



NORTH CAROLINA  
**COUNCIL OF  
COMMUNITY  
PROGRAMS**

NC Council is a statewide association, operating since 1983. We are celebrating our 30<sup>th</sup> anniversary this year.

- Council was established by Area Authorities. They now serve as Local Management Entities (LMEs) acting as Managed Care Organizations (MCOs) pursuant to HB 916
- Council functions as a collective of its members for the purpose of consistency, standardization, and streamlined communication with stakeholders such as legislators.
- Association offers a structure to strengthen standardization through processes such as staff forums which collaborate with Division of Medical Assistance, Division of MH/DD/SA Services and other stakeholders. Council also provides data gathering, research, analysis and training services.

Council produces a Medicaid Waiver Performance Sheet that presents a monthly snapshot of key management elements under the Waiver. Those areas include:

- Number of Medicaid Eligibles
- Number of providers in network [pre and post] implementation of the waiver
- Claims Adjudication
- Service Authorizations
- Complaints

## NC Council of Community Programs Claims Adjudication Data, January 2013:

	CI HS#	CI HS%	WHN # <sup>3</sup>	WHN %	ECBH # <sup>4</sup>	ECBH %	SMC #	SMC %	SC #	SC %	EP	EP%
Average Days to Process a Clean Claim (received date to processed date)	2.67 <sup>1</sup>	N/A	15 Days	N/A	9.5	N/A	0.2 days	N/A	9.4	N/A	9.19	NA
Total Billed Claims For Month Indicated (Medicaid only)	270,869 <sup>2</sup>		251,879	100%	74,025	100%	85,975	100%	64,261 <sup>5</sup>	100%	67,726	100%
Total Approved Claims	210,800 <sup>2</sup>	77.82%	220,488	87.5%	65,026	87.8%	72,462	84.3%	43,583	67.8%	55,447	81.87%
Claims not processed due to Provider Claims Processing Issues	60,069	22.18%	31,353	12.4%	8,545	11.5%	9462	11%	20,401	31.7%	7,513	11%
Claims not processed due to LME-MCO Systems Issues	0	0%	38	0.02%	434	0.6%	4051	4.7%	277	0.4%	4,766	7%

\*\*Total billed claims include both paper and electronic; Medicaid fund sources only.

\*\*\* The contract between DHHS and the LME-MCO allows a 48-day turnaround time for clean claims.

•CIHS Processing Days reflects only Medicaid Claims

•CIHS Claims totals are all claims processed (Medicaid and State)

•WHN reporting on claims 8/1/12 through 10/31/12

•ECBH there are 20 pended claims (.1%) included in the total billed claims.

•SC claim service lines processed 01/01/13 thru 01/31/13 and includes 428 pending claim service lines as of Jan 31, 2013

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- **MENTAL HEALTH**
  - **DEVELOPMENTAL  
DISABILITIES**
  - **SUBSTANCE ABUSE**

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- LME-MCOs want to be accountable and transparent
- Council is here to assist legislators and stakeholders to address issues and concerns. We can help.