Smoky Mountain LME/MCO (Smoky)
Operations at a Glance – August 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 August:

- Individuals served by the NC Innovations waiver: **1,619**
- Other individuals who receive Medicaid: **152,707**
- Estimated uninsured eligible for State-funding: **137,660**

Registry of Unmet Needs

- **828** of the **1,034** individuals potentially eligible for NC Innovations received services during the month of August. (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	
	August	YTD*
Calls from SM consumers/ stakeholders	4,838	38,064
CenterPoint/PBHM calls answered by SM	59	665
Average time to answer calls	6 seconds	6.37 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	
	August	YTD	August	YTD
Requests processed	3,757	26,976	702	6,222
Average time between submission and decision (days)	4.1	5.3	1.8	2.9
Requests for mental health and substance abuse services	2,809	19,914	488	4,285
Requests for intellectual/developmental disability services	948	7,062	214	1,937
Requests unable to process	348	2,473	47	613
Requests not authorized - administrative reasons	0.3%	0.2%	0.4%	0.1%
Requests not authorized - clinical reasons (right service/amount)	2.0%	0.3%	0.7%	0.1%
First level appeal requests	10	79	2	12
Second level appeal requests	1	12	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	
	August	YTD	August	YTD
Persons with intellectual/developmental disabilities (I/DD)	1,781	2,108	62	205
Individuals with mental health or substance use needs	1,643	3,235	1,203	2,934

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*	
	August	YTD	August	YTD	August	YTD
Grievances about Smoky	6	34	1	5	4	14
Grievances about providers	23	195	5	39	13	55
Total grievances received	29	229	6	44	17	69
Average time to resolve a grievance (days)	12.32	13.04	10.17	14.43	5.86	9.64
Grievances fully resolved	19	219	6	44	14	66

* Other is defined by unknown or outside of purview.

Two compliments were received in August: one for Smoky staff and one for provider agency staff.

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	
	August	YTD	August	YTD
Claims processed	183,168	1,465,210	39,589	354,327
Claims approved and paid	156,568	1,290,206	34,511	292,134
Average time to process a "clean claim" (days)	1.1	1.0	1.0	1.0
Service dollars paid out to providers/vendors	20,522,575	170,944,263	2,929,504	26,084,725
Providers paid	425	553	82	95

Provider Network (Medicaid and State-funded)

Measure	Total	Mental Health	Substance Abuse	I/DD
Contracted providers	593	*	*	*
Out of Network Agreements	38	*	*	*

- Note: Some provider agencies provide services for more than one type of service need.
- Of the total contracted providers, **360** 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.