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

- Individuals served by the NC Innovations waiver: **1,561**
- Other individuals who receive Medicaid: **163,210**
- Estimated uninsured eligible for State-funding: **137,660**

Registry of Unmet Needs

- **849** of the **956** individuals potentially eligible for NC Innovations received services during the month of March. (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	
	March	YTD*
Calls from SM consumers/ stakeholders	5,287	13,795
CenterPoint/PBHM calls answered by SM	105	279
Average time to answer calls	7 seconds	6.67 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	
	March	YTD	March	YTD
Requests processed	3,420	9,377	842	2,226
Average time between submission and decision	6.6	5.6	4.1	3.4
Requests for mental health and substance abuse services	2,545	7,013	571	1,495
Requests for intellectual/developmental disability services	875	2,364	271	731
Requests unable to process	318	772	79	183
Requests not authorized - administrative reasons	0.8%	0.6%	1.7%	0.7%
Requests not authorized - clinical reasons (right service/amount)	1.9%	0.7%	0.4%	0.1%
First level appeal requests	7	38	2	4
Second level appeal requests	1	7	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	
	March	YTD	March	YTD
Persons with intellectual/developmental disabilities (I/DD)	1,815	1,928	87	130
Individuals with mental health or substance abuse needs	1,635	2,048	1,227	1,671

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*	
	March	YTD	March	YTD	March	YTD
Grievances about Smoky	5	11	0	1	0	2
Grievances about providers	27	67	4	16	5	16
Total grievances received	32	78	4	17	5	18
Average time to resolve a grievance (days)	9.6	12.21	9.8	12.5	3.6	9.6
Grievances fully resolved	29	75	4	17	5	18

*Other defined by funding source not indicated, Medicare, Out of Purview, Anonymous grievance or is unknown. Two compliments were received.

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	
	March	YTD	March	YTD
Claims processed	186,781	532,424	38,839	133.702
Claims approved and paid	166,982	485,000	34,691	118,501
Average time to process a "clean claim"	0.9	1.0	0.9	1.2
Service dollars paid out to providers/vendors	20,896,310	61,885,692	3,038,997	10,534,897
Providers paid	463	533	82	90

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, **381** 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.