

Smoky Mountain LME/MCO (Smoky)

Operations at a Glance – May 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 May:

- ❖ Individuals served by the NC Innovations waiver: **1,624**
- ❖ Other individuals who receive Medicaid: **154,241**
- ❖ Estimated uninsured eligible for State-funding: **137,660**

Registry of Unmet Needs

- ❖ **846** of the **962** individuals potentially eligible for NC Innovations received services during the month of May. (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	
	May	YTD*
Calls from SM consumers/ stakeholders	4630	23,324
CenterPoint/PBHM calls answered by SM	77	476
Average time to answer calls	6 seconds	6.39 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	
	May	YTD	May	YTD
Requests processed	3,398	16,215	814	3,868
Average time between submission and decision	5.2	5.7	2.8	3.3
Requests for mental health and substance abuse services	2,556	11,989	572	2,720
Requests for intellectual/developmental disability services	842	4,226	242	1,148
Requests unable to process	312	1,448	93	365
Requests not authorized - administrative reasons	0.5%	0.3%	0.5%	0.2%
Requests not authorized - clinical reasons (right service/amount)	2.5%	0.6%	0.5%	0.1%
First level appeal requests	7	51	0	6
Second level appeal requests	0	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	
	May	YTD	May	YTD
Persons with intellectual/developmental disabilities (I/DD)	1,813	1,995	55	151
Individuals with mental health or substance use needs	1,475	2,532	1,010	2,086

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*	
	May	YTD	May	YTD	May	YTD
Grievances about Smoky	2	15	0	1	3	7
Grievances about providers	20	119	2	21	8	29
Grievances (other)	22	134	2	22	11	36
Total grievances received	11.83	12.48	15	12.43	10.1	10.46
Average time to resolve a grievance (days)	18	130	1	21	10	35
Grievances fully resolved	2	15	0	1	3	7

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	
	May	YTD	May	YTD
Claims processed	206,920	880,207	52,094	220,780
Claims approved and paid	165,770	783,617	35,489	184,758
Average time to process a “clean claim”	0.8	1.0	0.8	1.0
Service dollars paid out to providers/vendors	24,150,641	104,781,494	3,074,633	16,180,307
Providers paid	456	534	81	93

Provider Network (Medicaid and State-funded)

Measure	Total	Mental Health	Substance Abuse	I/DD
Contracted providers	636	*	*	*
Out of Network Agreements	38	*	*	*

- ❖ 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.