

Smoky Mountain LME/MCO (Smoky)

Operations at a Glance – April 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 April:

- ❖ Individuals served by the NC Innovations waiver: **1,565**
- ❖ Other individuals who receive Medicaid: **162,056**
- ❖ Estimated uninsured eligible for State-funding: **137,660**

Registry of Unmet Needs

- ❖ **850** of the **956** individuals potentially eligible for NC Innovations received services during the month of April. (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	
	April	YTD*
Calls from SM consumers/ stakeholders	4,899	18,694
CenterPoint/PBHM calls answered by SM	120	399
Average time to answer calls	6 seconds	6.49 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	
	April	YTD	April	YTD
Requests processed	3,430	12,817	835	3,054
Average time between submission and decision	6.0	5.7	3.2	3.3
Requests for mental health and substance abuse services	2,482	9,433	588	2,148
Requests for intellectual/developmental disability services	948	3,384	247	906
Requests unable to process	341	1,136	84	272
Requests not authorized - administrative reasons	0.6%	0.5%	0.5%	0.3%
Requests not authorized - clinical reasons (right service/amount)	2.3%	0.7%	0.1%	0.0%
First level appeal requests	6	44	2	6
Second level appeal requests	2	8	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	
	April	YTD	April	YTD
Persons with intellectual/developmental disabilities (I/DD)	1,734	1,933	53	132
Individuals with mental health or substance abuse needs	1,643	2,285	1,178	1,874

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		Funding Source Other*	
	April	YTD	April	YTD	April	YTD
Grievances about Smoky	2	13	0	1	2	4
Grievances about providers	32	99	3	19	4	20
Grievances (other)	1	1	0	0	0	0
Total grievances received	35	113	3	20	6	24
Average time to resolve a grievance (days)	11.52	12.24	10	12.21	4.33	8.86
Grievances fully resolved	31	109	2	19	3	21

Two compliments were received, one for Smoky and one for RHA.

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	
	April	YTD	April	YTD
Claims processed	140,863	673,287	34,984	168,686
Claims approved and paid	132,847	617,847	30,768	149,269
Average time to process a “clean claim”	0.9	1.0	0.8	1.1
Service dollars paid out to providers/vendors	18,745,161	80,630,853	2,570,777	13,105,674
Providers paid	458	533	84	93

Provider Network (Medicaid and State-funded)

Measure	Total	Mental Health	Substance Abuse	I/DD
Contracted providers	637	*	*	*
Out of Network Agreements	39	*	*	*

- ❖ Note: Some provider agencies provide services for more than one type of service need.
- ❖ Of the total contracted providers, **382** have locations within one or more of Smoky’s 23 counties.
- ❖ Of the providers with single-case agreements, **6** 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.