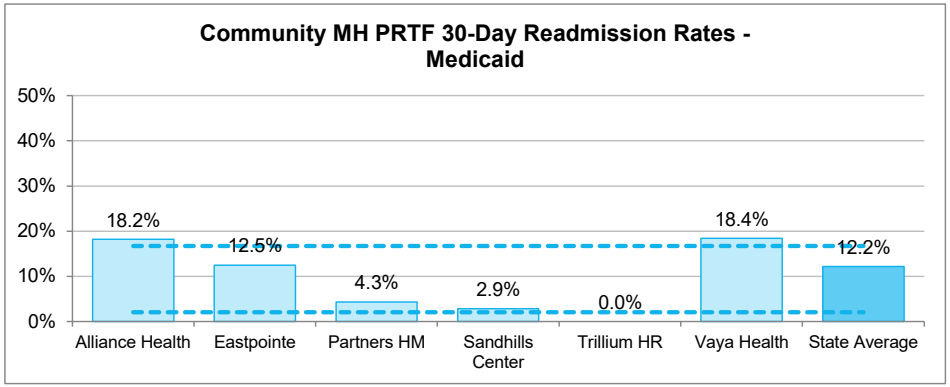
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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.

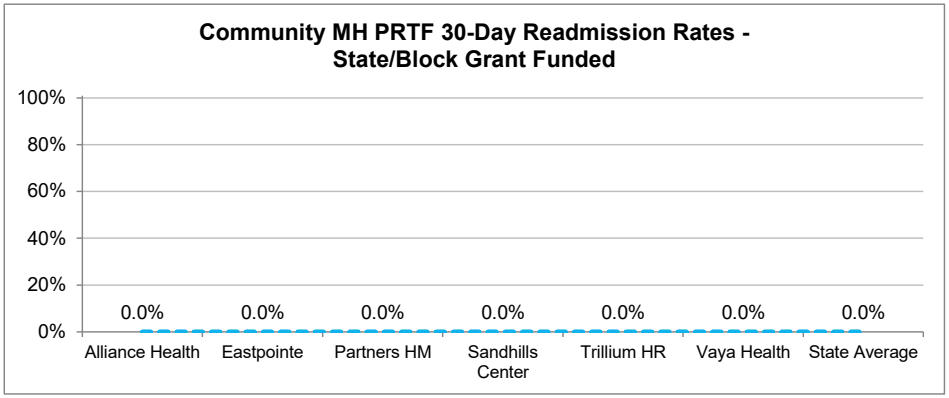
Medicaid Funded

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	8	44	18.2%
Eastpointe	1	8	12.5%
Partners Health Management	2	46	4.3%
Sandhills Center	1	35	2.9%
Trillium Health Resources	0	19	0.0%
Vaya Health	19	103	18.4%
State Average	31	255	12.2%
Standard Deviation			7.4%
LME-MCO Average			9.4%



State/Block Grant Funded

Alliance Health	0	0	
Eastpointe	0	1	0.0%
Partners Health Management	0	0	
Sandhills Center	0	0	
Trillium Health Resources	0	0	
Vaya Health	0	0	
State Average	0	1	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

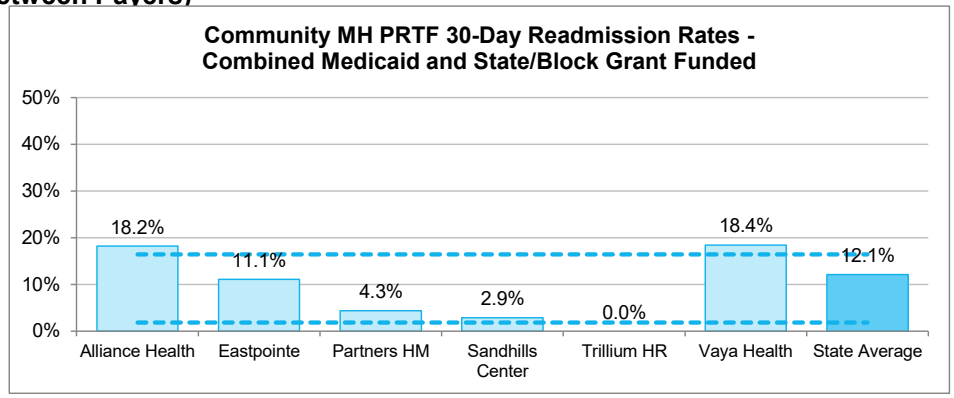
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

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)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	8	44	18.2%
Eastpointe	1	9	11.1%
Partners Health Management	2	46	4.3%
Sandhills Center	1	35	2.9%
Trillium Health Resources	0	19	0.0%
Vaya Health	19	103	18.4%
State Average	31	256	12.1%
Standard Deviation			7.3%
LME-MCO Average			9.2%



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

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**180-Day Readmission Measurement Period:**	Apr - Jun 2023

CRISIS AND INPATIENT SERVICES

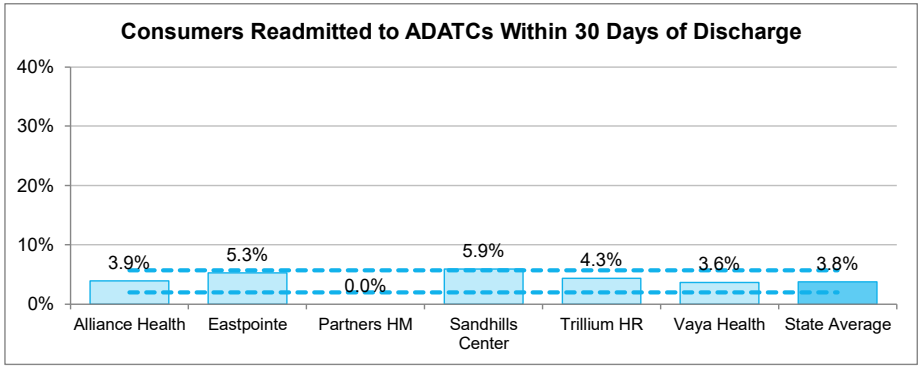
5.8 State ADATC Readmissions within 30 Days and 180 Days

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.

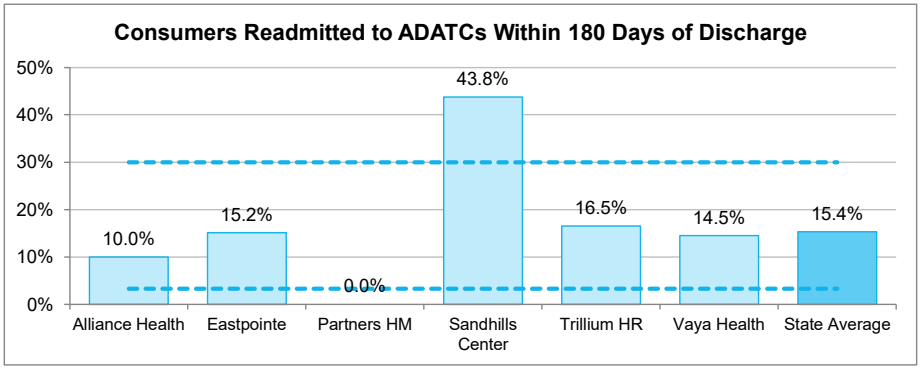
Readmitted within 30 Days (Discharges Jul - Sep 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	2	51	3.9%
Eastpointe	1	19	5.3%
Partners Health Management	0	32	0.0%
Sandhills Center	1	17	5.9%
Trillium Health Resources	5	115	4.3%
Vaya Health	5	137	3.6%
State Average	14	371	3.8%
Standard Deviation			1.9%
LME-MCO Average			3.8%



Readmitted within 180 Days (Discharges Apr - Jun 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	2	20	10.0%
Eastpointe	5	33	15.2%
Partners Health Management	0	24	0.0%
Sandhills Center	7	16	43.8%
Trillium Health Resources	21	127	16.5%
Vaya Health	20	138	14.5%
State Average	55	358	15.4%
Standard Deviation			13.3%
LME-MCO Average			16.7%



Data Source: State ADATC data in CDW as of 1/24/24. 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.

CRISIS AND INPATIENT SERVICES

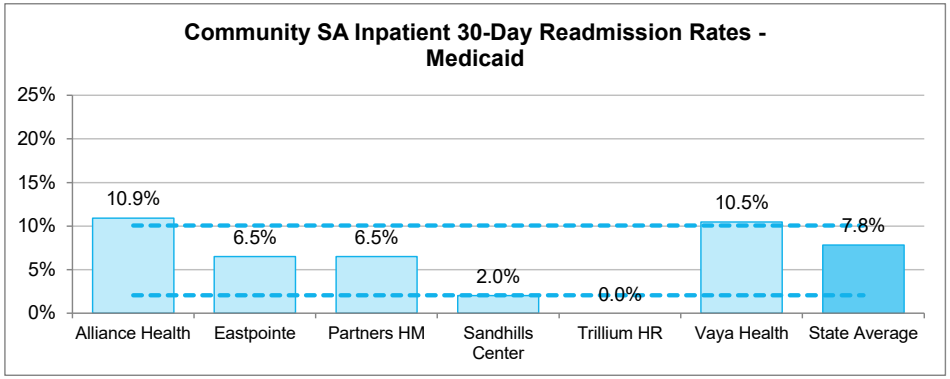
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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.

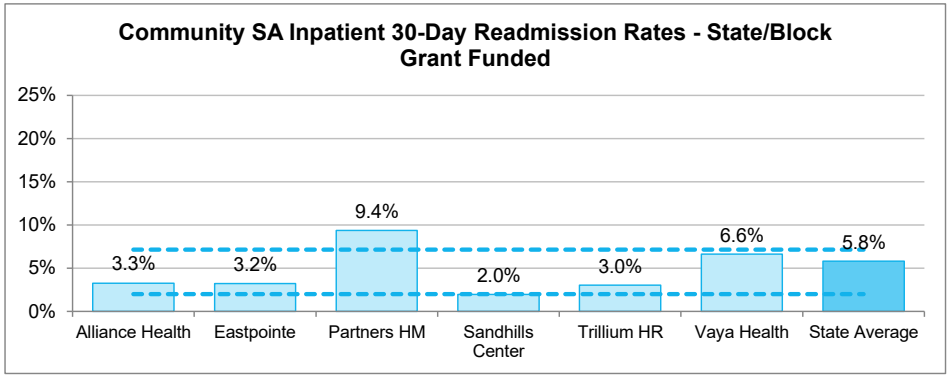
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	12	110	10.9%
Eastpointe	10	154	6.5%
Partners Health Management	5	77	6.5%
Sandhills Center	1	49	2.0%
Trillium Health Resources	0	25	0.0%
Vaya Health	18	172	10.5%
State Average	46	587	7.8%
Standard Deviation			4.0%
LME-MCO Average			6.1%



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	2	61	3.3%
Eastpointe	3	93	3.2%
Partners Health Management	15	160	9.4%
Sandhills Center	1	51	2.0%
Trillium Health Resources	1	33	3.0%
Vaya Health	9	136	6.6%
State Average	31	534	5.8%
Standard Deviation			2.6%
LME-MCO Average			4.6%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

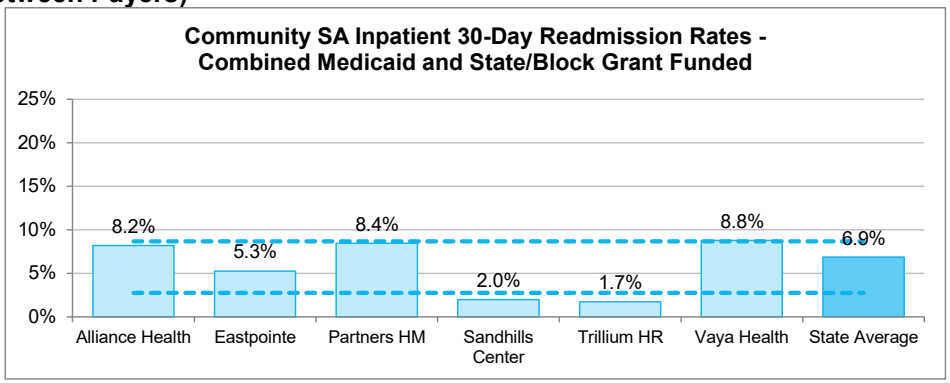
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

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	14	171	8.2%
Eastpointe	13	247	5.3%
Partners Health Management	20	237	8.4%
Sandhills Center	2	100	2.0%
Trillium Health Resources	1	58	1.7%
Vaya Health	27	308	8.8%
State Average	77	1,121	6.9%
Standard Deviation			3.0%
LME-MCO Average			5.7%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

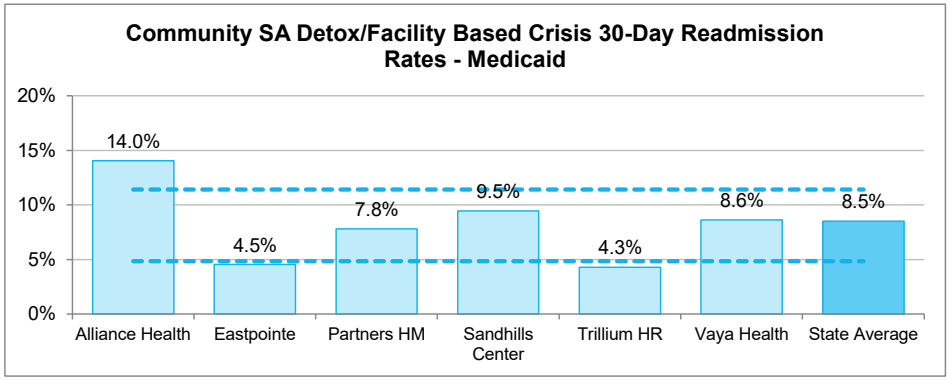
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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.

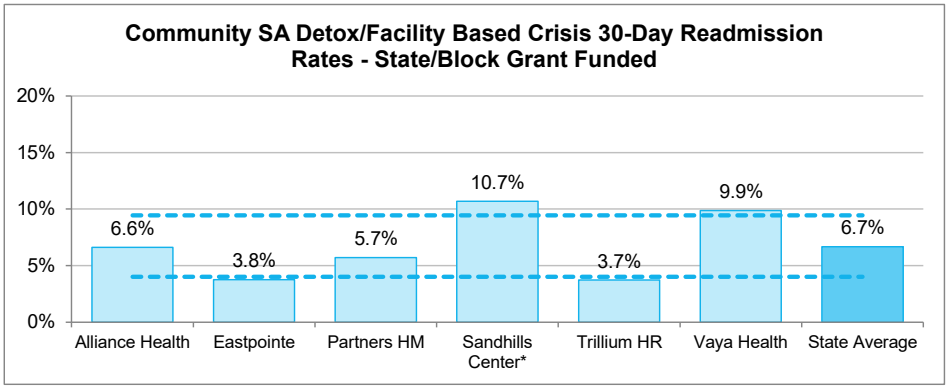
Medicaid Funded

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	17	121	14.0%
Eastpointe	3	66	4.5%
Partners Health Management	11	141	7.8%
Sandhills Center	7	74	9.5%
Trillium Health Resources	4	93	4.3%
Vaya Health	15	174	8.6%
State Average	57	669	8.5%
Standard Deviation			3.3%
LME-MCO Average			8.1%



State/Block Grant Funded

Alliance Health	24	362	6.6%
Eastpointe	3	80	3.8%
Partners Health Management	32	561	5.7%
Sandhills Center	25	234	10.7%
Trillium Health Resources	15	402	3.7%
Vaya Health	32	324	9.9%
State Average	131	1,963	6.7%
Standard Deviation			2.7%
LME-MCO Average			6.7%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CRISIS AND INPATIENT SERVICES

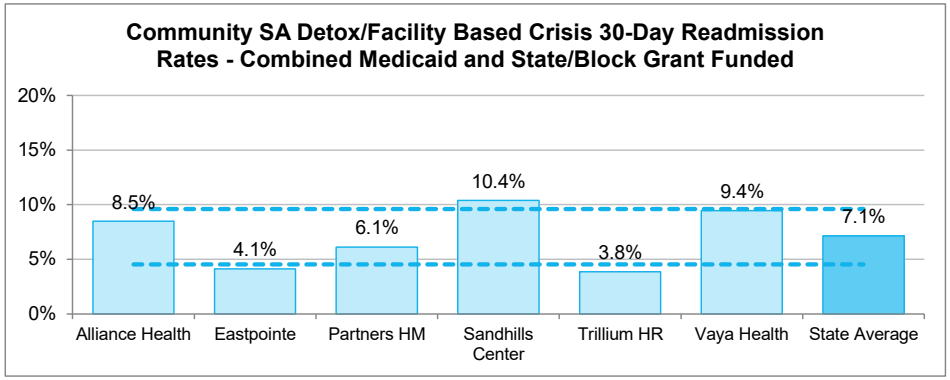
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

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	41	483	8.5%
Eastpointe	6	146	4.1%
Partners Health Management	43	702	6.1%
Sandhills Center	32	308	10.4%
Trillium Health Resources	19	494	3.8%
Vaya Health	47	498	9.4%
State Average	188	2,631	7.1%
Standard Deviation			2.5%
LME-MCO Average			7.1%



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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

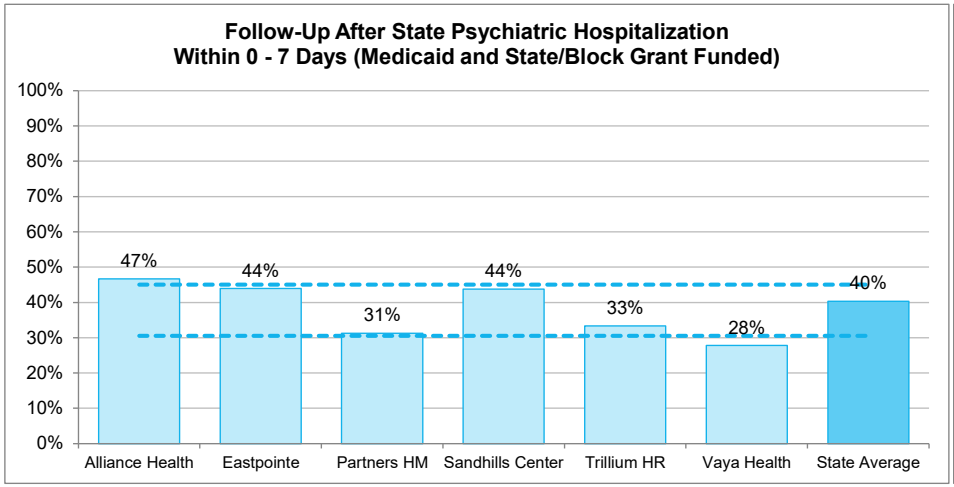
6.1 Follow-Up After Discharge: State Psychiatric Hospitals

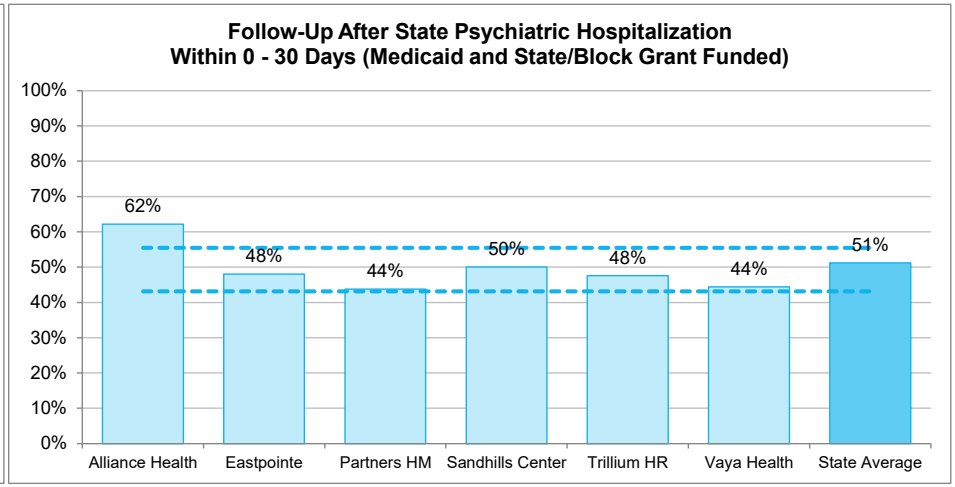
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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	21	7	3	14	45	47%	16%	7%	31%
Eastpointe	22	2	5	21	50	44%	4%	10%	42%
Partners Health Management	5	2	3	6	16	31%	13%	19%	38%
Sandhills Center	7	1	6	2	16	44%	6%	38%	13%
Trillium Health Resources	7	3	3	8	21	33%	14%	14%	38%
Vaya Health	5	3	1	9	18	28%	17%	6%	50%
State Average	67	18	21	60	166	40%	11%	13%	36%
Standard Deviation						7.3%			
LME-MCO Average						38%			

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

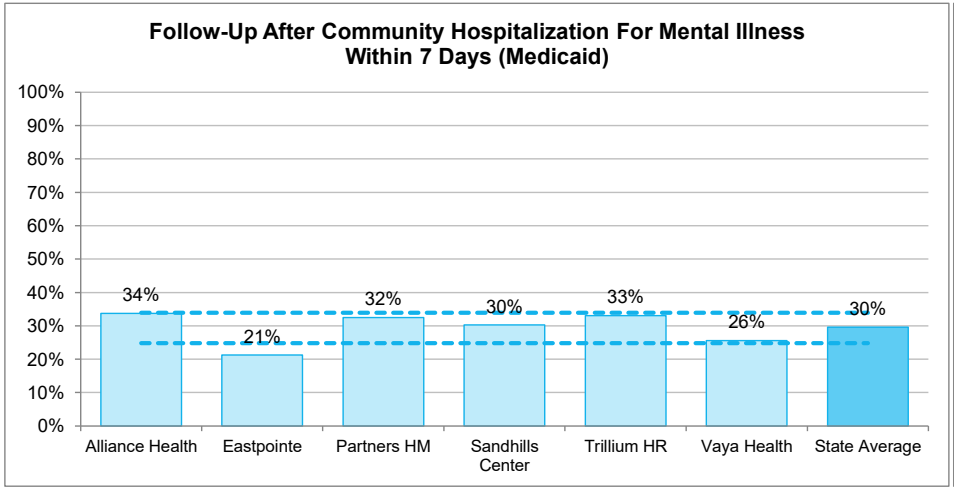
6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

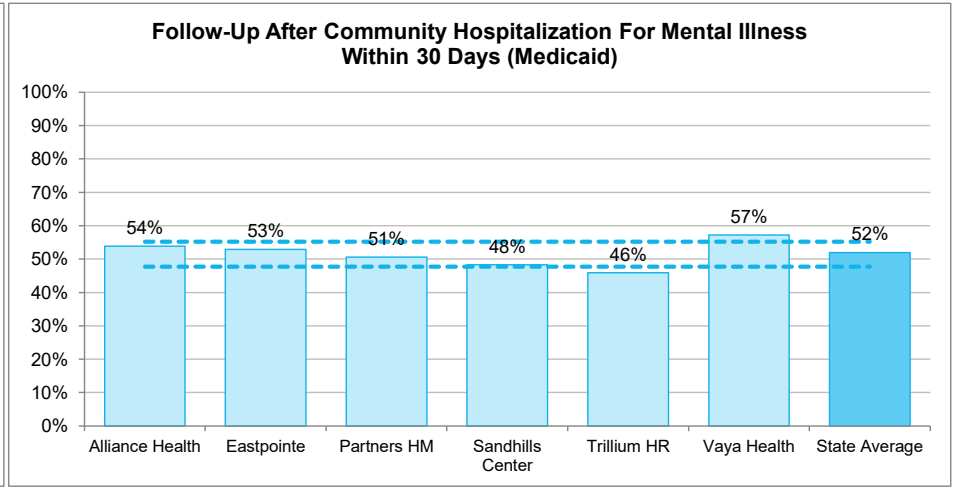
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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	264	421	137	224	782	34%	54%	18%	29%
Eastpointe	106	264	128	107	499	21%	53%	26%	21%
Partners Health Management	206	321	109	204	634	32%	51%	17%	32%
Sandhills Center	117	187	60	140	387	30%	48%	16%	36%
Trillium Health Resources	183	254	85	214	553	33%	46%	15%	39%
Vaya Health	185	414	109	200	723	26%	57%	15%	28%
State Average	1,061	1,861	628	1,089	3,578	30%	52%	18%	30%
Standard Deviation						4.5%	3.7%		
LME-MCO Average						29%	51%	18%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

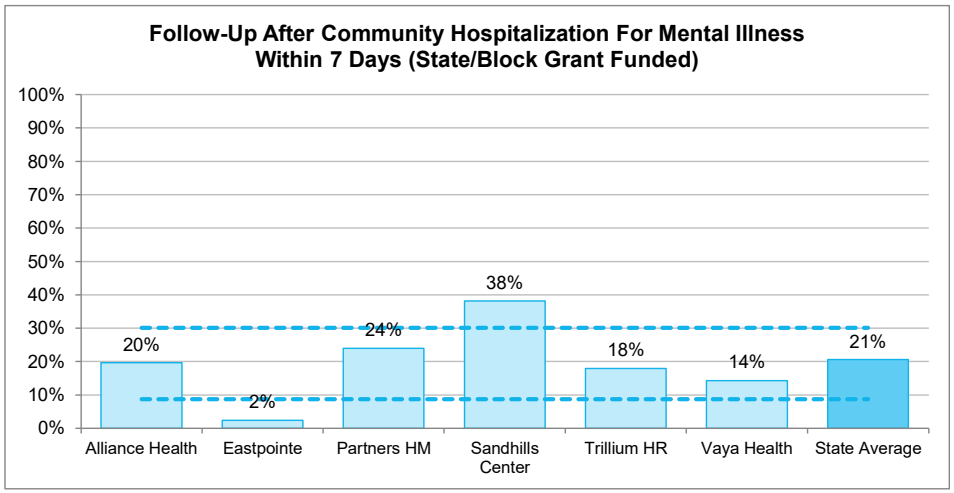
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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.

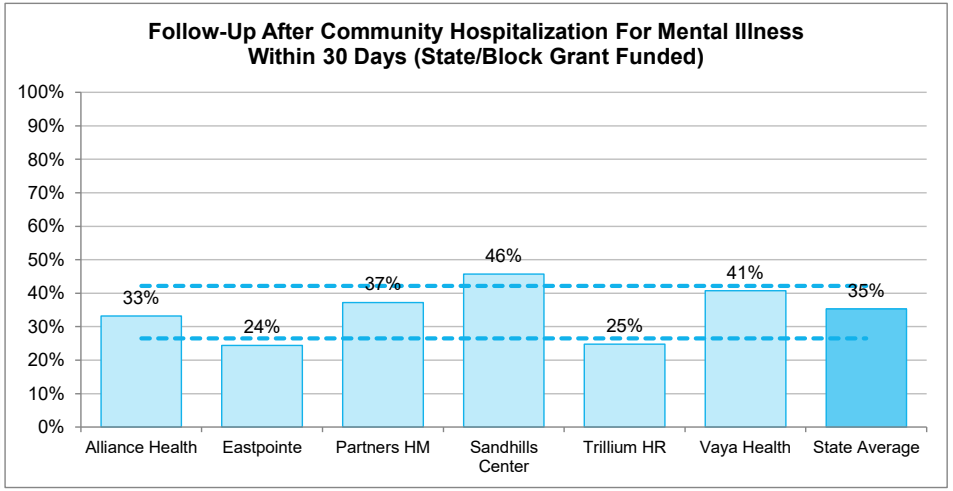
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (State/Federal Block Grant 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	94	159	45	275	479	20%	33%	9%	57%
Eastpointe	2	20	22	40	82	2%	24%	27%	49%
Partners Health Management	106	165	19	259	443	24%	37%	4%	58%
Sandhills Center	66	79	12	82	173	38%	46%	7%	47%
Trillium Health Resources	42	58	11	165	234	18%	25%	5%	71%
Vaya Health	45	128	27	159	314	14%	41%	9%	51%
State Average	355	609	136	980	1,725	21%	35%	8%	57%
Standard Deviation						10.7%	7.8%		
LME-MCO Average						19%	34%	10%	56%

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

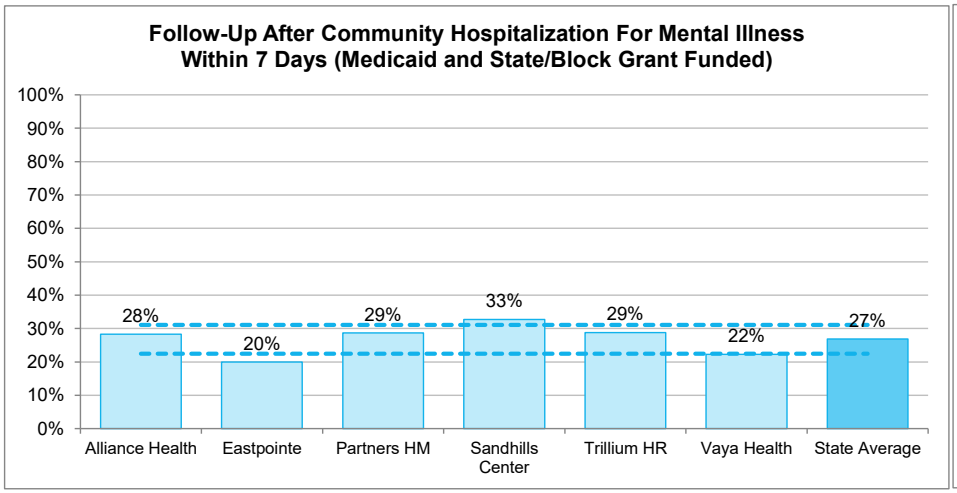
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge 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.

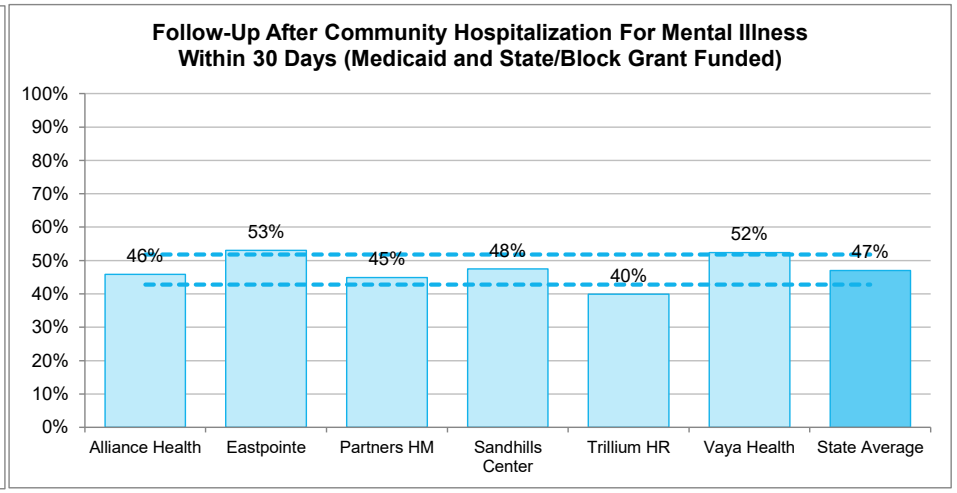
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	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***
Alliance Health	361	585	183	509	1,277	28%	46%	14%	40%
Eastpointe	110	292	150	108	550	20%	53%	27%	20%
Partners Health Management	319	500	134	479	1,113	29%	45%	12%	43%
Sandhills Center	183	266	72	222	560	33%	48%	13%	40%
Trillium Health Resources	226	314	103	369	786	29%	40%	13%	47%
Vaya Health	233	549	136	364	1,049	22%	52%	13%	35%
State Average	1,432	2,506	778	2,051	5,335	27%	47%	15%	38%
Standard Deviation						4.3%	4.5%		
LME-MCO Average						27%	47%	15%	37%

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

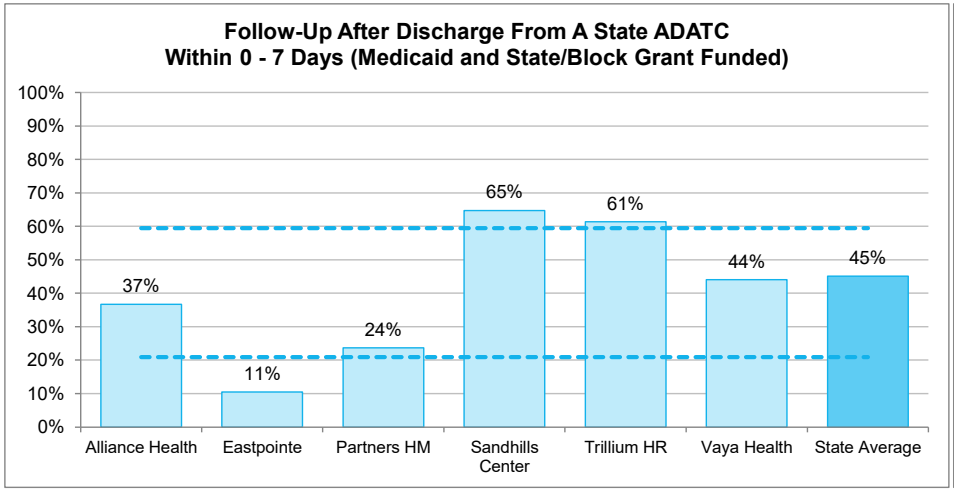
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge 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.

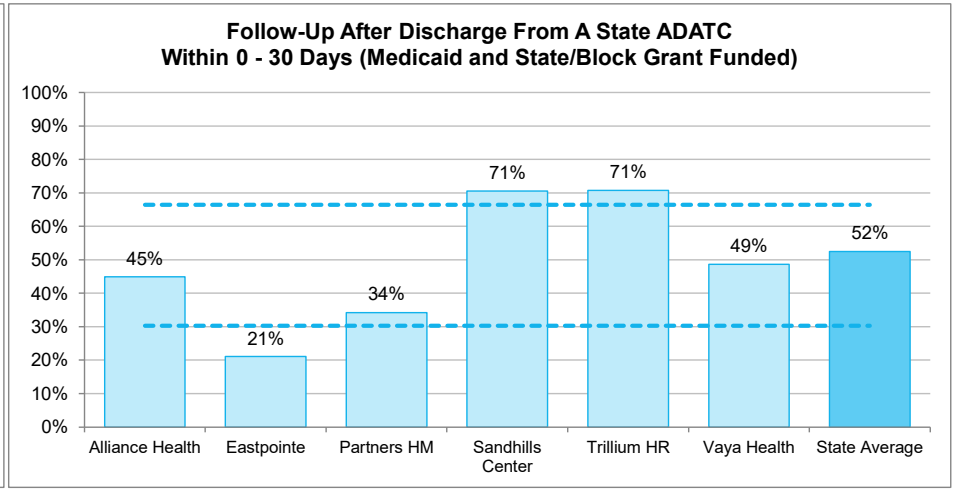
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

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	18	4	2	25	49	37%	8%	4%	51%
Eastpointe	2	2	3	12	19	11%	11%	16%	63%
Partners Health Management	9	4	6	19	38	24%	11%	16%	50%
Sandhills Center	11	1	0	5	17	65%	6%	0%	29%
Trillium Health Resources	65	10	7	24	106	61%	9%	7%	23%
Vaya Health	67	7	14	64	152	44%	5%	9%	42%
State Average	172	28	32	149	381	45%	7%	8%	39%
Standard Deviation						19.3%			
LME-MCO Average						40%			

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





CONTINUITY OF CARE

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

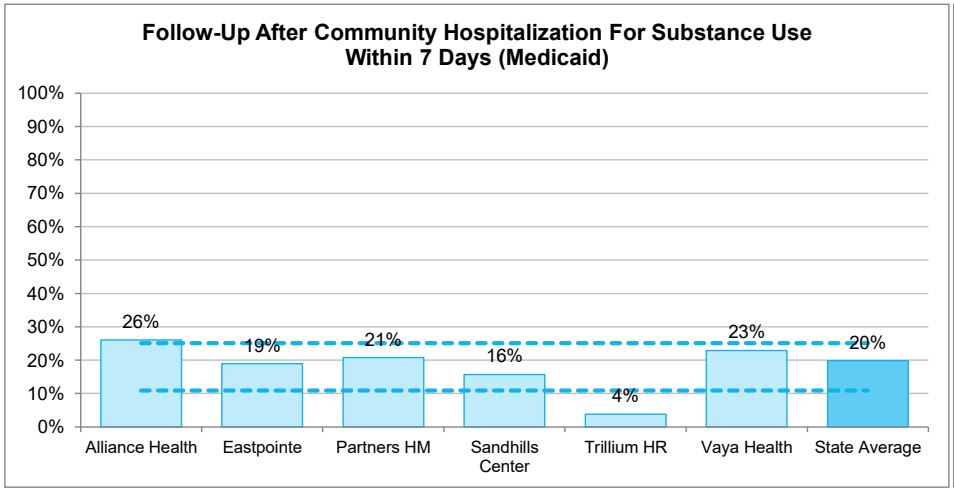
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

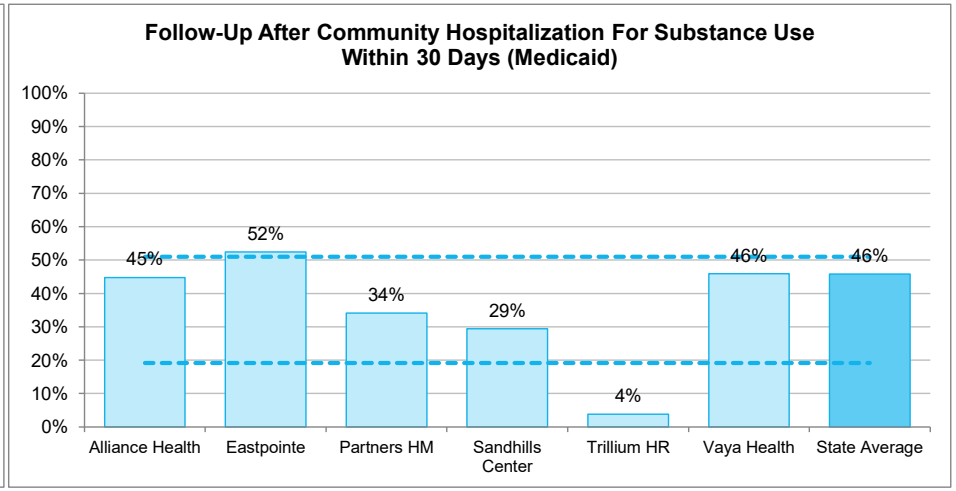
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization (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	25	43	14	39	96	26%	45%	15%	41%
Eastpointe	86	238	120	96	454	19%	52%	26%	21%
Partners Health Management	17	28	16	38	82	21%	34%	20%	46%
Sandhills Center	8	15	7	29	51	16%	29%	14%	57%
Trillium Health Resources	1	1	2	23	26	4%	4%	8%	88%
Vaya Health	25	50	9	50	109	23%	46%	8%	46%
State Average	162	375	168	275	818	20%	46%	21%	34%
Standard Deviation						7.1%	15.9%		
LME-MCO Average						18%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

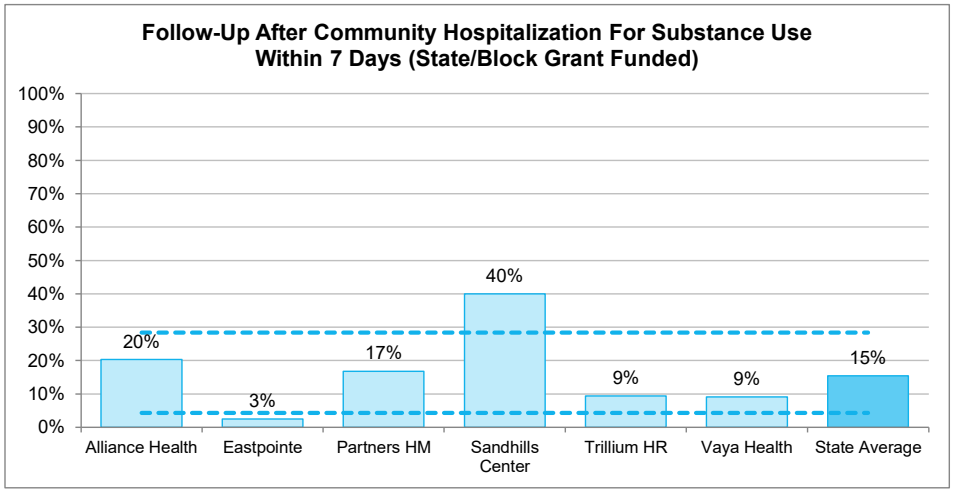
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

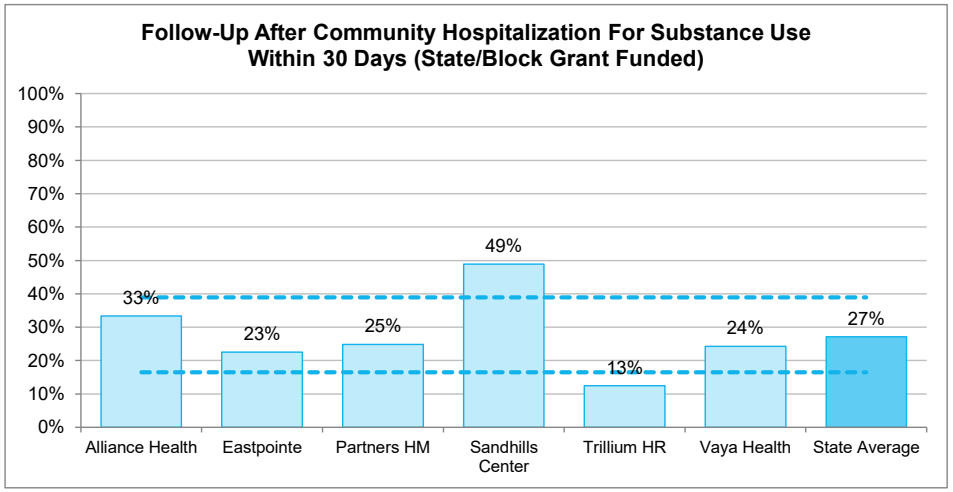
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization (State/Federal Block Grant 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	14	23	11	35	69	20%	33%	16%	51%
Eastpointe	2	18	22	40	80	3%	23%	28%	50%
Partners Health Management	27	40	19	102	161	17%	25%	12%	63%
Sandhills Center	18	22	0	23	45	40%	49%	0%	51%
Trillium Health Resources	3	4	2	26	32	9%	13%	6%	81%
Vaya Health	6	16	8	42	66	9%	24%	12%	64%
State Average	70	123	62	268	453	15%	27%	14%	59%
Standard Deviation						12.0%	11.2%		
LME-MCO Average						16%	28%		

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

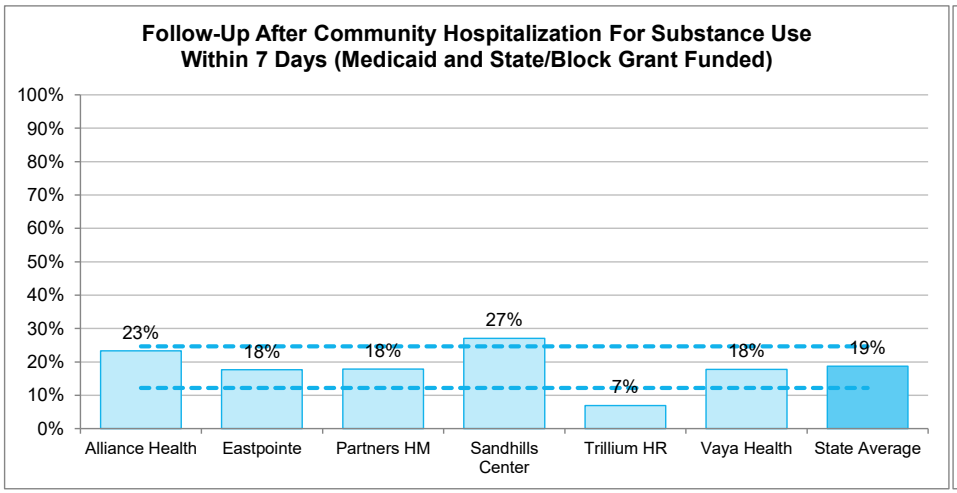
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

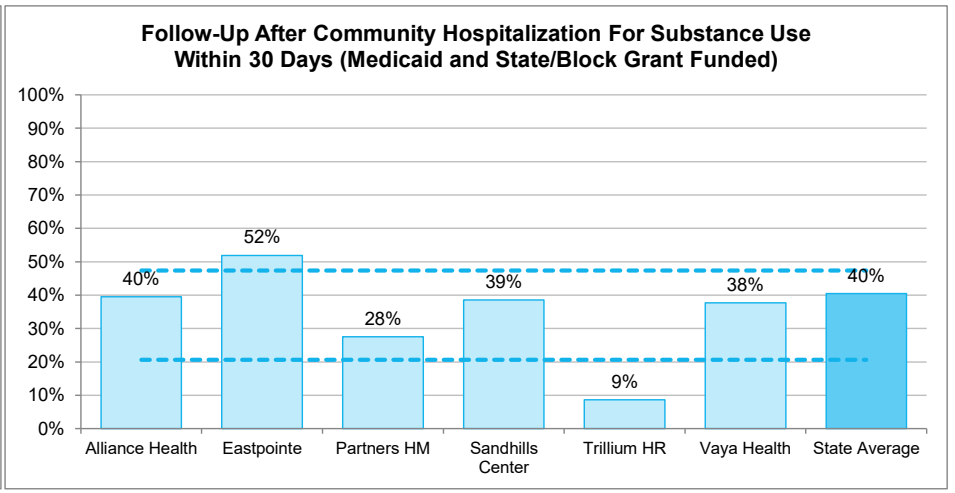
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	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***
Alliance Health	39	66	25	76	167	23%	40%	15%	46%
Eastpointe	90	264	142	103	509	18%	52%	28%	20%
Partners Health Management	44	68	35	144	247	18%	28%	14%	58%
Sandhills Center	26	37	7	52	96	27%	39%	7%	54%
Trillium Health Resources	4	5	6	47	58	7%	9%	10%	81%
Vaya Health	31	66	17	92	175	18%	38%	10%	53%
State Average	234	506	232	514	1,252	19%	40%	19%	41%
Standard Deviation						6.2%	13.4%		
LME-MCO Average						18%	34%		

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

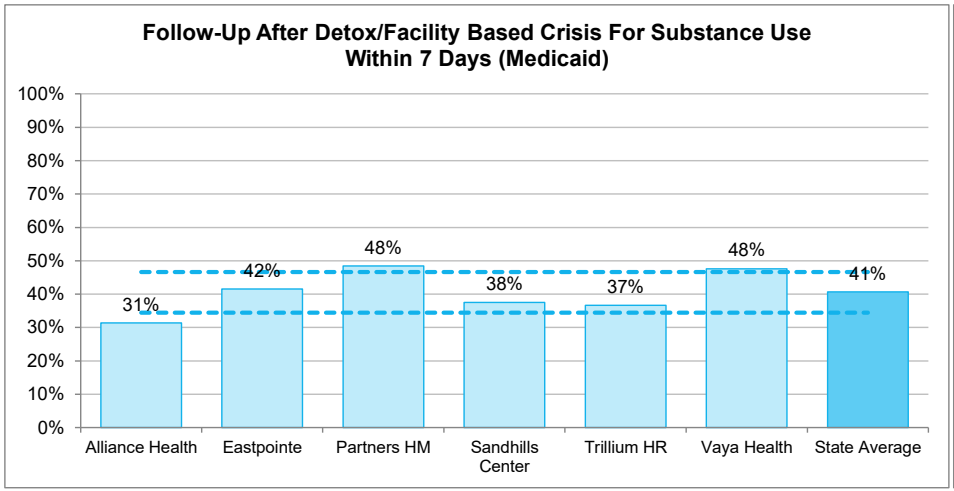
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

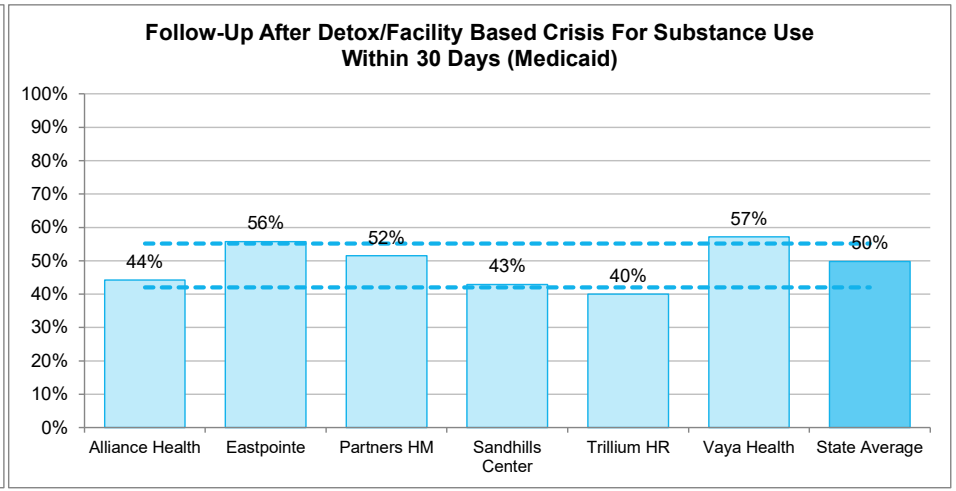
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days 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	27	38	16	32	86	31%	44%	19%	37%
Eastpointe	76	102	40	41	183	42%	56%	22%	22%
Partners Health Management	47	50	17	30	97	48%	52%	18%	31%
Sandhills Center	21	24	9	23	56	38%	43%	16%	41%
Trillium Health Resources	33	36	8	46	90	37%	40%	9%	51%
Vaya Health	30	36	4	23	63	48%	57%	6%	37%
State Average	234	286	94	195	575	41%	50%	16%	34%
Standard Deviation						6.1%	6.6%		
LME-MCO Average						41%	49%		

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

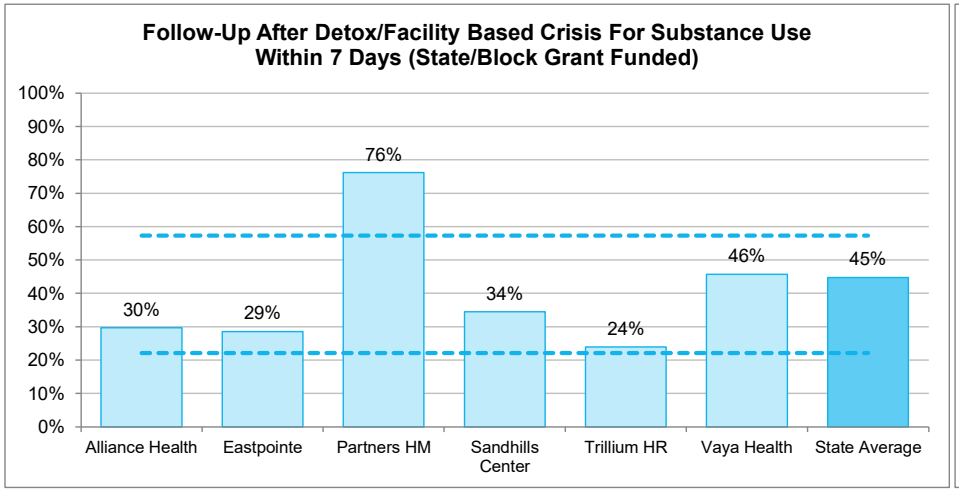
6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

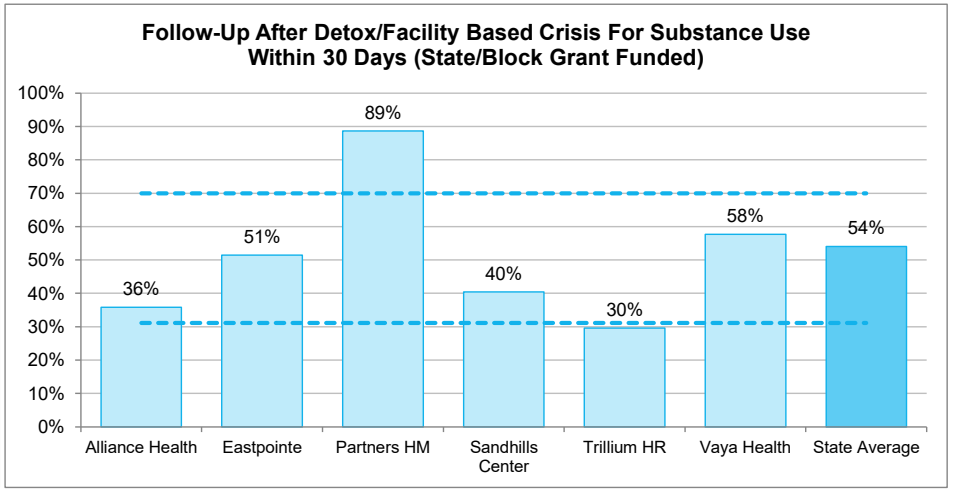
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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	92	111	37	162	310	30%	36%	12%	52%
Eastpointe	20	36	14	20	70	29%	51%	20%	29%
Partners Health Management	383	446	12	45	503	76%	89%	2%	9%
Sandhills Center	70	82	14	107	203	34%	40%	7%	53%
Trillium Health Resources	92	114	27	244	385	24%	30%	7%	63%
Vaya Health	80	101	10	64	175	46%	58%	6%	37%
State Average	737	890	114	642	1,646	45%	54%	7%	39%
Standard Deviation						17.6%	19.4%		
LME-MCO Average						40%	51%		

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





State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

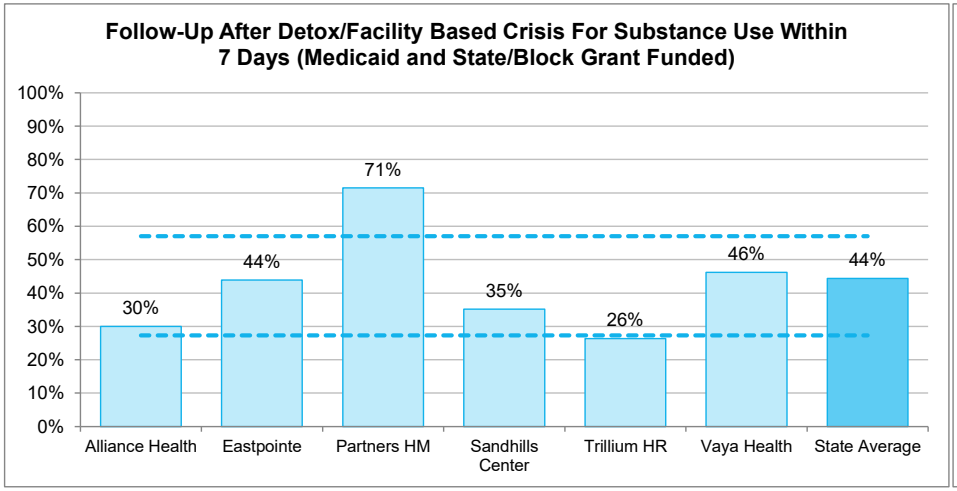
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

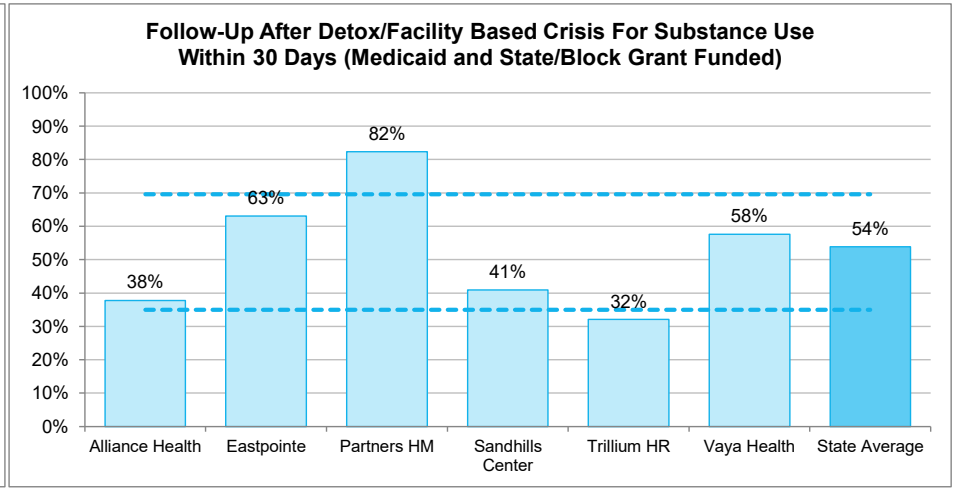
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Detox/Facility Based Crisis Services (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	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***
Alliance Health	120	151	53	196	400	30%	38%	13%	49%
Eastpointe	96	138	54	27	219	44%	63%	25%	12%
Partners Health Management	433	499	30	77	606	71%	82%	5%	13%
Sandhills Center	91	106	23	130	259	35%	41%	9%	50%
Trillium Health Resources	125	152	43	279	474	26%	32%	9%	59%
Vaya Health	110	137	14	87	238	46%	58%	6%	37%
State Average	975	1,183	217	796	2,196	44%	54%	10%	36%
Standard Deviation						14.9%	17.3%		
LME-MCO Average						42%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

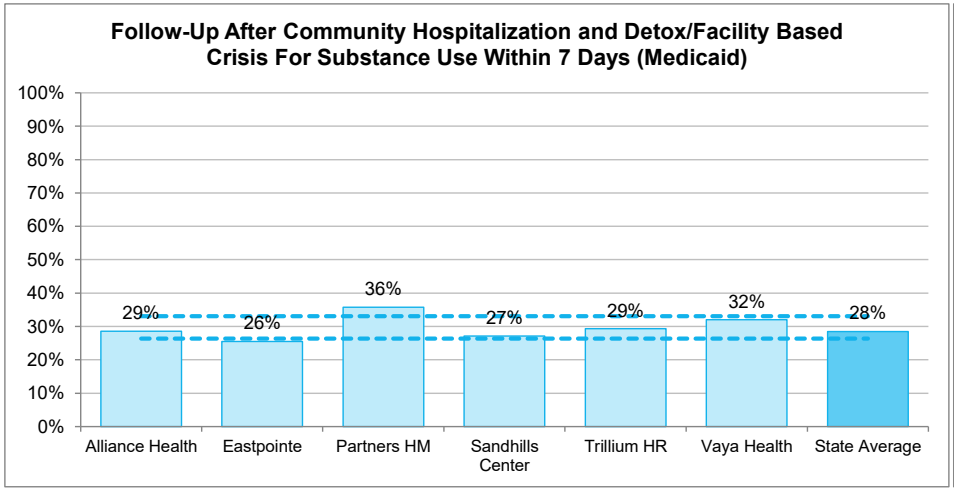
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

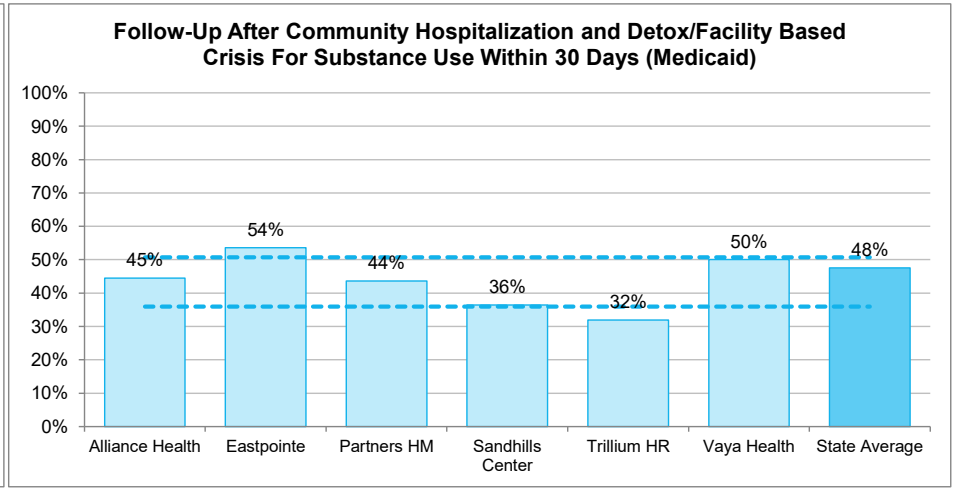
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Medicaid Funded)

	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***
Alliance Health	52	81	30	71	182	29%	45%	16%	39%
Eastpointe	162	340	160	135	635	26%	54%	25%	21%
Partners Health Management	64	78	33	68	179	36%	44%	18%	38%
Sandhills Center	29	39	16	52	107	27%	36%	15%	49%
Trillium Health Resources	34	37	10	69	116	29%	32%	9%	59%
Vaya Health	55	86	13	73	172	32%	50%	8%	42%
State Average	396	661	262	468	1,391	28%	48%	19%	34%
Standard Deviation						3.4%	7.4%		
LME-MCO Average						30%	43%		

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

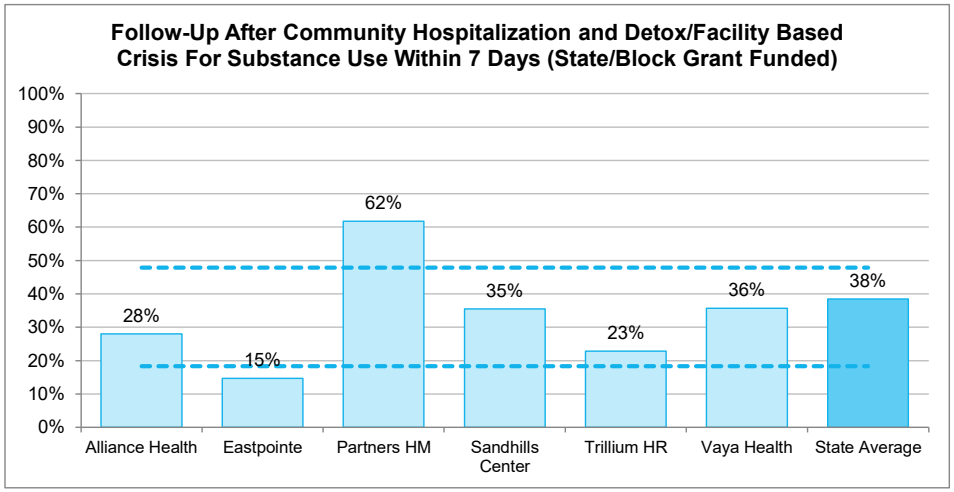
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

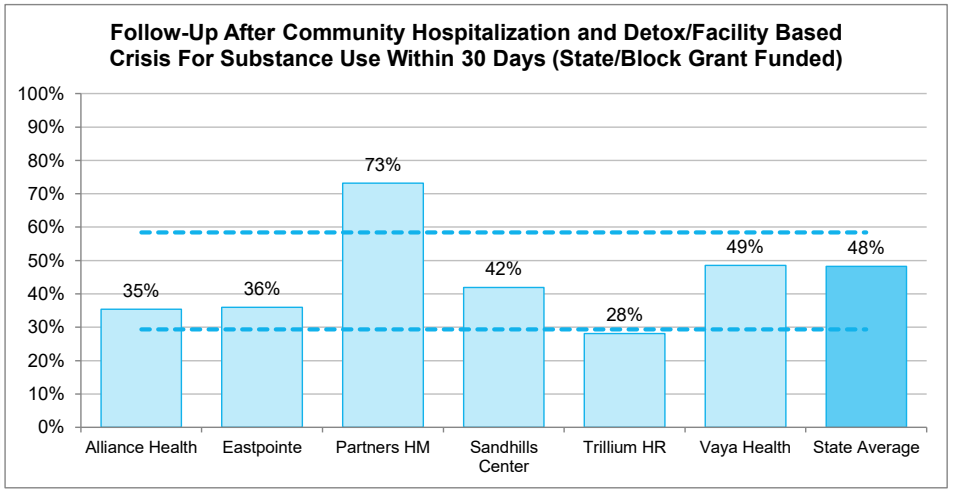
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (State/Federal Block Grant Funded)

	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***
Alliance Health	106	134	48	197	379	28%	35%	13%	52%
Eastpointe	22	54	36	60	150	15%	36%	24%	40%
Partners Health Management	410	486	31	147	664	62%	73%	5%	22%
Sandhills Center	88	104	14	130	248	35%	42%	6%	52%
Trillium Health Resources	94	116	27	269	412	23%	28%	7%	65%
Vaya Health	86	117	18	106	241	36%	49%	7%	44%
State Average	806	1,011	174	909	2,094	38%	48%	8%	43%
Standard Deviation						14.7%	14.5%		
LME-MCO Average						33%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

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

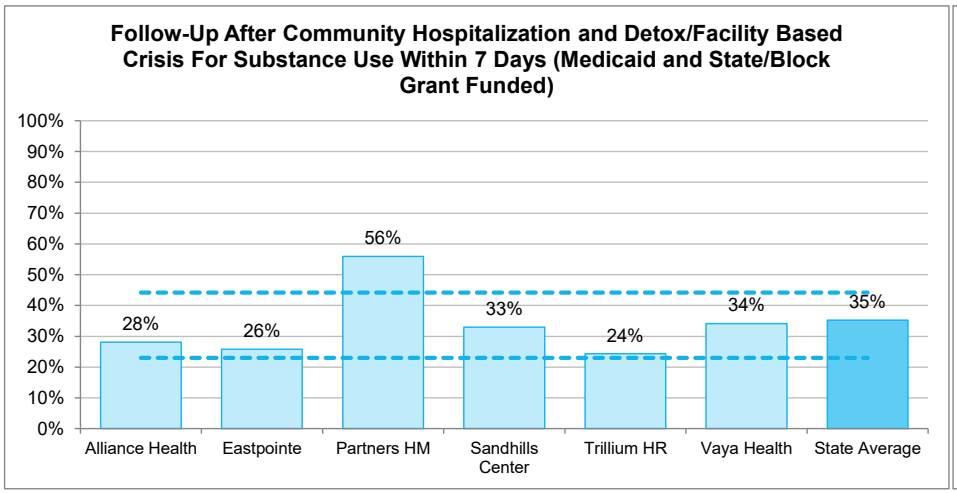
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based 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.

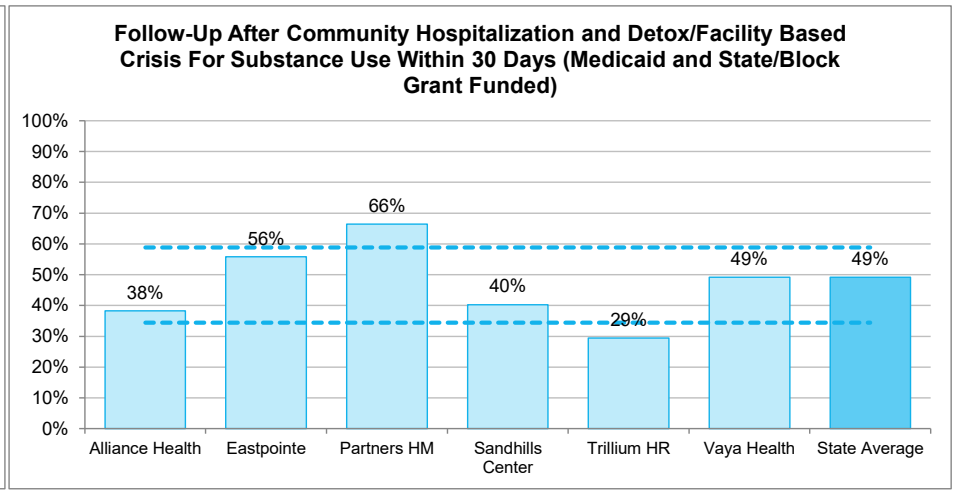
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days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

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Combined Medicaid and State/Block Grant Funded)

	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***
Alliance Health	159	217	78	272	567	28%	38%	13.8%	48.0%
Eastpointe	186	402	196	122	720	26%	56%	27%	17%
Partners Health Management	477	567	65	221	853	56%	66%	8%	26%
Sandhills Center	117	143	30	182	355	33%	40%	8%	51%
Trillium Health Resources	128	155	47	325	527	24%	29%	9%	62%
Vaya Health	141	203	31	179	413	34%	49%	8%	43%
State Average	1,208	1,687	447	1,301	3,435	35%	49%	13%	38%
Standard Deviation						10.6%	12.2%		
LME-MCO Average						34%	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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

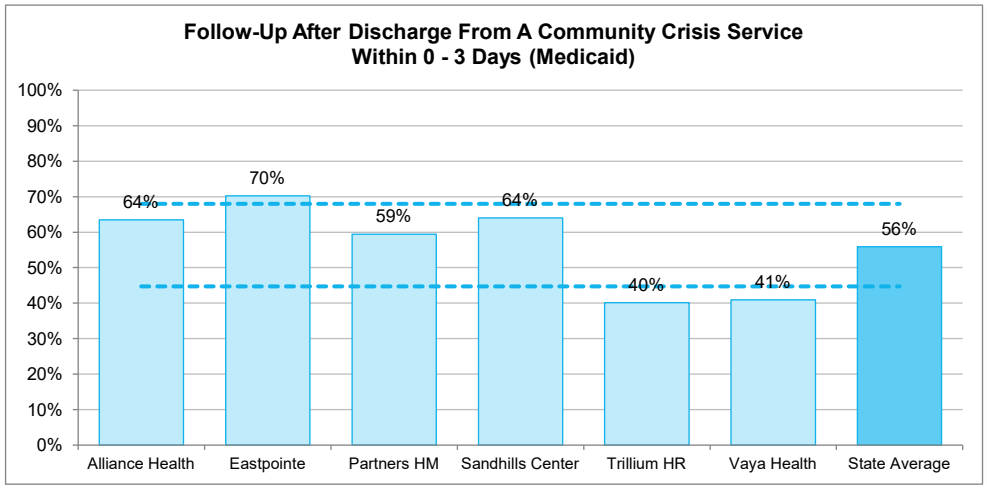
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

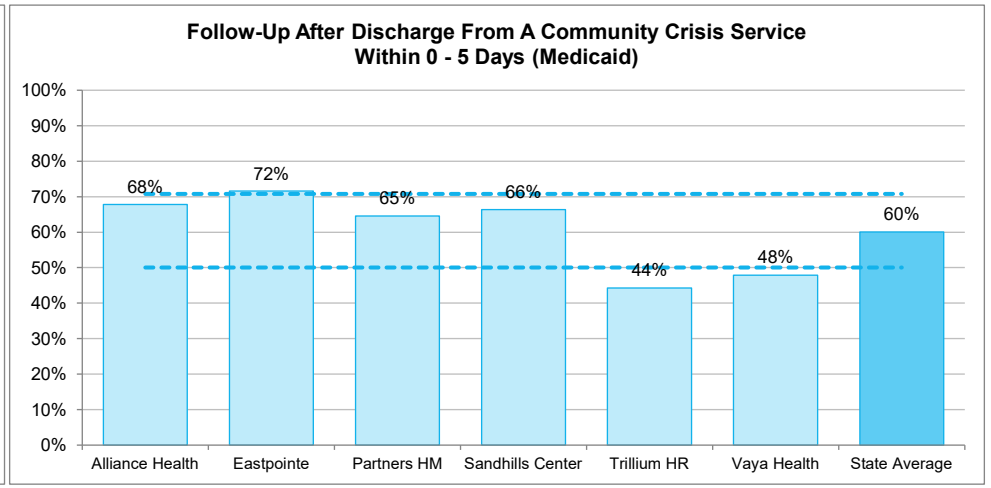
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of 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***
Medicaid Funded											
Alliance Health	2,130	144	287	506	287	3,354	64%	4%	9%	15%	9%
Eastpointe	771	14	15	25	272	1,097	70%	1%	1%	2%	25%
Partners Health Management	208	18	31	58	35	350	59%	5%	9%	17%	10%
Sandhills Center	843	31	87	185	171	1,317	64%	2%	7%	14%	13%
Trillium Health Resources	706	74	179	416	387	1,762	40%	4%	10%	24%	22%
Vaya Health	685	116	239	267	366	1,673	41%	7%	14%	16%	22%
State Average	5,343	397	838	1,457	1,518	9,553	56%	4%	9%	15%	16%
Standard Deviation							11.7%	1.8%			
LME-MCO Average							56%	4%			

* 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:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

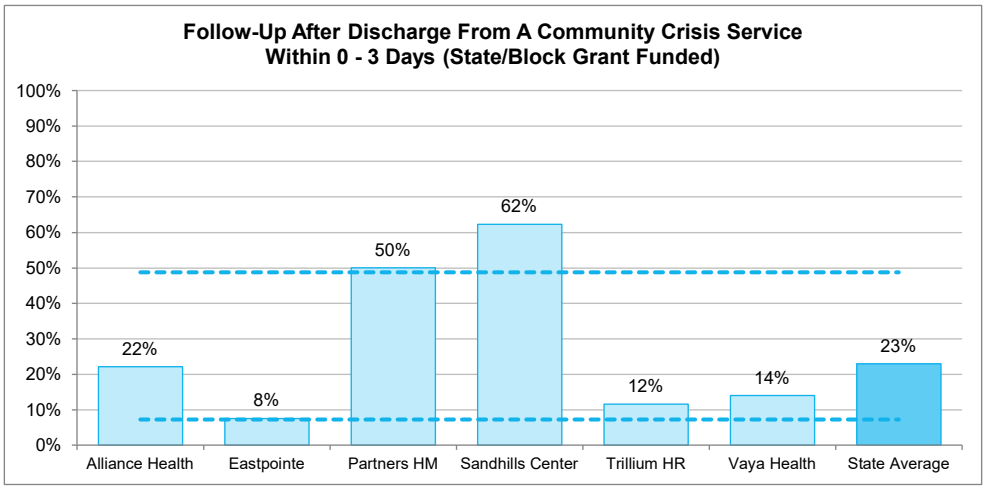
CONTINUITY OF CARE

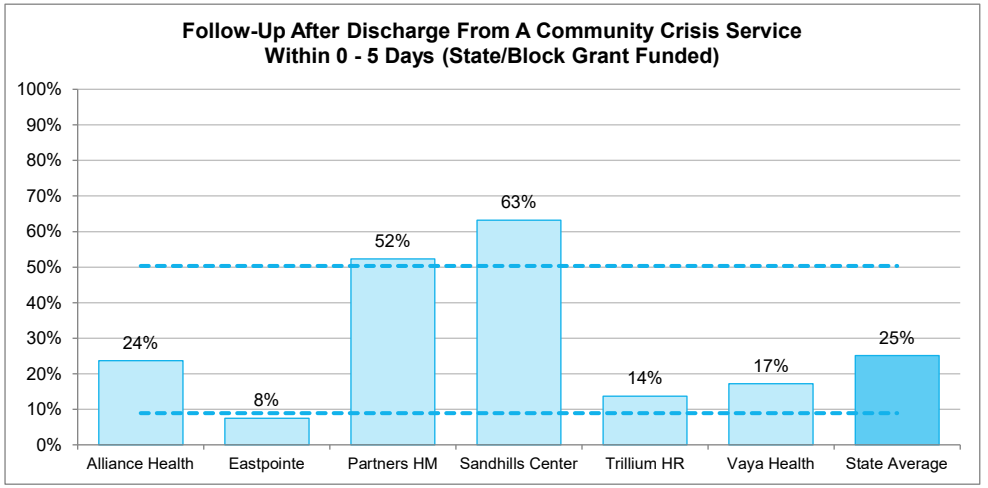
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

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	165	12	51	88	429	745	22%	2%	7%	12%	58%
Eastpointe	16	0	5	5	186	212	8%	0%	2%	2%	88%
Partners Health Management	333	15	32	59	226	665	50%	2%	5%	9%	34%
Sandhills Center	202	3	16	17	86	324	62%	1%	5%	5%	27%
Trillium Health Resources	158	30	73	143	964	1,368	12%	2%	5%	10%	70%
Vaya Health	181	42	115	117	837	1,292	14%	3%	9%	9%	65%
State Average	1,055	102	292	429	2,728	4,606	23%	2%	6%	9%	59%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						20.8%	1.0%			
LME-MCO Average							28%	2%			





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

State Fiscal Year:	2024	**Measurement Period:**	Jul - Sep 2023
Report Quarter:	2nd Quarter	**Based On Claims Paid As Of:**	Jan 31, 2024

CONTINUITY OF CARE

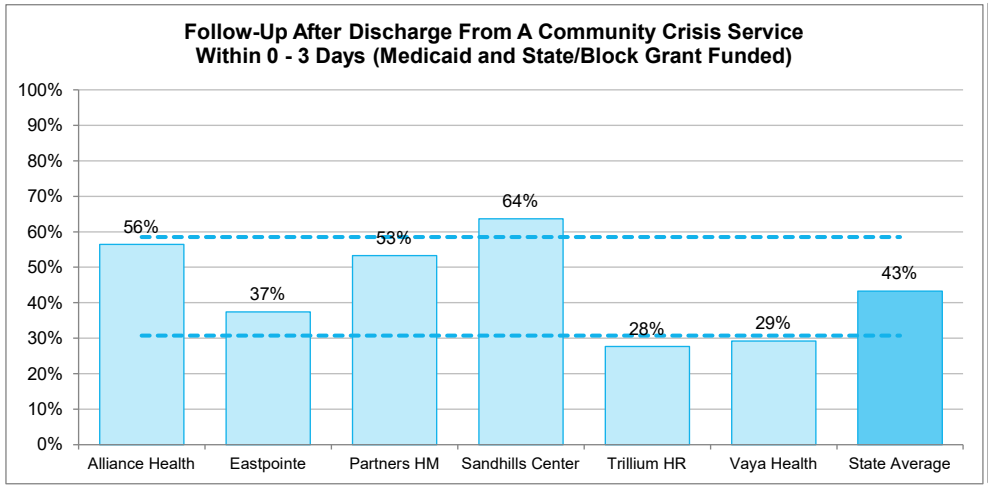
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

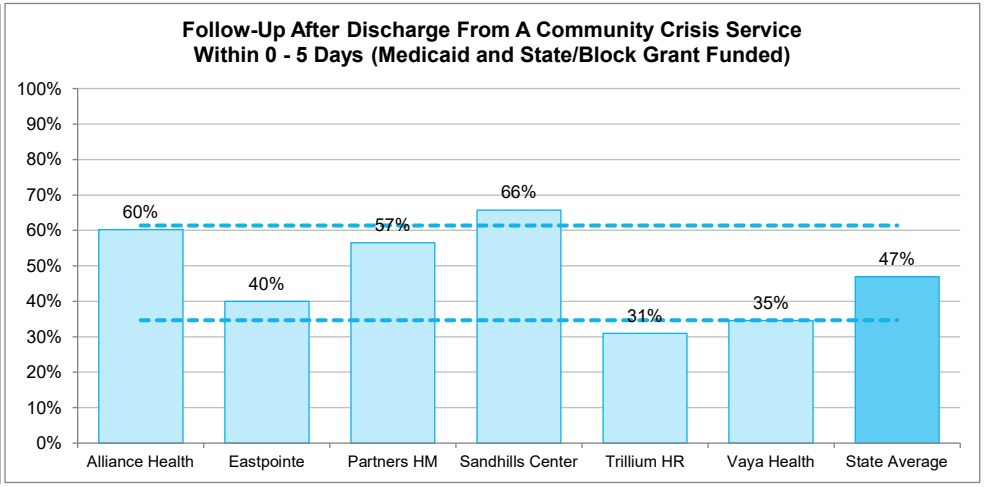
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of 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	2,314	154	329	599	703	4,099	56%	4%	8%	15%	17%
Eastpointe	438	30	34	63	605	1,170	37%	3%	3%	5%	52%
Partners Health Management	541	33	63	117	261	1,015	53%	3%	6%	12%	26%
Sandhills Center	1,045	34	103	202	257	1,641	64%	2%	6%	12%	16%
Trillium Health Resources	864	104	252	558	1,350	3,128	28%	3%	8%	18%	43%
Vaya Health	866	158	354	384	1,203	2,965	29%	5%	12%	13%	41%
State Average	6,068	513	1,135	1,923	4,379	14,018	43%	4%	8%	14%	31%
Standard Deviation							13.9%				
LME-MCO Average							45%	3%			

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





State Fiscal Year: 2024
Report Quarter: 2nd Quarter
Measurement Period: Oct 2022 - Sep 2023

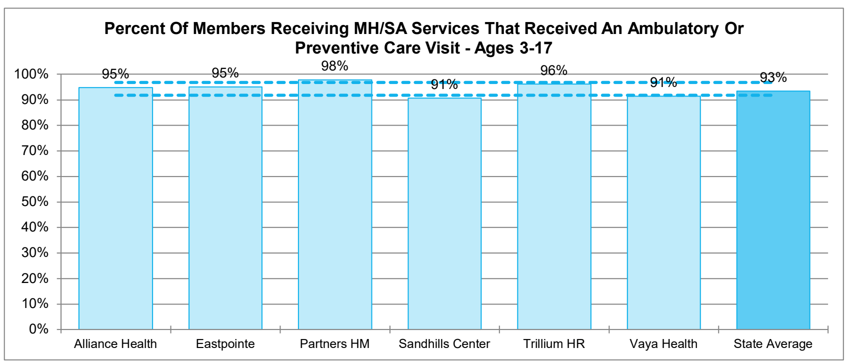
CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

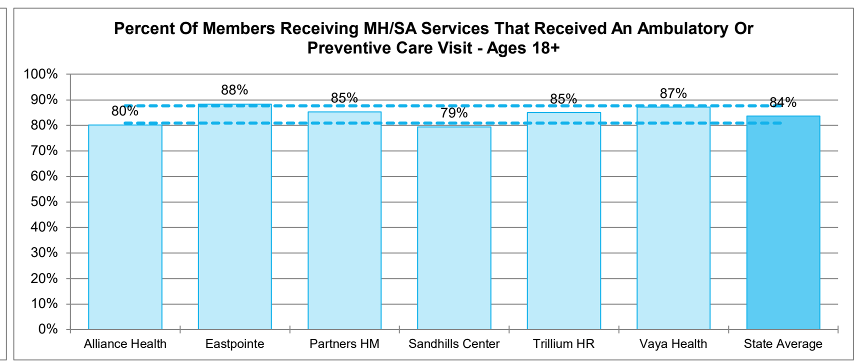
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) 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.

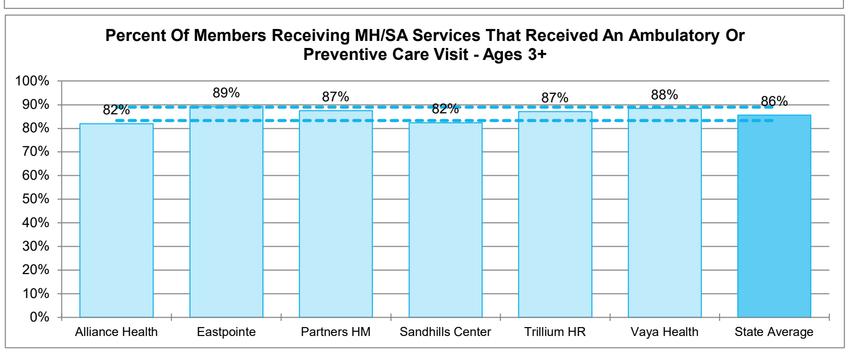
	MH/SA Ages 3-17			MH/SA Ages 18+			MH/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement 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	2,598	2,741	95%	15,326	19,118	80%	17,924	21,859	82%
Eastpointe	1,340	1,409	95%	7,859	8,894	88%	9,199	10,303	89%
Partners Health Management	2,732	2,792	98%	11,595	13,586	85%	14,327	16,378	87%
Sandhills Center	4,827	5,321	91%	11,838	14,919	79%	16,665	20,240	82%
Trillium Health Resources	2,895	3,011	96%	11,404	13,413	85%	14,299	16,424	87%
Vaya Health	5,451	5,963	91%	12,284	14,088	87%	17,735	20,051	88%
Statewide	19,843	21,237	93%	70,306	84,018	84%	90,149	105,255	86%
Standard Deviation			2.5%			3.4%			2.9%
LME-MCO Average			94%			84%			86%



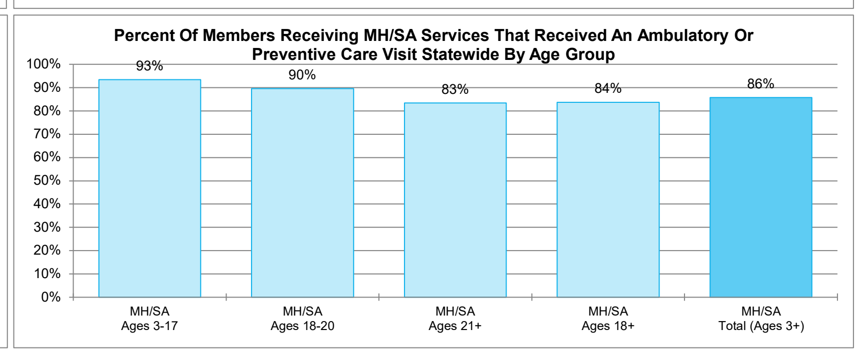
Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3-17



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 18+



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit - Ages 3+



Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit Statewide By Age Group

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 2nd Quarter
Measurement Period: Oct 2022 - Sep 2023

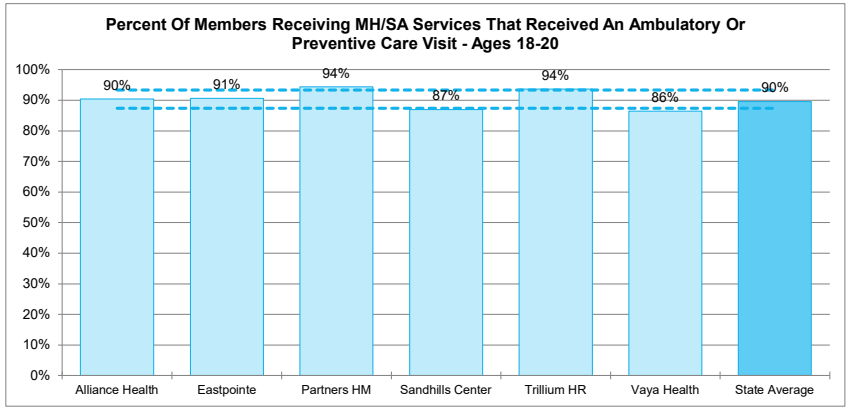
CONTINUITY OF CARE

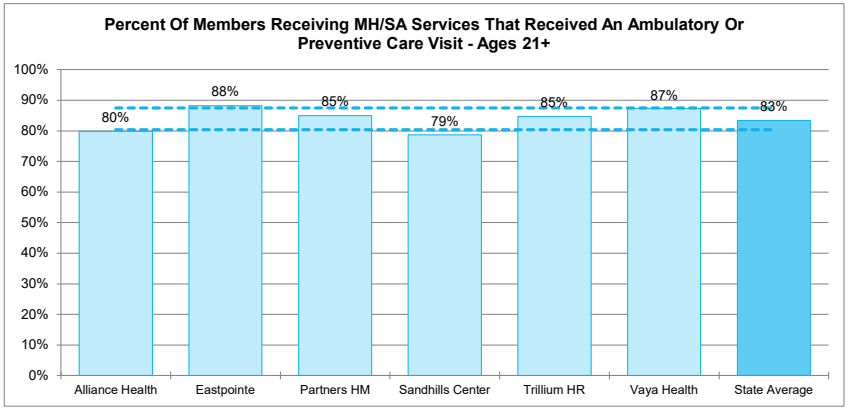
6.6 Medical Care Coordination (Medicaid Only)

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	527	583	90%	14,799	18,535	80%
Eastpointe	415	458	91%	7,444	8,436	88%
Partners Health Management	518	549	94%	11,077	13,037	85%
Sandhills Center	1,005	1,155	87%	10,833	13,764	79%
Trillium Health Resources	533	569	94%	10,871	12,844	85%
Vaya Health	801	927	86%	11,483	13,161	87%
Statewide	3,799	4,241	90%	66,507	79,777	83%
Standard Deviation			3.0%			3.5%
LME-MCO Average			90%			84%





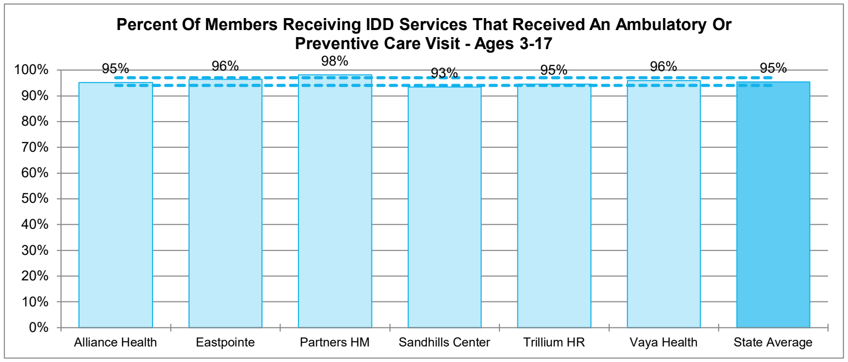
CONTINUITY OF CARE

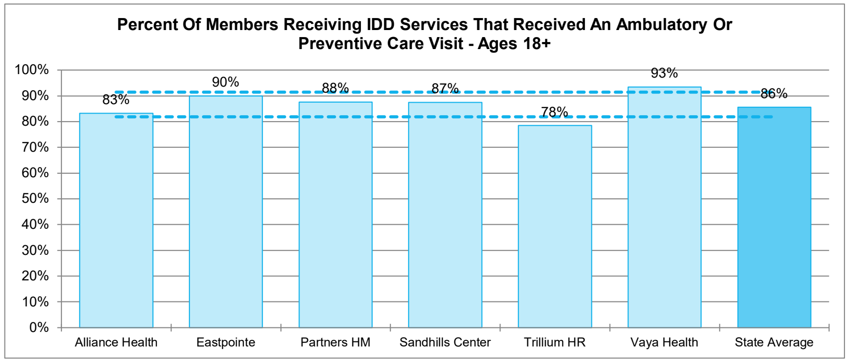
6.6 Medical Care Coordination (Medicaid Only)

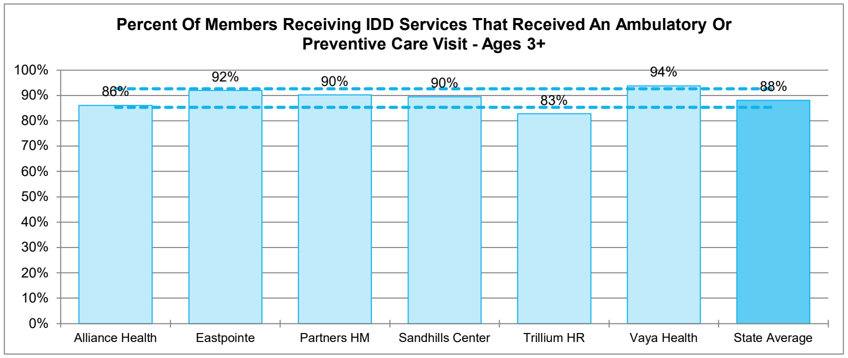
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

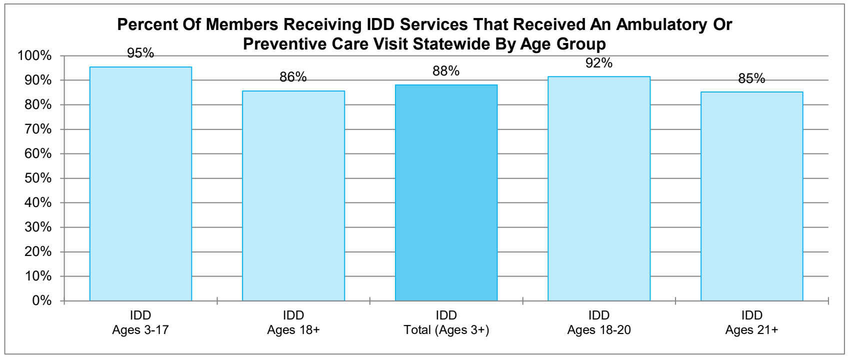
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For 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	1,667	1,751	95%	4,754	5,708	83%	6,421	7,459	86%
Eastpointe	802	832	96%	1,673	1,859	90%	2,475	2,691	92%
Partners Health Management	1,487	1,515	98%	4,185	4,776	88%	5,672	6,291	90%
Sandhills Center	1,637	1,752	93%	2,927	3,346	87%	4,564	5,098	90%
Trillium Health Resources	1,502	1,588	95%	3,467	4,418	78%	4,969	6,006	83%
Vaya Health	353	368	96%	2,499	2,674	93%	2,852	3,042	94%
Statewide	7,448	7,806	95%	19,505	22,781	86%	26,953	30,587	88%
Standard Deviation			1.5%			4.8%			3.7%
LME-MCO Average			96%			87%			89%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 2nd Quarter
Measurement Period: Oct 2022 - Sep 2023

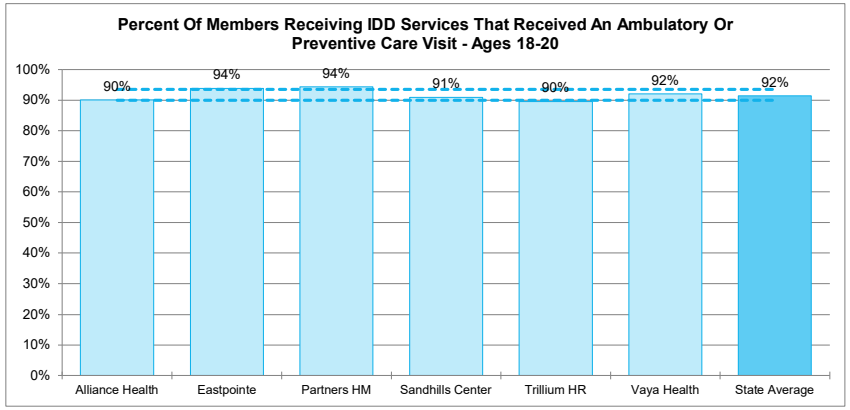
CONTINUITY OF CARE

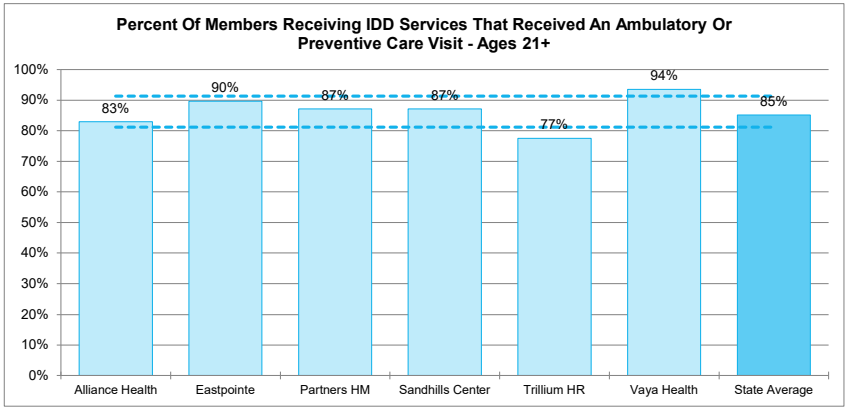
6.6 Medical Care Coordination (Medicaid Only)

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	264	293	90%	4,490	5,415	83%
Eastpointe	137	146	94%	1,536	1,713	90%
Partners Health Management	302	320	94%	3,883	4,456	87%
Sandhills Center	311	342	91%	2,616	3,004	87%
Trillium Health Resources	326	364	90%	3,141	4,054	77%
Vaya Health	115	125	92%	2,384	2,549	94%
Statewide	1,455	1,590	92%	18,050	21,191	85%
Standard Deviation			1.8%			5.1%
LME-MCO Average			92%			86%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 2nd Quarter
Measurement Period: Oct 2022 - Sep 2023

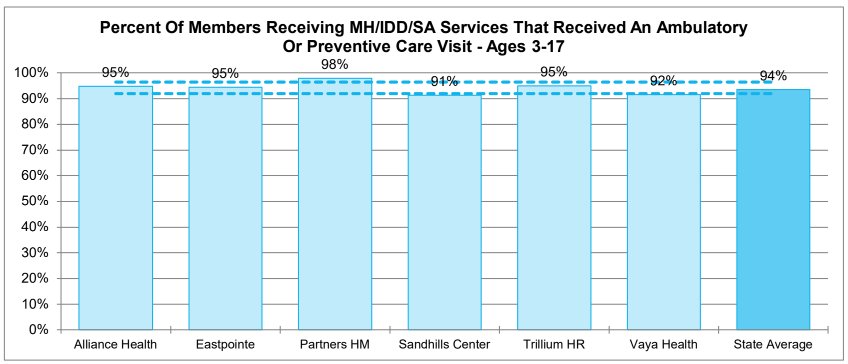
CONTINUITY OF CARE

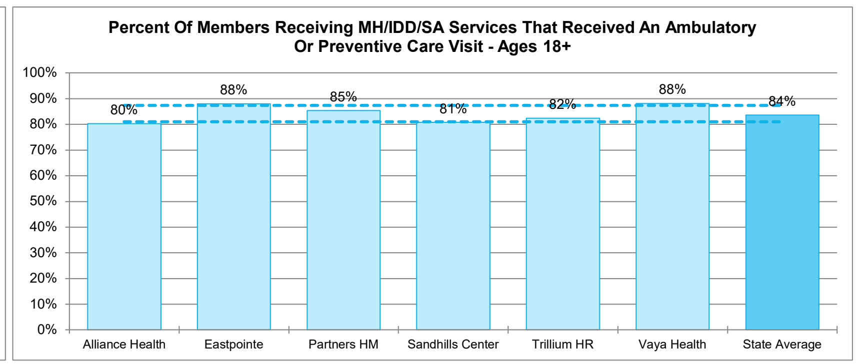
6.6 Medical Care Coordination (Medicaid Only)

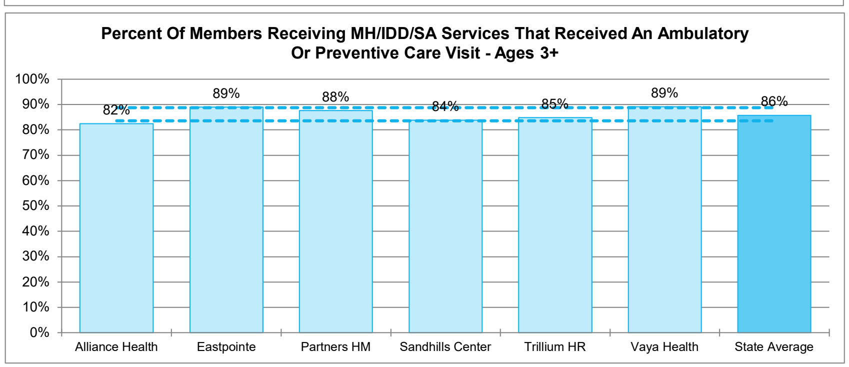
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS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

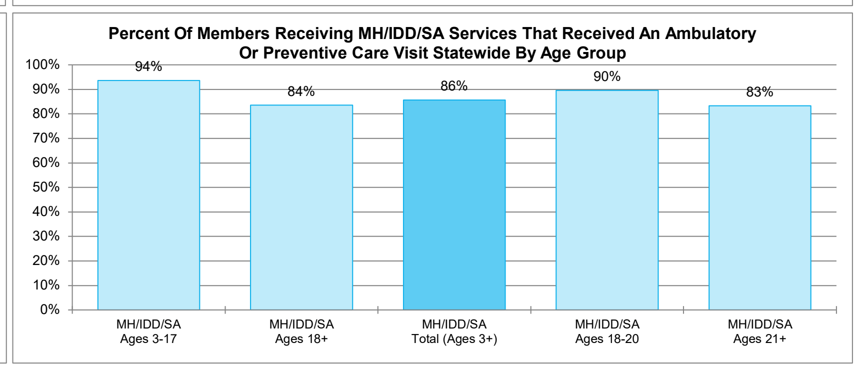
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For 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	3,872	4,082	95%	18,682	23,270	80%	22,554	27,352	82%
Eastpointe	1,566	1,657	95%	8,408	9,548	88%	9,974	11,205	89%
Partners Health Management	3,497	3,570	98%	14,086	16,497	85%	17,583	20,067	88%
Sandhills Center	6,464	7,073	91%	14,765	18,265	81%	21,229	25,338	84%
Trillium Health Resources	3,506	3,689	95%	12,885	15,638	82%	16,391	19,327	85%
Vaya Health	5,804	6,331	92%	14,783	16,762	88%	20,587	23,093	89%
Statewide	24,709	26,402	94%	83,609	99,980	84%	108,318	126,382	86%
Standard Deviation			2.2%			3.2%			2.6%
LME-MCO Average			94%			84%			86%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 2nd Quarter
Measurement Period: Oct 2022 - Sep 2023

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	699	779	90%	17,983	22,491	80%
Eastpointe	444	490	91%	7,964	9,058	88%
Partners Health Management	659	697	95%	13,427	15,800	85%
Sandhills Center	1,316	1,497	88%	13,449	16,768	80%
Trillium Health Resources	652	719	91%	12,233	14,919	82%
Vaya Health	916	1,052	87%	13,867	15,710	88%
Statewide	4,686	5,234	90%	78,923	94,746	83%
Standard Deviation			2.4%			3.4%
LME-MCO Average			90%			84%