



August 1, 2016

SENT VIA ELECTRONIC MAIL

The Honorable Marilyn Avila, Co-Chair House Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 2217, Legislative Building Raleigh, NC 27601-1096

The Honorable Josh Dobson, Co-Chair House Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 301N, Legislative Office Building Raleigh, NC 27603-5925 The Honorable William Brisson, Co-Chair House Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 405, Legislative Office Building Raleigh, NC 27603-5925

The Honorable Chris Malone, Co-Chair House Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 603, Legislative Office Building Raleigh, NC 27603-5925

Dear Chairmen:

Section 122C-124.2(a) of the North Carolina General Statutes requires the Secretary of Health and Human Services to certify whether each local management entity/managed care organization (LME/MCO) approved to operate the 1915(b)/(c) Medicaid Waiver is in compliance with the requirements of G.S. § 122C-124.2(b). Those certifications shall be made every six months, beginning August 1, 2013, and be based on an appropriate internal and external assessment.

Based upon (1) an internal review by an intradepartmental monitoring team comprised of individuals from the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and (2) an external review by the Carolinas Center for Medical Excellence contractor HMS thereby certifies that the following LME/MCOs are in compliance with the requirements of N.C.G.S § 122C-124.2(b):

Alliance, Cardinal Innovations, CenterPoint, Eastpointe, Partners Behavioral Health Management, Sandhills, Smoky Mountain Center, and Trillium Health Resources.



Health and Human Services Richard O. Brajer

The metrics below only speak to financial measures. As always, the Departments strives to evaluate the variability in the quality, range of services and degree of motivation across LME/MCOs and the impact on consumers on an ongoing basis.

A summary of the certification is attached for your review. Please feel free to contact me with any questions.

Sincerely,

Richard O. Brajer Secretary



Richard O. Brajer

August 1, 2016

SENT VIA ELECTRONIC MAIL

The Honorable Ralph Hise, Co-Chair Senate Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 1026, Legislative Building Raleigh, NC 27601-2808

The Honorable Tommy Tucker, Co-Chair Senate Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 1127, Legislative Building Raleigh, NC 27601-2808 The Honorable Louis Pate, Co-Chair Senate Appropriations Subcommittee on Health and Human Services North Carolina General Assembly Room 1028, Legislative Building Raleigh, NC 27601-2808

Dear Chairmen:

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Richard O. Brajer Secretary



Richard O. Brajer

August 1, 2016

SENT VIA ELECTRONIC MAIL

The Honorable Louis Pate, Co-Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 1028, Legislative Office Building Raleigh, NC 27601-2808

The Honorable Marilyn Avilla, Co-Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 2217, Legislative Building Raleigh, NC 27601 The Honorable Josh Dobson, Co-Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 301N, Legislative Office Building Raleigh, NC 27603-5925

Dear Chairmen:

Section 122C-124.2(a) of the North Carolina General Statutes requires the Secretary of Health and Human Services to certify whether each local management entity/managed care organization (LME/MCO) approved to operate the 1915(b)/(c) Medicaid Waiver is in compliance with the requirements of G.S. § 122C-124.2(b). Those certifications shall be made every six months, beginning August 1, 2013, and be based on an appropriate internal and external assessment.

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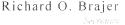
Health and Human Services Richard O. Brajer

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Sincerely,

Richard O. Braje Secretary





August 1, 2016

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director Fiscal Research Division Suite 619, Legislative Office Building Raleigh, NC 27603-5925

Dear Director Trogdon:

Section 122C-124.2(a) of the North Carolina General Statutes requires the Secretary of Health and Human Services to certify whether each local management entity/managed care organization (LME/MCO) approved to operate the 1915(b)/(c) Medicaid Waiver is in compliance with the requirements of G.S. § 122C-124.2(b). Those certifications shall be made every six months, beginning August 1, 2013, and be based on an appropriate internal and external assessment.

Based upon (1) an internal review by an intradepartmental monitoring team comprised of individuals from the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and (2) an external review by the Carolinas Center for Medical Excellence contractor HMS thereby certifies that the following LME/MCOs are in compliance with the requirements of N.C.G.S § 122C-124.2(b):

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A summary of the certification is attached for your review. Please feel free to contact me with any questions.

Sincerely,

Richard O. Brajer Secretary



Human Services

Dave Richard
Deputy Secretary for Medical Assistance

August 1, 2016

Secretary Rick Brajer North Carolina Department of Health and Human Services 101 Blair Drive Raleigh, NC 27699

Dear Secretary Brajer:

Pursuant to Session Law 2013-85, the Secretary of the Department of Health and Human Services shall complete a certification of compliance, in accordance with G.S. 122C-124.2(a), for each local management entity/managed care organization that has been approved by the Department to operate the 1915(b)(c) Medicaid Waiver. The Secretary shall also provide a copy of the completed certification to the Senate Appropriations Committee on Health and Human Services, the House Appropriations Subcommittee on Health and Human Services, the Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by no later than August 1, 2016.

Attached hereto, please find a summary report of the findings for fiscal solvency, clean claims payment, and HIPAA compliance for the following LME/MCOs: Alliance, Cardinal Innovations, CenterPoint, Eastpointe, Partners, Sandhills, Smoky Mountain, and Trillium.

At this time, based on the attached records, the Division of Medical Assistance (DMA) attests that all eight organizations are appropriate for certification. Additionally, the Intradepartmental Monitoring Team (which team includes staff members from DMA and DHHS' Division of Mental Health, Developmental Disabilities and Substance Abuse Services) determines that all eight LME-MCOs have made adequate provisions against the risk of insolvency based on quarterly financial reports submitted to DHHS.

Though each of the LME-MCOs is compliant with the S.L. 2013-85, we believe it is important to revisit the purpose of the law and recommend suggested changes to the General Assembly. When the law was originally passed, there was concern that the LME-MCO system was fragile and questions over the ability for the new system to meet solvency standards. Over the past two years, we have seen clear evidence that each of the LME/MCOs have significant resources to meet the financial requirements of managed care organizations.

In 2016, there is a legitimate concern regarding the need to identify the right level of financial reserve or savings considering the organizations' role as public entities who are guaranteed a pre-paid capitation for the services they manage. We recommend that DHHS, in conjunction with our stakeholders, review the intent of the original legislation and make recommendations to the General Assembly for consideration in the 2017 long session.

Sincerely,

Dave Richard

Claims Accuracy and Timeliness Review: Summary Findings										
Audit Type	Timeliness of Provider Payment (Within 30 days)		Claims Proce	essing Accuracy	Financial Accuracy					
LME-MCO	Result	Finding	Result	Finding	Result	Finding				
Alliance	99.97%	Compliant	99.99%	Compliant	99.99%	Compliant				
Cardinal Innovations	99.29%	Compliant	99.98%	Compliant	99.97%	Compliant				
CenterPoint	99.88%	Compliant	100.00%	Compliant	100.00%	Compliant				
Eastpointe	99.61%	Compliant	99.93%	Compliant	99.95%	Compliant				
Partners Behavioral Healthcare	100.00%	Compliant	100.00%	Compliant	100.00%	Compliant				
Sandhills Center	99.83%	Compliant	100.00%	Compliant	100.00%	Compliant				
Smoky Mountain Center	99.96%	Compliant	100.00%	Compliant	100.00%	Compliant				
Trillium Health Resources	99.98% Compliant		100.00%	Compliant	99.99%	Compliant				

Data is based on a statistical sample of Medicaid claims processed between September 1, 2015 to February 29, 2016 for each LME-MCO.

Solvency Review: Summary Findings (Current Ratio > 1.0 is Compliant) for North Carolina LME/MCOs												
Month	August		September		October		November		December		January	
LME-MCO	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant
Alliance	3.10	Yes	3.40	Yes	3.56	Yes	3.37	Yes	3.64	Yes	3.56	Yes
Cardinal Innovations	2.33	Yes	2.83	Yes	2.87	Yes	2.97	Yes	3.13	Yes	3.07	Yes
CenterPoint	4.86	Yes	6.05	Yes	6.65	Yes	6.59	Yes	5.60	Yes	5.83	Yes
Eastpointe	2.59	Yes	3.11	Yes	2.84	Yes	2.84	Yes	3.24	Yes	3.13	Yes
Partners Behavioral Healthcare	5.50	Yes	6.75	Yes	6.34	Yes	5.47	Yes	5.82	Yes	6.07	Yes
Sandhills Center	5.57	Yes	6.11	Yes	9.13	Yes	9.31	Yes	8.44	Yes	8.33	Yes
Smoky Mountain Center	3.08	Yes	3.61	Yes	3.21	Yes	2.91	Yes	2.85	Yes	2.89	Yes
Trillium Health Resources	4.50	Yes	4.60	Yes	3.97	Yes	4.25	Yes	3.83	Yes	4.08	Yes

Data is based on financial information combined for State and Medicaid funds between August 1, 2015 to January 31, 2016 for each LME-MCO.

Solvency Review: Total Expenses to Total Medicaid Revenue Summary Findings Month August September October November December January LME-MCO Result Compliant Result Compliant Result Compliant Result Compliant Result Compliant Result Compliant 96% Yes 90% 79% 92% 85% Yes 94% Alliance Yes Yes Yes Yes Cardinal 80% Yes 94% Yes 85% Yes 92% 94% Yes 91% Yes **Innovations** Yes 98% Yes 80% Yes 98% Yes 96% Yes 99% Yes 88% Yes CenterPoint 92% Yes 84% Yes 94% Yes 89% Yes 74% Yes 96% Yes **Eastpointe** Partners **Behavioral** Yes Healthcare 96% Yes 86% Yes 83% Yes 82% Yes 88% Yes 94% Sandhills 99% 87% 124% 85% 92% 89% Center Yes Yes No Yes Yes Yes Smoky Mountain 97% Yes 89% Yes 98% Yes 94% Yes 95% Yes 95% Yes Center Trillium Health 78% 103% 139% 93% 86% 100% Yes No No Yes Yes Yes Resources

Data is based on financial information combined for State and Medicaid funds between August 1, 2015 to January 31, 2016 for each LME-MCO.

Solvency Review: Defensive Interval Summary Findings												
Month	August		September		October		November		December		January	
LME-MCO	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant	Result	Compliant
Alliance	83.56	Yes	77.70	Yes	95.87	Yes	87.76	Yes	100.94	Yes	93.94	Yes
Cardinal Innovations	63.92	Yes	69.81	Yes	78.87	Yes	82.62	Yes	78.58	Yes	90.19	Yes
CenterPoint	152.43	Yes	126.56	Yes	158.33	Yes	140.11	Yes	149.73	Yes	162.58	Yes
Eastpointe	97.96	Yes	97.13	Yes	87.13	Yes	94.20	Yes	115.80	Yes	85.32	Yes
Partners Behavioral Healthcare	128.38	Yes	141.17	Yes	152.12	Yes	141.12	Yes	151.23	Yes	144.04	Yes
Sandhills Center	167.78	Yes	150.63	Yes	123.14	Yes	181.34	Yes	177.92	Yes	189.49	Yes
Smoky Mountain Center	82.15	Yes	80.14	Yes	82.99	Yes	87.88	Yes	92.30	Yes	93.42	Yes
Trillium Health Resources	106.07	Yes	128.02	Yes	88.77	Yes	130.74	Yes	122.82	Yes	126.39	Yes

Data is based on financial information combined for State and Medicaid funds between August 1, 2015 to January 31, 2016 for each LME-MCO.

HIPAA Transaction Review: Summary Findings										
Audit Type	Enrollment (820)	Health Care Claim Transaction Set (837i and 837p)	Health Care Claim Payment / Advice Transaction Set (835)	Benefit Enrollment and Maintenance Set (834)	Health Care Eligibility / Benefit Inquiry and Response (270/271)					
LME-MCO	Finding	Finding	Finding	Finding	Finding					
Alliance	Compliant	Compliant	Compliant	Compliant	Compliant					
Cardinal Innovations	Compliant	Compliant	Compliant	Compliant	Compliant					
CenterPoint	Compliant	Compliant	Compliant	Compliant	Compliant					
Eastpointe	Compliant	Compliant	Compliant	Compliant	Compliant					
Partners Behavioral Healthcare	Compliant	Compliant	Compliant	Compliant	Compliant					
Sandhills Center	Compliant	Compliant	Compliant	Compliant	Compliant					
Smoky Mountain Center	Compliant	Compliant	Compliant	Compliant	Compliant					
Trillium Health Resources	Compliant	Compliant	Compliant	Compliant	Compliant					

Data is based on a statistical sample of Medicaid claims processed between September 1, 2015 to February 29, 2016 for each LME-MCO.

A finding of "Compliant" means that CCME found that the LME-MCO was compliant with the outlined requirements.