

LOUISIANA DEPARTMENT OF HEALTH

# COORDINATED SYSTEM OF CARE (CSOC) ANNUAL REPORT

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FISCAL YEAR 2019  
(JULY 2018 – JUNE 2019)

Department of Health

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# Executive Summary

Louisiana law requires the Louisiana Department of Health to provide an annual report of its Coordinated System of Care, or CSoC program. Children and youth who are eligible for these services are enrolled in the CSoC program.

CSoC is a Medicaid waiver that allows the Department of Health to offer a network of coordinated behavioral health services to children who meet certain eligibility requirements. Magellan Health of Louisiana, Inc. coordinates, administers and manages the services for the children and youth who may be eligible for or enrolled in the CSoC waiver.

This report address questions and requests made by the Legislature about the program and its management. Data included in this report are for provider participation, member enrollment, requests for services and referrals as well as claims and payment information.

The measures included in this report are used to demonstrate that the following outcomes expressed in the legislation are achieved:

- Continued implementation of the Coordinated System of Care;
- Advancement of resiliency, recovery and a consumer-focused system of person-centered care; and
- Implementation of best practices and evidence-based practices that are effective and supported by data collected from measuring outcomes, quality and accountability.

## Preface

In December 2015, LDH integrated specialized behavioral health services previously provided under the Louisiana Behavioral Health Partnership (LBHP), by adding them to the services offered through the state's Healthy Louisiana managed care program for physical and primary healthcare.

The Coordinated System of Care (CSoC) is a specialty waiver program that remains excluded from the Healthy Louisiana program. The CSoC is a specialized program for children and youth who have the most complex behavioral health needs and are in or at the most risk of out-of-home placement. The CSoC offers a comprehensive array of intensive services with the goal of enabling high-risk children and youth to remain in or return to their homes and communities. Wraparound, the model used to meet the goals of CSoC, is a process to help youth with complex behavioral health needs benefit from individualized, coordinated care planning. This process produces a single plan of care that coordinates all agencies and providers. The Department applied for statewide implementation of CSoC with the Centers for Medicare and Medicaid Services (CMS) in state fiscal year (SFY) 2014 and received approval for statewide expansion in September 2014. With statewide expansion, the program can enroll a maximum of approximately 2,400 youth who are at greatest risk and have the most complex needs.

LDH offers the following measures and outcomes as part of this CSoC annual report. As required by R.S. 40:1253.3, the reporting period enclosed includes SFY 2019 (July 2018-June 2019) with Magellan. In preparation for the submission of this report, LDH worked with a governmental auditing firm to independently review the data submitted by Magellan. The data submitted by Magellan was found to be within a reasonable and expected variance from the review performed.

# 1 PROVIDER INFORMATION

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Since implementation of CSoC, OBH and Magellan have overseen the expansion of the network of providers available to deliver CSoC services across the state. This provider number is defined by entry point, so a provider is identified by each location where services are provided. Magellan's provider network includes providers of specialized behavioral health state plan services and specialized CSoC services including Short Term Respite, Youth Support and Training, Parent Support and Training, and Independent Living Skills Building. CSoC provider network data captures a point in time in the cycle of provider credentialing and contracting. For purposes of this transparency report, provider data is reflective of the CSoC network as of June 30, 2019.

<b>Provider Type:</b>	<b>Number of Contracted Providers (6.30.19)</b>
Facility	396
Independent Practitioner	1,988
<b>Credentialing Status:</b>	
Credentialed	2,384
<b>Specialty of Service:</b>	
ASAM Level I -Outpatient	165
ASAM Level II.1 - Intensive Outpatient	42
ASAM Level IV.D - Medically Managed Inpatient Detoxification	7
Community Psychiatric Support and Treatment (CPST)	329
Crisis Intervention (CI)	301
Crisis Stabilization (CS) (CSoC Service)	1
Functional Family Therapy (FFT)	27
Homebuilders®	10
Independent Living/Skills Building (CSoC Service)	160
Inpatient Psych Hospital	21
Parent Support and Training (CSoC Service)	1

Psych Outpatient	2,321
Psychosocial Rehabilitation (PSR)	324
Short Term Respite (CSoC Service)	21
Wraparound Facilitation (CSoC)	9
Youth Support and Training (CSoC Service)	1

Please note that many independent practitioners have separate subspecialties of service not listed above. The comprehensive list of providers enrolled in the Magellan network prior to June 30, 2019, along with their specialties and subspecialties, credentialing date and provider type, are available at the following link:

<http://ldh.la.gov/index.cfm/newsroom/detail/5640>

## 2 MEMBER INFORMATION

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Over 4,400 individuals were enrolled as members in Magellan's health plan for CSoC. These members had access to information, education and services under the CSoC program. Details of the following legislative request are available in the attached Appendix II. The data represents the 2019 fiscal year (07/01/18-06/30/19).

<b>Statutory Number:</b>	<b>Data Book Tab Label:</b>	<b>Statewide Total 2019</b>
SECTION 5:	Appendix II: CSoC Members Receiving Services	4,432

\*Counts reflect unduplicated recipients or enrollees

### 3 PERCENTAGE OF REFERRALS CONSIDERED IMMEDIATE, URGENT AND ROUTINE

Referrals are processed based on the behavioral health needs of the client when presenting for authorization by Magellan for services. Referrals for service are grouped into the following classifications: a life-threatening emergency requiring immediate attention; an urgent need, which is generally when a client could face severe harm or pain if not expediently linked to services through urgent care (within 48 hours); or a routine behavioral health service need (within 10 days). Upon referral, Magellan authorizes services based on the necessary clinical criteria.

**Percentage of Referrals Considered Immediate, Urgent and Routine (SFY 2019)**

Parish Name	EMERGENT		URGENT		ROUTINE		Overall Avg. Hours to Decision
	% of Auths.	Avg. Hrs. to Decision	% of Auths.	Avg. Hrs. to Decision	% of Auths.	Avg. Hours to Decision	
ACADIA	0	0	2.27%	0.16	97.73%	172.36	168.45
ALLEN	0	0	1.56%	0	98.44%	187.43	184.50
ASCENSION	0	0	2.60%	0.12	97.40%	191.72	186.74
ASSUMPTION	0	0	0	0	100.00%	349.78	349.78
AVOYELLES	0	0	3.34%	0.25	96.66%	184.29	178.13
BEAUREGARD	0	0	4.24%	158.69	95.76%	240.36	236.90
BIENVILLE	0	0	8.33%	0.24	91.67%	132.05	121.07
BOSSIER	0	0	5.11%	0.06	94.89%	195.63	185.64
CADDO	0	0	3.66%	0.69	96.34%	205.43	197.94
CALCASIEU	0	0	3.49%	0.18	96.51%	214.57	207.08
CALDWELL	0	0	0	0	100.00%	140.67	140.67
CAMERON	0	0	0	0	100.00%	207.00	207.00
CATAHOULA	0	0	0	0	100.00%	140.00	140.00
CONCORDIA	0	0	0	0	100.00%	35.60	35.60
DE SOTO	0	0	1.22%	0.38	98.78%	251.63	248.56
EAST BATON ROUGE	0	0	1.51%	1.00	98.49%	211.83	208.64
EAST CARROLL	0	0	0	0	100.00%	178.07	178.07
EAST FELICIANA	0	0	3.33%	0	96.67%	201.54	194.83
EVANGELINE	0	0	0.87%	0.03	99.13%	214.58	212.72



FRANKLIN	0	0	3.88%	0.15	96.12%	189.56	182.20
GRANT	0	0	11.36%	0.15	88.64%	135.48	120.10
IBERIA	0	0	2.68%	0.25	97.32%	189.52	184.44
IBERVILLE	0	0	7.89%	0	92.11%	152.03	140.03
JACKSON	0	0	14.29%	0	85.71%	132.18	113.30
JEFFERSON	0	0	2.51%	13.93	97.49%	199.20	194.54
JEFFERSON DAVIS	0	0	12.90%	0.06	87.10%	244.93	213.34
LA SALLE	0	0	5.88%	0	94.12%	56.84	53.49
LAFAYETTE	0	0	2.96%	14.55	97.04%	228.60	222.27
LAFOURCHE	0	0	1.51%	0.16	98.49%	228.88	225.43
LINCOLN	0	0	4.35%	24.29	95.65%	179.18	172.45
LIVINGSTON	0	0	3.68%	0.15	96.32%	207.68	200.04
MADISON	0	0	0	0	100.00%	208.21	208.21
MOREHOUSE	0	0	3.45%	0.25	96.55%	218.47	210.94
NATCHITOCHES	0	0	7.84%	28.54	92.16%	201.58	188.01
ORLEANS	0	0	3.32%	0.61	96.68%	226.20	218.70
OUACHITA	0	0	2.05%	0.27	97.95%	203.74	199.56
Out-of-State	0	0	7.57%	0.19	92.43%	198.79	183.76
PLAQUEMINES	0	0	4.12%	0.29	95.88%	182.06	174.57
POINTE COUPEE	0	0	9.09%	0.15	90.91%	141.79	128.92
RAPIDES	0	0	3.56%	41.55	96.44%	173.68	168.97
RED RIVER	0	0	2.74%	0	97.26%	189.92	184.72
RICHLAND	0	0	2.98%	13.36	97.02%	219.71	213.57
SABINE	0	0	0.70%	0.90	99.30%	243.45	241.74
SAINT BERNARD	0	0	1.04%	0.42	98.96%	188.35	186.40
SAINT CHARLES	0	0	2.03%	0.21	97.97%	196.44	192.47
SAINT HELENA	0	0	2.63%	0	97.37%	213.65	208.03
SAINT JAMES	0	0	3.28%	0.64	96.72%	197.80	191.33
SAINT LANDRY	0	0	2.50%	0.07	97.50%	195.62	190.73
SAINT MARTIN	0	0	4.62%	0.15	95.38%	210.74	201.02
SAINT MARY	0	0	0	0	100.00%	170.32	170.32
SAINT TAMMANY	0	0	3.14%	0.14	96.86%	193.88	187.80

ST JOHN THE BAPTIST	0	0	0.60%	0	99.40%	236.25	234.83
TANGIPAHOA	0	0	1.41%	0.17	98.59%	213.03	210.03
TENSAS	0	0	0	0	100.00%	194.51	194.51
TERREBONNE	0	0	3.85%	0.47	96.15%	227.69	218.95
UNION	0	0	1.49%	0.17	98.51%	210.97	207.83
VERMILION	0	0	3.09%	0.08	96.91%	192.63	186.68
VERNON	0	0	2.27%	0.15	97.73%	177.71	173.67
WASHINGTON	0	0	1.62%	40.00	98.38%	190.16	187.73
WEBSTER	0	0	5.52%	0.13	94.48%	178.28	168.45
WEST BATON ROUGE	0	0	3.17%	0	96.83%	205.43	198.91
WEST CARROLL	0	0	0	0	100.00%	202.48	202.48
WEST FELICIANA	0	0	0	0	100.00%	218.12	218.12
WINN	0	0	0	0	100.00%	126.98	126.98
STATE	0	0	2.91%	7.23	97.09%	205.47	199.69

## 4 CLEAN CLAIMS

The Centers for Medicare and Medicaid Services (CMS) defines a clean claim as one that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in the state or contractor's system. It does not include a claim from a provider who is under investigation for fraud and abuse or a claim under review for medical necessity. A provider submits a clean claim by providing the required data elements on the standard claims forms along with any attachments, additional elements or revisions of which the provider has knowledge. However, Magellan does not typically require attachments or other information in addition to the standard forms.

The requested data includes the percentage of clean claims paid within 30 days for each facility. This information is provided by parish. Also included in this data element is the average number of days taken to pay all claims at each facility by parish. Overall, Magellan paid over 98% of clean claims within 30 days.

Parish	Provider Type	Claims Paid	Clean Claims	Clean Claims Paid Within 30 Days	% Clean Claims Paid Within 30 Days	Average Number of Days to Pay All Claims
ACADIA	MENTAL REHAB AGENCY (IN-ST)	1,266	1,161	1,154	99.4%	5.7
ACADIA	BEHAVIORAL HLTH REHAB AGENCY	2,299	904	899	99.4%	101.9
ACADIA	NON-LICENSED BEHAVIORAL HEALTH STAFF	139	122	122	100.0%	11.6
ALLEN	SUBS/ALCOH ABSE CTR (X-OVERS)	7	3	3	100.0%	15.3
ALLEN	MENTAL HEALTH CLINIC (IN-ST)	8	3	3	100.0%	21.3
ASCENSION	LIC CL SOCIAL WORKER (IN-ST)	1	0	0	.	.
ASCENSION	MENTAL HEALTH CLINIC (IN-ST)	19	15	15	100.0%	16.3
ASCENSION	MENTAL REHAB AGENCY (IN-ST)	35	35	35	100.0%	14
ASCENSION	NON-LICENSED BEHAVIORAL HEALTH STAFF	116	58	52	89.7%	22.1
AVOYELLES	MENTAL REHAB AGENCY (IN-ST)	2,694	1,216	1,179	97.0%	15
AVOYELLES	TRANSITION COORDINATION	239	74	74	100.0%	15.8

AVOYELLES	NON-LICENSED BEHAVIORAL HEALTH STAFF	135	79	73	92.4%	35.3
BEAUREGARD	SUBS/ALCOH ABSE CTR (X-OVERS)	18	16	16	100.0%	4.4
BEAUREGARD	MENTAL HEALTH CLINIC (IN-ST)	94	93	93	100.0%	2.8
BIENVILLE	LICENSED PROFESSION COUNSELOR	1	0	0	.	.
BIENVILLE	NON-LICENSED BEHAVIORAL HEALTH STAFF	259	208	200	96.2%	9.2
BOSSIER	PHYSICIAN (IND & GP)	29	14	14	100.0%	17.1
BOSSIER	SUBS/ALCOH ABSE CTR (X-OVERS)	2	1	1	100.0%	5
BOSSIER	MENTAL HEALTH CLINIC (IN-ST)	834	777	776	99.9%	6
BOSSIER	MENTAL REHAB AGENCY (IN-ST)	1,300	753	753	100.0%	13.8
BOSSIER	LICENSED PROFESSION COUNSELOR	6	6	6	100.0%	2
BOSSIER	NON-LICENSED BEHAVIORAL HEALTH STAFF	788	529	527	99.6%	7.4
CADDO	PHYSICIAN (IND & GP)	269	155	155	100.0%	10.5
CADDO	MENTAL HLTH HOSP (FREE-STAND)	1,269	1,159	1,143	98.6%	8.1
CADDO	SUBS/ALCOH ABSE CTR (X-OVERS)	18	17	17	100.0%	3.5
CADDO	MENTAL HEALTH CLINIC (IN-ST)	1,531	1,254	1,254	100.0%	6.5
CADDO	MENTAL REHAB AGENCY (IN-ST)	2,429	1,239	1,223	98.7%	17.4
CADDO	TRANSITION COORDINATION	160	141	140	99.3%	7.4
CADDO	BEHAVIORAL HLTH REHAB AGENCY	519	143	143	100.0%	89.2
CADDO	LIC MARRIAGE & FAMILY THERAPY	23	7	7	100.0%	7.6
CADDO	LICENSED PROFESSION COUNSELOR	110	100	100	100.0%	5.2
CADDO	NON-LICENSED BEHAVIORAL HEALTH STAFF	4,330	3,044	3,038	99.8%	8.2
CALCASIEU	PHYSICIAN (IND & GP)	255	122	119	97.5%	16.2
CALCASIEU	MENTAL HLTH HOSP (FREE-STAND)	46	14	7	50.0%	214.4
CALCASIEU	SUBS/ALCOH ABSE CTR (X-OVERS)	49	29	28	96.6%	11.7
CALCASIEU	DIST PART PSYCH HOSP (IN-ST)	107	63	49	77.8%	69.4
CALCASIEU	MENTAL HEALTH CLINIC (IN-ST)	437	361	361	100.0%	5.9

CALCASIEU	MENTAL REHAB AGENCY (IN-ST)	638	382	373	97.6%	10.5
CALCASIEU	NURSE PRACTITIONER (IND & GP)	24	13	13	100.0%	11.2
CALCASIEU	CTR BASED RESPITE CARE (IN-ST)	245	245	245	100.0%	3.1
CALCASIEU	LIC MARRIAGE & FAMILY THERAPY	14	14	14	100.0%	2.1
CALCASIEU	LICENSED PROFESSION COUNSELOR	220	152	152	100.0%	5.2
CALCASIEU	NON-LICENSED BEHAVIORAL HEALTH STAFF	2,541	1,935	1,901	98.2%	7.4
CONCORDIA	MENTAL HEALTH CLINIC (IN-ST)	68	11	11	100.0%	44.8
CONCORDIA	MENTAL REHAB AGENCY (IN-ST)	324	47	47	100.0%	87.6
CONCORDIA	TRANSITION COORDINATION	61	61	61	100.0%	2.8
CONCORDIA	NON-LICENSED BEHAVIORAL HEALTH STAFF	53	48	48	100.0%	7.9
DESOTO	MENTAL REHAB AGENCY (IN-ST)	154	57	57	100.0%	18.5
DESOTO	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,011	204	204	100.0%	19.1
EAST BATON ROUGE	PHYSICIAN (IND & GP)	1,019	329	297	90.3%	29.6
EAST BATON ROUGE	PSYCHOLOGIST (LIC/MED) (IN-ST)	17	0	0	.	.
EAST BATON ROUGE	SUBS/ALCOH ABSE CTR (X-OVERS)	424	190	165	86.8%	27.4
EAST BATON ROUGE	DIST PART PSYCH HOSP (IN-ST)	179	48	45	93.8%	85.5
EAST BATON ROUGE	FED QUALIFIED HLTH CTR (IN-ST)	4	0	0	.	.
EAST BATON ROUGE	LIC CL SOCIAL WORKER (IN-ST)	134	80	72	90.0%	16.4
EAST BATON ROUGE	MENTAL HEALTH CLINIC (IN-ST)	1,917	1,582	1,577	99.7%	7.1
EAST BATON ROUGE	MENTAL REHAB AGENCY (IN-ST)	3,522	2,083	2,043	98.1%	13.2
EAST BATON ROUGE	NURSE PRACTITIONER (IND & GP)	67	41	41	100.0%	9.9
EAST BATON ROUGE	CTR BASED RESPITE CARE (IN-ST)	2,340	2,280	2,278	99.9%	3.3
EAST BATON ROUGE	FAMILY SUPPORT ORGANIZATION	72,794	63,545	62,533	98.4%	5.1
EAST BATON ROUGE	TRANSITION COORDINATION	2,670	2,611	2,601	99.6%	2.9
EAST BATON ROUGE	BEHAVIORAL HLTH REHAB AGENCY	52	0	0	.	.
EAST BATON ROUGE	LICENSED PROFESSION COUNSELOR	23	13	13	100.0%	5

EAST BATON ROUGE	NON-LICENSED BEHAVIORAL HEALTH STAFF	4,725	3,644	3,507	96.2%	9.7
EAST CARROLL	TRANSITION COORDINATION	406	365	365	100.0%	5.5
EAST CARROLL	NON-LICENSED BEHAVIORAL HEALTH STAFF	50	20	20	100.0%	3.2
EAST FELICIANA	FED QUALIFIED HLTH CTR (IN-ST)	32	0	0	.	.
EAST FELICIANA	NURSE PRACTITIONER (IND & GP)	12	0	0	.	.
EAST FELICIANA	TRANSITION COORDINATION	4,198	4,180	4,167	99.7%	2.7
EVANGELINE	MENTAL HEALTH CLINIC (IN-ST)	8	0	0	.	.
FRANKLIN	PHYSICIAN (IND & GP)	28	7	0	0.0%	139.6
FRANKLIN	MENTAL REHAB AGENCY (IN-ST)	845	305	305	100.0%	17.7
FRANKLIN	NON-LICENSED BEHAVIORAL HEALTH STAFF	83	28	28	100.0%	3.2
IBERIA	PHYSICIAN (IND & GP)	35	5	5	100.0%	36.4
IBERIA	PSYCHOLOGIST (LIC/MED) (IN-ST)	96	82	82	100.0%	7.4
IBERIA	SUBS/ALCOH ABSE CTR (X-OVERS)	38	14	0	0.0%	145.6
IBERIA	FED QUALIFIED HLTH CTR (IN-ST)	4	-	-	.	.
IBERIA	LIC CL SOCIAL WORKER (IN-ST)	4	4	4	100.0%	5.5
IBERIA	MENTAL HEALTH CLINIC (IN-ST)	4	-	-	.	.
IBERIA	MENTAL REHAB AGENCY (IN-ST)	438	269	269	100.0%	17.2
IBERIA	NON-LICENSED BEHAVIORAL HEALTH STAFF	100	56	56	100.0%	17.9
IBERVILLE	LIC CL SOCIAL WORKER (IN-ST)	14	-	-	.	.
IBERVILLE	MENTAL HEALTH CLINIC (IN-ST)	38	36	36	100.0%	8.2
IBERVILLE	MENTAL REHAB AGENCY (IN-ST)	1	-	-	.	.
JACKSON	MENTAL REHAB AGENCY (IN-ST)	382	264	264	100.0%	9.4
JACKSON	TRANSITION COORDINATION	14	10	10	100.0%	8.1
JEFFERSON	PHYSICIAN (IND & GP)	101	54	54	100.0%	22.6
JEFFERSON	PSYCHOLOGIST (LIC/MED) (IN-ST)	16	16	16	100.0%	2.1
JEFFERSON	MENTAL HLTH HOSP (FREE-STAND)	240	185	178	96.2%	12.2

JEFFERSON	SUBS/ALCOH ABSE CTR (X-OVERS)	1	1	1	100.0%	7
JEFFERSON	LIC CL SOCIAL WORKER (IN-ST)	152	107	97	90.7%	14.2
JEFFERSON	MENTAL HEALTH CLINIC (IN-ST)	232	93	93	100.0%	25.4
JEFFERSON	MENTAL REHAB AGENCY (IN-ST)	1,488	934	928	99.4%	12
JEFFERSON	CTR BASED RESPITE CARE (IN-ST)	2,157	2,038	2,008	98.5%	5
JEFFERSON	TRANSITION COORDINATION	125	121	121	100.0%	4.9
JEFFERSON	BEHAVIORAL HLTH REHAB AGENCY	258	41	37	90.2%	132.1
JEFFERSON	LICENSED PROFESSION COUNSELOR	13	10	10	100.0%	5.5
JEFFERSON	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,803	1,259	1,166	92.6%	19.2
JEFFERSON DAVIS	SUBS/ALCOH ABSE CTR (X-OVERS)	6	4	4	100.0%	5.8
JEFFERSON DAVIS	MENTAL REHAB AGENCY (IN-ST)	658	450	450	100.0%	10.8
JEFFERSON DAVIS	LICENSED PROFESSION COUNSELOR	14	14	14	100.0%	6.6
JEFFERSON DAVIS	NON-LICENSED BEHAVIORAL HEALTH STAFF	16	16	16	100.0%	6.5
LAFAYETTE	PHYSICIAN (IND & GP)	51	12	5	41.7%	84.5
LAFAYETTE	PSYCHOLOGIST (LIC/MED) (IN-ST)	27	7	6	85.7%	111.6
LAFAYETTE	MENTAL HLTH HOSP (FREE-STAND)	245	193	187	96.9%	11.4
LAFAYETTE	SUBS/ALCOH ABSE CTR (X-OVERS)	2	2	2	100.0%	2
LAFAYETTE	LIC CL SOCIAL WORKER (IN-ST)	11	11	11	100.0%	1
LAFAYETTE	MENTAL HEALTH CLINIC (IN-ST)	633	477	477	100.0%	6.8
LAFAYETTE	MENTAL REHAB AGENCY (IN-ST)	772	375	375	100.0%	10.5
LAFAYETTE	NURSE PRACTITIONER (IND & GP)	55	13	10	76.9%	135.6
LAFAYETTE	BEHAVIORAL HLTH REHAB AGENCY	919	489	483	98.8%	36.1
LAFAYETTE	LICENSED PROFESSION COUNSELOR	22	14	14	100.0%	15.1
LAFAYETTE	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,709	1,127	1,109	98.4%	6.7
LAFOURCHE	PHYSICIAN (IND & GP)	1	1	1	100.0%	14
LAFOURCHE	SUBS/ALCOH ABSE CTR (X-OVERS)	2	2	2	100.0%	5

LAFOURCHE	MENTAL HEALTH CLINIC (IN-ST)	77	73	73	100.0%	6.8
LAFOURCHE	MENTAL REHAB AGENCY (IN-ST)	1,437	1,374	1,374	100.0%	4.5
LAFOURCHE	NURSE PRACTITIONER (IND & GP)	299	-	-	.	.
LAFOURCHE	LICENSED PROFESSION COUNSELOR	53	34	31	91.2%	21.6
LAFOURCHE	NON-LICENSED BEHAVIORAL HEALTH STAFF	2,451	1,228	1,175	95.7%	16
LASALLE	MENTAL REHAB AGENCY (IN-ST)	1,608	1,148	1,143	99.6%	8.3
LINCOLN	PHYSICIAN (IND & GP)	52	27	22	81.5%	40.6
LINCOLN	SUBS/ALCOH ABSE CTR (X-OVERS)	2	2	2	100.0%	6
LINCOLN	DIST PART PSYCH HOSP (IN-ST)	3	1	1	100.0%	22
LINCOLN	NURSE PRACTITIONER (IND & GP)	5	-	-	.	.
LIVINGSTON	PSYCHOLOGIST (LIC/MED) (IN-ST)	4	2	2	100.0%	24
LIVINGSTON	MENTAL HEALTH CLINIC (IN-ST)	492	325	325	100.0%	7.7
LIVINGSTON	MENTAL REHAB AGENCY (IN-ST)	292	243	243	100.0%	6.6
LIVINGSTON	TRANSITION COORDINATION	626	494	486	98.4%	8.2
LIVINGSTON	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,037	674	673	99.9%	5.6
MADISON	SUBS/ALCOH ABSE CTR (X-OVERS)	60	57	57	100.0%	2.3
MADISON	MENTAL REHAB AGENCY (IN-ST)	54	50	50	100.0%	2.1
MADISON	CTR BASED RESPITE CARE (IN-ST)	2,015	1,789	1,704	95.2%	6.4
MADISON	TRANSITION COORDINATION	903	882	882	100.0%	2.6
MADISON	BEHAVIORAL HLTH REHAB AGENCY	327	163	147	90.2%	68.2
MADISON	NON-LICENSED BEHAVIORAL HEALTH STAFF	864	278	278	100.0%	5.3
MISS TRADE AREA	LICENSED PROFESSION COUNSELOR	4	3	3	100.0%	6.3
MISS TRADE AREA	NON-LICENSED BEHAVIORAL HEALTH STAFF	60	32	32	100.0%	11
MOREHOUSE	MENTAL HLTH HOSP (FREE-STAND)	776	332	331	99.7%	13.5
MOREHOUSE	SUBS/ALCOH ABSE CTR (X-OVERS)	11	11	11	100.0%	5.1
MOREHOUSE	FED QUALIFIED HLTH CTR (IN-ST)	2	-	-	.	.



MOREHOUSE	MENTAL REHAB AGENCY (IN-ST)	640	465	465	100.0%	7.2
MOREHOUSE	TRANSITION COORDINATION	452	416	416	100.0%	5.1
MOREHOUSE	NON-LICENSED BEHAVIORAL HEALTH STAFF	645	272	272	100.0%	7.3
NATCHITOCHES	SUBS/ALCOH ABSE CTR (X-OVERS)	115	96	95	99.0%	8.4
NATCHITOCHES	LIC CL SOCIAL WORKER (IN-ST)	1	-	-	.	.
NATCHITOCHES	MENTAL HEALTH CLINIC (IN-ST)	5	4	4	100.0%	8.3
NATCHITOCHES	MENTAL REHAB AGENCY (IN-ST)	436	198	196	99.0%	16.4
NATCHITOCHES	LICENSED PROFESSION COUNSELOR	47	47	47	100.0%	1.6
NATCHITOCHES	NON-LICENSED BEHAVIORAL HEALTH STAFF	606	247	247	100.0%	9.1
ORLEANS	DR OF OSTEOPATH MED (IND & GP)	204	20	20	100.0%	35.4
ORLEANS	PHYSICIAN (IND & GP)	586	87	85	97.7%	73.8
ORLEANS	PSYCHOLOGIST (LIC/MED) (IN-ST)	94	26	25	96.2%	32.2
ORLEANS	MENTAL HLTH HOSP (FREE-STAND)	1	1	1	100.0%	5
ORLEANS	SUBS/ALCOH ABSE CTR (X-OVERS)	46	34	34	100.0%	6.9
ORLEANS	DIST PART PSYCH HOSP (IN-ST)	153	80	76	95.0%	70.5
ORLEANS	LIC CL SOCIAL WORKER (IN-ST)	149	141	139	98.6%	5.8
ORLEANS	MENTAL HEALTH CLINIC (IN-ST)	3,275	2,732	2,722	99.6%	6.7
ORLEANS	MENTAL REHAB AGENCY (IN-ST)	5,899	3,665	3,647	99.5%	15.7
ORLEANS	NURSE PRACTITIONER (IND & GP)	9	-	-	.	.
ORLEANS	TRANSITION COORDINATION	3,334	3,210	3,185	99.2%	4.8
ORLEANS	BEHAVIORAL HLTH REHAB AGENCY	224	53	37	69.8%	209.6
ORLEANS	LICENSED PROFESSION COUNSELOR	12	10	10	100.0%	2.4
ORLEANS	NON-LICENSED BEHAVIORAL HEALTH STAFF	7,293	4,984	4,823	96.8%	13.6
OUACHITA	PHYSICIAN (IND & GP)	118	4	4	100.0%	148
OUACHITA	PSYCHOLOGIST (LIC/MED) (IN-ST)	15	15	15	100.0%	2.7
OUACHITA	SUBS/ALCOH ABSE CTR (X-OVERS)	89	80	80	100.0%	5

OUACHITA	MENTAL HEALTH CLINIC (IN-ST)	627	505	505	100.0%	7.1
OUACHITA	MENTAL REHAB AGENCY (IN-ST)	4,615	3,388	3,373	99.6%	8.1
OUACHITA	CTR BASED RESPITE CARE (IN-ST)	394	382	377	98.7%	3.6
OUACHITA	TRANSITION COORDINATION	159	114	113	99.1%	7.2
OUACHITA	BEHAVIORAL HLTH REHAB AGENCY	413	284	284	100.0%	20.8
OUACHITA	LICENSED PROFESSION COUNSELOR	139	112	110	98.2%	15
OUACHITA	NON-LICENSED BEHAVIORAL HEALTH STAFF	4,168	3,615	3,495	96.7%	8
PLAQUEMINES	MENTAL HEALTH CLINIC (IN-ST)	46	-	-	.	.
PLAQUEMINES	NON-LICENSED BEHAVIORAL HEALTH STAFF	202	159	131	82.4%	10.3
RAPIDES	MENTAL HLTH HOSP (FREE-STAND)	48	24	24	100.0%	11.4
RAPIDES	LIC CL SOCIAL WORKER (IN-ST)	6	-	-	.	.
RAPIDES	MENTAL HEALTH CLINIC (IN-ST)	102	91	91	100.0%	4.9
RAPIDES	MENTAL REHAB AGENCY (IN-ST)	3,210	2,352	2,348	99.8%	6.4
RAPIDES	CTR BASED RESPITE CARE (IN-ST)	3	3	3	100.0%	6
RAPIDES	TRANSITION COORDINATION	15	14	14	100.0%	11.6
RAPIDES	BEHAVIORAL HLTH REHAB AGENCY	251	-	-	.	.
RAPIDES	LICENSED PROFESSION COUNSELOR	37	15	15	100.0%	9.7
RAPIDES	NON-LICENSED BEHAVIORAL HEALTH STAFF	2,770	2,462	2,447	99.4%	3.4
RED RIVER	MENTAL HEALTH CLINIC (IN-ST)	1	1	1	100.0%	2
RED RIVER	MENTAL REHAB AGENCY (IN-ST)	332	234	234	100.0%	7.8
RICHLAND	LIC CL SOCIAL WORKER (IN-ST)	52	40	40	100.0%	6.8
RICHLAND	MENTAL REHAB AGENCY (IN-ST)	206	85	85	100.0%	18.8
RICHLAND	NURSE PRACTITIONER (IND & GP)	14	6	4	66.7%	36.2
RICHLAND	LICENSED PROFESSION COUNSELOR	52	48	48	100.0%	6.8
RICHLAND	NON-LICENSED BEHAVIORAL HEALTH STAFF	379	311	305	98.1%	7.3
SABINE	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,176	284	277	97.5%	27.1

ST. BERNARD	PHYSICIAN (IND & GP)	6	-	-	.	.
ST. BERNARD	SUBS/ALCOH ABSE CTR (X-OVERS)	7	7	7	100.0%	5
ST. BERNARD	MENTAL HEALTH CLINIC (IN-ST)	131	123	123	100.0%	5.1
ST. BERNARD	MENTAL REHAB AGENCY (IN-ST)	242	43	43	100.0%	45.1
ST. BERNARD	NON-LICENSED BEHAVIORAL HEALTH STAFF	252	219	219	100.0%	5.4
ST. CHARLES	PHYSICIAN (IND & GP)	90	31	21	67.7%	89.3
ST. CHARLES	LICENSED PROFESSION COUNSELOR	11	6	6	100.0%	1.8
ST. CHARLES	NON-LICENSED BEHAVIORAL HEALTH STAFF	24	18	18	100.0%	2.5
ST. HELENA	CTR BASED RESPITE CARE (IN-ST)	6,677	6,566	6,531	99.5%	3.6
ST. JOHN	MENTAL HEALTH CLINIC (IN-ST)	257	247	243	98.4%	5.8
ST. JOHN	MENTAL REHAB AGENCY (IN-ST)	1,999	1,264	1,262	99.8%	8.7
ST. JOHN	NURSE PRACTITIONER (IND & GP)	37	-	-	.	.
ST. JOHN	BEHAVIORAL HLTH REHAB AGENCY	454	185	185	100.0%	89.2
ST. JOHN	NON-LICENSED BEHAVIORAL HEALTH STAFF	688	418	393	94.0%	34
ST. LANDRY	MENTAL HEALTH CLINIC (IN-ST)	87	73	73	100.0%	6.4
ST. LANDRY	MENTAL REHAB AGENCY (IN-ST)	1,644	804	803	99.9%	14
ST. LANDRY	NURSE PRACTITIONER (IND & GP)	38	33	33	100.0%	7
ST. LANDRY	TRANSITION COORDINATION	539	370	370	100.0%	2.8
ST. LANDRY	BEHAVIORAL HLTH REHAB AGENCY	74	-	-	.	.
ST. LANDRY	NON-LICENSED BEHAVIORAL HEALTH STAFF	514	386	366	94.8%	6.8
ST. MARTIN	LIC CL SOCIAL WORKER (IN-ST)	2	2	2	100.0%	12
ST. MARTIN	MENTAL HEALTH CLINIC (IN-ST)	4	-	-	.	.
ST. MARTIN	MENTAL REHAB AGENCY (IN-ST)	206	174	174	100.0%	6
ST. MARTIN	NON-LICENSED BEHAVIORAL HEALTH STAFF	228	187	186	99.5%	3.3
ST. MARY	MENTAL HEALTH CLINIC (IN-ST)	23	23	23	100.0%	3.2
ST. MARY	LICENSED PROFESSION COUNSELOR	25	21	20	95.2%	8.2

ST. MARY	NON-LICENSED BEHAVIORAL HEALTH STAFF	39	24	24	100.0%	9.8
ST. TAMMANY	PHYSICIAN (IND & GP)	241	166	165	99.4%	6.1
ST. TAMMANY	PSYCHOLOGIST (LIC/MED) (IN-ST)	7	4	4	100.0%	11.8
ST. TAMMANY	MENTAL HLTH HOSP (FREE-STAND)	43	33	31	93.9%	14.7
ST. TAMMANY	LIC CL SOCIAL WORKER (IN-ST)	7	5	5	100.0%	7.2
ST. TAMMANY	MENTAL HEALTH CLINIC (IN-ST)	218	199	199	100.0%	5.3
ST. TAMMANY	MENTAL REHAB AGENCY (IN-ST)	2,385	1,830	1,794	98.0%	8.7
ST. TAMMANY	NURSE PRACTITIONER (IND & GP)	319	248	248	100.0%	4.9
ST. TAMMANY	BEHAVIORAL HLTH REHAB AGENCY	1,523	720	717	99.6%	94
ST. TAMMANY	LICENSED PROFESSION COUNSELOR	45	32	32	100.0%	5.7
ST. TAMMANY	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,397	831	790	95.1%	18.9
TANGIPAHOA	PHYSICIAN (IND & GP)	54	45	45	100.0%	4
TANGIPAHOA	PSYCHOLOGIST (LIC/MED) (IN-ST)	21	20	20	100.0%	6.1
TANGIPAHOA	LIC CL SOCIAL WORKER (IN-ST)	26	-	-	.	.
TANGIPAHOA	MENTAL HEALTH CLINIC (IN-ST)	800	599	599	100.0%	9.5
TANGIPAHOA	MENTAL REHAB AGENCY (IN-ST)	1,175	340	335	98.5%	41.3
TANGIPAHOA	TRANSITION COORDINATION	175	136	119	87.5%	15.3
TANGIPAHOA	LIC MARRIAGE & FAMILY THERAPY	4	-	-	.	.
TANGIPAHOA	LICENSED PROFESSION COUNSELOR	81	28	28	100.0%	46.7
TANGIPAHOA	NON-LICENSED BEHAVIORAL HEALTH STAFF	2,555	1,439	1,332	92.6%	17.7
TERREBONNE	PHYSICIAN (IND & GP)	2	-	-	.	.
TERREBONNE	LIC CL SOCIAL WORKER (IN-ST)	68	6	6	100.0%	90.3
TERREBONNE	MENTAL HEALTH CLINIC (IN-ST)	171	162	161	99.4%	4.3
TERREBONNE	MENTAL REHAB AGENCY (IN-ST)	1,759	939	911	97.0%	20.7
TERREBONNE	NURSE PRACTITIONER (IND & GP)	34	24	24	100.0%	14.3
TERREBONNE	BEHAVIORAL HLTH REHAB AGENCY	804	428	423	98.8%	61.9

TERREBONNE	LIC MARRIAGE & FAMILY THERAPY	7	-	-	.	.
TERREBONNE	NON-LICENSED BEHAVIORAL HEALTH STAFF	4,766	2,594	2,448	94.4%	14.3
UNION	MENTAL REHAB AGENCY (IN-ST)	888	501	501	100.0%	10.1
UNION	NON-LICENSED BEHAVIORAL HEALTH STAFF	26	26	26	100.0%	2.2
VERMILION	LICENSED PROFESSION COUNSELOR	3	3	3	100.0%	6.7
VERNON	NON-LICENSED BEHAVIORAL HEALTH STAFF	704	609	597	98.0%	6.8
WASHINGTON	PSYCHOLOGIST (LIC/MED) (IN-ST)	2	-	-	.	.
WASHINGTON	MENTAL HEALTH CLINIC (IN-ST)	12	1	1	100.0%	103
WASHINGTON	MENTAL REHAB AGENCY (IN-ST)	1,793	1,461	1,457	99.7%	6.5
WASHINGTON	NURSE PRACTITIONER (IND & GP)	2	-	-	.	.
WASHINGTON	NON-LICENSED BEHAVIORAL HEALTH STAFF	1,514	992	947	95.5%	12.2
WEBSTER	SUBS/ALCOH ABSE CTR (X-OVERS)	12	9	9	100.0%	7.7
WEBSTER	MENTAL REHAB AGENCY (IN-ST)	342	200	200	100.0%	11.3
WEBSTER	TRANSITION COORDINATION	9	9	9	100.0%	7
WEBSTER	LICENSED PROFESSION COUNSELOR	9	8	8	100.0%	3.1
WEBSTER	NON-LICENSED BEHAVIORAL HEALTH STAFF	38	21	21	100.0%	31
WEST BATON ROUGE	LIC CL SOCIAL WORKER (IN-ST)	34	-	-	.	.
WINN	FED QUALIFIED HLTH CTR (IN-ST)	6	-	-	.	.
WINN	MENTAL REHAB AGENCY (IN-ST)	598	63	54	85.7%	109.6
_OUT OF STATE	LIC CL SOCIAL WORKER (IN-ST)	232	216	216	100.0%	3
_OUT OF STATE	MENTAL HEALTH CLINIC (IN-ST)	12	9	9	100.0%	4.2
_OUT OF STATE	MENTAL REHAB AGENCY (IN-ST)	437	293	272	92.8%	27.2
_OUT OF STATE	NURSE PRACTITIONER (IND & GP)	85	75	75	100.0%	3.5
_OUT OF STATE	LICENSED PROFESSION COUNSELOR	5	2	2	100.0%	3.5
_OUT OF STATE	NON-LICENSED BEHAVIORAL HEALTH STAFF	30	29	29	100.0%	1.5
_N/A		29,129	194	133	68.6%	1461.4

## 5 CLAIMS DENIED

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There were 63,079 denied claims compared to 261,926 paid claims during the SFY 2019, which means that denials account for 24% of all claims. This overall 24% denial rate (count denied / count paid) does not take into account that providers are often paid on resubmissions of previously denied claims and that all claims denied as duplicates have an associated paid claim.

There are multiple reasons for claim denial. Most frequently, denial is due to errors in the submission process. Common errors include the provider submitting duplicate claims, the member being ineligible for the service submitted for reimbursement, or a lack of prior authorization. For the SFY 2019, duplicate claims is the primary reason for claims denial at 25%, 16% account for no authorization on file, and another 15% of denied claims account for invalid procedure code/modifier combination. Please note that this requested list of items is not exhaustive of causes for claims denial.

**Top 5 Reasons for Denial of Claims (SFY 2019)**

<b>Denial Type</b>	<b>Denial Type Count</b>	<b>All Denial Count</b>	<b>% of All Denials</b>
Duplicate, previously submitted	15,794	63,079	25%
No authorization on File	10,296	63,079	16%
Invalid procedure code/modifier combination	9,839	63,079	15%
Roster provider not registered	6,248	63,079	10%
Patient not eligible	4,378	63,079	7%

## 6 PERCENTAGE OF MEMBERS ASKED TO PROVIDE CONSENT FOR RELEASE OF INFORMATION TO COORDINATE WITH PRIMARY CARE PHYSICIAN

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Magellan monitored the percent of members asked to provide consent for release of information to coordinate with primary care physicians through the Treatment Record Review process. Details of the Treatment Record Review process are as follows:

- Treatment record review is one component of Magellan's oversight of the quality of its network providers. Magellan reviews documentation and record keeping processes to ensure compliance with quality standards and federal/state guidelines.
- The Regional Network and Credentialing Committees (RNCC) examine treatment record review results to identify opportunities for improvement in individual provider and overall network treatment documentation and adherence to clinical practice guidelines.
- An RNCC and/or local designated medical director review results of individual practitioner/provider treatment record reviews prior to making decisions about credentialing, re-credentialing, corrective or disciplinary action, or termination from Magellan's provider network.

The results for the time period 07/01/2018 through 06/30/2019 are outlined in the table below.

**Percentage of Members Asked to Provide  
Consent for Release of Information to  
Coordinate with Primary Care Physicians  
July 1, 2018- June 30, 2019**

Total Providers Reviewed	80
Total Records Reviewed	580
Total Records in Compliance	520
% of Records with Release of Information of Primary Care Physician	89.7%

A total of 80 providers were reviewed from July 1, 2018 to June 30, 2019 as part of the treatment record review process. Of the 580 records reviewed, 520 were in compliance for releases of information with primary care physicians (PCPs) and other healthcare providers for a total compliance rate of 89.7%. Magellan implemented provider remediation actions for any provider not meeting the minimum performance threshold.

## 7 BEHAVIORAL HEALTH IN EMERGENCY ROOMS

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Magellan is responsible for professional services claims provided by psychiatrists or licensed mental health professionals during an Emergency Room visit.

Year	Unique Members Presenting in ER	ER Presentations	ER Claims
SFY 2019	35	46	66



## 8 REPORT ON QUALITY MANAGEMENT

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Magellan operates the CSoC Care Management Center in Baton Rouge that serves as the hub of its Louisiana operations for the CSoC program. Further information on the specific reporting request made in Act 158 (formerly Act 212) relative to Magellan's performance on quality management can be found in the following attached reports:

- Quality Program Description (2018-2019)
- Louisiana Coordinated System of Care Annual Evaluation of the Quality Program  
(November 1, 2018 – December 31, 2018)

The Quality Program Description (2018-2019) details the staffing resources allocated to the quality program. The team consists of multiple Louisiana-based and corporate level staff, with at least eight full-time devoted personnel to support quality functions as indicated in the table below.

Louisiana CSoC CMC Staff	Percent of FTE Allocated to QI
CSoC Program Director	10%
Medical Director	25%
CSoC Clinical Director	25%
Manager Clinical Services	10%
Member Service Administrator	10%
Compliance Officer	25%
Quality and Outcomes Director	100%
QI Project Manager (2)	100%
Family Support Organization (FSO) Coordinator	100%
QI Clinical Reviewer (2)	100%
Appeal and Grievance Coordinator	100%
Lead Data Reporting Analyst (1.5)	100%
Managed Care Organization Liaison	25%
CSoC Coordinators (5)	50%
Provider Network Director	20%
Network Coordinators (2)	50%

Corporate Staff	Percent of FTE Allocated to QI
Vice President, Quality Improvement	25%
National Director, Quality Improvement	10%
National Director, Quality & Accreditation	15%
Vice President, Outcomes & Evaluations	20%
Chief Medical Officer, Behavioral Health	10%

Magellan used the following mechanisms for generating input and participation of members, families/caregivers and other stakeholders in the monitoring of service quality and determining strategies to improve outcomes:

- Member satisfaction surveys, which are administered on an annual basis for assessing member satisfaction with service delivery, access and outcomes of care.
- Fidelity monitoring surveys, conducted on an annual basis to assess member and caregiver satisfaction with wraparound facilitators.
- Wraparound facilitator contacts with members and caregivers on a monthly basis to identify and remediate any reported access to care issues.
- CSoC Governance Board participation.

In order to demonstrate its compliance with all federal regulations at 42 CFR 438.240 and the utilization management requirements by the Medicaid program as described at 42 CFR 456, Magellan provided the following:

#### **42 CFR 456**

For meeting the mandates of federal regulation 42 CFR 456, Magellan's clinical services department includes personnel responsible for the utilization management (UM) functions. The UM program is supported at both the corporate and regional levels with designated staff and committees that include a behavioral health practitioner. Each care management center (CMC) has an independent utilization management committee or standing utilization management agenda items integrated within its quality improvement committee (QIC) to monitor the utilization management/case management program for effectiveness and impact on its member population.

Guidelines have been established for density and geographic distribution based on the covered population and statewide service area. Magellan uses these guidelines to develop and maintain a network of contracted behavioral healthcare providers from individual practitioners to organizational providers with a wide range of expertise and clinical specialties to support member access to covered behavioral health services. Industry credentialing standards for behavioral health providers are followed, and contracted providers are made aware of the utilization management program activities conducted by Magellan via the Magellan Behavioral Health Provider Handbook.

Further details surrounding the utilization management program and its outcomes and measures are available in the attached documents titled Utilization Management and Care Management Program Description and Louisiana Coordinated System of Care Quality Improvement Program Evaluation.

#### **42 CFR 438.240**

As per the requirements of 42 CFR 438.240, Magellan's Quality department monitors performance measures on an ongoing basis for the purpose of assessing the quality and appropriateness of care furnished to CSoC members and to detect and address under- and over-utilization. Magellan further works to enhance quality through the implementation of performance improvement projects (PIPs), required by the Centers for Medicare & Medicaid Services (CMS) and part of the external quality review (EQR) function of managed care. Performance improvement projects are focused initiatives used to improve specific quality performance measures through ongoing measurements and interventions expected to have a favorable effect on health outcomes and member satisfaction. The PIP implemented for contract year two was Improving the Rate of Attendance to Follow-up Appointments after Hospitalization for Mental Illness with the goal of meeting or exceeding the national 90th percentile. Performance slightly decreased from baseline to the re-measurement period, which was not statistically significant; however, performance remained slightly below the national 90th percentile. In addition, Magellan implemented a PIP titled Improving Suicide Risk Assessment and Management for Children and Youth aged 5-20. There were two measures established as part of this PIP: 1.) assessment of current and past suicidal ideation and risk in provider treatment record reviews and 2.) documentation of individual crisis plans in provider treatment records. Both measures showed improvement from baseline to the re-measurement period.

Magellan has also documented the implementation and maintenance of a formal outcomes assessment process that is standardized, reliable and valid in accordance with industry standards (see the Louisiana Coordinated System of Care Quality Improvement Program Evaluation for more information). OBH established the CSoC Quality Monitoring Team (QMT) to facilitate monitoring of the CSoC performance measures. The QMT is composed of subject matter experts within OBH. The Quality Monitoring Team meets regularly and has established a schedule for reporting and accountability with Magellan, including monthly, quarterly and annual reporting reviews. This team receives reports, reviews, offers analysis and provides feedback to Magellan. The Quality Monitoring Team developed this structure was developed in late 2012 and continues to refine its processes.

## 9 TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS AND PROFIT

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- a) Please see below for details on payments to providers in answer to part a) of item number 14 from Act 158 relative to CSoC.

Month of Payment	Payment of Claims to Providers
201807	\$555,457.23
201808	\$1,189,362.59
201809	\$1,319,743.81
201810	\$1,445,056.39
201811	\$1,555,223.61
201812	\$1,799,983.91
201901	\$1,646,935.01

201902	\$1,176,409.48
201903	\$1,037,883.57
201904	\$1,109,229.83
201905	\$2,020,867.77
201906	\$1,492,564.29
<b>Total</b>	<b>\$16,348,717.49</b>

**b & c)** In answer to requests 14(b) and (c) within Act 158, please reference the attached Merit Health Insurance Company Income Statements (a subsidiary of Magellan that operates the CSoC contract) dated 12/31/2018 and 06/30/2019 that detail its administrative expenses and net profit in Louisiana.

## 10 EXPLANATION OF PROGRAM CHANGES

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**a) Changes in standards or processes for submission of claims by behavioral health service providers to the CSoC program**

There were no changes in standards or processes for submissions of claims by behavioral health services providers to the CSoC program during the 2019 SFY (07/01/18-06/30/19).

**b) Changes in types of behavioral health services covered through CSoC**

There were no changes in types of behavioral health services covered through CSoC during the 2019 SFY (07/01/18-06/30/19).

**c) Changes in reimbursement rates for covered services**

There were no changes in reimbursement rates for covered services during the 2019 SFY (07/01/18-06/30/19).

## 11 ADDITIONAL METRICS/MEASURES

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During the past seven years, more than 16,250 children have been enrolled in the Louisiana Coordinated System of Care. The goals for CSoC are continuously met and positive outcomes are being achieved on average in less than a year for children enrolled in CSoC.

### **Decreased Utilization of Costly Restrictive Settings**

Only 4.5% of the children enrolled in CSoC spent any days in an inpatient hospital setting:

- 90% of the children were seen by an outpatient provider within 30 days of discharge.
- 92% of the children were discharged, or disenrolled, into a home and community-based setting.

### **Keeping Children in their Communities**

CSoC connected youths and family members to behavioral health services in their homes and communities, offering low-cost alternatives to institutional care:

- 100% of CSoC children are enrolled with a wraparound agency providing intensive care coordination in a single plan of care.
- 96% of members reported they are receiving services in the type, amount, duration, and frequency specified on their plan of care.
- 87% of youth and families are receiving behavioral health outpatient and Home and Community-Based services.
- 85% of youth and families are connected with natural and informal community supports to strengthen community ties.

### **Significant Improvements in Overall Functioning**

Over the average length of enrollment (12 months), CSoC children demonstrated significant improvements in overall functioning.

- 74% of the children discharged demonstrated improvements in clinical functioning.
- 97% of youth and families reporting positive overall satisfaction with wraparound process. 88% of guardians reported feeling more confident caring for their youth since starting CSoC.

## APPENDICES

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APPENDIX I: HEALTHCARE PROVIDERS IN EACH PARISH BY PROVIDER TYPE, APPLICABLE CREDENTIALING STATUS, AND SPECIALTY

APPENDIX II: CHILDREN RECEIVING SERVICES THROUGH CSOC BY PARISH

APPENDIX III: PERCENTAGE OF REFERRALS CONSIDERED IMMEDIATE, URGENT AND ROUTINE

APPENDIX IV: CLEAN CLAIMS

APPENDIX V: TOP FIVE CLAIMS DENIAL REASONS

APPENDIX VI: BEHAVIORAL HEALTH IN EMERGENCY ROOMS

APPENDIX VII: REPORT ON QUALITY MANAGEMENT

APPENDIX VIII: TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS AND PROFIT