



Provider Forum

January 13, 2015

1:00 PM

Agenda

Welcome and Updates	Beth Lackey, Provider Network Director
NCTRACKS and Taxonomies	
Gap Analysis/Needs Assessment	
IPRS Utilization Analysis	
B3 Funds	
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Relative as Direct Support Employee Updates	Larry Holcombe, Provider Network Manager
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Communications/Media	Stacy Bryant, Communications Officer
Partners Training Academy	Janet Noblett, Training Coordinator
NCTOPPS	Jackie Copeland, Waiver Contract Manager
Provider Council	Kevin Oliver/Margaret Mason
Western Regional Partnership	Paul Caldwell, Chief Community Relations Officer
Miscellaneous/Wrap Up	



North Carolina Department of Health and Human Services

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Ambassador (Ret.)
Secretary, DHHS

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Director, Division of Medical Assistance

MCO Communication Bulletin #J114

Date: January 9, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Provider Enrollment

The purpose of this bulletin is to inform that providers are now able to update their provider record in NCTracks (<https://www.nctracks.nc.gov>) via the managed change request process that can be accessed through the provider portal. Please encourage all providers in your network to keep their records up to date. This will assist in ensuring accurate data and will allow for more seamless encounter data transmission. LME-MCOs will be able to receive updates to the provider file via the weekly Global Provider File (GPF) interface transmission from NCTracks.

Cc: Robin Gary Cummings, M.D., DMA
Dave Richard, DHHS
DMA Leadership Team
DMH/DD/SAS Leadership Team
Mary Hooper, NCCCP

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MCO Communication Bulletin #J115

Date: January 9, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Taxonomy

The purpose of this bulletin is to outline the process for how to use the updated taxonomy list.

During our recent Core Team calls, we discussed issues with taxonomies and their impact on denied claims (this applies to Medicaid Encounter claims, not claims where DMH/DD/SAS would be the payer). To address this issue, your agency was asked to submit a list of the current taxonomies. Staff at DMA then reviewed those taxonomies and provided a list of taxonomies cross-walked with those in the NCTracks system that should not deny claims. The compiled list is not expected to be a comprehensive list of taxonomies that would not be accepted but a stepping stone toward getting a greater proportion of encounter claims to process to acceptance. This clarification comes as a result of the Core Team discussions and is intended to help inform LME-MCO staff how they should use the taxonomy crosswalk list.

Once LME-MCOs modify their systems to stop submitting codes not accepted by NCTracks, DMA will reprocess these claims that were previously denied. When the claims are reprocessed, NCTracks will replace the disallowed taxonomy with the cross-walked taxonomy. Where the old taxonomy cross-walks to "exclude," the claim would be denied.

In order to streamline this process, LME-MCOs shall:

- 1) **Change your claims processing systems to disallow all the taxonomies for Medicaid reimbursement that were on the list and provide DMA a date when the change will be implemented into your system.**
 - This is an important step that will help ensure that the system is in line with that of NCTracks when it comes to provider taxonomies.
 - Presumably, the provider would receive an Explanation of Benefits (EOB) outlining the reason for the denial.

- 2) **Work with any providers using the disallowed taxonomies to identify an NCTracks accepted taxonomy that providers can bill.**
- The LME-MCO should instruct their providers to log on to the NCTracks Provider Portal to verify their information including their taxonomy code(s).
 - If any of their information in NCTracks needs to be updated, they need to fill out a Managed Change Request (MCR) while in the NCTracks Provider Portal, then notify the LME-MCO of the changes.
 - The LME-MCOs should reinforce to their contract providers that the providers are now responsible for maintaining and updating their information in NCTracks, as well as reporting changes to the LME-MCO.
- 3) **Educate and work with providers to ensure that what is submitted is both legitimate and accepted by NCTracks.**

LME-MCOs are not being asked to alter any claims information that is sent to them, but might need to assist the provider to ensure that they have entered legitimate claims that NCTracks will accept. For example, 103TA0400X is not accepted but 103T00000X is sufficient. Both are taxonomies for Psychologists, but the one that NCTracks does not accept is more specific. As another example, 101YP1600X is Pastoral Counselor and there could possibly be no other taxonomies that would fit that provider. If that is the case, then DMA will not pay for service for such a provider. For one last example, 208M00000X is a Hospitalist. In the crosswalk, DMA listed 208000000X, which is Pediatrics. This does not mean that all Hospitalists should be enrolled under the Pediatrics taxonomy. Rather, the provider should see if there is an appropriate taxonomy that is in the list that NCTracks approves.

If you have questions regarding this request, please send them via electronic mail to:
Adolph.simmons@dhhs.nc.gov or Katherine.Nichols@dhhs.nc.gov

Cc: Robin Gary Cummings, M.D., DMA
Dave Richard, DHHS
DMA Leadership Team
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MCO Communication Bulletin #J116

Date: January 9, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Associate Level Licensed Providers: Direct Enrollment

The purpose of this bulletin is to notify associate level licensed providers that they must directly enroll by June 30, 2015 to provide Medicaid and state funded outpatient behavioral health services.

Associate level licensed providers must apply and enroll through the LME-MCO with which they wish to contract. Effective July 1, 2015, if the associate level licensed provider wishes to provide services to Medicaid beneficiaries age 0 to 3, Health Choice beneficiaries, or legal aliens, the associate level professional must enroll with DMA by contacting Computer Sciences Corporation (CSC).

The associate level licensed provider will need to be enrolled with both DMA (through CSC) and the LME-MCO if they wish to provide services to multiple populations.

- The Division of Public Health provides services to individuals who are age 0-3 and are not Medicaid or Health Choice eligible.
- DMH/DD/SAS provides services to individuals who have had their third birthday and older.

Associate level licensed providers enrolling with DMA (through CSC) or the LME-MCO will enroll under the taxonomy code of their respective profession. For example, the Associate Level Licensed Clinical Social Worker will enroll under the taxonomy code for a Licensed Clinical Social Worker.

For claims submitted through NC Tracks, the rate for the associate level licensed provider is the same as the rate for their fully licensed counterpart. However, LME-MCOs have the ability to set their own rates for services. Therefore, associate level licensed providers should contact the LME-MCO for information regarding rates.

Associate level licensed providers will need to obtain their own National Provider Identifier (NPI) number if they do not have one. To apply for an NPI number, please see the instructions on the following website <https://npes.cms.hhs.gov/NPES/StaticForward.do?forward=static.instructions>

- Associate level licensed providers may contact CSC (1-800-688-6696) with questions regarding enrollment with DMA.
- Associate level licensed providers should contact their LME-MCO regarding enrollment.

As outlined in section 6.2 of the outpatient Clinical Coverage Policy 8C, associate level licensed providers are allowed to bill “incident-to” their supervising physician or bill through the LME-MCO until the associate level licensed provider is able to directly enroll with the LME-MCO. The policy states that when the associate level licensed provider is able to direct enroll, then DMA will discontinue the associate level license provider “incident-to” policy. The “incident to” policy change will not impact providers receiving state-funded reimbursement as DMH/DD/SAS does not support “incident to” billing.

Associate level licensed providers will be able to continue billing “incident to” their supervising physician for Medicaid or bill HCPCS codes through a willing LME-MCO for Medicaid and/or state-funded behavioral health outpatient services until they have completed direct enrollment, or until June 30, 2015, whichever comes first.

Effective July 1, 2015:

1. DMA will change the outpatient Clinical Coverage Policy 8C and remove the section on "incident to" billing for associate level licensed providers as well as remove the section allowing associate licensed level providers to bill HCPCS codes (H0001, H0004 + modifiers, H0005 and H0031) through the LME-MCO.
2. DMH/DD/SAS will also eliminate HCPCS code billing through the LME-MCO for state-funded outpatient services at the same time.

All associate level licensed providers are required to have supervision from a supervisor approved by their licensing board. This supervision is critical to ensuring quality of services for beneficiaries being served by associate level licensed providers. Each associate level licensed provider is required to ensure that they meet the supervision requirements set forth by their respective licensing board.

The links to the rules pertaining to the respective board’s supervision requirements found in the North Carolina Administrative Code are as follows:

Marriage and Family Licensure Board:

http://www.ncmft.org/images/uploads/other_pdfs/chapter_31_rules.pdf

Substance Abuse Professional Practice Board:

<http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2068%20-%20substance%20abuse%20professional%20practice%20board/21%20ncac%2068%20.0204.pdf>

North Carolina Board of Licensed Professional Counselors:
http://ncblpc.org/Laws_and_Codes/Title_21_Chapter_53.pdf

North Carolina Social Work Certification and Licensure Board:
<http://ncswboard.org/page/administrative-code#.0210>

If you have questions, please contact Kathy Nichols at: Katherine.nichols@dhhs.nc.gov for Medicaid and Health Choice related questions, and Mabel McGlothlen at: Mabel.McGlothen@dhhs.nc.gov for state-funded questions.

Cc: Robin Gary Cummings, M.D., DMA
Dave Richard, DHHS
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MCO Communication Bulletin #J117

Date: January 9, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Clarification of Joint Communication Bulletin #J098: MCM

The purpose of this bulletin is to describe some options to address the assessment and discharge planning functions necessary in a hospital ED environment without utilizing mobile crisis management:

1. Contract with independent practitioner (LCSW, LPC, Psychologist) to offer outpatient evaluations and discharge on an on-call basis in the ED.
2. Embed an administrative-level individual (or place them on-call to work with ED without necessarily having to be IN the ED) to coordinate discharge and follow-up to ensure aftercare is received. For example, non-clinical care coordination staff could make phone calls to help arrange aftercare transportation and communicate with existing providers for the individual being discharged from the ED.
3. Use identified STR staff specifically for this purpose; it might work well for an ED that has telepsychiatry.

Please note that section 6.13 of the LME MCO contract states:

PIHP shall coordinate and monitor Behavioral Health hospital and institutional admissions and discharges, including discharge planning. An alternative service definition may also be an option that can be discussed with DMA.

January 9, 2015

Please direct any questions to Katherine.Nichols@dhhs.nc.gov or Kelsi.Knick@dhhs.nc.gov.

Cc: Robin Gary Cummings, M.D., DMA
Dave Richard, DHHS
DMA Leadership Team
DMH/DD/SAS Leadership Team
Mary Hooper, NCCCP



N.C. Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective with an estimated date of service of **January 1, 2015**, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice (NCHC) Preferred Drug List (PDL). It is the expectation of Partners Behavioral Health Management that providers are aware of the importance of prescribers prescribing medications that are covered by a patient's insurance, in an effort to reduce risk of the patient not filling/taking medication because they cannot afford it and to increase medication adherence. The following list is available in the December 2014 Medicaid Bulletin available using the following link: <http://www.ncdhhs.gov/dma/bulletin/1214bulletin.htm#pdl>
<http://www.ncdhhs.gov/dma/bulletin/1214bulletin.htm#pdl>

Below are highlights of some of the changes that will occur.

- The prior authorization criteria will be removed from the leukotriene class
- New classes are being added:
 - Under TOPICAL, Imidazoquinolinamines
 - Under MISCELLANEOUS, Epinephrine, Self-Injected; Estrogen Agents, Vaginal Preparations; Glucocorticoid Steroids, Oral
- Some mental health pharmaceuticals will have non-preferred options for the first time. Below is what the PDL will look like January 1, 2015

ANTIDEPRESSANTS- Other	
Preferred	Non-Preferred
bupropion (generic for Wellbutrin®)	Aplenzin®
bupropion SR (generic for Wellbutrin SR®)	Brintellix®
bupropion XL (generic for Wellbutrin XL®)	desvenlafaxine ER (generic for Pristiq®)
Cymbalta®	duloxetine (generic for Cymbalta®)
maprotiline (generic for Ludiomil®)	Effexor XR® Capsules
mirtazapine (generic for Remeron®)	Emsam®
Nardil®	Fetzima®

Corporate Office
901 South New Hope Rd.
Gastonia, NC 28054

Elkin Region Office
200 Elkin Business Park Dr.
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602



ANTIDEPRESSANTS- Other	
Preferred	Non-Preferred
Parnate®	Forfivo XL®
phenelzine (generic for Nardil®)	Khedezla®
Savella®	nefazodone (generic for Serzone®)
tranylcypromine (generic for Parnate®)	Oleptro ER®
trazodone (generic for Desyrel®)	Pristiq®
venlafaxine (generic for Effexor®)	Remeron®
venlafaxine ER capsules (generic for Effexor XR Capsules®)	Remeron® ODT
	venlafaxine ER tablets (generic for Effexor XR Tablets®)
	Viibryd®
	Wellbutrin®
	Wellbutrin SR®
	Wellbutrin XL®

ANTIDEPRESSANTS -Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram (generic for Celexa®)	Brisdell®
escitalopram tablet (generic for Lexapro® Tablet)	Celexa®
fluoxetine capsule (generic for Prozac® Capsule)	escitalopram solution (generic for Lexapro® Solution)
fluoxetine solution (generic for Prozac® Solution)	fluoxetine DR 90mg Caps (generic for Prozac Weekly®)
fluvoxamine (generic for Luvox®)	fluvoxamine ER (generic for Luvox CR®)
paroxetine (generic for Paxil®)	Lexapro®
sertraline (generic for Zoloft®)	Luvox CR®
	paroxetine CR (generic for Paxil CR®)
	Paxil®
	Paxil CR®
	Pexeva®
	Prozac®
	Prozac Weekly®
	Sarafem®
	Zoloft®

ANTIHYPERKINESIS	
Preferred	Non-Preferred
Adderall XR®	amphetamine salt combo XR capsules (generic for Adderall XR)
Adderall®	Concerta®
amphetamine salt combo tablets (generic for Adderall)	dexmethylphenidate (generic for Focalin®)
clonidine ER (Kapvay®)	dexmethylphenidate XR (generic for Focalin® XR)
Daytrana®	dextroamphetamine ER (generic for Dexedrine Spansules®)
Desoxyn®	dextroamphetamine solution (generic for ProCentra®)
Dexedrine Spansules®	Intuniv®
dextroamphetamine (generic for DextroStat®)	methamphetamine (generic for Desoxyn®)
Focalin®	Methylin Chewable Tablet®
Focalin XR®	methylphenidate CD capsules (generic for Metadate® CD)
Kapvay®	methylphenidate LA capsules (generic for Ritalin® LA)
Metadate CD®	methylphenidate solution (generic for Methylin® Solution)

ANTIHYPERKINESIS	
Preferred	Non-Preferred
Metadate ER®	ProCentra®
Methylin Solution®	Ritalin® SR
methylphenidate ER tablets (generic for Concerta®)	Zenzedi®
methylphenidate ER tablets (generic for Ritalin® SR)	
methylphenidate tablets (generic for Methylin®/Ritalin®)	
Quillivant XR®	
Ritalin®	
Ritalin® LA	
Strattera®	
Vyvanse®	

ATYPICAL ANTIPSYCHOTICS	
Injectable Long Acting	
(Trial and Failure of only 1 preferred required)	
Preferred	Non-Preferred
Abilify Maintena®	
fluphenazine decanoate (generic for Prolixin decanoate®)	
Haldol decanoate®	
haloperidol decanoate (generic for Haldol decanoate®)	
Invega Sustenna®	
Risperdal Consta®	
Zyprexa Relprevv®	

ATYPICAL ANTIPSYCHOTICS	
Oral	
(Trial and Failure of only 1 preferred required)	
Preferred	Non-Preferred
Abilify®	Clozaril®
clozapine (generic for Clozaril®)	Fanapt® Titration Pack
clozapine ODT (generic for FazaClo®)	FazaClo®
Fanapt®	Geodon®
Invega®	olanzapine/fluoxetine (generic for Symbyax®)
Latuda®	Risperdal®
olanzapine (generic for Zyprexa®)	Risperdal M®
olanzapine ODT (generic for Zyprexa® Zydys)	Seroquel®
quetiapine (generic for Seroquel®)	Versacloz®
risperidone (generic for Risperdal®)	Zyprexa®
risperidone ODT (generic for Risperdal M®)	Zyprexa Zydys®
Saphris®	
Seroquel® XR	
Symbyax®	
ziprasidone (generic for Geodon®)	

If you have a patient who is stable on a non-preferred product, and want them to continue on it, you may fill out a standard drug request prior authorization form found at

<https://www.nctracks.nc.gov/content/public/providers/pharmacy/forms.html>.

These forms will be accepted beginning December 1, 2014. Forms must be submitted by December 30, 2014 to have approved prior authorizations active in the system by January 1, 2015.

1. Update on preferred brands with non-preferred generic equivalents

In addition to the changes above, preferred brands with non-preferred generic equivalents will be updated and are listed in the chart below:

Brand Name	Generic Name
Accolate	Zafirlukast
Adderall XR	Amphetamine Salt Combo ER
Aldara	Imiquimod
Alphagan P	Brimonidine
Astelin/Astepro	Azelastine Hydrochloride
Bactroban	Mupirocin
Benzaclin	Clindamycin/Benzoyl Peroxide
Cardizem LA	Matzim LA
Catapress-TTS	Clonidine Patches
Cedax	Ceftibuten
Cymbalta	Duloxetine
Derma-Smoothe-FS	Fluocinolone 0.01% Oil

Brand Name	Generic Name
Desoxyn	Methamphetamine
Dexedrine Spansules	Dextroamphetamine
Diastat/Diastat Accudial	Diazepam Rectal
Differin	Adapalene
Diovan	Valsartan
Diovan HCT	Valsartan / Hydrochlorothiazide
Duetact	Pioglitazone / Glimepiride
Epivir HBV	Lamivudine HBV
Entocort EC	Budesonide
Epi-Pen	Epinephrine
Exforge	Amlodipine / Valsartan
Exelon	Rivastigmine
Focalin / Focalin XR	Dexmethylphenidate
Gabitril	Tiagabine
Gris-Peg	Griseofulvin Ultramicrosize
Hepsera	Adefovir
Kadian ER	Morphine Sulfate ER
Lovenox	Enoxaparin

Brand Name	Generic Name
Metadate CD	Methylphenidate CD
Methylin Solution	Methylphenidate Solution
Metrogel Vaginal	Metronidazole Gel Vaginal
Natroba	Spinosad
Niaspan ER	Niacin ER
Opana ER	Oxymorphone ER
Prandin	Repaglinide
PrevPac	Lansoprazole / Amoxicillin / Clarithromycin
Provigil	Modafinil
Pulmicort 0.25mg/2ml, 0.5mg/2ml	Budesonide 0.25mg/2ml, 0.5mg/2ml
Ritalin LA	Methylphenidate ER
Symbyax	Olanzapine / Fluoxetine
Tobradex Suspension	Tobramycin/Dexamethasone Susp
Toprol XL	Metoprolol Succinate
Travatan	Travoprost
Verelan PM	Verapamil ER PM
Zovirax Ointment	Acyclovir Ointment



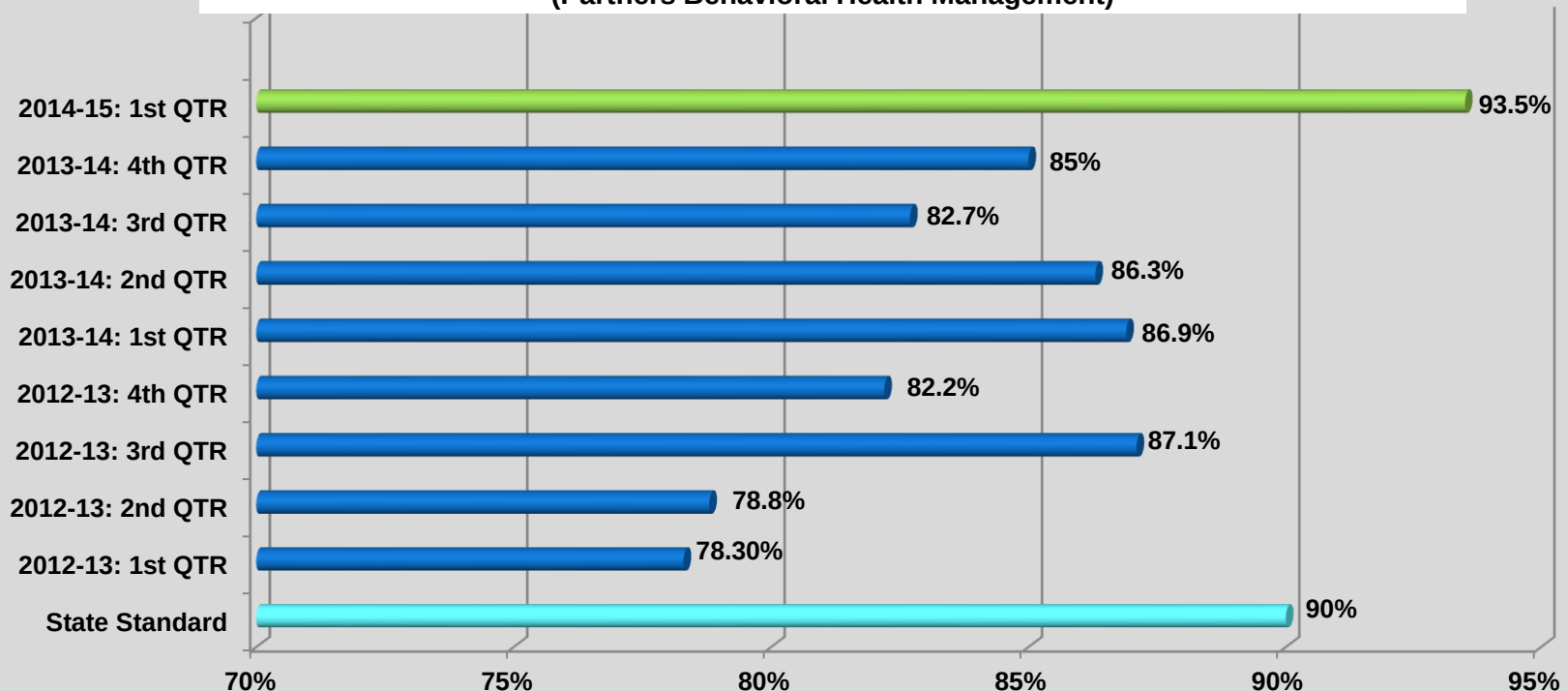
NC TOPPS Superstars

1st quarter FY 2014-2015

Submission Compliance since Merger

NC TOPPS Timely Submission Compliance since Merger In July 2012

(Partners Behavioral Health Management)



NC TOPPS 3 Month Update Timely Submissions by Providers based on Initials submitted January-March 2014

- ▶ The State benchmark for timely submission of NC TOPPS is 90%.
- ▶ For the 1st quarter 2014-2015, Partners compliance is 93.5%.
- ▶ Partners BHM currently had 116 Providers registered within the NC TOPPS system during the first quarter. (Multiple sites included)
- ▶ This quarter 55 Providers met the 90% submission standard. 46 of the 55 Providers had 100% submission rate for compliance
- ▶ It should also be noted that 43 Providers had no requirements for updates.

Providers with 90% or more compliance with NC TOPPS 3 month updates

Agency Name	Agency City	% Received on time	Standard Met
A Caring Alternative	Morganton	100.0%	Yes
Access Family Services, Inc.	Gastonia	100.0%	Yes
Alexander Youth Network	Dallas	100.0%	Yes
Alexander Youth Network	Spindale	100.0%	Yes
Alexander Youth Network	Charlotte	100.0%	Yes
Barium Springs Home for Children	Statesville	100.0%	Yes
Beaty Recovery Services	Gastonia	100.0%	Yes

Agency Name	Agency City	% Received on time	Standard Met
Burke Council on Alcoholism & Chemical Dependency	Morganton	100.0%	Yes
Carolina Therapeutic Services, Inc.	Gastonia	100.0%	Yes
Children's Advocacy Network	Lincolnton	100.0%	Yes
Children's Advocacy Network	Gastonia	100.0%	Yes
Clay, Wilson, and Associates/Cognitive Connection	Hickory	97.8%	Yes
Cornerstone Treatment Facility	Hope Mills	100.0%	Yes
Daymark Recovery Services	Statesville	91.8%	Yes



Provider Agency	Agency City	% Received on time	Standard Met
Daymark Recovery Services	Yadkinville	100.0%	Yes
Daymark Recovery Services	Mount Airy	96.6%	Yes
Eliada Homes, Inc.	Asheville	100.0%	Yes
Families First Support Services, LLC	Shelby	92.3%	Yes
Family NET	Newton	100.0%	Yes
Family NET of Catawba County	Hickory	100.0%	Yes
FOCUS Behavioral Health Services, LLC	Hudson	100.0%	Yes

Provider Agency	Agency City	% received on time	Standard Met
FOCUS Behavioral Health Services, LLC	Morganton	100.0%	Yes
Gaston Adolescent Center, Inc.	Gastonia	100.0%	Yes
Genesis House, Inc.	Gastonia	100.0%	Yes
Grandfather Home for Children	Banner Elk	100.0%	Yes
Innovative Compliance Solutions	Gastonia	100.0%	Yes
McLeod Center	Hickory	96.4%	Yes
McLeod Center	Boone	100.0%	Yes
McLeod Center	Gastonia	100.0%	Yes
McLeod Center	Statesville	100.0%	Yes



Provider Agency	Provider City	% Received on time	Standard Met
Monarch	Gastonia	100.0%	Yes
Monarch	Shelby	100.0%	Yes
New Hope Carolinas	Rock Hill	100.0%	Yes
NewPath Youth Services	Shelby	100.0%	Yes
One Love Periodic Services	Morganton	100.0%	Yes
Outreach Management Services	Gastonia	97.0%	Yes
Phoenix Counseling Center	Gastonia	99.4%	Yes

Provider Agency	Provider City	% Received on time	Standard Met
Phoenix Counseling Center	Lincolnton	100.0%	Yes
Phoenix Counseling Center	Shelby	100.0%	Yes
RHA Behavioral Health Services, Inc.	Forest City	100.0%	Yes
Self Concepts Clinical Counseling Services, Inc.	Gastonia	100.0%	Yes
Step's Developmental Academy	Charlotte	100.0%	Yes
Strategic Interventions, Inc.	Morganton	100.0%	Yes
Strategic Interventions, Inc.	Yadkinville	100.0%	Yes



Provider Agency	Provider City	% Received on time	Standard Met
Strategic Interventions, Inc.	Marion	100.0%	Yes
Strategic Interventions, Inc.	Yadkinville	100.0%	Yes
Strategic Interventions, Inc.	Greensboro	100.0%	Yes
			Yes
Support, Inc.	Gastonia	96.8%	
			Yes
Support, Inc.	Shelby	100.0%	
			Yes
The Children's Home, Inc.	Winston-Salem	100.0%	
			Yes
The Right Choice MWM, Inc.	Charlotte	100.0%	



Provider Agency	Provider City	% Received on time	Standard Met
Thompson Child and Family Focus	Matthews	100.0%	Yes
Top Priority Care Services, LLC	Winston-Salem	100.0%	Yes
Turning Point Homes	Charlotte	92.9%	Yes
Youth Focus, Inc.	Greensboro	100.0%	Yes



Contact Information

- ▶ **NC-TOPPS Help Desk:** Center for Urban Affairs & Community Services, NC State University:
 - (919)-515-1310
 - Help Desk: nctopps@ncsu.edu
- ▶ **Partners BHM:** Sheila Wall, Quality Management Data Analyst, (Gastonia site):
 - (704)-884-2560
 - swall@partnersbhm.org
 - (please use only consumer MR#'s in emails-no identifying information!)

**And
Keep up the Great Work!!**

