



**The State of Louisiana
Department of Health & Hospitals
Office of Behavioral Health
Magellan of Louisiana CSoC Program**

**External Quality Review Technical Report, Year One
Review Period: December 1, 2015 to November 30, 2016**

**April 2017
Final Report**

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

SECTION 1: INTRODUCTION	3
SECTION 2: VALIDATION OF PERFORMANCE MEASURES.....	5
SECTION 3: VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS.....	13
SECTION 4: ANNUAL COMPLIANCE AUDIT	20
SECTION 5: STRENGTHS AND OPPORTUNITIES	36

List of Tables

Table 1: Summary of Findings	20
Table 2: Summary of Less Than Fully Compliant Findings	21

Section 1: Introduction

The State of Louisiana has developed a **Coordinated System of Care (CSoC)** for Louisiana's children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement. The CSoC offers an array of Medicaid State Plan and Home and Community-Based Waiver services (HCBS) to children and youth in need of mental health and/or substance use treatment who are deemed clinically and financially eligible.

The CSoC is an evidence-informed approach to family and youth-driven care that enables children to successfully live at home, stay in school and reduce involvement in the child welfare and juvenile justice systems. The primary goals for CSoC include:

- Reducing the number of children and youth in detention and residential settings;
- Reducing the State's cost of providing services by leveraging Medicaid and other funding sources;
- Increasing access to a fuller array of home and community-based services that promote hope, recovery and resilience;
- Improving quality by establishing and measuring outcomes; and
- Improving the overall functioning of these children and their caregivers.¹

The CSoC program is centered around Wraparound Agencies (WAAs), located throughout the state. The WAAs develop and implement Plans of Care (POCs) for the CSoC youth, based upon previously assessed needs. In conjunction with Family Support Organizations (FSOs), appropriate services and supports are provided and are regularly monitored and updated in accordance with changes in members' conditions. The success of the program relies heavily upon POC monitoring by the WAAs.

The Centers for Medicare and Medicaid Services (CMS) require that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care organizations and prepaid inpatient health plans. This EQR must include an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that these programs furnish to Medicaid recipients.

In order to comply with these requirements, the State of Louisiana, Department of Health, contracted with Island Peer Review Organization (IPRO) to assess and report the impact of its Medicaid managed care program and its participating managed care organizations on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO's independent evaluation of the services provided by Magellan of Louisiana's CSoC program for the review period 12/1/15 – 11/30/16.

The framework for the assessment is based upon the guidelines and protocols established by CMS, as well as State requirements.

The following goals and priorities reflect the State's priorities and areas of concern for the population covered by the CSoC:

- To improve accessibility to care and use of services
- Improve effectiveness and quality of care
- Improve cost effectiveness through reducing repeat emergency room (ER) visits, hospitalizations, out of home placements and institutionalizations

¹ Louisiana Coordinated System of Care Standard Operating Procedures

- Increase coordination and continuity of services

The three mandatory areas of EQR oversight are addressed in this report:

- a) Validation of selected CSoC performance measures
- b) Validation of the CSoC Performance Improvement Project (PIP)-Increase in Attendance of Behavioral Health Providers at Child and Family Team Meetings
- c) Annual Compliance Review

Section 2: Validation of Performance Measures

Performance measures provide information regarding directions and trends in the aspects of care and service being measured. The information is used to focus and identify future quality activities and direct interventions to improve quality of care and services. Performance measures are tracked and trended, and information will be used by the Office of Behavioral Health (OBH) to develop future quality activities.

IPRO, in consultation with the OBH, selected five (5) performance measures reported by Magellan of Louisiana CSoC for the December 1, 2015 – November 30, 2016 year. As previously stated, the CSoC program was developed by the State of Louisiana for children and youth with significant behavioral health challenges, with the ultimate goal of preventing out of home placement through the provision of home and community based services aimed at promoting positive behavioral health outcomes. The CSoC program is managed by Magellan, but the program is heavily focused upon the activities performed and provided by the WAAs, of which there are nine (9) across the state. Comprehensive needs assessments, care plan development and modification, and service coordination are largely the responsibility of the WAAs and Family Support Organizations (FSOs). The measures selected for validation are representative of the care plan oversight and service monitoring required by Magellan, the WAAs, and FSOs to insure the success of the program. The 5 selected measures are:

- 1) Participants with plans of care (POCs) reflecting supports and services necessary to address goals (POC1)
- 2) Participants with POCs updated timely (POC4)
- 3) Participants with updated POCs with needs change / change of condition (POC5)
- 4) Participants who received coordination and support to resolve health needs identified through case management contacts (HW5)
- 5) Follow up After Hospitalization for Mental Illness (FUH)

It should be noted that the FUH measure is reported annually, and was validated in early 2017, following 2016 measure submission. The other measures are reported on a quarterly basis and IPRO validated the measure results for the 2nd quarter (3/1 – 5/31/16).

All documentation required for validation (e.g. member listings, care management records, medical records, reports) was sent to IPRO electronically via upload to the FTP.

Measure POC1: Number and percent of participants whose plans of care reflect supports and services necessary to address the participant's goals

Magellan's sampling approach to this measure involves 385 charts annually across nine WAA providers. For the 3/1-5/31/16 quarter, 99 charts were randomly selected for review. Sample requirements include enrollment at least 30 days or greater from their enrollment date, and currently enrolled in CSoC at the time of sample selection. Participants that were audited in the previous quarter were excluded from the current sample.

Performance Indicator (Measure POC1):

- 1) *Numerator: Number of participants whose plan of care reflects supports and services necessary to address goals*
Denominator: Total number of participants included in the sample

Data Sources:

- 1) Member plans of care (POCs)
- 2) Independent Behavioral Health Assessments (IBHAs)
- 3) Audit Tool

Reported Results:

For the 5/31/16 reporting period, measure results were as follows:

Numerator: 99

Denominator: 99

Rate: 100% Compliance

It should be noted that for the prior quarter (12/1-2/28/16), measure results indicated 100% compliance, across an audited sample of 90 records.

The goal for this measure is 100% compliance, with a 90% minimum performance threshold.

Validation Methodology:

From the 5/31/16 reporting period, IPRO will select a random sample of 30 records for validation. Validation will include review of care plans (for identification of goals, services and supports), and IBHAs (for identification of needs). IPRO will also review Magellan's audit tool documenting the measure components and results.

Validation Results:

Thirty records were reviewed for validation, including both IBHAs and POCs. In each instance, IPRO was in agreement with the audit findings, in that the POCs reflect the supports and services necessary to address the participant's goals.

Measure POC4: Number of participants whose plan of care (POC) was updated timely

The participants' plans of care are required to be updated, based upon re-assessment of functional need, at least every 6 months (every 180 calendar days). For the 3/1-5/31/16 reporting period, a total of 367 participants across the 9 WAAs had plans of care with updates due during the period. Each record was audited for compliance.

Performance Indicator:

- 1) *Numerator: Number of participants whose plan of care was updated timely*
Denominator: Number of participants whose plan of care update was due during the reporting period

Data Sources:

- a) Plans of care
- b) Audit tool documenting update due dates, and review results

Reported Results:

Measure results for the 5/31/16 reporting period were as follows:

Numerator: 367

Denominator: 367

Rate: 100% Compliance

For the prior reporting period, measure results indicated 99.5% compliance (577 timely updates out of 580 updates due).

It should be noted that the goal of this measure is 97% compliance, with a 97% minimum performance threshold

Validation Methodology:

From the 5/31/16 reporting period, IPRO will randomly select 30 records for validation. Validation will involve a review of the care plans for updates, as well as documentation of update due dates.

Validation Results:

Thirty (30) POCs were reviewed for validation. For each sampled member, IPRO was in agreement with the audit findings, in that the POCs reflect timely updates. It should be noted, however, that the measure was re-calculated and resubmitted prior to IPRO's review, based upon Magellan's observation that 2 records (POCs) were unaccounted for in the previous submission. Of the 2 records, one was updated timely and one was not. Re-submitted measure results for the quarter were as follows:

Numerator: 368

Denominator: 369

Rate: 99.7%

Measure POC 5: Number and percent of participants whose plans of care were updated when participant's needs changed

Plans of care are required to be updated when the participants' circumstances or needs change significantly, and at the request of the participant. As with Measure POC1, Magellan's sampling approach involves auditing 385 charts annually, of members enrolled at least 30 days or greater from their enrollment date and who were currently enrolled in CSoC. For the 3/1-5/31/16 reporting period, 99 charts across the 9 WAAs were randomly selected. Participants audited in the prior quarter were excluded.

Performance Indicator:

Numerator: Number of participants whose plans of care (POCs) were updated when needs changed

Denominator: Total number of participants in the sample

Data Sources:

- a) Plans of Care (POCs)
- b) Progress notes, and/or WAA correspondence documenting change of condition or needs change, and/or participant's request
- c) Audit tool

Reported Results:

Results for the 5/31/16 reporting period were as follows:

Numerator: 99

Denominator: 99

Rate: 100%

Prior quarter (2/28/16) results indicated 100% compliance, across a sample of 90 records.

The goal of this measure is 100% compliance, with a minimum performance threshold of 90%.

Validation Methodology:

From the 5/31/16 reporting period, IPRO will randomly select 30 records for validation, through a review of the WAA record, care plans and updates. Changes of condition, needs change, and/or participants' request should be clearly documented in the record.

Validation Results:

Thirty (30) POCs were reviewed for validation. For each sampled member, IPRO observed and validated POC updates. All records passed validation.

Measure HW5: Number and percent of participants who received coordination and support to resolve health needs identified through case management contacts

The WAAs are required to provide support to participants to resolve identified health needs timely and appropriately. Coordination with outside providers is often necessary. Magellan is responsible for ensuring that the WAAs provide this level of coordination and support.

Magellan's sampling approach to this measure involves 385 charts annually across nine WAA providers. For the 3/1-5/31/16 quarter, 99 charts were randomly selected for review. This measure is applicable only for those members with identified health needs. Sample requirements include enrollment at least 30 days or greater from their enrollment date, and currently enrolled in CSoC at the time of sample selection. Participants that were audited in the previous quarter were excluded from the current sample.

Performance Indicator :

- 1) *Numerator: Number of participants who received coordination and support to resolve health needs*
Denominator: Total number of participants included in the sample (with identified health needs)

Data Sources:

- 1) WAA progress notes
- 2) Audit tool

Reported Results:

For the 5/31/16 reporting period, measure results were as follows:

Numerator: 90

Denominator: 90

Rate: 100% Compliance

It should be noted that for the prior quarter (12/1-2/28/16), measure results indicated 100% compliance, across an audited sample of 90 records.

The goal for this measure is 100% compliance, with a 90% minimum performance threshold.

It should be noted that for the 5/31/16 reporting period, nine (9) records were excluded from the sample as not applicable. For the prior quarter, 41 records were excluded from the sample.

Validation Methodology:

From the 5/31/16 reporting period, IPRO will select a random sample of 30 records for validation, through a review of the WAA progress notes and audit tool. IPRO will also validate the 9 record exclusions. It is IPRO's assumption that the exclusions were attributable to a lack of identified health needs.

Validation Results:

IPRO's review of the 30 sets of WAA progress notes and assessments indicated, in each instance, agreement with audit findings. During IPRO's initial review of the measure results, there was a concern regarding the notable number of exclusions (not applicable) for the measure; IPRO requested the 9 excluded records for validation. It was unclear to IPRO as to why any record in the denominator would be excluded due to a lack of health needs, given the nature of the CSoC program.

Magellan's re-review of the eligible population resulted in re-calculating the measure, to include the nine records in the denominator, as having health needs. Apparently there was confusion over the definition of "health needs", to erroneously mean only medical needs and the 9 records should not have been excluded. Apparently some re-training occurred but one Wraparound Agency was still using the old exclusion criteria.

The re-submitted measure for the 3/1-5/31/16 quarter should be as follows:

Numerator: 99

Denominator: 99

Rate: 100%

Magellan indicated that previous quarter results would be re-calculated, based upon removing the Not Applicable option from the measure.

Measure FUH: Follow Up After Hospitalization for Mental Illness

Appropriate follow up care after discharge from psychiatric hospitalization is vital. This care can identify patients requiring additional interventions, prior to a crisis or problematic level, and can therefore reduce the risk of repeat hospitalization. A follow up visit within 30 days post hospitalization is often the first initial step in obtaining this care. The Follow-Up After Hospitalization for Mental Illness measure is a HEDIS measure established for this purpose and monitors ambulatory follow ups within 7 and 30 days after discharge.

Numerator	<p>30-Day Follow-Up: A follow-up visit with a mental health practitioner within 30 days after discharge. Include visits that occur on the date of discharge.</p> <p>7-Day Follow-Up; A follow-up visit with a mental health practitioner within 7 days after discharge. Include visits that occur on the date of discharge.</p> <p>For both indicators, any of the following meet criteria for a follow-up visit:</p> <ul style="list-style-type: none"> • A visit (FUH Stand Alone Visits Value Set) with a mental health practitioner. • A visit (FUH Visits Group 1 Value Set and FUH POS Group 1 Value Set) with a mental health practitioner. • A visit (FUH Visits Group 2 Value Set and FUH POS Group 2 Value Set) with a mental health practitioner. • A visit in a behavioral healthcare setting (FUH Revenue Codes Group 1 Value Set). <p>National HEDIS Specifications¹: Includes waiver service CSoc ILSB only</p> <p>Modified HEDIS Specifications²: Adds waiver services CSoc YST, PST, CS, STR</p>	Denominator	<p>Product line: Medicaid</p> <p>Ages: 6 years and older as of the date of discharge.</p> <p>Continuous enrollment: Date of discharge through 30 days after discharge.</p> <p>Allowable gap: No gaps in enrollment.</p> <p>Anchor date: None.</p> <p>Benefits: Mental health (inpatient and outpatient).</p> <p>Event/ diagnosis: An acute inpatient discharge with a principal diagnosis of mental illness (Mental Illness Value Set) on or between January 1 and December 1 of the measurement year.</p> <p>The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.</p> <p>Acute readmission or direct transfer: If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.</p>
------------------	---	--------------------	--

Reported rates (per standard HEDIS specifications) for the 1/1-12/1/16 period were as follows:

Seven (7) day follow up:

Numerator: 146

Denominator: 315

Rate: 46.4%

Thirty (30) day follow up:

Numerator: 191

Denominator: 315

Rate: 60.6%

It should be noted that the above reported results are considered preliminary, rates will be re-calculated in April 2017 following a claims re-fresh, to allow for end of year claims lag. The 7 day follow up rate, as reported, is above the 50th percentile and the 30 day rate is only approximately three percentage points below the 50th percentile.

Validation Results

IPRO validated 7 and / or 30 day compliancy for 28 of the 30 members in the sample. Evidence of outpatient visits within acceptable timeframes was missing for two (2) members in the sample. Magellan was aware of these instances and had upfront submitted separate explanations for incorrect inclusion in the numerator. For these 2 discharges, follow up visits within acceptable timeframes did not occur.

Based upon the sample review only, revised rates are as follows:

Seven (7) day follow up:

Numerator: 144

Denominator: 315

Rate: 45.7%

Thirty (30) day follow up:

Numerator: 189

Denominator: 315

Rate: 60%

Section 3: Validation of Performance Improvement Projects

A Performance Improvement Project (PIP) is intended to improve care, services or member outcomes. The general expectations for PIPs include:

- PIP development, appropriate study topic, clearly defined study question and indicators, correctly identified study population, baseline results, valid sampling methods, accurate and complete data collection and analyses, and the development of interventions for the re-measurement year(s).
- Interventions implemented and results reported.
- Re-measurement and ongoing improvement with adjustment in interventions, as appropriate.
- Re-measurement demonstrating ongoing improvement or sustainability of results, and future years to be determined based upon results, sustainability and member needs.

In Contract Year One as the CSoC organization, Magellan is contractually required to conduct one performance improvement project (PIP) to achieve improvement through ongoing measurement and intervention resulting in significant improvement, sustained over time, with a favorable effect on health outcomes and enrollee satisfaction. In the Quality Strategy Improvement document, the Department of Health and Hospitals (DHH) recommended the Performance Improvement Project during the first contract year will be “Increase in the Attendance of Behavioral Health Providers at the Child and Family Team Meetings (CFTs).” Magellan concurred with this recommendation and conducted the PIP as recommended.

Magellan identified three indicators to measure the participation in CFT. Indicators include:

1. Percent of Behavioral Health (BH) Provider participating in the CFT (total and region)
2. BH Provider Participation in CFT
3. WAA Notification of BH of CFT

Indicator layout is as follows:

1. Indicator 1: Percent of Behavioral Health (BH) provider participating in CFT (Total and by Region)

- **Denominator:** Number of unique Behavioral Health Providers listed on the CSoC Member's current Plan of Care (POC)
- **Numerator 1:** The number of unique Behavioral Health Providers who actively participated in person during the regularly Scheduled Child and Family Team meetings.
- **Numerator 2:** The number of unique Behavioral Health Providers who actively participated on the phone during the regularly scheduled Child and Family Team meetings.
- **Numerator 3:** The total number of unique Behavioral Health Providers who actively participated during the regularly scheduled Child and Family Team meetings.
- **Numerator 4:** The number of unique Behavioral Health Providers who participated in the regularly Scheduled Child and Family Team meetings by other means (e.g., submitted a summary report, recent progress notes, gave verbal report before the meeting, etc.).
- **Numerator 5:** The total number of unique Behavioral Health Providers who participated during the regularly scheduled Child and Family Team meetings.

2. Indicator 2: BH Provider Participation in CFT

- **Denominator:** Records reviewed as part of Treatment Record Review Process for the element: Record showed evidence of provider participation in the CFT.
- **Numerator 1:** Records showing full compliance with participation in the CFT.
- **Numerator 2:** Records showing partial compliance with participation in the CFT.

3. Indicator 3: Wraparound Agency (WAA) Notification of BH of CFT (Total and by Region)

- Denominator: Records reviewed as part of Treatment Record Review Process for element: Evidence of timely notification of Behavioral Health Providers of CFT meeting.
- Numerator 1: Records showing full compliance with notification of CFT meeting.
- Numerator 2: Records showing partial compliance with notification of CFT meeting.

Interventions include: monitoring BH providers documentation via Treatment Record Reviews, monitoring Wraparound Agency (WAA) Documentation, provider training requirements, and CFT billing guidance.

Project results were reported as follows:

Indicator 1: Percent of Behavioral Health (BH) provider participating in CFT (Total and by Region) Raw Data for November 2016 (Please see the CFT PIP Indicator 1 Spreadsheet for Raw Data for Previous Months)

Region	# of members in the Region	Denom: # of unique BH Providers On POC	Average # of Providers on POC	Num 1 In Person	% In Person	Num 2 By Phone	% By Phone	Num 3 Active Part.	% Active Part	Num 4 Other Means	% Other Means	Num 4 Total	% Total
1	400	930	2.33	415	44.6%	64	6.9%	479	51.5%	173	18.6%	652	70.1%
2	255	552	2.16	249	45.1%	17	3.1%	266	48.2%	43	7.8%	309	56.0%
3	292	572	1.96	332	58.0%	18	3.1%	350	61.2%	57	10.0%	407	71.2%
4	261	497	1.90	197	39.6%	18	3.6%	215	43.3%	47	9.5%	262	52.7%
5	128	215	1.68	129	60.0%	10	4.7%	139	64.7%	21	9.8%	160	74.4%
6	153	221	1.44	93	42.1%	3	1.4%	96	43.4%	30	13.6%	126	57.0%
7	186	368	1.98	174	47.3%	13	3.5%	187	50.8%	46	12.5%	233	63.3%
8	212	300	1.42	188	62.7%	23	7.7%	211	70.3%	26	8.7%	237	79.0%
9	346	680	1.97	294	43.2%	11	1.6%	305	44.9%	56	8.2%	361	53.1%
Totals:	2233	4335	1.94	2071	47.8%	177	4.08%	2248	51.9%	499	11.5%	2747	63.4%

Trending by Percentage for Region and Total for Each Numerator

Numerator 1: The number of unique Behavioral Health Providers who actively participated in person during the regularly Scheduled Child and Family Team meetings.

Region	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Region 1	55.1%	54.4%	56.5%	55.2%	54.9%	54.1%	52.2%	55.6%	53.6%	51.1%	44.6%
Region 2	51.4%	50.8%	49.6%	48.6%	50.1%	47.2%	45.9%	30.2%	38.9%	46.4%	45.1%
Region 3	45.8%	50.6%	55.0%	56.8%	60.8%	56.2%	64.8%	58.3%	59.3%	57.7%	58.0%
Region 4	35.8%	36.7%	38.3%	40.0%	35.3%	36.7%	31.7%	38.6%	37.8%	40.9%	39.6%
Region 5	62.2%	61.3%	54.5%	56.6%	61.6%	58.2%	58.9%	62.8%	62.4%	62.3%	60.0%
Region 6	45.0%	48.9%	49.7%	49.5%	45.8%	36.7%	44.6%	38.6%	43.2%	41.8%	42.1%
Region 7	50.6%	52.1%	56.3%	57.1%	53.7%	54.0%	49.3%	52.2%	49.1%	52.3%	47.3%
Region 8	57.8%	64.6%	65.5%	58.2%	60.7%	69.8%	59.4%	59.4%	61.9%	58.3%	62.7%
Region 9	48.5%	47.8%	43.3%	50.1%	50.0%	52.4%	48.5%	54.8%	53.9%	52.4%	43.2%
Totals	49.8%	51.2%	52.1%	52.4%	52.6%	52.4%	50.6%	49.6%	51.0%	51.3%	47.8%

Numerator 2: The number of unique Behavioral Health Providers who actively participated on the phone during the regularly scheduled Child and Family Team meetings.

Region	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Region 1	9.0%	8.4%	8.4%	11.5%	8.9%	11.8%	8.7%	7.3%	6.5%	6.7%	6.9%
Region 2	6.2%	3.3%	2.7%	4.5%	3.0%	4.1%	2.3%	1.5%	1.2%	2.6%	3.1%
Region 3	4.2%	3.8%	2.9%	1.1%	4.3%	3.3%	6.0%	5.1%	8.4%	7.5%	3.1%
Region 4	1.5%	3.0%	2.8%	2.6%	2.8%	3.2%	1.8%	2.8%	2.3%	2.9%	3.6%
Region 5	2.0%	2.0%	1.1%	0.9%	0.9%	0.8%	0.4%	0.6%	3.3%	4.8%	4.7%
Region 6	1.0%	1.1%	2.5%	1.1%	1.9%	0.0%	0.5%	6.2%	0.5%	1.4%	1.4%
Region 7	0.6%	2.7%	5.2%	3.6%	4.0%	3.6%	5.4%	4.8%	3.3%	3.9%	3.5%
Region 8	8.9%	6.4%	10.9%	10.7%	7.4%	10.9%	11.3%	10.6%	11.5%	9.0%	7.7%
Region 9	1.9%	2.8%	3.1%	0.6%	0.7%	1.4%	1.9%	1.7%	0.8%	1.8%	1.6%
Totals	4.9%	4.6%	5.0%	5.2%	4.5%	5.6%	4.9%	4.6%	4.5%	4.8%	4.1%

Numerator 3: The total number of unique Behavioral Health Providers who actively participated during the regularly scheduled Child and Family Team meetings.

Region	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Region 1	64.1%	62.8%	64.9%	66.7%	63.9%	65.9%	61.0%	62.9%	60.0%	57.7%	51.5%
Region 2	57.7%	54.1%	52.3%	53.1%	53.1%	51.4%	48.2%	31.7%	40.2%	49.0%	48.2%
Region 3	50.0%	54.4%	58.0%	57.9%	65.1%	59.5%	70.8%	63.3%	67.7%	65.2%	61.2%
Region 4	37.3%	39.7%	41.1%	42.6%	38.1%	39.9%	33.5%	41.5%	40.0%	43.8%	43.3%
Region 5	64.2%	63.3%	55.6%	57.5%	62.5%	59.0%	59.3%	63.3%	65.7%	67.1%	64.7%
Region 6	46.1%	50.0%	52.3%	50.5%	47.7%	36.7%	45.1%	44.8%	43.7%	43.2%	43.4%
Region 7	51.2%	54.8%	61.4%	60.7%	57.6%	57.6%	54.7%	57.0%	52.4%	56.3%	50.8%
Region 8	66.7%	71.0%	76.4%	68.9%	68.1%	80.7%	70.7%	70.0%	73.4%	67.3%	70.3%
Region 9	50.4%	50.6%	46.3%	50.7%	50.7%	53.8%	50.4%	56.5%	54.7%	54.2%	44.9%
Totals	54.7%	55.7%	57.1%	57.7%	57.1%	58.0%	55.6%	54.2%	55.5%	56.1%	51.9%

Numerator 4: The number of unique Behavioral Health Providers who participated in the regularly Scheduled Child and Family Team meetings by other means (e.g., submitted the summary report, recent progress notes, gave verbal report before the meeting, etc.).

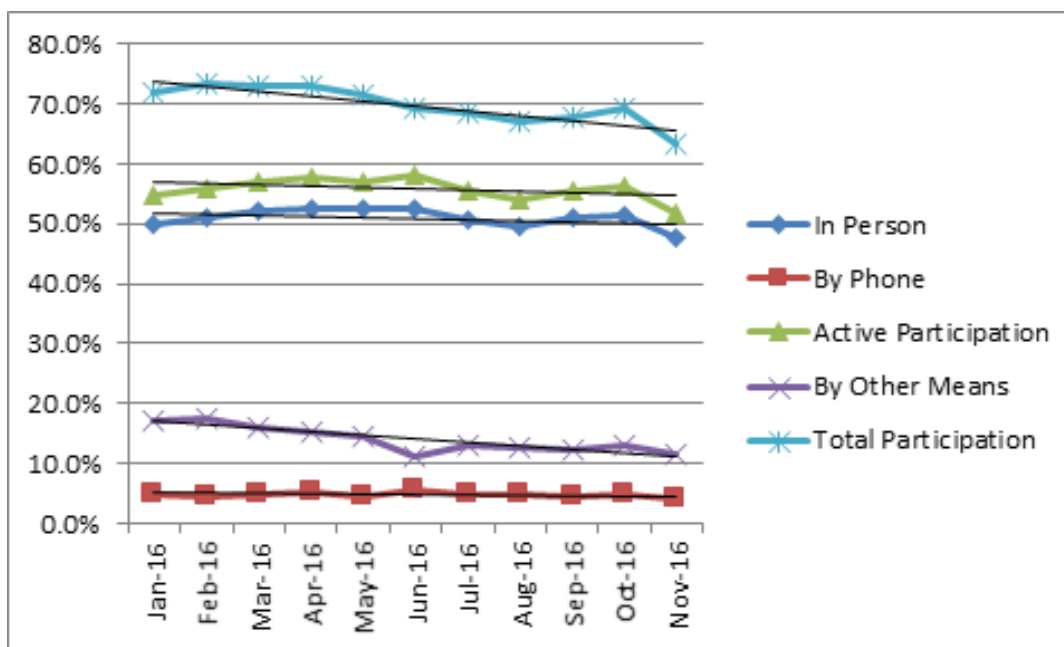
Region	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Region 1	21.4%	22.7%	18.2%	20.5%	21.6%	17.3%	19.0%	16.0%	15.8%	16.7%	18.6%
Region 2	23.6%	16.4%	14.4%	17.6%	15.6%	10.6%	8.7%	3.7%	8.0%	8.6%	7.8%
Region 3	13.0%	20.9%	18.3%	12.6%	10.6%	11.9%	22.2%	15.4%	14.7%	18.3%	10.0%
Region 4	14.8%	15.4%	12.8%	8.7%	11.9%	9.2%	10.1%	7.5%	8.3%	9.7%	9.5%
Region 5	0.0%	0.0%	0.0%	0.0%	0.4%	3.6%	3.6%	2.2%	5.7%	7.9%	9.8%
Region 6	22.5%	26.1%	21.3%	23.7%	24.1%	11.3%	20.2%	26.2%	21.1%	17.4%	13.6%
Region 7	0.0%	1.4%	2.2%	2.5%	2.0%	1.9%	1.6%	17.1%	13.3%	16.1%	12.5%
Region 8	31.9%	28.5%	27.7%	23.6%	18.9%	13.0%	10.6%	19.2%	14.0%	12.8%	8.7%
Region 9	12.1%	12.6%	17.3%	17.4%	13.7%	10.9%	10.7%	11.6%	9.6%	8.7%	8.2%
Totals	17.2%	17.6%	15.9%	15.4%	14.6%	11.3%	12.9%	12.8%	12.2%	13.1%	11.5%

Numerator 5: The total number of unique Behavioral Health Providers who participated during the regularly scheduled Child and Family Team meetings.

Region	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016
Region 1	85.5%	85.5%	83.1%	87.2%	85.5%	83.2%	80.0%	79.0%	75.8%	74.5%	70.1%
Region 2	81.3%	70.4%	66.7%	70.6%	68.7%	62.0%	56.9%	35.3%	48.2%	57.6%	56.0%
Region 3	63.0%	75.3%	76.3%	70.6%	75.7%	71.3%	93.0%	78.8%	82.4%	83.6%	71.2%
Region 4	52.2%	55.2%	53.9%	51.3%	50.0%	49.0%	43.6%	49.0%	48.3%	53.5%	52.7%
Region 5	64.2%	63.3%	55.6%	57.5%	62.9%	62.7%	62.9%	65.6%	71.4%	75.0%	74.4%
Region 6	68.6%	76.1%	73.6%	74.2%	71.8%	48.0%	65.3%	71.0%	64.8%	60.6%	57.0%
Region 7	51.2%	56.2%	63.6%	63.2%	59.6%	59.6%	56.3%	74.2%	65.7%	72.4%	63.3%
Region 8	98.6%	99.5%	104.1%	92.6%	87.0%	93.7%	81.3%	89.2%	87.5%	80.1%	79.0%
Region 9	62.5%	63.2%	63.7%	68.1%	64.4%	64.7%	61.2%	68.0%	64.3%	62.8%	53.1%
Totals	71.9%	73.3%	73.0%	73.1%	71.7%	69.3%	68.5%	67.0%	67.8%	69.3%	63.4%

**Region 8 reported that they were entering the same provider in multiple fields. They were given guidance, and the provider should only be listed once, and education was given to all WAAs in the May QI/QM call.*

Statewide Trending for Total Percentages for all Numerators



Indicator 2: BH Provider Participation in CFT (Quarterly Indicator-New Data submitted 12/30/16)

- **Denominator:** Records reviewed as part of Treatment Record Review Process for the element: Record showed evidence of provider participation in the CFT.
- **Numerator 1:** Records showing full compliance with participation in the CFT.
- **Numerator 2:** Records showing partial compliance with participation in the CFT.

Quarter	Providers Reviewed	Total Number of Records Reviewed	Numerator 1		Numerator 2	
			Number of Records in Full Compliance	Compliance Rate	Number of Records in Partial Compliance	Compliance Rate
WY4 Q4 (12/1/15-2/29/16)	1	3	0	0%	N/A	N/A
WY5 Q1 (3/1/16-5/31/2016)	11	40	35	87.5%	N/A	N/A
WY5 Q2 (6/1/16 – 8/31/16)	7	21	21	100%	N/A	N/A
WY5 Q3 (9/1/16 – 11/30/16)	8	31	31	100%	N/A	N/A
Contract Year One Total	27	95	87	91.6%	N/A	N/A

Indicator 3: Wraparound Agency (WAA) Notification of BH of CFT (Total and by Region) (Quarterly Indicator-New Data to be submitted 12/30/16)

- **Denominator:** Records reviewed as part of Treatment Record Review Process for element: Evidence of timely notification of Behavioral Health Providers of CFT meeting.
- **Numerator 1:** Records showing full compliance with notification of CFT meeting.
- **Numerator 2:** Records showing partial compliance with notification of CFT meeting

Region	Total Number of Records Reviewed	Numerator 1		Numerator 2	
		Number of Records in Full Compliance	Contract Year Compliance Rate	Number of Records in Partial Compliance	Contract Year Compliance Rate
1	70	70	100.0%	N/A	N/A
2	44	40	90.9%	N/A	N/A
3	46	44	95.7%	1	.02%
4	37	37	100.0%	N/A	N/A
5	15	9	60.0%	N/A	N/A
6	13	7	53.8%	N/A	N/A
7	29	27	93.1%	N/A	N/A
8	32	17	53.1%	N/A	N/A
9	45	45	100.0%	N/A	N/A
Total	331	296	89.4%	1	.003%

IPRO's review of the PIP, and Magellan's responses to IPRO, were as follows:

Strengths

- The PIP targeted an area of concern where improvement is needed
- Several different indicators are used to track performance
- Barrier analysis conducted and barriers noted at the provider and system levels

Opportunities (Areas for Improvement):

IPRO Finding

A key issue driving non-participation is provider refusal to participate, which was noted in the Barrier Analysis. Further drill down of this barrier should be conducted to understand why providers are refusing, is it due to billing issues, timing/location of the meeting, need for attendance. Timing was noted as a barrier. Perhaps some meetings can take place during the mornings or at a different location.

Magellan Response

Improving Behavioral Health (BH) Provider Participation in Child Family Team (CFT) meetings was the contract year one PIP topic selected for the CSOC Contractor by the Louisiana Department of Health (LDH). The goal of the project was to establish baseline data for BH provider participation, with a goal of equal to or greater than 50% of BH provider participation in CFTs. Information on this topic was not previously collected and mechanisms to collect data were developed and implemented to support the project. During the course of the first contract year, baseline data showed BH providers participated in CFTs at levels higher than 60%, which was at least ten percentage points higher than the goal set by LDH of 50%.

The main barrier initially reported by providers and Wraparound Agencies (WAAs) was the lack of remuneration by Medicaid for unlicensed direct care staff for participation in CFTs. Magellan reviewed data with Wraparound Agencies (WAAs) during the course of the year to evaluate if there were any new barriers that could be impacting participation; however, they continued to report that remuneration remained the principal barrier. Magellan took many steps to address this barrier throughout the course of the project, including providing data to LDH to conduct a financial impact analysis. After consultation with external advisors, Medicaid concluded unlicensed direct care staff could not be compensated for participation. Since the barrier could not be addressed directly, LDH advised Magellan to focus efforts on improving participation by other means. Magellan developed and disseminated provider notifications (see attached) to promote provider participation as well as provided technical assistance and onsite training to providers through the treatment record review process.

In March 2017, LDH determined that due to BH provider participation levels above the goal as well as the inability to directly address main barrier the PIP would be discontinued effective 3/31/2017. The contract year one PIP will be replaced by a new project to establish baseline data on monitoring best practice indicators, including CFT frequency, team composition, and Plan of Care strategies changing over time. BH provider participation will continue to be tracked in a limited manner through this project with a focus on active participation, either in person or by phone.

IPRO Finding

Meetings occur monthly but measures are calculated quarterly. More information is needed to understand how the three monthly meetings attendance statistics are calculated to arrive at a quarterly rate.

Magellan Response

Indicator one is calculated monthly. The indicators two and three are collected via a record review processes that are completed and reported on a quarterly basis through the LDH approved record review process. Three months of progress notes are reviewed during the audits. When auditors review records, the provider or WAA must be compliant for all three months in order to be scored compliant.

IPRO Finding

The five numerators of Indicator One (Percent of Behavioral Health Providers Participating in CFT) all suffered declines in November 2016 and for each measure, November 2016 evidenced the lowest rate for the year. Remuneration was identified as the main barrier but this would not, in itself, explain a decline in attendance. Magellan should closely monitor whether November's results were aberrant or the signal of a declining trend.

Magellan Response

Although baseline data showed participation levels higher than the goal, there was a negative trend line in overall participation caused by declines in participation in person and by other means. One of the potential factors influencing the negative trend line not addressed in the PIP report could be significant system changes in the Medicaid healthcare model beginning in December 2015. At this time, the Medicaid shifted from a carved-out to a carved in model to support better integration of medical and behavioral healthcare. Prior to December 2015, Magellan managed all BH and substance use services for Medicaid eligible members, including adults, children and CSoC eligible members. Following the shift, Magellan only managed the CSoC specialty children's program. This shift created major changes for BH providers, including serving members from five separate Managed Care Organizations, six including CSoC, that required learning how to navigate different network, clinical and claims policies and procedures. It is believed that the system is beginning to level out and later data could more closely reflect participation post implementation of the integrated medical model. Although the Contract Year One PIP is being discontinued, Magellan remains focused upon improving the understanding of factors contributing to CFT frequency and team composition, including BH provider participation.

IPRO Finding

As noted in the report, three regions exhibited particular poor rates of performance. Magellan should undertake a study to understand why these regions are performing differently than the other regions in the state. Such an analysis may uncover additional barriers and may suggest new interventions to help improve the problem.

Magellan Response

In order to support further understanding of factors contributing to BH provider participation, Magellan will share full PIP report with WAAs directors, with a focus on drilling down to barriers outside of those identified. One opportunity for improvement that was previously identified was the lack of standardization in how WAAs notify providers of the CFT. The preferred method is to notify providers during the CFT; however, if they are not able to attend, WAAs apply different strategies with their regional providers in order to achieve the highest level of participation. One best practice identified by high performing regions was the use of a trackable mechanism to notify providers (e.g., email, fax, etc.) versus other mechanisms (e.g., phone call, text, etc.). This facilitated improved coordination and communication with providers. Magellan will promote this method of communication as a best practice for WAAs.

Summary and Conclusions

In-person participation at CFTs, the preferred participation method, reflected the highest level of participation and, on average across the 9 WAA regions, was only two percentage points less than the goal (50%) for the first year of the PIP. Interventions to improve provider participation appeared to be comprehensive and included provider training, WAA documentation review, and CFT billing guidance. The chief barrier to PIP improvement is financial and the plan has very limited ability to intervene in this area, as non-licensed providers are not compensated for attendance due to Medicaid budgetary limitations. IPRO's recommendation is for Magellan to continue efforts to maximize in person participation by licensed providers (as these providers are compensated for attendance), via WAA education. Continued efforts to encourage all providers, at a minimum, to submit verbal reports to the WAAs, for presentation at the CFTs, are recommended.

IPRO notes one opportunity for improvement, the lack of standardization in how WAAs notify providers of the CFTs. WAA regions with higher levels of participation were found to use trackable mechanisms to notify providers (e.g. email, fax) as opposed to other mechanisms (e.g. phone), and intends to promote this method of communication as a WAA best practice. If not already implemented, Magellan should consider the feasibility of building this into their WAA audit process, to insure that a trackable method of notification is being utilized across all WAAs.

Section 4: Annual Compliance Audit

Background and Introduction

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid Managed Care Organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. CFR 438.350 requires states to contract with an External Quality Review Organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR related activities; and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicaid and Medicare Services.

The Louisiana Department of Health & Hospitals (DHH) has contracted with IPRO, an EQRO, to conduct the *Annual Compliance Audit* for Magellan Health Services of Louisiana (Magellan). Magellan operates the CSoc program for children and youths and is accountable to DHH and the state of Louisiana. Their contract requires adherence to detailed mandatory standards set forth by the State.

A partial review was conducted in November-December 2016, with focus on three (3) areas, as follows:

- a) Access
- b) Care Management
- c) Quality Management

The review was conducted offsite, at IPRO's offices, through a review of policies and procedures and a review of sample files.

This report presents IPRO's findings of the compliance audit that IPRO conducted for Magellan for Year One of their CSoc contract.

Methodology

Table 1 provides a summary of the audit results by audit domain.

Table 1: Summary of Findings

Audit Domain	Total # Elements	Full	Substantial	Minimal	Not Met	% Full	N/A
Access-Provider Network	57	49	4	2	0	86.0%	2
Care Management	81	72	4	2	3	88.9%	0
Quality Management	60	56	0	0	1	93.3%	3
TOTAL	198	177	8	4	4	89.4%	5

As displayed in **Table 1**, 198 elements were reviewed as part of the Year One audit and 8 were determined to be "substantially compliant," 4 minimally compliant, and 4 not compliant. The Access and Quality Management domains contained a total of 5 elements considered to be not applicable. It should be noted that the overall compliance rate (comprising both full **and** substantially compliant elements) was 93.4%.

Table 2 contains the detailed results of IPRO's Year One review, as related to less than Fully Compliant elements.

Table 2: Summary of Less Than Fully Compliant Findings

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
9.2.1.7 Procedures and criteria for making referrals to specialists and subspecialists; and	Complex Medical Needs Co Management Workflow	Substantial	<p>This requirement is partially addressed in the Identifying Complex Medical Needs document.</p> <p>Recommendation for Magellan The plan currently includes criteria only; the plan should update its policy to also include the procedures for making referrals to specialists and subspecialists.</p> <p>Plan Response: Plan is in agreement, and has added / updated two workflows associated with this element. Determination is unchanged.</p>	Two workflows were added / updated: Identifying Members with Complex Medical Needs and Utilizing Provider Search Function
<p>9.2.16 Referrals for Tobacco Cessation and Problem Gaming</p> <p>9.2.16.1 If Contractor Care Managers become aware of problem gaming and tobacco usage during an individual needs assessment or complex case review, the care manager shall refer the member to appropriate network providers or community resources offering tobacco cessation treatment and/or problem gaming services.</p>	Reviewing POC	Not Met	<p>This requirement is missing from the plan's submitted documentation and should be added to a policy or procedure.</p> <p>Plan Response: Plan agrees and added a workflow to support this element. Determination is unchanged.</p>	One workflow was added: Identifying Tobacco Use and Gaming
9.3.5 The Contractor shall implement DHH approved care coordination and continuity of care policies and procedures that meet or exceed the following requirements:	9.3.5 Community Coordination and Collaboration Policy, PCP Coordination of	Substantial	These requirements were addressed in the Reviewing POC document, Behavioral Health from Other Sources document, Follow Up Care	9.3.5.11 One workflow and supporting document have been added: Inappropriate IP-ER Training Alert, MCO email

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
<p>9.3.5.1 Ensure that each member has an ongoing source of care appropriate to their needs;</p> <p>9.3.5.2 Coordinate care for out-of-network services;</p> <p>9.3.5.3 Coordinate Contractor provided services with services the member may receive from other primary or behavioral healthcare providers;</p> <p>9.3.5.4 Coordinate discharge planning, including aftercare appointments, following an inpatient, PRTF, or other out-of-home stay. Contractor shall follow-up with the member within 72 hours following discharge;</p> <p>9.3.5.5 Coordinate with DHH to ensure providers coordinate with following an inpatient, PRTF, or other residential stay when a return to home placement is not possible;</p> <p>9.3.5.6 Share with other healthcare entities serving the member with special healthcare needs the results from identification and assessment of that member's needs to prevent duplication of those activities;</p> <p>9.3.5.7 Ensure that in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 42 CFR Part 2, 45 CFR Parts 160 and 164, and other applicable state or federal laws;</p> <p>9.3.5.8 Maintain and operate a discharge planning program;</p> <p>9.3.5.9 Provide aftercare planning for members prior to discharge from a 24-hour facility;</p> <p>9.3.5.10 Coordinate hospital and/or institutional discharge planning that includes post-discharge care as appropriate;</p> <p>9.3.5.11 Identify members using emergency department (ED) and inpatient psychiatric services inappropriately to assist in scheduling follow-up care with appropriate providers;</p>	<p>Care Policy, Reviewing POC, Concurrent IP Psych Review Workflow, Not following through with Recommended Services Training Alert, Initial IP Review Workflow, Follow Up Coordination of Care Workflow</p> <p>9.3.5.1 Reviewing POC</p> <p>9.3.5.2 Ad Hoc Process</p> <p>9.3.5.3 Behavioral Health from Other Sources</p> <p>9.3.5.4 Follow Up Care Coordination Workflow. Transition of Care Policy</p> <p>9.3.5.5 Community Coordination and Collaboration Policy</p> <p>9.3.5.6 Community Coordination and Collaboration Policy</p> <p>9.3.5.7 Privacy Policy</p> <p>9.3.5.8 Follow Up Care Coordination Workflow, Transition of Care</p> <p>9.3.5.9 Follow Up Care Coordination Workflow, Transition of Care Policy</p> <p>9.3.5.10 Follow Up Care Coordination Workflow, Transition of Care Policy</p>		<p>Coordination Workflow, Transition of Care, and the TOC Support for Members policy.</p> <p>The documentation provided does not adequately address 9.3.5.11.</p> <p>Recommendation for Magellan The plan should state its policy, and demonstrate evidence of implementation, of inappropriate ED and / or inpatient service utilization, to assist in scheduling follow-up care with appropriate providers.</p> <p>Plan Response: Plan agrees and has added one workflow and supporting document; determination is unchanged.</p>	

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
9.3.5.12 Document referrals in its UM system; and 9.3.5.13 Provide active assistance to members receiving treatment for behavioral health conditions to transition to another provider when their current provider has terminated participation with the Contractor. The Contractor shall provide continuation of such services for at least ninety (90) calendar days or until the member is reasonably transferred without interruption of care, whichever is less.	9.3.5.11 Crisis Call Training, Reviewing POC 9.3.5.12 Authorization System Example, Brief CANS Training Alert, Follow Up Care Coordination Workflow 9.3.5.13 TOC Support for Members policy			
9.4.2.1 The Contractor will commit to having sufficient staff knowledgeable of and trained in addictions treatment to assist members with addiction treatment needs.	Statement of Work 9.4.2 Document	Not Met	This requirement is missing from the plan's submitted documentation and should be added to a policy or procedure. Plan Response: Plan agrees and has added to the Louisiana UMCM Program Description 2017. Determination is unchanged.	Louisiana UM/CM Program Description
9.4.7 The Contractor shall take steps to require adoption of the clinical practice guidelines by subcontracted providers, and to measure compliance with the guidelines, until such point that ninety percent (90%) or more of the providers reviewed as outlined in TRR plan are consistently in compliance with a performance rate of 80%, based on Contractor measurement findings. The Contractor should employ provider motivational incentive strategies, such as non- financial incentives, to improve compliance.	CPG Dissemination, LA CSoc Record Review Audit Tool	Substantial	This requirement is partially addressed in the CPG Dissemination. Missing from the documentation is explicit contract language related to performance rates. Recommendation for Magellan The plan should update its contract to include performance rate. Plan Response: Full Provider Agreement does not appear to make reference to this requirement.	Full Provider Agreement

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
			Determination is unchanged.	
9.4.11 The individual making these determinations is required to attest that no adverse determination will be made regarding any medical procedure or service outside of the scope of such individual's expertise.	UM General Guidelines	Not Met	<p>This requirement is missing from the plan's submitted documentation and should be added to a policy or procedure.</p> <p>Plan Response: Plan agrees and has updated UM/CM Program Description and PA form. Determination is unchanged.</p>	Louisiana UM/CM Program Description and updated PA Form
<p>9.9.2 Standard Service Authorization</p> <p>9.9.2.1 As per 42 CFR §438.210(d), the Contractor shall provide notice as expeditiously as the member's health condition requires and within state-established timeframes that may not exceed 14 calendar days following receipt of the request for service unless an extension is requested. As per the 1915(b) waiver and 42 CFR §438.206, the Contractor shall ensure its providers meet established standards for timely access to care and services, taking into account the urgency of the need for services.</p> <p>9.9.2.2 An extension may be granted for service authorization determination for an additional fourteen (14) calendar days if the member or the provider or authorized representative requests an extension or if the Contractor justifies to DHH a need for additional information and the extension for service authorization determination is in the member's best interest. In no instance shall any determination of standard service authorization be made later than twenty-eight (28) calendar days from receipt of the request.</p> <p>9.9.2.3 The Contractor shall make concurrent review determinations within timeframes established under</p>	9.9.2.1-9.9.2.4 Accessibility of Service and Care Policy, CM02 Q2 2016 Report	Substantial	<p>These requirements are partially addressed in the Accessibility of Service and Care Policy on page 2 and the CM02 Q2 2016 Report.</p> <p>The documentation provided does not adequately address 9.9.2.2</p> <p>Recommendation for Magellan The plan should update its policy to specifically state the timeframe within which an extension may be granted, in this case "fourteen (14) calendar days."</p> <p>Plan Response: Plan agrees and has updated the Accessibility of Service and Care Policy. Determination is unchanged.</p>	Updated Accessibility of Service and Care policy

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
URAC accreditation timeline requirements for each LOC after obtaining the appropriate medical information that may be required. 9.9.2.4 The Contractor shall create a quarterly report on standard service authorizations and denials in a format to be approved by DHH. Changes in the frequency and format of this report shall be upon the approval and at the discretion of DHH.				
9.9.4 Post Authorization 9.9.4.1 The Contractor shall make retrospective review determinations within thirty (30) days of obtaining the results of any appropriate medical information that may be required, but in no instance later than one hundred eighty (180) days from the date of service. 9.9.4.2 The Contractor shall not subsequently retract its authorization after services have been provided or reduce payment for an item or service furnished in reliance upon previous service authorization approval, unless the approval was based upon a material omission, or the provider misrepresented the member's health condition.	9.9.4.1 – 9.9.4.2: Accessibility of Service and Care Policy, CM02 Q2 2016 Report	Minimal	<p>These requirements are partially addressed in the Accessibility of Service and Care Policy and the CM02 Q2 2016 Report.</p> <p>The documentation provided does not adequately address 9.9.4.1 and 9.9.4.2.</p> <p>Recommendation for Magellan The plan should update its policy to specifically state the timeframe within which a retrospective review determination shall be made, in this case, "within thirty (30) days" and no later than "one hundred eight (180) days" from the date of service.</p> <p>Plan Response: Plan agrees and has updated the Accessibility of Service and Care Policy. Determination is unchanged.</p>	Updated Accessibility of Service and Care policy
9.9.5.2 Approval 9.9.5.2.1 For service authorization approval for a routine or non-urgent admission, procedure, or service,	9.9.5.2.1 – 9.9.5.2.1.1: Accessibility of Service and Care Policy, CM02	Minimal	<p>These requirements are partially addressed in the Accessibility of Service and Care Policy and the</p>	Updated Accessibility of Service and Care policy

Care and Utilization Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Title(s)	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
the Contractor shall make the determination for approval as expeditiously as the member's health condition requires (14 days for routine) but shall notify the provider within one (1) business day of making the initial determination and shall provide documented confirmation of such notification to the provider within two (2) business days of making the initial certification. 9.9.5.2.1.1 For service authorization approval for extended stay or additional services, the Contractor shall notify the provider rendering the service, whether a healthcare professional or facility or both, and the member receiving the service within one (1) business day of the service authorization approval.	Q2 2016 Report		<p>CM02 Q2 2016 Report.</p> <p>The documentation provided does not adequately address 9.9.5.2.1 and 9.9.5.2.1.1</p> <p><u>Recommendation for Magellan</u> The plan should update its policy to specifically state the timeframe for service authorization approval, in this case, "14 days for routine" and the timeframes for 1) notifying the provider and 2) providing documented confirmation of such notification.</p> <p>Plan Response: Plan agrees and has updated the Accessibility of Service and Care Policy. Determination is unchanged.</p>	

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
8.1.18 The Contractor shall maintain a network of crisis response providers offering an array of crisis services, available 24 hours per day, 7 days per week as of the contract go-live date. The community-based crisis response system may include, but is not limited to, on-call, 24-hour hotline, crisis counseling, behavioral management and intervention, mobile crisis teams, and crisis stabilization in an alternative setting.	<p>CSoC Network Development Plan Final pg. 4</p> <p>Provider Handbook SupplementFINAL_0421 16 Section 3 Member Access to Care</p> <p>Accessibility of Service and Care - CO.204.07.B – Policy – entire policy</p> <p>nationalprovider_handbook.pdf pg30</p> <p>Network Practitioner Credentialing and Recredentialing - CR 1102 17 B-N pg 14</p> <p>Network Organizational Provider Credentialing - CR 1107 06 B – Policy – pg 15</p> <p>LA Magellan Facility Agreement Template.pdf Section 2.1</p> <p>Magellan Site Visist.pdf pg 14</p>	Minimal	<p>This requirement is addressed in the CSoC Network Development Plan Final on page 4.</p> <p>It should be noted that the CSoC Network Development Plan indicates that the following provider groups reflect limited or no access:</p> <p>a)CSoC Crisis Stabilization:Urban/Suburban-no members with access (0% compliance)</p> <p>b) CSoC Crisis Stabilization :Rural- 22.3% access</p> <p>Magellan is aware of the known barriers hindering the development of these providers and continues to work with providers and the DHH-OBH to address these.</p> <p>Post Onsite Plan Response: Plan agrees with finding, is aware of the barriers, and DHH-OBH continues to work with the Plan in recruitment efforts. Determination remains unchanged.</p>	<p>As noted, Magellan and DHH-OBH are aware of known barriers for these provider types. Recent changes to the waiver and SPA is expected to aide in the expansion of Crisis Stabilization Providers.</p> <p>DHH-OBH is assisting MCOs with joint recruitment efforts - Network Development of Crisis Stabilization Providers EMAIL and 3 9 17 CSoC minutes</p> <p>HPA16-23 Crisis Stabilization SPA</p> <p>The Network Development Plan (CY2) – page 47</p>

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
<p>8.3.1.3 Travel Time and Distance</p> <p>8.3.1.3.1 Travel distance to providers of CSoC services and behavioral health specialists (i.e. psychologists, medical psychologists, APRNs and CNSs in psychiatric/mental health, or Licensed Clinical Social Workers (LCSW)) and to psychiatrists for members living in rural parishes shall not exceed 60 miles for 90% of members.</p>	<p>LA_CSoC - Geo_Quarterly_Prescribers WY5 Q2</p> <p>LA_CSoC - Geo_Quarterly_NonPrescribers WY5 Q2</p> <p>Network Quarterly Report WY5 Q1</p> <p>CSoC Network Development Plan Final Network Sufficiency and Analysis starting pg 5</p> <p>Annual CSoC QM Work Plan CY1 IPRO.pdf pg 3</p> <p>LA CSOC Program Description CY1 Final pg 15</p>	Substantial	<p>It should be noted that the CSoC Network Development Plan indicates that the following provider groups reflect limited member access:</p> <p>a) CSoC Crisis Stabilization :Rural- 22.3% access</p> <p>b) Short Term Respite: Rural: 88.7% access</p> <p>c) ASAM Level IV: Rural: 76.3% access</p> <p>d) Psychologists Rx Rural: 76.8% access</p> <p>e) FFT Rural: 87.4% access</p> <p>f) Psychologists: Rural: 77.2% access</p> <p>g) Inpatient ECT: Rural: 28.8% access</p> <p>h) Outpatient ECT: Rural: 28.8% access</p> <p>Magellan is aware of the known barriers hindering development of</p>	<p>As noted, Magellan and DHH-OBH are aware of known barriers for these provider types. Recent changes to the waiver and SPA is expected to aide in the expansion of Crisis Stabilization Providers. Known barriers for inpatient and outpatient ECT existed throughout the LBH and remain so for CSoC. These services were rarely utilized and there have been no referrals for this service in contract year 1.</p> <p>DHH-OBH is assisting MCOs with joint recruitment efforts - Network Development of Crisis Stabilization Providers email and 3 9 17 CSoC minutes</p> <p>HPA16-23 Crisis Stabilization SPA</p> <p>The Network Development Plan (CY 2) – page 47</p>

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
			<p>these providers and continues to work with providers and the DHH-OBH to address these.</p> <p>Plan and LDH Response: Plan is aware of the barriers, and DHH-OBH continues to work with the Plan in recruitment efforts. Moreover, with reference to psychologists' access, it is noted that the CSoC contract calls for access to a psychologist, medical psychologist, APRN, CNS, or licensed clinical social worker, and to a psychiatrist. Therefore, percentages associated with these provider types are not necessarily reflective of lack of access, as multiple provider types may provide the same service. With reference to FFT (Rural) access, members have access to CPST services in general, the contract did not require time/distance standards specifically for FFT outside of the CPST umbrella. Review determination changed from "minimal" to substantial".</p>	
8.3.1.3.2 Travel distance to providers of CSoC services and behavioral health specialists (i.e. psychologists, medical psychologists, APRNs and CNSs in psychiatric/mental health, or LCSWs) and to psychiatrists for members living in urban parishes shall	<p>LA_CSoC - Geo_Quarterly_Prescribers WY5 Q2</p> <p>LA_CSoC -</p>	Minimal	It should be noted that the CSoC Network Development Plan indicates that the following provider groups reflect limited or no access:	As noted, Magellan and DHH-OBH are aware of known barriers for these provider types. Recent changes to the waiver and SPA is expected to

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
not exceed 30 miles for 90% of members.	<p>Geo_Quarterly_NonPres cribers WY5 Q2</p> <p>Network Quarterly Report WY5 Q1 tabs 2 and 3</p> <p>CSoC Network Development Plan Final Network Sufficiency and Analysis starting pg 5</p> <p>Annual CSoC QM Work Plan CY1 IPRO.pdf pg 3</p> <p>LA CSOC Program Description CY1 Final pg 15</p>		<p>a) CSoC Crisis Stabilization: Urban/Suburban-no members with access (0% compliance)</p> <p>b) Short Term Respite: Urban./Suburban: 89% access</p> <p>c) APRN Rx: Urban/Suburban: 88.3% access</p> <p>d) Inpatient ECT: Urban/Suburban: 26% access</p> <p>e) Outpatient ECT: Urban/Suburban: 26% access</p> <p>Plan Response: Plan agrees with finding, is aware of the barriers, and DHH-OBH continues to work with the Plan in recruitment efforts. Determination remains unchanged.</p>	<p>aide in the expansion of Crisis Stabilization Providers. Known barriers for inpatient and outpatient ECT existed throughout the LBH and remain so for CSoC. These services were rarely utilized and there have been no referrals for this service in contract year 1.</p> <p>DHH-OBH is assisting MCOs with joint recruitment efforts - Network Development of Crisis Stabilization Providers email and 3 9 17 CSoC minutes</p> <p>HPA16-23 Crisis Stabilization SPA</p> <p>The Network Development Plan (CY 2) – page 47</p>
8.3.1.4.2.1 Emergent, crisis or emergency services must be available at all times. An appointment shall be available within one (1) hour of request.	<p>Network Organizational Provider Credentialing - CR 1107 06 B – Policy – pg 15</p> <p>Accessibility of Service and Care - CO.204.07.B - Policy</p>	Substantial	<p>Appointment Availability report results</p> <p>Network Organizational Provider Credentialing Policy states that response time for emergencies and crisis services is two (2) hours or less, not within one (1) hour of request.</p>	<p>Provider Handbook SupplementFINAL_042116 page 15</p> <p>Report has been updated to to include time standard: CM02 Q3 2016 Resubmission.</p>

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
			<p>Appointment Availability report results</p> <p>The Appointment Access Report notes that Emergent services were timely 100% of the time during the review , however, the report does not state the time standard the plan is using to measure timeliness.</p> <p>Recommendation for Magellan The plan should update its policy to reflect the explicit language of the requirement. Availability reports should state the time period used to measure performance, in this case, 'within one (1) hour of request'.</p> <p>Plan Response: Pg 15 of the Provider Handbook Supplement (Final) states the standard. Report CM02 Q3 2016 in process of being updated to include the standard. Determination changed from "Minimal" to "Substantial".</p>	
8.3.1.4.2.2 Provisions must be available for obtaining urgent care 24 hours per day, 7 days per week. An appointment shall be available within 48 hours of request.	<p>Network Organizational Provider Credentialing - CR 1107 06 B – Policy – pg 15</p> <p>Accessibility of Service and Care - CO.204.07.B –</p>	Substantial	<p>Appointment Availability report results</p> <p>This requirement was addressed in the Network Organizational Provider Credentialing policy.</p>	Report has been updated to include time standard: CM02 Q3 2016 Resubmission.

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
	<p>Policy</p> <p>Provider Handbook SupplementFinal_04211 6.pdf pg 14</p> <p>CSoC Network Development Plan Final Pg. 12</p> <p>LA Magellan Facility Agreement Template.pdf Section 2.1</p>		<p>Appointment Availability report results</p> <p>The Appointment Access Report notes that Urgent Care services were timely 97.73% (Q1), 100% (Q2), and 100% (Q3) of the time during the review period.</p> <p>The report does not state the time standard the plan is using to measure timeliness, i.e. that an appointment for urgent care services be made available within 48 hours of request.</p> <p>Recommendation for Magellan Availability reports should state the time period used to measure performance, in this case, 'within 48 hours of request'.</p> <p>Plan Response: Plan agrees, report updated to include time standard. Determination unchanged.</p>	
8.3.1.4.2.3 Routine, non-urgent behavioral healthcare shall be available with an appointment within fourteen (14) days of referral. The WAA will provide quick access to Wraparound care coordination. It is expected that the WAA will attempt to contact the youth/family within 48 hours of the date of referral to WAA. This will be measured through documentation on the monthly CSoC data spreadsheet. The WAA staff will make face-to-face contact with the youth/family within 7 calendar days of	<p>PROJ_20161103_01_Ap ptAccess_21061104</p> <p>CSoC_Data_Spreadsheet _08042016_final</p> <p>CSoC Network Development Plan Final Pg. 12</p>	Substantial	<p>Appointment Availability report results</p> <p>This requirement is addressed in the CSoC Network Development Plan Final on page 12.</p> <p>The plan uses the Appointment Access report to show evidence of</p>	<p>Report has been updated to include time standard: CM02 Q3 2016 Resubmission.</p> <p>Spreadsheet fields were updated with time standard: CSoC Data Spreadsheet.</p>

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
WAA referral, which will be tracked through the CSoC data spreadsheet.	Csoc_sop_final_state_ap proval.pdf		<p>appointment availability data and the CSoC Data Spreadsheet to track its attempts to contact the youth/family as well as the face-to-face contact.</p> <p>Missing from the CSoC Data Spreadsheet is the timeliness standards stated in the requirement.</p> <p>Appointment Availability report results The Appointment Access Report notes that Routine services were timely 99.99% (Q1), 100% (Q2), and 99.64% (Q3) of the time during the review period.</p> <p>The Appointment Availability report does not state the time standard the plan is using to measure timeliness, i.e. that an appointment for routine services be made available within fourteen (14) days of referral.</p> <p>Recommendation for Magellan Appointment Availability reports should state the time period used to measure performance.</p> <p>The CSoC Data Spreadsheet should include the timeliness standards for</p>	

Provider Network Requirements				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
			<p>attempts to contact the youth/family (within 48 hours of referral) as well as the standard for face-to-face contact (within 7 days of referral).</p> <p>Plan Response: Plan in agreement, appropriate updates made on report and spreadsheet. Determination unchanged.</p>	

Quality Management				
State Contract Requirements (Federal Regulations 438.206, 438.207, 438.208, 438.114)	MCO Documentation Titles	Review Determination	Comments (Note: For any element that deviates from the requirements, an explanation of the deviation must be documented in the Comments section)	Plan Responses
14.8.1.2 The Contractor and its subcontractors shall cooperate with and participate, as required, in SAMHSA core reviews of services and programs funded through federal grants.	Not applicable; NO SAMHSA reviews have been requested at this time. Magellan will comply with future requests as outlined in contract.	Not Met	<p>While no SAMHSA reviews have been requested at this time, this requirement should be documented in a policy or procedure.</p> <p>Plan Response: Plan agreed, and added this element to the QI Activities of the QI Work Plan (Annual CSoC QM Work Plan CY1 10.31.16), and will include it in the Year 2 Work Plan. Determination is unchanged.</p>	<p>This was added to the QI Activities of the QI Work Plan (Annual CSoC QM Work Plan CY1 IPRO 10.31.16, pg. 14) . It will also be included in in QI Work Plan for Contract Year 2 (pg. 10): Annual CSoC QM Work Plan CY2 IPRO Update.</p>

Section 5: Strengths and Opportunities

This section summarizes the principal strengths of Magellan of Louisiana CSoC, based on data presented in the previous sections of this report. The more significant opportunities for improvement are also noted. Recommendations for enhancing the quality of healthcare are also provided where considered appropriate, based on the opportunities for improvement noted.

Strengths

- Magellan continues to utilize a Wraparound Scorecard system as a quality assurance tool for monitoring and oversight of critical CSoC program components, across the nine WAAs. A number of critical metrics are tracked and measured via the Scorecard system. Amongst the metrics is percentage of members utilizing services on a monthly basis, plan of care compliance rates, member discharges from inpatient care, and WAA access. There are thirteen metrics measuring WAA performance via this system, and together these metrics address significant access, timeliness, and quality of care areas.
- Plan of Care development and modification based upon member needs is key to the success of the CSoC program. For performance measure validation, IPRO selected several measures that focus on plan of care development, timeliness, and adaptability to needs change. These measures were:
 - A) POC1 (Number and percent of participants whose plans of care reflect supports and services necessary to address the participant's goals)
 - B) POC4 (Number and percent of participants whose plan of care was updated timely)
 - C) POC 5 (Number and percent of participants whose plans of care were updated when participants' needs changed)

Across these measures, Magellan's reported rates for the 3/1-5/31/16 quarter were nearly 100% for each measure, indicating solid compliance by the WAAs in addressing goals, timely updates, and reaction to needs change. Nearly 100% compliance was demonstrated the prior quarter, across each of these measures.

The sample of records reviewed by IPRO passed validation.

- Coordination of care with outside providers on an ongoing basis is critical to CSoC success. Reported results for the HW5 measure (Coordination and support to resolve health needs identified through case management contacts) for the 3/1-5/31/16 reporting period indicated 100% compliance. The sample of records reviewed by IPRO passed validation.
- The annual compliance audit conducted by IPRO focused upon three (3) significant areas of review: Provider Network Capacity /Access, Quality Management, Care Management. The audit included a review of policies and procedures applicable to each of these areas, as well as evidence of implementation. A total of 198 elements were reviewed. The majority of elements were found to be fully compliant (nearly 90% of all elements reviewed), and full and substantially compliant elements scored approximately 93% of all elements reviewed.
- Magellan's approach to the PIP (Increase in Attendance of Behavioral Health Providers at CFTs) was comprehensive. Three (3) different indicators were identified and used to track performance, and the indicators included a review of how provider participation was documented and how providers were notified. There was evidence that in depth barrier analysis was conducted, with barriers noted at provider and system levels.
- Follow Up After Hospitalization for Mental Illness (FUH) rates (based upon HEDIS specifications) were 46.4% (7 day) and 60.6% (30 day), respectively, and were in the 50th percentile range. Magellan also calculated rates based upon the inclusion of peer delivered services; with this methodology rates were much higher, 60.6% and

87.3%, respectively. HEDIS does not include peer delivered services, however, it is believed that these services (e.g. Parent Support and Training, Youth Support and Training) are critical to CSoC and should likely count toward numerator compliance.

Opportunities for Improvement

- IPRO's compliance audit findings indicate that access to certain provider groups continue to be quite limited. Specifically, access limitations in both urban and rural settings with the following were observed:
 - Crisis Stabilization (Urban and rural)
 - Short Term Respite (Urban and rural)
 - Inpatient ECT (Urban and rural)
 - Outpatient ECT (Urban and rural)
 - ASAM Level IV (Rural)
 - FFTs (Rural)
 - APRN Rx (Urban)

Both Magellan and the DHH are aware of the barriers for these provider types. It is recommended that joint recruitment efforts by the DHH and Magellan continue. Crisis Stabilization services are a critical care component to CSoC and recent waiver changes are expected to aide in the expansion of Crisis Stabilization providers.

- PIP results show that only approximately 50% of behavioral health providers participate actively in CFT meetings, on average across all WAAs. Financial compensation for non- licensed providers is the chief reason for non-attendance and there is limited ability to intervene in this area. However, additional opportunities for improvement were identified. While the PIP need not necessarily be continued into a second year, it is recommended that Magellan continue oversight efforts to insure that the WAAs are educating providers of the importance of CFT meeting attendance and are notifying providers of meeting occurrence.
- As a result of the annual compliance audit, recommendations were made to modify or add to policies and procedures regarding several elements in the Care and Utilization Management domain, as follows:
 - a) Procedures for making referrals to specialists and subspecialists
 - b) Identifying tobacco use and gaming
 - c) Demonstrate evidence of a program for identifying inappropriate emergency visit/inpatient psychiatric services, to assist in scheduling follow up care with appropriate providers.

Magellan has added workflows and / or made modifications to procedures as appropriate.

- The HW5 measure required re-calculation and re-submission for the 3/1-5/31/16 reporting period, based upon inappropriate exclusion criteria. Magellan indicated that WAA re-training has occurred; measure results should be closely monitored going forward to insure that members are not excluded from the measure denominator as "Not Applicable" due to a lack of health needs.