

# Smoky Mountain LME/MCO (Smoky)

## Operations at a Glance – June 2015



### Individuals Eligible for Services through Smoky

Smoky is responsible for the oversight of behavioral health and intellectual/developmental disability Medicaid and State-funded (including county-funded and federal block grant) services in our 23-county area. For June:

- ❖ Individuals served by the NC Innovations waiver: **1,633**
- ❖ Other individuals who receive Medicaid: **153,436**
- ❖ Estimated uninsured eligible for State-funding: **137,660**

### Registry of Unmet Needs

- ❖ **848** of the **962** individuals potentially eligible for NC Innovations received services during the month of June. (An individual is potentially eligible for an Innovations slot when he or she has a documented intellectual disability or a condition, other than mental illness, that is closely related to an intellectual disability.)

### Customer Services

Customer service representatives take calls related to accessing services, answering questions, and providing support. Smoky is required to answer calls within 30 seconds.

| Measure                               | Medicaid and State-funded calls combined |              |
|---------------------------------------|------------------------------------------|--------------|
|                                       | June                                     | YTD*         |
| Calls from SM consumers/ stakeholders | 4,964                                    | 28,288       |
| CenterPoint/PBHM calls answered by SM | 60                                       | 536          |
| Average time to answer calls          | 6 seconds                                | 6.32 seconds |

### Care Management/Utilization Management

Many services require prior authorization. A care manager reviews a request for services along with supporting documentation. Reviews must demonstrate that the request is for the right service in the right amount, and must be completed within 14 calendar days of receipt. Unable to Process are those requests that are considered invalid, while those that are not authorized for administrative reasons are missing required information.

| Measure                                                           | Medicaid |        | State-funded |       |
|-------------------------------------------------------------------|----------|--------|--------------|-------|
|                                                                   | June     | YTD    | June         | YTD   |
| Requests processed                                                | 3,455    | 19,670 | 876          | 4,744 |
| Average time between submission and decision (days)               | 5.5      | 5.6    | 3.1          | 3.2   |
| Requests for mental health and substance abuse services           | 2,526    | 14,515 | 559          | 3,279 |
| Requests for intellectual/developmental disability services       | 929      | 5,155  | 317          | 1,465 |
| Requests unable to process                                        | 347      | 1,795  | 103          | 468   |
| Requests not authorized - administrative reasons                  | 0.6%     | 0.3%   | 0.7%         | 0.2%  |
| Requests not authorized - clinical reasons (right service/amount) | 2.1%     | 0.4%   | 1.9%         | 0.4%  |
| First level appeal requests                                       | 6        | 59     | 1            | 7     |
| Second level appeal requests                                      | 1        | 11     | 0            | 0     |

\*YTD - Year to date. For the purpose of this report, it is everything that has occurred since January 1, 2015.

## Care Coordination – Numbers of Persons Served

The LME/MCO must ensure that care coordination occurs for those individuals considered to have special needs according to the 1915 (b)/(c) waiver. Individuals who have high-risk conditions or those who use an amount of services considered high-cost (the top 20% of service dollars) also receive care coordination.

| Measure                                                     | Medicaid |       | State-funded |       |
|-------------------------------------------------------------|----------|-------|--------------|-------|
|                                                             | June     | YTD   | June         | YTD   |
| Persons with intellectual/developmental disabilities (I/DD) | 1,810    | 2,042 | 54           | 165   |
| Individuals with mental health or substance use needs       | 1,595    | 2,784 | 1,113        | 2,375 |

## Quality Management – Grievances/Complaints

Smoky is required to track all grievances. The definition of grievance is “an expression of dissatisfaction by or on behalf of an Enrollee.” A grievance is about any matter other than a service request that does not get prior authorization. Smoky is required to resolve grievances within 30 days of their receipt.

| Measure                                    | Medicaid |       | State-funded |       | Other* |       |
|--------------------------------------------|----------|-------|--------------|-------|--------|-------|
|                                            | June     | YTD   | June         | YTD   | June   | YTD   |
| Grievances about Smoky                     | 5        | 20    | 1            | 2     | 2      | 9     |
| Grievances about providers                 | 27       | 146   | 7            | 28    | 7      | 36    |
| Total grievances received                  | 32       | 166   | 8            | 30    | 9      | 45    |
| Average time to resolve a grievance (days) | 11.44    | 12.62 | 11.5         | 12.79 | 8.3    | 10.42 |
| Grievances fully resolved                  | 25       | 159   | 6            | 28    | 9      | 45    |

\* Other is defined by unknown or outside of purview. Five compliments were received: four for providers, one for Smoky.

## Finance/Claims

Smoky is required to process a claim within 18 days of receipt, and is required to pay 90% of clean claims within 30 days. A clean claim is a claim that has all the information necessary to process.

| Measure                                        | Medicaid   |             | State-funded |            |
|------------------------------------------------|------------|-------------|--------------|------------|
|                                                | June       | YTD         | June         | YTD        |
| Claims processed                               | 204,814    | 1,085,021   | 46,393       | 267,173    |
| Claims approved and paid                       | 176,755    | 960,372     | 39,866       | 224,624    |
| Average time to process a “clean claim” (days) | 0.8        | 1.0         | 0.4          | 1.0        |
| Service dollars paid out to providers/vendors  | 23,405,889 | 128,187,383 | 3,764,717    | 19,945,024 |
| Providers paid                                 | 448        | 541         | 84           | 94         |

## Provider Network (Medicaid and State-funded)

| Measure                   | Total | Mental Health | Substance Abuse | I/DD |
|---------------------------|-------|---------------|-----------------|------|
| Contracted providers      | 591   | *             | *               | *    |
| Out of Network Agreements | 33    | *             | *               | *    |

- ❖ Note: Some provider agencies provide services for more than one type of service need.
- ❖ Of the total contracted providers, **357** have locations within one or more of Smoky’s 23 counties.
- ❖ Of the providers with single-case agreements, **5** are located within one of Smoky’s 23 counties.

\*Report in development. Numbers will fluctuate based on the transition to using AlphaMCS data instead of manually updated spreadsheets.