

#### Mecklenburg County

MeckLINK Behavioral Healthcare Monthly Update May 21, 2013



#### Update Agenda

- Summary of April operations
   <u>Presenter</u>: Phil Endress, MeckLINK Director
- Overview of Care Coordination
   <u>Presenter</u>: Dr. Aalece Pugh-Lilly, MeckLINK Division Director, Care Coordination



# Summary of April Operations

Key Metrics	Totals for April
Authorizations reviewed	5,058
Authorizations approved	4,162
Clinical denials of authorizations	127
Administrative denials of authorizations	878
Calls received	4,271
Calls answered in less than 30 seconds	97%
Claims approved	60,950
Claims denied	22,382



### **Care Coordination**

- Goal of Care Coordination
- Populations Served
- Contribution to Managed Care
- Services Provided
- Structure of Care Coordination Division
- PROACT a model for physical and behavioral health care management



### Goal of Care Coordination

To identify at-risk individuals and proactively intervene to improve outcomes for the individuals.

At-risk individuals have:

- High level of need or complex needs
- High risk for complications, relapse and/or repetitive use of high-cost services



### **Populations Served**

- Children with severe emotional disturbance
- Women in Work First with substance abuse diagnosis
- Adults with severe and persistent mental illness
- IV drug or opiate users
- Individuals with intellectual/developmental disabilities
- Individuals discharged from 24-hour care or with two or more admissions for acute treatment within 30 days



### **Services Provided**

- Assessment of special needs
- Education and support
- Facilitation of Person-Centered Planning
- Coordination of services
- Monitoring and follow up
- Documentation and quality assurance

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## **Contribution to Managed Care**

- Care Coordination contributes to both quality management and financial risk management.
- By managing the <u>quality of care</u> for at-risk individuals, Care Coordination reduces the <u>financial risk</u> associated with funding the repetitive use of high-cost services.



## Structure of Division

- 92 staff divided into functional teams serving special populations.
- Four office sites:
  - Huntersville
  - Matthews
  - East Charlotte
  - Billingsley Campus



## **Functional Teams**

- Mental Health/Substance Abuse
- Intellectual/Developmental Disabilities
- Community Connections
  - for individuals transitioning from state facilities, the courts, the correctional system, or homelessness

#### PROACT

for individuals with severe behavioral health and physical health needs





Preventable Readmissions Options and Care Transitions

- Innovative partnership with Community Care Partners of Greater Mecklenburg (CCPGM)
- Supports Medicaid patients with both physical and behavioral health needs
- Provides transitional care for patients in local hospitals and emergency departments:
  - Discharge planning
  - Transition to outpatient care
  - Connection to CCPGM and MeckLINK care coordination