MAGELLAN HEALTH

QUALITY PROGRAM DESCRIPTION

FOR

Louisiana Coordinated System of Care
Care Management Center

December 1, 2016-November 30, 2017

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Quality and quality improvement are the responsibilities of all entities within the healthcare system. This document is meant to guide quality by providing general information on the structure, processes and measures used for accountability and performance improvement. Further, this document describes the Quality Improvement (QI) program, philosophy, structure and goals of the Louisiana Coordinated System of Care (CSoC) Care Management Center (CMC) as the CSoC Contractor. Attached to the Program Description is Louisiana CSoC CMC Work Plan, which specifies goals and prioritized objectives for the 2016-17 Contract Year. Information related to the Clinical Management Program is contained in the 2016-17 Clinical Management Program Description[1].

I. Introduction

Magellan Health Services (Magellan) in Louisiana serves as the CSoC Contractor responsible for coordinating, administering, and managing specialized behavioral health services for Medicaid-eligible children and youth potentially eligible for or enrolled in the Coordinated System of Care (CSoC) waiver. The CSoC Quality Improvement Strategy (QIS) states:

> *The Coordinated System of Care is designed to provide services and supports to children and youth, who have significant behavioral challenges or co-occurring disorders, and are in or at imminent risk of out-of-home placement. The Coordinated System of Care (CSoC) integrates resources from all of Louisiana's child-serving agencies, including the Louisiana Department of Health (LDH), Department of Education (DOE), Department of Children and Family Services (DCFS) and the Office of Juvenile Justice (OJJ).*
>
> *The family-driven and coordinated approach of CSoC is meant to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes by ensuring families who have children with severe behavioral health challenges get the right support and services, at the right level of*

[1] NCQA MBHO QI 1 Element A #1; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 17

intensity, at the right time, for the right amount of time, from the right provider, to keep or return children home or to their home communities. Combining all services into one coordinated plan allows for better communication and collaboration among families, youth, state agencies, providers and others who support the family.

The scope of the Quality program includes the objective and systematic monitoring of the quality, recovery and resiliency focused health care and services provided for CSoC members. The QI program is the direct responsibility of the Chief Medical Officer. The QI program is managed by the Quality and Outcomes Director who is supported by the Louisiana CSoC CMC and corporate staff. The Clinical Management program, which focuses on the management of CMC utilization and care management initiatives, is managed by the CSoC Clinical Director. The coordination of care/medical integration activities are managed by the Managed Care Organization (MCO) Liaison. Oversight of the Louisiana CSoC CMC program is provided by the Louisiana CSoC CMC Quality Improvement Committee (QIC). The compliance, risk management and patient safety programs are a component of the general quality program. To ensure an inclusive structure, family, member and stakeholder input into the QI program as well as participation in the various Louisiana CSoC CMC QI committees is actively pursued. Corporate oversight of the CMC program occurs through a corporate committee structure (see Appendix A).

Vision. Magellan's vision aligns with the spirit and intent of the Institute of Medicine's (IOM) *Crossing the Quality Chasm, "Sparking innovation to build healthier and bright futures."*

Mission. Magellan's mission is to guide individuals to make better decisions, and live healthier and more fulfilling lives, by improving the overall quality and affordability of healthcare.

Values. Magellan's values include integrity, accountability, knowledge, collaboration, caring, creativity and results. At Magellan, we are customer driven, growth focused, innovation oriented, passionate and responsible stewards, and committed to the communities we serve.

Magellan's vision, mission and values as stated above align directly with the goals of CSoC. With a focus on care and respect, Louisiana CSoC staff members apply clinical expertise to assist

members during challenging times. Magellan Health systems deliver innovative solutions to client customers and members alike, and collaborate with providers to positively influence the health and well being of individuals and the efficiency of care rendered, in an equitable way. The Institute of Medicine's (IOM) *Crossing the Quality Chasm: A New Health System for the 21st Century* has focused behavioral healthcare on safe, effective, patient-centered, timely, efficient and equitable treatment options.

In support of Magellan's vision and mission, and the aims set forth by the IOM, the Louisiana CSoC CMC's QI program endeavors to transform the service delivery systems through the development of QI activities based on available evidence-based practices and designed to meet the individual needs of consumers and family members while supporting recovery and resiliency. This is accomplished through:

- The development and monitoring of quantifiable outcomes;
- The development of innovative programs and interventions that support and integrate principles of recovery and resiliency;
- The transformation of existing systems, services and programs through the promotion recovery and resiliency principles.

Accordingly, the quality program is organized around three themes:

Positively influencing the health and well being of individuals by identifying gaps in care and service, improving clinical outcomes, assuring patient safety, and adding value through efficiency.

Enhancing the experience and quality of service for individuals seeking care.

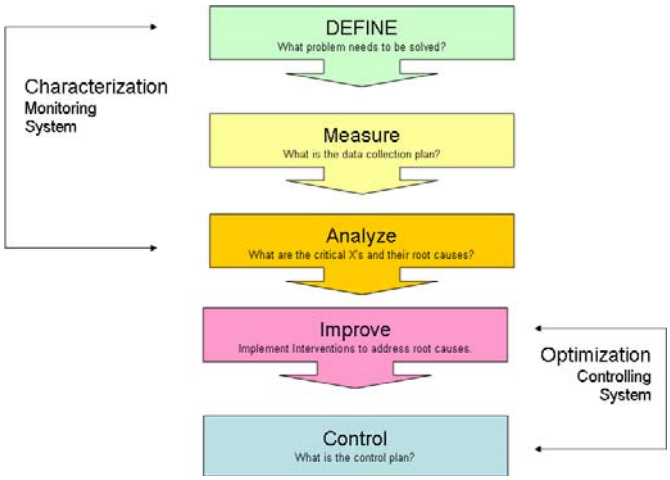
Assuring that all core business processes are innovative, and lead to **System/Cost Efficiencies**.

This program description sets out the structures and processes that define the Quality Program and expected outcomes which result from same. Magellan in Louisiana maintains a quality management program that promotes objective and systematic measurement, monitoring and

evaluation of services and implements quality improvement activities based upon the findings[2].

II. Quality Management Process

With a focus on outcomes, member-centric approaches and the health and wellness of members, Magellan's quality program demonstrates improved service and care for CSoC members through collaboration with the state of Louisiana. The Quality Program Description is used as a dynamic document that is responsive to the voices of all stakeholders, flexible in its actions and readily modifiable as conditions warrant. Employing systematic quality improvement processes, the quality program obtains input from a broad spectrum of stakeholders, and uses the Six Sigma DMAIC[3] process to ensure the timely identification of barriers and interventions that lead to improvement.



DMAIC (Define, Measure, Analyze, Improve and Control)

Use of the DMAIC model propels continuous quality improvement while supporting and enhancing the integration of quality and accountability into Magellan's QI and UM programs. All of Magellan in Louisiana's QI activities incorporate this approach to solving complex or

[2] URAC UM version 7.0 and CM version 4.1 Core 17

[3] http://www.isixsigma.com/new-to-six-sigma/getting-started/what-six-sigma/

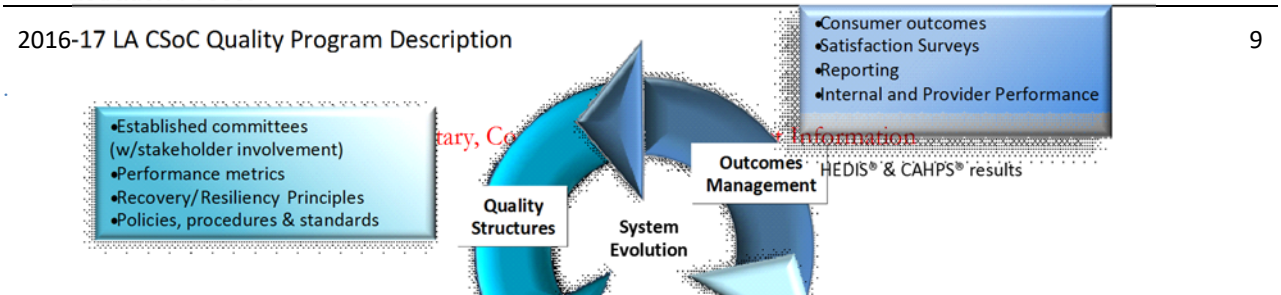
multifaceted problems in a logical and systemic manner, leading to continuous quality improvement to ensure that activities conducted meet or exceed identified measures and goals. All aspects of operations including member services, audits, provider performance, clinical processes and outcomes are appropriate areas for performance improvement. Through the use of the DMAIC model customer expectations can be met. Customer expectations are defined; data is captured, trended and analyzed for root causes of below-goal performance. Measurable interventions are developed and implemented to improve performance; information is disseminated throughout the organization and feedback received through internal feedback loops including the Louisiana CSoC CMC Quality Improvement Committee, (QIC), Utilization Management Committee (UMC), Regional Network Credentialing Committee (RNCC), and Compliance Committee. These committees monitor the progress of assigned areas including performance metrics, stakeholder input and QI project interventions and actions required within each of their respective areas of responsibility. Committees report at intervals designated in the QI Annual Work Plan to the Quality Improvement Committee which has oversight of the quality program goals and achievements.

Consistent application of the DMAIC model ensures Continuous Quality Improvement (CQI) throughout Louisiana CSoC CMC operations and service delivery. This approach leads to systems evolution and the development of a *culture of quality* as illustrated below.

Key tenets of the *culture of quality* include Donabedian's[4] framework for quality in organizations: structures, process and outcomes. The structures are described in the committee infrastructure, flow of information and reporting relationships. Processes are defined through detailed policy, procedures and day-to-day practices. Outcomes are a consistent theme, and are emphasized at every opportunity.

In addition, many other quality theorists provide countless tools that support the *culture of*

[4] Donabedian, A. (1980) *Explorations in Quality Assessment and Monitoring V1.* Michigan: Health Administration Press.



quality. Deming's[5] 14 steps, Juran's trilogy[6], Provost and Murray's[7] emphasis on statistical process control have all influenced the availability of various supports that assist in planning for quality, controlling for quality, and improving quality in measurable terms.

Data Collection. The key to any successful quality program is the collection of valid and reliable data. The Louisiana CSoC CMC collects data through multiple mechanisms, including automated reports from the data warehouse, QI core indicator reports, clinical record audits, provider site visits, and complaints and grievances, to name a few. Data are collected from a variety of sources, including internal claims, eligibility, demographics (i.e., gender, race, and ethnicity), and pharmacy and medical claims. Requests are made of customers/Health Plans for data as well. Once the data are reviewed and analyzed, the results are presented to the quality committees in a variety of reports that present trends and identify opportunities for improvement.

Annually, the Magellan Health Behavioral Health Quality Improvement Committee (BH-QIC) defines, reviews, and updates core performance indicator definitions to reflect important aspects of care and services for Magellan covered populations, accreditation and regulatory requirements, and contracted services. (See the annual work plan in Appendix F.)

[5] Deming, E. (1986) *The Deming Management Method.* New York: Putnam
[6] DeFeo, J. & Juran, J. (2010) Juran's Quality Handbook, 6th ed. New York: McGraw Hill
[7] Provost, L., & Murray, S. (2011) *The Health Care Data Guide.* San Francisco: Jossey Bass.

Performance goals are established based on previous monitoring experience, external data, contractual requirements, accreditation and regulatory requirements, and/or industry standards. Performance is measured and indicators that do not meet goal may be identified as opportunities for improvement within a region or across the company[8].

Data Integrity. Magellan builds data quality checks into all processes that touch data. This includes data integrity and completeness checks as data is loaded and standardized. Quality checks used to verify data integrity include comparisons against expected values, domain analysis, and comparisons to standard code sets/values. For reviewing data completeness, quality checks assess whether all data that came into the system was processed. The data quality checks record any data quality exceptions in standard tables to facilitate quality monitoring and reporting. The data warehouse staff conducts regular data quality meetings with the source system and business experts to review data quality reports and initiate appropriate actions.

Action Planning. When a committee identifies an opportunity for improvement, the members determine appropriate action, which may include any of the following:

- Appoint a Work Group for investigation of root causes
- Perform a Barrier Analysis
- Develop an Action Plan
- Continue to monitor

Interventions are monitored to determine if they resulted in improvement. Unresolved opportunities for improvement move through the quality improvement process until satisfactory improvement is noted.

The process is documented in signed and dated committee minutes, QI reports, quality improvement activity and project reports, and/or the annual corporate QI Program Evaluation. The *culture of quality* is pervasive and well documented[9].

[8]URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 21

[9] NCQA 2014 MBHO QI 1 Element A #1; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 21

III. Purpose and Goals, and Prioritized Objectives

The primary purpose of Magellan is the management of high-quality behavioral healthcare, prevention, condition care and support services in a safe, efficient and effective manner to members enrolled in CSoC. The Louisiana CSoC CMC consistently endeavors to maintain high-quality clinical care and patient safety, preventive behavioral health services, and member services while promoting the following CSoC values:

- Family driven
- Youth guided
- Team-based
- Culturally and Linguistically Competent *(in a way that the family is comfortable)*
- Home and Community based
- Strength-based
- Individualized
- Integrated Across Systems *(bringing agencies, schools and providers together to work with families)*
- Connected to Natural Helping Networks
- Data driven and outcomes oriented
- Unconditional Care

To accomplish these purposes, the Louisiana QI program develops and monitors an annual Quality Work Plan, (see Appendix F) with specific measurable objectives and activities. The objectives and activities are identified through:

- Customer and contractual requirements and feedback
- Consumer, family member and stakeholder input
- Trended data analyses
- Accreditation and regulatory requirements
- Audit findings

The **prioritized goals**[10] for Magellan Health in Louisiana in 2016-17 are aligned with CSoC goals as outlined in the QIS document. These goals and corresponding objectives include:

In keeping with the vision and mission as stated in the Louisiana CSoC Quality Program Description, the Quality Department will collaborate with providers, consumers and stakeholders to develop quality activities that sustain recovery and resiliency while promoting high-quality care as defined by the Institute of Medicine: safe, effective, patient-centered, timely, efficient and equitable. Activities rely on the use of data metrics and outcomes that objectively demonstrate efficacy. All quality activities support the goals identified in the CSoC Quality Improvement Strategy (QIS) document:

- To reduce the state's cost of providing services by leveraging Medicaid and other funding sources as well as increasing service effectiveness and reducing duplication across agencies;
- To reduce out of home placements in the current number and future admissions of children and youth with significant behavioral health challenges and co-occurring disorders;
- To improve the overall outcomes of children and their caretakers; and
- To increase member and provider voice and choice in treatment.

To accomplish these goals, the following prioritized objectives were determined by the Louisiana Unit:

- Monitor sub-contracted provider activities to ensure compliance with federal and state regulations, waiver requirements, and all other quality management requirements to allow for continued leverage of funding sources as evidenced by:
    - Showing overall network performance above 90% for Treatment Record Reviews (TRRs).
    - Increasing compliance with Clinical Practice Guidelines (CPG) as evidenced by ninety percent (90%) or more of the providers reviewed as outlined in TRR plan consistently in compliance with a performance rate of 80%.
- Exhibit high level of member and provider satisfaction with Magellan.

[10] NCQA 2014 MBHO QI 1 Element A #6; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 20

  - Show improvement in member and provider satisfaction survey elements that scored under 80% as compared to contract year one administration.
  - Exceed 90% in overall provider satisfaction.
  - Meet and/or exceed national mean scores for youth and caregiver satisfaction with his or her experiences in wraparound as measured by the WIFI-EZ.
- Ensure consistent application of and high fidelity to the wraparound model by meeting and/or exceeding national mean scores for total fidelity scores as measured by the Wraparound Fidelity Index, Short Form (WFI-EZ).
  - Show improvement in mean scores for items identified as low-scoring items for Caregiver, Youth and Facilitator Surveys.
- Improve the quality of assessments and Plans of Care submitted by Wraparound Agencies, thereby providing youth and families with effective care, as evidenced by improvements in the Louisiana Department of Health (LDH) agreed upon Best Practice indicators to be implemented in contract year two.
- Increase post hospital appointment scheduling and other hospital aftercare Best Practice adherence, as evidenced by exceeding the National Committee for Quality Assurance (NCQA) 50th percentile for 7-day Follow-Up after Hospitalization (FUH) for Mental Illness rates.
- Improve community tenure as evidenced by percentage of children/youth requiring inpatient hospitalization less than or equal to five percent. Decrease the percentage of members enrolled in CSoC longer than 18 months by 10%.
- Improve clinical and functional member outcomes as evidenced by statistically significant improvements ($p \leq 0.05$) in the Child and Adolescent Needs and Strengths (CANS) global average scores.
- Show statistically significant improvement ($p \leq 0.05$) in school functioning as evidenced by improvements in admission and discharge CANS School Module scores.
- Exceed the goal of 50% for provider involvement in the Child and Family Team (CFT) as measured by the participation of behavioral health providers in monthly meetings in person or by phone.
- Increase the provider network of short-term respite and crisis stabilization providers through collaboration with LDH and MCOs.

- Detect under-and-over utilization of services (as defined as μ ± σ) through use of control charts. If a trend of under and/or over utilization of services is detected, Magellan will implement DMAIC process to address.
- Ensure that appointment authorization timeliness exceeds 95% for emergent, urgent and routine appointments.

IV. Authority and Accountability

The Magellan Board of Directors has designated the Magellan Health BH - Quality Improvement Committee (BH-QIC) to provide corporate oversight of the Louisiana CSoC CMC QI program. It is co-chaired by the chief medical officer for Behavioral Health. The Magellan Health BH-QIC reports to the Enterprise Quality Committee. The schematic provided in Appendix A provides an overview of local and national structures. The Louisiana CSoC CMC's committee structure and charters are found in Appendices C and D[11].

Behavioral Health Division CMC Committee Structure	
Committee	**Description**
Louisiana CSoC CMC Quality Improvement Committee (QIC)	The Louisiana CSoC CMC Quality Improvement Committee (QIC) is responsible for quality program direction, oversight and monitoring for continuous quality improvement of services provided through the Louisiana CSoC CMC of Magellan Plan Services. The goals of the QIC are to adhere to quality principles in service and care delivery and to meet quality objectives as outlined in this Louisiana CSoC CMC Quality Program Description and Work Plan.
Utilization Management Committee (UMC)	Oversees UM, Medical Integration, and Care Management Programs including effectiveness of program, over- and under-utilization, treatment record reviews, monitoring the medical appropriateness and necessity of services, monitoring application of service authorization criteria, and monitoring cultural competency plan.
Regional Network Credentialing Committee (RNCC)	Oversees the suitability and quality of network facility providers and outpatient practitioners serving members. Also, for the purposes of credentialing and re-credentialing, the Committee is responsible for providing a component of local peer review of providers/practitioners.
Compliance Committee	The Compliance Committee's primary mission is to establish a culture that promotes adherence to applicable legal, contractual and policy requirements, and promotes the prevention, detection and resolution of conduct that does not conform to those requirements.

[11] NCQA 2014 MBHO QI 1 Element A #4; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 2, 19, 20

The Louisiana CSoC CMC Quality Improvement Committee's accountability rests with the core members listed below.

1. **Chief Medical Officer**

   The Chief Medical Officer has overall responsibility for the success of the Louisiana CSoC CMC's QI program and is further responsible for adequate resources and staffing. Specific activities include: coordinating efforts to improve clinical and service quality while promoting recovery and resiliency and monitoring quality activity reports so that the CMC's QI program scope is maintained and goals are achieved. Other responsibilities of the CSoC Chief Medical Officer include:

   - Maintaining medical policies and procedures including, but not limited to, service authorization, claims review, discharge planning, credentialing and referral management, and medical review included in the Appeal and Grievance System;
   - The decision making process for approval and denial of provider credentialing;
   - Administration of all medical management activities of the Louisiana CSoC CMC;
   - Attendance at LDH business reviews, designated medical director meetings, including linkage with the Healthy Louisiana Contractor/Medical Directors for primary care;
   - Oversight of all medical management activities including addiction services of the Louisiana CSoC CMC;
   - Serving as co-chair of the UM committee and chairman or co-chairman of the Quality Assessment and Performance Improvement (QAPI) committee; and
   - Ensuring adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria.

2. **Quality and Outcomes Director**

   The Quality and Outcomes Director works closely with the Chief Medical Officer and has the day-to-day authority and responsibility for directing the management and advancement of the QI and compliance programs. The Quality and Outcomes Director serves as co-chair of the Louisiana CMC QIC. Some of his/her activities include coordination of the development and implementation of the Quality Improvement (QI) Program Description and Quality Work Plan. The Quality and Outcomes Director is responsible for the coordination of quality improvement activities, QIC minutes, agenda, data reporting, analysis, coordination with the CMC's care management program, implementation and review of the Magellan patient

safety program and adherence to corporate compliance policies and procedures. Key responsibilities of the Quality and Outcomes Director include:

- Ensuring individual and systemic quality of care, including grievances
- Integrating quality throughout the organization
- Implementing process improvement
- Resolving, tracking and trending quality of care grievances
- Developing and implementing a QAPI plan in collaboration with the Chief Medical Officer (CMO)
- Monitoring, analyzing and implementing appropriate interventions based on utilization data, grievance investigation outcomes, including identifying and correcting over or under utilization of services
- Focusing organizational efforts on improving clinical quality performance measures
- Developing and implementing performance improvement projects and CAPs
- Utilizing data to develop intervention strategies to improve outcomes and reporting QI /performance outcomes
- Managing and adjudicating member and provider disputes arising under the Grievance System including member grievances (including any expressions of dissatisfaction), appeals, and requests for hearings and provider claim disputes in compliance with federal and state laws and the requirements in the Contract, including all documents incorporated by reference
- Tracking, reviewing, and investigating critical incidents and other quality of care issues (e.g., seclusion/restraint, accidents, etc.), including reviewing performance measures
- Measuring treatment outcomes
- Assuring timely access to care
- Advocating for member rights within the organization, assuring grievance and appeal trends are reported to and addressed within the Quality Assessment and Performance Improvement (QAPI) committee
- Implementing, measuring, and reporting on performance and reporting requirements
- Implementing Fidelity Monitoring System to ensure the core elements of wraparound facilitation are maintained in accordance to the standards of practice

established by the National Wraparound Initiative (NWI)

3. CSoC Clinical Director

The CSoC Clinical Director reports to the CSoC Program Director and has responsibility for the direction and management of clinical operations, including development and coordination of the Clinical Management Program, which includes Medical Integration and Care Coordination[12]. The CSoC Clinical Director serves on Louisiana CSoC CMC's QIC and Regional Network Credentialing Committee, and chairs the Utilization Management Committee. Responsibilities of the CSoC Clinical Director include:

- Monitoring Prior Authorization (PA) functions and assuring that decisions meet timeliness standards and are made in a consistent manner based on clinical criteria
- Monitoring, analyzing and implementing appropriate interventions based on utilization data, including identifying and correcting over or under utilization of services
- Participating in all activities related to Louisiana Medicaid CSoC eligibility in relation to the Contractor
- Possessing a thorough understanding of Louisiana Medicaid CSoC Eligibility policies
- Holding responsibility for having a team able to research all Louisiana Medicaid issues that arise and provide details to support findings
- Fully reconciling CSoC eligibility data between the Contractor and the Healthy Louisiana plans at the direction of LDH
- Training and monitoring WAAs to ensure compliance with waiver and contract requirements
- Participating in QI activities, including data collection, tracking, and analysis
- Participating in the treatment team and assisting in coordinating psychological and psychiatric services for the patients
- Providing information to members and providers regarding mental health and substance abuse benefits, community treatment resources, mental health managed care programs, and Magellan policies and procedures

[12] NCQA 2014 MBHO QI 1 Element A #8

- Ensuring that appropriate concurrent review and discharge planning of inpatient stays is conducted
- Monitoring the provision of care coordination, disease management, and case management functions

4. Compliance Officer

The Compliance Officer carries out provisions of the Louisiana CSoC CMC compliance plan and assures the obligations under the terms of the Contract are met. In addition, the Compliance Officer is responsible for program integrity functions, including the Louisiana CSoC CMC's fraud and abuse policies and procedures and investigating allegations of fraud, waste or abuse. The Compliance Officer oversees Corrective Action Plans (CAPs) arising from the Contract of both the Louisiana CSoC CMC and their network providers. The responsibilities of the Compliance Officer include:

- Assuring the Contractor's obligations under the terms of the Contract are met
- Providing oversight, administration, and implementation of the Compliance Program
- Overseeing all audits related to the contract
- Ensuring compliance with policy and procedure
- Overseeing CAPs arising from this Contract of both the Contractor and their network providers
- Collaborating with the LDH Fraud and Abuse program, Medicaid Fraud Control CMCs (MFCU), and the Louisiana Attorney General's Office

5. Quality Management Staff

Staff provides coordination of quality improvement functions. Specific duties include, but are not limited to:

- Investigates quality of care/service issues
- Documents quality improvement activities
- Develops and implements corrective action plans (CAPs) when indicated
- Develops and implements QM studies and other initiatives
- Completes medical record audits for recredentialing and HEDIS activities
- Assists with oversight of delegated activities
- Oversees member and provider grievances

- Monitors and updates the QM work plan

6. QM/UM Analytics

The QM/UM analyst is responsible for:

- Daily operational reports for concurrent review, prior authorization, behavioral health and CM
- Monthly, Quarterly and annual QM monitoring reports and analysis of data
- Ad hoc reporting to establish trends or areas for process improvement

7. Provider Network Management Department

The Provider Network Management Department is responsible for:

- Orientation and on-going education of all providers
- Dissemination of educational materials, and Health Plan information to all providers
- Communication of policy and procedural changes to providers
- Development of Directories and Provider Manuals
- Communication of member rights and responsibilities to providers and
- Conduct and analyze provider satisfaction surveys

8. Member Service Department

The Member Service Department is responsible for:

- Administering the Member Rights and Responsibilities policy
- Timely resolving and documenting informal and formal member grievances
- Assisting in analyzing member experience surveys
- Continually monitoring key telephone indicators (abandonment rate, speed of answer, etc.)

9. Decision Support/ Data

The Business Applications and Analysis Department:

- Acts as a decision support team within the organization
- Collects, integrates, analyzes and reports data necessary to implement QM/QI program. Data elements include:
    - Member demographics

  - Provider characteristics
  - Services provided to members
  - Other information necessary to guide selection of, and meet data collection requirements for QIAs, PIPs and QM/PI oversight
- Coordinates the use of data across the organization
- Provides support and guidance to staff
- Ensures Information Technology systems meet the needs
- Develops and implements new system programming as needed for business operations
- Oversees data sources and information systems used for reporting

10. Compliance Department

The compliance department strives to ensure that all Louisiana CSoC CMC processes, policies and procedures are compliant with contract, state, and federal requirements. Some responsibilities include:

- Establishing reporting timelines to meet customer and external requirements
- Oversight of Policy and Procedure committee
- Subcontractor/Delegation-Oversight committee

11. Participating Physicians

Actively participate in quality improvement activities on an ongoing basis and special projects as necessary:

- Maintain community standards of care and submit credentialing and recredentialing documents as requested no less than every 3 years
- Provide collaboration on new drugs and technologies
- Participate on QIC and other committees as needed

12. Members

Respond to surveys and offer suggestions for improvement through Louisiana CSoC CMC staff contacts, focused questions, surveys, grievance and appeal process

Please see Appendix B: Staffing Resources[13].

[13] URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 18, 19, 20

V. Louisiana CSoC CMC Committee Structure

Through an inclusive QI Committee structure, the Louisiana CSoC CMC, with extensive stakeholder input, ensures ongoing communication and collaboration between the QI Program and other functional areas of the organization. The CMC formally evaluates and documents the effectiveness of its QI Program strategy and activities annually. The QI Program is staffed with sufficient appropriately qualified personnel to carry out the functions and responsibilities in a timely and competent manner. Staff qualifications for education, experience and training are developed for each QI position and a current organizational chart is maintained to show reporting channels and responsibilities for the QI Program[14].

Louisiana CSoC CMC Quality Improvement Committee (QIC)

Authority and Role: Louisiana CSoC CMC QIC is the umbrella entity with ultimate responsibility for the quality improvement program. The QIC is chaired by the Chief Medical Officer and Quality and Outcomes Director. Key responsibilities of the QIC include: the development and implementation of the QI and UM programs including Care Coordination, Medical Integration, and Transition programs; review and approval of organizational policies; and the recommendation and approval of key QI activities, including approval of the annual QI program description with prioritized objectives, the annual quality work plan with prioritized goals and performance measures and the QI program evaluation with trended data. In addition, the committee identifies opportunities for improvement, recommends interventions and conducts follow-up on implemented plans. Further, the QIC ensures a method for providers, consumers, family and members, and other stakeholders to have input into the QI program.

The QIC provides oversight, direction and coordination of activities within and between its functional sub-committees. The sub-committees provide direct oversight of quality functions as well as facilitating rapid process change when opportunities for improvement are identified. The chairs of the sub-committees are members of the Quality Improvement Committee and serve as quality owners of sub-committee communications and deliverables. Members of the QIC include executive representatives from each of the Magellan departments and designated stakeholders. Committee charters are described in Appendix D, and include purpose, meeting frequency,

[14] NCQA 2014 MBHO QI 1 Element A #4; URAC UM Version 7.0 Core 5; URAC CM Version 4.1 Core 5

reporting relationships, membership, chair, responsibilities, and approval authority.

The Louisiana CSoC CMC QI committee structure includes the following committees: Quality Improvement Committee (QIC), Utilization Management Committee (UMC), Regional Network Credentialing Committee (RNCC), and Compliance Committee. A diagram of the Louisiana CSoC CMC QI Committee structure can be found in Appendix C. See Appendix D[15] for a full description of committee charters, including but not limited to meeting frequency purpose and functions, membership including chair, and reporting relationships.

VI. Scope of Quality Program

Quality monitoring[16] is embedded throughout operational and care delivery processes. The Louisiana CSoC CMC's comprehensive and planned approach to quality synthesizes multiple QI processes, including Lean Six Sigma DMAIC, to yield a thorough program of checks and balances. The Quality Program monitors and evaluates performance improvement across the range of covered services provided by the Louisiana CSoC CMC. The program is intended to ensure operational structures and processes lead to desired outcomes for consumers and family members. The scope of the QI program involves the systematic monitoring, improvement, and evaluation of activities related to:

Positively influencing Health and Well Being, in the interest of patient safety**:**

- Care Management
    - Utilization management
    - Notice of actions, organizational determinations and appeals
    - Medical necessity criteria, & Inter-rater Reliability processes
    - Evidence based clinical practice guidelines - service standards
    - Collaboration and coordination with primary care systems
    - Technology assessment

[15] NCQA 2014 MBHO QI 1 Element A #4; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 5

[16] NCQA 2014 MBHO QI 1 Element A #2

  - Training and professional development
  - Staff quality monitoring
- Screening programs
  - Determining Clinical Eligibility
  - Identifying special needs
  - Need for Crisis Services
- Adverse Event, Medication Error, and Quality of Care Concerns, Grievances
  - Root Cause Analysis
  - Tracking and trending
  - Feedback to network on trends, credentialing
- Clinical Outcomes
  - HEDIS-like reporting, monitoring & analyses, interventions, and improvement initiatives for chronic illness
  - Child and Adolescent Needs and Strengths Assessment (CANS)
  - QIS Performance Measures
  - TRR tracking
  - Provider inquiry and review
  - QIP and QIA development
- Outcomes reporting including, but not limited to:
  - HEDIS-like reporting, monitoring & analyses, interventions, and improvement activities related to frequent inpatient use, ED use, Readmits within 30 days
  - CANS
  - QIS Performance Measures
  - Utilization of Services
  - Readmission rates

Enhancing service:

- Access and Availability
  - Telephonic access
  - Network adequacy and provider availability
  - Network management provider selection & credentialing, re-credentialing
  - Provider profiles

  - Provider incidents
  - Provider communications
- Quality of Service Processes
  - Grievance Management Tracking and Trending
  - Analyses of aggregate data for patterns
  - Impact of first call resolution
  - Staff quality monitoring
- Member Experience of Care processes
  - Experience of Care and Health Outcomes (ECHO) Survey

Meeting or exceeding regulatory, accreditation and specific contract requirements:

- Accreditation, Regulatory and Contractual
  - Trilogy documents
  - State Law and Regulation tracking and implementation
  - Action plan implementation and follow-up
- Compliance, Risk Management & Program Integrity
  - P&P review and ongoing monitoring to assure that practices are in sync with P&P
  - Compliance monitoring/management
  - Compliance education and training
  - Fraud, Waste, and Abuse (FWA)
- Quality Improvement
  - Core indicator collection, ongoing review and analyses
  - Analysis and oversight for annual program evaluation
  - Quality and performance improvement activities

VII. Key Program Activities

The Louisiana CSoC CMC QIC conducts many activities designed to improve the quality and safety of behavioral health care and services while promoting self-management, choice and wellness to its consumers and family members. The need to respect and incorporate the preferences of consumers and families is recognized by the Louisiana CSoC CMC as a core strategy for improving the quality and effectiveness of care. Presented below is a listing of key program activities that are conducted by the Louisiana CSoC CMC.

Accreditation – The Louisiana CSoC CMC maintained URAC accreditation through December 31, 2016. The Louisiana CSoC CMC will continue to maintain compliance with URAC Health Utilization Standards for the duration of the Contract term.

Ad Hoc Focused Reviews - When quality monitoring activities identify the need for performance improvement for select providers, the Louisiana CSoC CMC conducts ad hoc reviews, which may include reviewing treatment records and documentation provided by the provider; onsite office visits; interviews with staff, members, families/stakeholders; and other data sources as appropriate.

Ad Hoc Reporting - The Louisiana CSoC CMC will be responsive to ad hoc reporting requests by LDH and Medicaid. Ad hoc reports are submitted upon the agreed date of delivery in consideration for the need or urgency of the ad hoc report. Ad hoc reports are stratified as directed and requested by LDH in response to legislative, media or other external requests in accordance with standard practices for ad hoc reporting.

- **Adverse Event and Incident reporting[17]-** This includes tracking, monitoring, root cause analyses, feedback to network providers and credentialing. The Louisiana CSoC CMC reports individual-level remediation actions taken for adverse incidents involving but not limited to substantiated abuse, neglect, exploitation, extortion and death to LDH. Magellan submits reports monthly to LDH on the LDH required reporting template. The following activites are conduct as part of adverse incident monitoring: Conduct in-depth analysis of the levels of care to determine if there are common trends in the types/categories of incidents reported.
    - Incidents will be monitored by level of care in the quarterly QIC meeting.
    - When the committee identifies an opportunity for improvement for a level of care, the committee members will determine appropriate action, which may include any of the following:
        - Appoint a work group for investigation of root causes
        - Perform a barrier analysis

[17] NCQA 2014 MBHO QI 1 Element A #2

  - Develop an action plan
  - Monitor interventions until improvement is noted

- Develop member and provider/practice focused interventions to reduce the occurrence of adverse incidents as applicable
  - Incidents will be monitored by volume and type/category in the quarterly QIC meeting.
  - When the committee identifies an opportunity for improvement, the committee members will determine appropriate action, which may include any of the following:
    - Appoint a work group for investigation of root causes
    - Perform a barrier analysis
    - Develop an action plan
    - Monitor interventions until improvement is noted
- Increase the frequency of review to high volume providers as applicable.
  - Incidents will be monitored by individual provider quarterly. If a provider has more than 10 restraint and/or seclusion incidents or 5 of any other incident, this would be reported to the QIC.
    - Magellan will conduct inquiry of providers that meet or exceed this threshold to determine if causal relationship exists or quality of care concerns are identified.
    - Any inquiry can include:
      - Telephonic or in-person contact or written correspondence with the provider to inform the provider of the receipt of the complaint or discovery of the issue, with a request for clarifying information and/or resolution from the provider. All telephonic and in-person contacts, as well as all provider verbal and written responses must be documented;
      - Internal gathering and review of relevant documentation, such as case records, treatment plans, billing records, credentialing files, history of member complaints, etc.;
      - Administrative site visit of the provider office or facility to review the physical environment, services, and/or administrative practices;
      - Clinical site visit of the provider's office or facility to review the provider's treatment records; and

        - Gathering documentation from external sources to review, including criminal records, malpractice case records and records related to licensure complaints and Board actions.
    - If inquiry identifies quality of care concerns exist, the findings, as well as resolution reached from all inquiries are presented to the Regional Network Credentialing Committee (RNCC) at its regularly scheduled meetings or at an *ad hoc* RNCCmeeting, when necessary.
    - The RNCC/PRCC chair leads a discussion of the inquiry: findings of audits, site visits, other reviews; effectiveness of corrective action (if any) and evaluation of impact on quality of care/service concerns to date.
        - Discussion includes consideration of: population served; severity of occurrence; presence of a trend of quality concerns; services, level of care provided; patient health and safety; potential patient risk/ benefits.
        - These discussion points are documented in RNCC meeting minutes.
    - The RNCC makes a determination regarding provider network participation status from a range of possible actions, including, but not limited to: no further action; corrective action and follow-up (with or without change in referral status); or terminate provider from network participation.
    - Results are reported to QIC as applicable.

Building Bridges Initiatives – The Louisiana CSoC CMC supports Building Bridges initiatives aimed at increasing coordination between children's behavioral health residential programming and home and community based services, in alignment with national best practice standards. The Louisiana CSoC CMC participates in planning and implementation of the Building Bridges initiative with LDH and the Healthy Louisiana Plans as requested, and collaborates as needed to develop an implementation monitoring plan and provide assistance to providers in collecting and reporting on best practice-related performance indicators.

Care Management Program[18] – A detailed description of this document is provided in Appendix E.

Clinical Practice Guideline Reviews – Magellan develops and disseminates clinical practice

[18] NCQA 2014 MBHO QI 1 Element A #8

guidelines to all providers as appropriate and, upon request, to members and potential members. The Louisiana CSoC CMC takes steps to require adoption of the clinical practice guidelines by providers and monitors compliance with the guidelines though the treatment record reviews (TRR) process. The Louisiana CSoC CMC establishes a goal of ninety percent (90%) of the providers reviewed as outlined in the TRR plan meeting a performance rate of 80% or greater. Magellan employs provider motivational incentive strategies, such as non-financial incentives, to meet this goal as necessary.

Grievances and Appeals[19] – The Louisiana CSoC CMC maintains a process for responding to member, customer organization, or provider initiated grievances and appeals that complies with 42 CFR Part 438, Subpart F. The system establishes and maintains a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws and Medicaid State Plan, 1915(b), and 1915(c) waiver. Members and providers are required to exhaust the Louisiana CSoC CMC's internal grievance/appeal procedures prior to accessing the State Fair Hearing process. Magellan prioritizes timely due process and addresses barriers if indicated. Monthly Grievance and Appeals Reports are submitted to LDH. The Grievance and Appeals System:

- Allows providers thirty (30) days to file a written grievance and describes how providers file grievances with Magellan and the resolution time;
- Describes how and under what circumstances providers are advised that they may file a grievance with the Contractor for issues that are Contractor Provider Grievances;
- Describes how provider relations staff are trained to distinguish between a provider grievance and a member grievance or appeal in which the provider is acting on the member's behalf;
- Allows providers to consolidate grievances of multiple claims that involve the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled grievance;
- Includes a process for thoroughly investigating each grievance using applicable sub-contractual provisions, and for collecting pertinent facts from all parties during the investigation within the same timeframes established for member grievances and appeals as indicated in Section 12 of this contract;

[19] URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 12

- Describes the methods or process workflows used to ensure that Contractor executive staff with the authority to require corrective action are involved in the grievance process, as necessary;
- Provides a process for giving providers (or their representatives) the opportunity to present their cases in person;
- Identifies specific individuals who have authority to administer the provider grievance process;
- Utilizes systems to capture, track, and report the status and resolution of all provider grievances, including all associated documentation. This system captures and tracks all provider grievances, whether received by telephone, in person, or in writing.

Cultural Competency Program[20] – The Louisiana CSoC CMC maintains a cultural competence program identifying methods used so that individual consumer preferences, needs and values are addressed and are free from discrimination. See Sec. IX, Cultural Competency, for more detail.

Delegation Activities - Where services are delegated, the Louisiana CSoC CMC conducts pre-delegation and annual audits, as well as ongoing monitoring of delegate's performance meeting URAC delegation standards. No services are currently delegated for the Louisiana CSoC CMC.

Demographic Data Collection – Demographic data collected for gender, age, geography, race/ethnicity and preferred language is processed through the Medicaid Eligibility Data System (MEDS) and downloaded nightly into the Medical Management Information System (MMIS) Recipient Subsystem. Demographic data is collected for the following racial categories: American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Black/African American and White. The two ethnic categories are also collected: Hispanic or Latino and Non-Hispanic or non-Latino. If a racial and/or ethnic category cannot be obtained, the identification defaults to "Unknown". The data is used to ensure the Louisiana CSoC CMC contracts a sufficient number of qualified oral interpreters, bilingual staff, and licensed sign language interpreters to deliver oral interpretation, translation, sign language, disability-related services, and provide auxiliary aids and alternative formats, including formats available to the visually impaired.

[20] NCQA 2014 MBHO QI 1 Element A #7

Fidelity Monitoring – The Louisiana CSoC CMC manages the fidelity monitoring system for Wraparound Agencies (WAA) to ensure minimum fidelity standards are met. The fidelity monitoring system ensures that the WAA's Wraparound Facilitators (WFs) adhere to evidence-informed practices to ensure the core elements of the wraparound facilitation are maintained in accordance to the standards of practice established by the National Wraparound Initiative (NWI). The Louisiana CSoC CMC the fidelity monitoring plan was submitted and approved by LDH in accordance with contract requirements. The fidelity plan included the criteria for the sampling approach, data collection methods, tools to be used, frequency of review, and validation methods. The monitoring system is conducted in accordance with NWI standards for fidelity assessment and monitoring and includes a formalized monitoring review process of WF's performance on an ongoing basis including a procedure for formal review with site-visits. Site visits shall be conducted according to a periodic schedule determined by the Louisiana CSoC CMC and approved by LDH.

Inter-rater Reliability – The Louisiana CSoC CMC conducts annual measurement of the consistency of application of service authorization criteria by clinical care management staff, quality management and physician advisors. The measurement process is designed to conform to customer, URAC, and licensing requirements. Care management staff and physician advisors are also monitored through a continuous and ongoing process by supervisory staff to ensure accurate application of service authorization criteria.

Medicaid Home and Community-Based Setting Rule – The Louisiana CSoC CMC ensures 1915(c) and 1915(b)(3) members reside and receive services in settings that are home and community-based, as defined at 42 CFR 441.301(c)(4), and any subsequent guidance issued by LDH and/or CMS. The Louisiana CSoC CMC ensures provider and member enrollment staff receive training and are knowledgeable about the home and community-based setting rule, including the settings that are prohibited. Upon credentialing/re-credentialing, the Louisiana CSoC CMC assesses whether the provider's service location comports with the home and community-based setting rule. Providers whose service setting does not comport with the rule shall not be permitted to provide CSoC services.

Further, the Louisiana CSoC CMC assesses whether the member resides in a prohibited setting prior to enrolling members into the CSoC program. Members who reside in prohibited settings are not enrolled into the 1915c waiver. The Louisiana CSoC CMC allows eligible individuals, who reside in an institution (such as an inpatient hospital, nursing facility, IMD, ICF/DD, or PRTF) or other non-HCBS setting (such as a group home, SUD residential treatment setting or any setting on the grounds of or adjacent to a public institution, or any setting located in a building that also provides inpatient institutional treatment), to receive Wraparound Services under the 1915(b)(3) authority for up to ninety (90) days while the participant remains in the institutional/non-HCBS setting for discharge planning purposes to ensure a successful transition to a home and community-based setting and, when clinical eligibility is met, enrollment in the 1915c waiver.

The Louisiana CSoC CMC monitors members no less than quarterly to ensure they continue to reside in home and community-based settings and will notify LDH of any members found to be residing or receiving services in a prohibited setting, and propose action steps to transition the member to an appropriate setting.

Medicaid 1915(c) Waiver Assurance Monitoring Plan – The Louisiana CSoC CMC has an established monitoring system in place to measure and improve its performance in meeting the 1915(c) waiver assurances that are set forth in 42 CFR §441.301 and §441.302. The monitoring system includes the collection of data, performance of data analysis, and reporting of data for the performance measures identified in the current 1915(c) application and in accordance with the specifications set forth within, as directed by LDH. Data is available in both individual-level and aggregate form for all performance measures, as requested by LDH.

When system performance is less than 100% for any measure, the Louisiana CSoC CMC submits a remediation summary report to LDH that includes remedial actions taken, timeline for when remediation is effectuated, and responsible person/CMC for addressing remedial activities. When system performance is less than 90% for any measure, the Louisiana CSoC CMC conducts further analysis to determine the cause and completes a QI project, subject to the review and approval of LDH. The QI project is submitted to LDH no later than 30 days following the reporting period. The Louisiana CSoC CMC measures the effectiveness of the QI project. If the project is deemed not effective by LDH, the QI project is revised within 30 days following notification from LDH, which specifies the interventions that will be employed to improve performance. Please see QI Work Plan for details on remedial activities.

Member and Stakeholder Communication – The Louisiana CSoC CMC is committed to disseminating quality findings and improvement actions to our members and stakeholders. Members and/or stakeholders are invited to participate in each of the committees associated with the Louisiana CSoC CMC Quality Committee structure. Information is disseminated through the relevant sub-committee and the Louisiana CSoC CMC QIC. Magellan also participates in the Coordinated System of Care (CSoC) Governance Board and ensures that information is disseminated to the necessary stakeholders. Members and stakeholders are also able to access important information on access to care and quality activities through the Magellan of Louisiana website.

Outcomes Program – Magellan's comprehensive approach to outcomes measurement and reporting, known as *Outcomes 360*, utilizes state of the art clinical assessments and reporting for use by members, caretakers and providers in health and wellness planning and monitoring. Functional health data are gathered during the treatment and recovery process allowing for the use of integrated outcomes findings—from real-time sources—to drive the planning and recovery process.

Over and/or Under Utilization – Magellan reviews utilization data to monitor trends in the utilization of services and to identify areas of under and/or over utilization of services. This is monitored by the Louisiana CSoC CMC UMC to ensure timely identification of opportunities for improvement. Magellan evaluates utilization and relevant core indicator data to identify patterns of potential inappropriate utilization for both IP and OP data. Measures include:

- Inpatient
- CPST/PSR
- CSoC Services
- Other Outpatient Services

Performance Improvement Project – The Louisiana CSOC CMC reviews data and member and stakeholder feedback on a continuous and ongoing basis to identify opportunities for improvement. The LDH recommended PIP during the first contract year was "Increase in the Attendance of Behavioral Health Providers at the Child and Family Team Meetings," using metrics such as the number of providers who participated in the Child and Family Team meetings as

measured by the provider's signature on the approved plan of care. Magellan implemented the LDH approved PIP and will continue PIP into contract year two. The PIP utilizes the Six Sigma DMAIC process to ensure the timely identification of barriers and interventions that lead to process improvements. It is monitored by the Louisiana CSOC CMC QIC to ensure progression and meaningful results. The PIP:

- Implements system interventions to achieve improvement in quality, including a PDSA cycle.
- Evaluates the effectiveness of the interventions.
- Provides sufficient information to plan and initiate activities for increasing or sustaining improvement.
- Ensures that appropriate health professionals analyze data.
- Ensures that multi-disciplinary teams will address system issues.
- Includes objectives and quantifiable measures based on current scientific knowledge and clinical experience, and which have an established goal or benchmark.
- Identifies and uses quality indicators that are measurable and objective.
- Validates the design to ensure that the data to be abstracted during the QI project is accurate, reliable, and developed according to generally accepted principles of scientific research and statistical analysis.
- Maintains a system for tracking issues over time to ensure that actions for improvement are effective.

PIP outcomes are submitted annually to LDH within three (3) months of the beginning of each contract year. The report includes the following elements: results with quantifiable measures; analysis with time period and the measures covered; analysis and identification of opportunities for improvement; and an explanation of all interventions to be taken with associated anticipated timelines. Magellan will implement contract year two PIP as indicated by LDH in accordance to contract requirements.

Program Documentation[21] – Annually, the Louisiana CSoC CMC updates and approves the Quality Program Description (with annual quality goals), and the Annual QI-UM Work Plan (with scheduled activities and indicators, which are monitored for quality purposes). These documents

[21] NCQA 2014 MBHO QI 1 Element A #6

will:

- Include immediate objectives for each contract year and long-term objectives for entire contract term, inclusive of detailed activities and associated timeframes.
- Include the methodology utilized for collecting data and describe the methods for ensuring data collected and reported to LDH is valid, accurate, and reflects providers' adherence to clinical practice guidelines as appropriate.
- Specify remediation actions that will be implemented when system performance is less than the required threshold.
- Demonstrate that active processes are in place that measure associated outcomes for assessing quality performance, identifying opportunities for improvement, initiating targeted quality interventions, and regularly monitoring each intervention's effectiveness.
- Include a description of the Louisiana CSoC CMC staff assigned to the QAPI program, their specific training, how they are organized, and their responsibilities.
- Describe how the Louisiana CSoC CMC will obtain feedback from providers and members.
- Describe how the Louisiana CSoC CMC will collect data on race, ethnicity, gender, age, primary language, and geography and ensure said data is accurate.
- Include a fidelity monitoring plan which at a minimum includes the fidelity criteria for each applicable service/provider type, sampling approach, data collection methods, tools to be used, frequency of review, and validation methods.
- Be exclusive to the CSoC and shall not contain documentation from other state Medicaid programs or product lines operated by Magellan.

At the end of the year, the Louisiana CSoC CMC prepares the Annual QI Program Evaluation, which details the results of quality activities and identifies future opportunities for improvement. The QI Program Evaluation includes:

- A description of the ongoing and completed QAPI activities;
- Performance improvement project results;
- Performance measure results, including a summary to explain performance below the threshold/goal, remediation actions taken to improve performance if applicable, and trend analysis.
- Findings that incorporate prior year information and contain an analysis of any demonstrable improvements in the quality of care;
- Development of future work plans based on incorporation of previous year findings of the

overall effectiveness of the QAPI program

Provider Facing Strategies – The Louisiana CSoC CMC develops and implements strategies, interventions and programs which drive member outcomes. Outcomes, such as improved CANS scores and reduced need for inpatient admission and readmission, can be influenced by provider-facing strategies like these: scorecards and treatment record reviews.

Provider Inquiry and Review – The Louisiana CSoC CMC maintains a process for addressing specific provider incidents, which include corrective actions, and change of network status, if necessary.

Provider Performance Review Report – The Louisiana CSoC CMC submits an annual written Provider Performance Review to LDH. The report includes a formalized monitoring review process of all subcontracted providers' performance on an ongoing basis including a procedure for formal review with site-visits according to a periodic schedule determined by the Louisiana CSoC CMC and approved by LDH.

As part of its monitoring activities, member and provider surveys, grievance, treatment record reviews, waiver assurance monitoring, fidelity monitoring, quality of care and adverse incident monitoring will be included in the annual Provider Performance Review report. The Provider Performance Review report includes aggregated data and descriptions of any deficiencies providers have demonstrated. The report provides detailed information regarding these deficiencies including findings, improvement actions taken, and the effectiveness of said actions.

Quality Improvement Activities (QIA) and Projects (QIPs)[22] – QIAs and QIPs are key components of the Magellan Health BH programs. When a need is identified through ongoing monitoring, various needs assessments or when a need emerges from committee discussion, formal QIAs and QIPs are convened with specific measurable goals and timeframes for improvement.

Quality Improvement Strategy (QIS) Performance Measure – The Louisiana CSoC CMC collects data, performs data analysis, and reports data for the performance measures identified in the

[22] URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 21

CSoC QIS prepared by LDH and in accordance with the frequency identified in said document and the methodology approved by LDH. Measures are outlined in the QM Work Plan. If a performance measure fails to meet performance measure benchmarks set by LDH, the Louisiana CSoC CMC submits a CAP within thirty (30) calendar days of notification by LDH, incorporating a timetable within which it will correct deficiencies identified.

Quality of Care Concerns[23] – Quality of Care concerns are identified through multiple methods such as Care Managers, Member Service Associates, Network Managers, or external means such as health plan customers, members or providers. When concerns are identified they are reviewed for action and resolution. Interventions include educational and/or corrective action plans. The QIC and RNCC monitor Quality of Care Concerns quarterly.

Quality Reporting – The Louisiana CSoC CMC collects data and conducts data analysis with the goal of improving quality of care within the behavioral health system. The CMC's information system supports the QAPI process by collecting, analyzing, integrating, and reporting data necessary to LDH. All collected data is available to the state and upon request to CMS. The system provides information on areas including, but not limited to, utilization, grievances and appeals, and disenrollment for other than loss of Medicaid eligibility. The system also collects data on member and provider characteristics and on services furnished to members and any other data as specified by the state. The system ensures that data received from providers is accurate and complete by: verifying the accuracy and timeliness of reported data; screening the data for completeness, logic, and consistency; and collecting service information in standardized formats to the extent feasible and appropriate. The Louisiana CSoC CMC integrates the behavioral health quality and outcome measurement system for collection, analysis, and reporting of both aggregate and member-level data not collected and reported through the system described above. Quality reporting is submitted in a consistent format as approved by LDH.

The Louisiana CSoC CMC utilizes systems, operations, and performance monitoring tools and/or automated systems for monitoring. These tools and reports are flexible and adaptable to changes in quality measurements. All quantitative reports include a summary table that presents data over time including monthly, quarterly, and/or year-to-date summaries. Each report includes the

[23] NCQA 2014 MBHO QI 1 Element A #2; URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 12

analytical methodology (e.g., numerator, denominator, sampling methodology, data source, data validation methods, results summary, and source code in a statistical language matching one used by LDH). The CMC adheres to the current technical specifications developed by the measure steward and approved by LDH. Data reports are stratified as directed and requested by LDH when in response to legislative, media or other external requests in accordance with standard practices for ad hoc reporting.

Quality Reviews – The Louisiana CSoC CMC fully cooperates in quality reviews conducted by LDH or its designee. The CMC complies with external independent reviews of quality outcomes, timeliness of, and access to the services covered under the CSoC PIHP contract. The CMC makes available records and other documentation and is fully responsible for obtaining records from subcontractors, as directed by LDH. The Louisiana CSoC CMC cooperates with and participates, as required, in SAMHSA core reviews of services and programs funded through federal grants. The CMC utilizes quality review findings to improve the QAPI program and takes action to address identified issues in a timely manner, as directed by LDH. If deficiencies are identified as part of quality reviews, the CMC formulates a Corrective Action Plan, within thirty (30) calendar days of notification by LDH, incorporating a timetable within which deficiencies will be corrected.

Scheduled On-site Reviews[24] – Site visits are conducted based on ongoing analysis of member complaints related to the quality of practitioner office sites. Site visits are also conducted to evaluate the settings where care may be provided to members of all non-accredited facilities.

Seclusion and Restraints[25] – All seclusion and restraint episodes are reported to the Louisiana CSoC CMC by applicable contracted providers licensed to apply seclusion and/or restraints when necessary. The Louisiana CSoC CMC conducts quality reviews of all reported seclusions and restraints. The reviews focus on:

- Interventions utilized prior to the use of seclusion and restraint
- Physician involvement in the order and subsequent face-to-face contacts
- Treatment plans adjusted, if warranted
- Criteria for release from seclusion/restraint
- Facility staff checks patient for basic needs, safety, vital signs, and/or more

[24] NCQA 2014 MBHO QI 1 Element A #2

[25] NCQA 2014 MBHO QI 1 Element A #2

specificmonitoring of medical conditions

Silent Monitoring/Call Recording – Silent monitoring audits are regularly performed on customer service associates and care managers to evaluate the quality of services provided to callers.

Survey Processes: Member Experience of Care and Provider Satisfaction Surveys[26] – The Louisiana CSoC CMC conducts annual member and provider surveys that assess member and provider satisfaction with the quality, availability, cultural competence and accessibility of care and experience with his/her providers and Magellan. The member survey captures the necessary demographics of the member including, but not limited to, race/ethnicity, age, gender, parish, etc. and assesses member satisfaction of the services provided as it pertains to cultural competence. The Louisiana CSoC CMC analyzes data from member and provider satisfaction surveys and results are used to inform quality improvement initiatives. The member and provider satisfaction surveys are distributed to a statistically valid sample and utilize tools and methodologies approved by LDH prior to administration.

Treatment Record Reviews[27] **–** The Louisiana CSoC CMC conducts routine treatment record reviews to monitor network provider treatment record documentation and record keeping practices against Magellan standards and to measure network provider performance against important clinical process elements of Magellan's approved clinical practice guidelines. The CMC also conducts treatment record reviews under special circumstances to investigate or follow up on quality of care concerns, adverse incidents, or grievances about the clinical or administrative practices of a provider. The CMC submitted a written plan that was approved by LDH for conducting treatment record reviews, reporting results and the corrective action process. The plan includes: designated staff to perform this duty; the method of case selection; the anticipated number of reviews by practice site; a schedule of reviews by provider types by month; the tool used to review each site; how the information compiled during the review is linked to other functions (e.g., QI, credentialing, peer review); and the method for distributing the standards, which shall include all treatment record documentation requirements addressed in the contract,

[26] URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 12

[27] NCQA 2014 MBHO QI 1 Element A #2

to all providers.

The Louisiana CSoC CMC provides LDH a quarterly summary report of treatment record review activities, which provides aggregate data by provider types. The CMC provides a report that details the TRR of a single provider and/or provider type, including a description of any deficiencies the providers have demonstrated, upon request of LDH. The Louisiana CSoC CMC provides detailed information regarding these deficiencies including findings, improvement actions taken, and the effectiveness of said actions to LDH upon request.

Wraparound Scorecard – The Louisiana CSoC CMC develops quarterly scorecards for the WAAs with a set of performance measures balancing services, fidelity, and outcomes. The WAA Scorecard is a quarterly report, issued to reflect calendar quarters, that provides de-identified regional and system aggregate data for measures. Thresholds for "green" and "yellow" for each measure were created by an analysis of historical provider data, utilization data from other Magellan public sector sites, and Medicaid national averages.

VIII. Care Management Initiatives

Magellan care management provides member-centric, holistic, clinically effective solutions that leverage clinical expertise with data analytics and technology to continually evolve solution offerings for clients and customers[28]. Care management is the overall system of medical and psychosocial management encompassing, but not limited to, UM, care coordination, discharge planning following restrictive levels of care, continuity of care, and care transition. Care coordination and referral activities incorporate and identify appropriate methods of assessment and referral for members requiring behavioral health services and linkages to primary medical care services as needed. These activities include scheduling assistance, monitoring, and follow-up for member(s) requiring behavioral health services.

The Louisiana CSoC CMC develops and maintains a care management function that ensures covered behavioral health services are available when and where individuals need them. Care

[28] NCQA 2014 MBHO QI 1 Element A #8

management services are provided in the amount, duration, and scope to achieve the purpose for which the services are furnished. The care management system has dedicated LMHP care managers (CMs) that respond 24 hours per day, 7 days per week, and 365 days per year to members, their families/caregivers, legal guardians, or other interested parties calling on behalf of the member. The care management program ensures that clinically appropriate and cost-effective behavioral health services are identified, planned, obtained and monitored for identified members who are high risk or have unique, chronic, or complex needs. The process integrates the Child and Family Teams, including the member and guardian, and care manager's review of the member's strengths and needs resulting in a mutually agreed upon clinically appropriate and cost-effective service plan that meets the behavioral health needs of the member.

Care Management program functions include but are not limited to:

- Early identification of members who have or may have special needs
- Assessment of a member's risk factors
- Development of a plan of care which must be in compliance with applicable State Plan, SPA, waivers, and with applicable Quality Assurance (QA) and UM standards
- Referrals and assistance to ensure timely access to providers
- Referrals for Tobacco Cessation and Problem Gaming when applicable
- Care coordination that actively links the member to providers, medical services, residential, social, community and other support services where needed
- Monitoring
- Continuity of care
- Follow-up and documentation

IX. Member Rights and Responsibilities

The Louisiana CSoC CMC ensures that members are treated in a manner that respects their rights and dignity. Through the distribution of the Magellan Member Handbook, members are informed of their rights and responsibilities. The member handbook is distributed at enrollment through the Wraparound Agency and is made available to members annually thereafter (unless a significant change requires dissemination). Each Magellan employee and contracted provider employee is expected to adhere to member rights and responsibilities policies and receive

orientation and ongoing training with respect to consumer rights.

X. Cultural Competency

The Louisiana CSoC CMC is committed to a strong cultural and linguistically diverse program including tribal awareness. The CMC recognizes the diversity and specific cultural needs of its consumers and has developed a comprehensive program that addresses these needs in an effective and respectful manner. The Louisiana CSoC CMC method for provision of care is compatible with the consumer's cultural health beliefs and practices and preferred language.

Goals of the Louisiana CSoC CMC Cultural Competency Program

- Enable staff and systems – including affiliated providers – to deliver culturally competent services through a combination of specific recruitment and training strategies
- Implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the area
- Offer and provide language assistance services, including bilingual staff and interpreter services at no cost to those with limited English proficiency during all hours of operation
- Make available easily understood patient-related materials, including conflict and grievance resolution materials, in the languages of the commonly encountered groups in the area
- Review and monitor all activities as well as implement a continuous quality improvement review that includes: Network access and availability measures, Telephone access information, related core performance indicators and correspondence, etc.

XI. Care Coordination, Continuity of Care, and Care Transition

The Louisiana CSoC Care Management team develops and maintains effective care coordination for all CSoC eligible members, continuity of care, and care transition activities to ensure a holistic approach to providing behavioral healthcare services to CSoC members. Magellan coordinates the delivery of benefits and services and ensures member-appropriate provider choice. Continuity of care activities ensure the appropriate personnel, including the service providers, are kept informed of the member's treatment needs, changes, progress or problems.

Continuity of care activities monitors if member and network and/or non-network provider

interactions are effective and identifies and addresses those that are not effective. The Louisiana CSoC CMC monitors service delivery through member surveys, treatment record reviews and Explanation of Benefits (EOB) in order to identify and overcome barriers to care that members may encounter. The Louisiana CSoC CMC ensures coordination and continuity of care of behavioral healthcare services for all members is consistent with 42 CFR §438.208. Care coordination and continuity of care activities include but are not limited to:

- Ensuring that each member has an ongoing source of care appropriate to their needs
- Coordinating care for out-of-network services
- Coordinating provided services with services the member may receive from other primary or behavioral healthcare providers
- Coordinating discharge planning, including aftercare appointments, following an inpatient, PRTF, or other out-of-home stay
- Ensuring follow-up with the member within 72 hours following discharge
- Coordinating with LDH to ensure providers coordinate following an inpatient, PRTF, or other residential stay when a return to home placement is not possible
- Sharing the results from identification and assessment of that member's needs with other healthcare entities serving the member with special healthcare needs to prevent duplication of those activities
- Ensuring 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
- Maintaining and operating a discharge planning program
- Providing aftercare planning for members prior to discharge from a 24-hour facility
- Coordinating hospital and/or institutional discharge planning that includes post-discharge care as appropriate
- Identifying members using emergency department (ED) and inpatient psychiatric services inappropriately to assist in scheduling follow-up care with appropriate providers
- Documenting referrals in its UM system
- Providing 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. This includes ensuring 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.

XII. Positively Influencing Health and Well Being

Typically the expectation is that Care Management processes will be directed to a primary tenet of the Magellan Health mission: to positively influence consumer's total health and well being. Accordingly, the Magellan Health Quality Program provides measurement and improvement activities that evidence this directive.

Magellan strongly supports the use of clinical assessment instruments to obtain self-reported information on members' health and wellness, quality of life and physical and emotional health. Additionally, national health care trends increasingly demonstrate an emphasis on quality, outcomes, and the use of comparative data about providers. In Magellan's view, the global purpose of clinical measures resulting in outcomes information is to:

- **Empower** CSoC members and their families with information in easy-to-understand terminology and in such a way that they are better equipped to track their own progress and work successfully with their providers. An outcomes report is similar to a physical laboratory report that allows one to compare health and functioning with a normative group as well as with oneself over time. Clinical assessment tools help individuals conceptualize their health and progress in structured ways.
- **Equip** the provider with data in a standardized form and in ways that facilitate member involvement in treatment and recovery planning, and for practice-based comparisons and interventions.
- **Promote** population-based comparisons of outcomes that lead to improved interventions with the population, resulting in measurable health and wellness improvements.

Magellan believes that consistently sharing member outcome information with practitioners and members is integral to continuously improving the quality of care that members receive. With clinically useful information, practitioners serving Magellan members will be better able to monitor members' conditions and progress.

Magellan's comprehensive approach to outcomes measurement and reporting, known as *Outcomes 360*, utilizes state of the art clinical assessments and reporting for use by members, caretakers and providers in health and wellness planning and monitoring. Functional health data are gathered during the treatment and recovery process allowing for the use of integrated outcomes findings—from real-time sources—to drive the planning and recovery process. Quantifiable measures are used to demonstrate progress and highlight areas for continued

improvement to all those involved in the recovery and resiliency process, including service providers, the customer, and most importantly, the consumer.

Outcomes360 Program

Magellan's Quality, Outcomes and Research Department (QOR) has worked extensively and successfully with consumers and customers to identify a range of appropriate consumer-reported and other assessment tools, which together form the foundation of the Magellan *Outcomes360* program—a comprehensive, integrated approach to clinical measurement and outcomes reporting. Designed to address the recovery and resiliency process, *Outcomes 360* relies on quantifiable measures to track progress and identify areas for continued improvement. In designing the Magellan *Outcomes 360*, Magellan drew from industry standards for effective measurement tools and collaborated with industry leaders, including former SAMHSA administrator, Charles Curie, who led the development of the National Outcome Measures (NOMs) at a federal level, to develop scientifically sound and clinically useful measurement instruments. QOR incorporated input from consumers, family members, and providers. The end result is reliable data reflecting mental and physical functional health status of individuals. The primary component of the Louisiana CSoC CMC Outcomes *360* is the Child and Adolescent Needs and Strengths Assessment (CANS).

Child and Adolescent Needs and Strengths Assessment (CANS)

Magellan has used CANS assessment tools for nearly a decade partnering with providers to understand how best to use the information obtained from the CANS tool for assessment, treatment planning, and measuring outcomes. Magellan created a CANS system integrating training, certification, individual reports, and provider web reports – all available to network providers free of charge. CANS provides state-of-the-art support through the Magellan provider portal, continuing education, qualified on-line training and certification system, learning collaboratives in-person and by webinar, and access to CANS creator, John Lyons, PhD, through a consulting agreement. The Louisiana CSoC CMC utilizes the Louisiana CANS Comprehensive (2012) version for eligibility and outcomes and is contracted with the Praed Foundation for their Training Collaborative website for on-line CANS comprehensive training capacity.

Patient Safety

Risk management is a collaborative effort managed under the QI Program structure in conjunction with other Magellan departments including Compliance and Legal. The goal of the

program is to accomplish early identification of potential or existing risk in order to eliminate or mitigate risks to members and Magellan. To support this goal, the Risk Management Program supports the review, analyses, and follow-up on all adverse events and "near miss" events. Medication errors and accidental overdose are just as important in the BH patient population as in any other, and these require diligent attention. A "root cause analysis", which helps to sort out system as well as individual deficiencies points the way to programmatic change as key learning emerges from each of these incidents. The Quality Improvement Program incorporates multiple mechanisms to monitor patient safety. Core performance indicators, listed in the Work Plan, address elements critical to patient safety, including:

- Adverse incident reporting, tracking, and trending
- Accessibility of services for emergent and urgent care needs
- Consistency of application of medical necessity criteria (i.e., inter-rater reliability tests)
- Adherence to clinical practice guidelines
- Appeals review and analysis
- Continuity and coordination of care
- Requests to change providers
- Provider compliance with treatment standards
- Provider compliance with administrative standards

Louisiana CSOC CMC's internal auditing mechanisms include elements critical to patient safety, including:

- Ambulatory follow-up implementation
- Care manager documentation and observation
- Clinical decision-making documentation
- Clinical practice guidelines implementation
- Grievance handling
- Coordination and continuity of care
- Physician advisor documentation
- Physician advisor observation
- Use of seclusions and restraints
- Use of the brief CANS

The Louisiana CSoC CMC creates an atmosphere among practitioners/providers in the Magellan

and Louisiana CSoC CMC clinical network in which the safety of Magellan's members is supported, including information on practitioner/provider participation in Magellan's quality improvement program in the Magellan Provider Handbook, reviews of treatment plans, grievances, adverse occurrences, treatment records and site visits, PCP communication, application of Magellan clinical practice guidelines, adverse outcome reporting, and provider inquiry and review.

The Louisiana CSoC CMC has a catalogue of patient safety activities with definitions of services directly related to patients' physical safety or to improvement of clinical care which reduces potential risks of harm to patients and others[29].

XIII. Enhancing Service

Members, caregivers, providers and other stakeholders expect and demand a seamless experience when interacting with Magellan Health. Accordingly, the Magellan Health approach to member service is to meet and exceed expectations for exceptional service whether this means time to answer the telephone, timelines for responses to complaints, prior authorization requests or claims payments. Maintaining an adequate and accessible network of skilled providers assures not only clinical excellence as noted above, but service quality as well.

Member and Provider Grievances. Magellan Health has numerous policies and procedures which are made real in day to day practice that address quality of service concerns and grievances. Each of these presents an opportunity to understand ways and means to improve the quality of the Magellan Health systems and processes, as they impact the customer.

Call Stats. Magellan Health call centers have dynamic tools used in the day to day operations to minimize calls waiting in the queue as well as report capacity for call statistics which are available by day, line, and staff member and are used to course correct.

Timeframes. While many processes that impact members and providers are subject to regulatory, accreditation or contractual requirements, these typically are in place to maximize perceptions of service quality. Consequently, measurement mechanisms on various turnaround

[29] NCQA 2014 MBHO QI 1 Element A #2

times are part of the day to day quality experience at Magellan Health. This is equally true whether Magellan Health staff members are considering UM timeframes, grievance response, or claims processing.

Network Management. Software is made available to assess by adequacy and access to network providers, insight as to "out of network" use so that the cadre of providers available to patients meets the need. Other tools used in the interest of quality at the network level include information on quality of service concerns, complaints and grievances at the provider level. Provider's communications in the form of the provider portal, the handbook, provider profiling and individual communications based on incident review, all contribute to a robust network with both service quality and clinical rigor.

XIV. Meeting or exceeding Contractual, Regulatory, Accreditation Requirements

Magellan Health provides a robust compliance program. The scope of the compliance program:

- Covers all applicable: Federal and state laws, rulings, regulations and standards; Customer contractual requirements; and Magellan, as well as the CMCs policies and standards pertaining to operations and business activities conducted by the Louisiana CSoC CMC.
- Applies to all CMC employees, trainees or interns; to all Magellan associates working in other Care Management Centers or Departments supporting the Louisiana CSoC CMC services; and to all persons and companies providing contractual services to the Louisiana CSoC CMC.
- Addresses proactive steps to ensure compliance with federal and state laws, rulings, regulations and standards as applicable, as well as policies and customer requirements, and steps to be taken when noncompliance is detected.
- Addresses conduct expected of associates and contracted persons, and actions to be taken if misconduct occurs.

The Louisiana CSoC CMC cooperates with other Magellan units, including other behavioral health CMCs, Magellan Compliance, Legal and Security Departments, as well as the Special Investigation Unit as needed.

The Compliance Program fosters an atmosphere such that associates and managers are cognizant of regulations and expected conduct, and routinely monitor themselves and their programs accordingly. The Compliance Program also identifies areas of compliance risk for the CMC and

the company, and defines and monitors compliance. Additionally, the Program addresses areas of noncompliance identified through monitoring, auditing or other sources, and works with managers to develop and implement action plans to correct deficiencies and monitor ongoing compliance.

Within the Louisiana CSoC CMC Compliance Program, *monitoring* refers to an ongoing, generally continuous process conducted to verify that appropriate policies are followed and compliance requirements are met. This may include review of reports that are collected routinely or automatically, preferably including 100% of the activities being monitored. Most internal monitoring is completed by the supervisory staff within the area being monitored, and the results are reported to the appropriate Louisiana CSoC CMC QI Subcommittee, after which they are reported to the Louisiana CSoC CMC QI Committee.

In contrast, to monitoring, *auditing* refers to a more formal review of a sample of cases or activities under review. Although some internal auditing is completed by supervisory staff within the area being audited, most is completed by auditors external to the area (including audits by QI or Compliance staff members). These audits generally follow a pre-defined, specific process and result in formal reports that include recommendations for improvement and, as appropriate, Corrective Action Plans.

A range of appropriate responses is available when noncompliance with regulatory requirements and Standards of Conduct and ethical responsibilities are identified. In some instances, simply clarifying the requirements or standards and agreeing on steps to achieve compliance is sufficient. Other situations require a more robust intervention including review of program procedures, as well as education and training for affected staff. Serious or repeated associate performance in conflict with the Magellan Standards of Conduct and ethical responsibilities must be reviewed with the Human Resources Department for possible disciplinary action. In general, a method for measuring future compliance is incorporated into any plan developed to resolve a significant compliance problem. The Chief Compliance Officer and the Compliance Committee are available to consult with managers regarding development and implementation of appropriate compliance plans.

The Louisiana CSoC CMC has implemented corrective action guidelines related to noncompliance with regulatory requirements, Standards of Conduct and ethical responsibilities, and these are

documented in the Magellan Employee Handbook. These guidelines are designed to encourage fair and impartial treatment of all associates and are administered without discrimination and in full compliance with the Magellan Health Equal Employment Opportunity philosophy.

Program Integrity: Fraud, Waste and Abuse (FWA)

At Magellan Health, the Compliance department with cooperation and support from legal and finance, oversees a proactive anti-fraud program. The program integrity and special investigation unit (SIU) is responsible for coordinating prevention, detection, education, investigations, and reporting activities.

The FWA program at Magellan Health is tasked with:

- Creating an organizational culture of awareness related to recognition of potential FWA scenarios through comprehensive education of staff, providers, vendors, and other stakeholders.
- Providing a process to prevent, identify, detect and report potential fraudulent occurrences.

The FWA plan, including the training plan, is reviewed annually, revised as needed and provided to various clients at their request. The SIU investigates all allegations of FWA, if suspicious activity is surfaced regarding practices by a practitioner, member, employer or insurance agent/broker. Periodic re-audits of aberrant practitioners may be conducted to determine if the billing, prescribing pattern, or inconsistencies have been corrected.

The Program Integrity (SIU) director, is a National Health Care Anti-Fraud Association (NHCAA) accredited health care fraud investigator (AHFI) and reports directly to the Chief Medical Officer. The director is responsible for coordinating with Magellan legal, state and federal law enforcement agencies and regulators as required by law.

XV. Delegation

The Louisiana CSoC CMC does not have delegation arrangements in place for any of the contract requirements or deliverables. If delegation arrangements are made, pre-delegation reviews are completed and annual audits, as well as ongoing monitoring of delegate's performance meeting URAC delegation standards are conducted. The Louisiana CSoC CMC takes ultimate responsibility for the QAPI program and credentialing and does not delegate these activities to vendors or

subcontractors.

XVI. Resources

The Louisiana CSoC CMC Quality Program is well resourced, including centrally directed resources from Corporate that are administered locally. Corporate resources available to the CMC include but are not limited to:

- The Analytical Services Department which provides the CMC with data reports on several QI and UM indicators and provides consultation on report definitions and analysis.
- The Network Services Department which supports the CMC by verifying the accuracy of credentials submitted by providers for inclusion in the network.
- The Corporate Quality, Outcomes & Research Department which supports the CMC by providing direction on the identification, implementation, and documentation of Quality Improvement Activities and by implementing member experience surveys and satisfaction surveys for providers, and customer organizations.
- The Magellan National Clinical Management Department which supports the CMC through the development of policy and standards, QI document templates, medical necessity criteria, clinical practice guidelines, and consultation on clinical, medical, and quality issues for all care and condition care management programs that occur in the Louisiana CSoC CMC.

The Louisiana CSoC CMC quality structure is comprised of specialty care and QI committees. CMC senior management, service recipients and family members, healthcare practitioners, and representatives from medical delivery systems participate in the QI and UM programs through participation in the local committee structure, which includes the Quality Improvement Committee, Regional Network Credentialing Committee, Utilization Management Committee, and related bodies.

The Louisiana CSoC CMC QI program is supported locally through design, implementation, analysis, and reporting of QI data. See Appendix B.

XVII. Minutes and Reports

Comprehensive, accurate, and timely minutes are prepared for each QI committee meeting. These minutes reflect the date and duration of the meeting, the chairperson, and the members present and absent, and the names of guests. The minutes identify each topic or issue discussed

and a summary of the discussion, conclusions drawn by the committee, and recommendations, actions or follow-up items. Applicable reports and data are appended to the minutes. All minutes are signed and dated by the committee chairperson following approval by the committee. Documentation of committee meetings are submitted to LDH upon request. Meeting minutes, agendas, and sign-in sheets along with action items will be provided to LDH within five (5) business days from time of request.

XVIII. Credentialing and Recredentialing

The Louisiana CSoC CMC Network Department is responsible for provider credentialing and re-credentialing in accordance with NCQA/URAC guidelines, Louisiana law, contract requirements, LDH policy and the Magellan Provider Manual. The Network Department and the QI Department coordinate desk audits and on-site reviews to ensure that all applicable credentialing and re-credentialing requirements are met.

XIX. Annual Program Evaluation

The Louisiana CSoC CMC Quality and Outcomes Director coordinates the development of the CMC quality improvement and utilization management program evaluation, which is a scheduled activity on the Louisiana CSoC CMC Quality Work Plan. The QIC committee submits the annual QAPI written evaluation to LDH no more than three (3) months following the end of each contract year. The annual evaluation report will outline QI activities conducted throughout the year and includes, but is not limited to:

- A description of the ongoing and completed QAPI activities;
- Performance improvement project results;
- Performance measure results, including a summary to explain performance below the threshold/goal, remediation actions taken to improve performance if applicable, and trend analysis;
- Findings that incorporate prior year information and contain an analysis of any demonstrable improvements in the quality of care; and
- Development of future work plans based on incorporation of previous year findings of the overall effectiveness of the QAPI program.

XX. Confidentiality and Privacy/Medical Records and Communication

The Louisiana CSoC CMC recognizes the increased complexity of protecting patient's privacy

while managing access to, and the release of, protected health information (PHI) about members. The Louisiana CSoC CMC Compliance Officer is responsible for the creation, implementation and maintenance of privacy-compliance related activities. The Louisiana CSoC CMC QIC maintains copies of all committee minutes, reports, or other data in a confidential manner that will provide anonymity to providers, services recipients and family members. Access to these documents is available only to committee members, specific individuals as designated by the committee chair, members of the Magellan corporate committee structure, and to auditors authorized to review Magellan activities for the purpose of accreditation oversight due diligence. The minutes and reports may be open to review by the customer per contractual arrangement and when required by law.

The Louisiana CSoC CMC ensures the maintenance of behavioral medical records in accordance with policy and the Magellan Provider Manual. The QI Department periodically reviews compliance with medical record documentation through the application of a designated provider-monitoring tool.

XXI. Amendments and Revisions.

The Louisiana CSoC CMC Quality Program Description can be amended or revised at any time by the Louisiana CSoC CMC QIC. Major revisions must be approved by the Magellan Health BH-QIC. Documentation for amendments or revisions can be found in the signed and dated Louisiana CSoC CMC QIC minutes.

XXII. Approval of Documentation

The Louisiana CSoC CMC QI Program Description and annual Quality-UM Work Plan are approved initially by the Louisiana CSoC CMC QIC and are submitted for final approval to the Magellan Health BH-QIC. Prior to submission to the Magellan Health BH-QIC, the documents are signed and dated by the co-chairs of the Louisiana CSoC CMC QIC.

XXIII. Signature Page[30]

[30] URAC UM Version 7.0 Core; URAC CM Version 4.1 Core 19

This Louisiana CSoC CMC Quality Program Description was approved by the Louisiana CSoC CMC Quality Improvement Committee during its meeting on June 14, 2017 as indicated by the signatures below:

Signature: *Patricia Barnes* Date: 06/14/2017

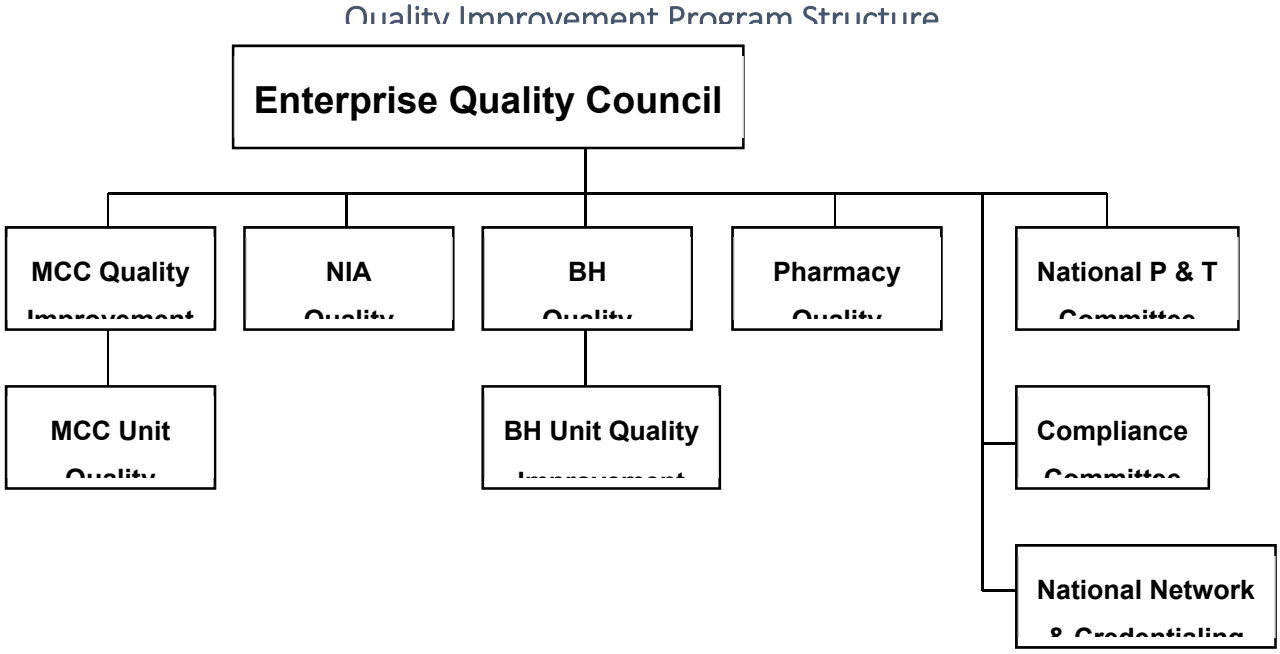
Patricia Barnes, Chief Medical Officer
Co-chairperson of Louisiana CSoC CMC QIC

Signature: Wendy Bowlin Date: 06/14/2017

Wendy Bowlin, MBA, MS, LPC
Quality and Outcomes Director
Co-chairperson of Louisiana CSoC CMC QIC

Appendix A. Magellan Enterprise Committee Structure

Magellan HEALTH℠



Appendix B. Staffing Grid Magellan **Health Services:**

Resources Allocated to
Louisiana CSoC CMC
Quality Improvement Program

The maximum enrollment for the CSoC program is 2400 members. The enrollment on November 25, 2016 was 2194. The following table outlines the staff resources going into 2017 based on FTEs allocated to meet the needs of the QI program.

Louisiana CSoC CMC Staff	Percent of FTE Allocated to QI
CSoC Program Director	25%
Medical Director	25%
CSoC Clinical Director	25%
Manager Clinical Services	25%
Member Service Administrator	15%
Compliance Officer	25%
Quality and Outcomes Director	100%
QI CSoC Manager	100%

Louisiana CSoC CMC Staff	Percent of FTE Allocated to QI
QI Clinical Reviewer	100%
Appeal and Grievance Coordinator	50%
Sr. Data Reporting Analyst	100%
Managed Care Organization Liaison	25%
CSoC Coordinators (6)	50%
Provider Network Director	20%
Provider Relations Liaisons (3)	15%

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

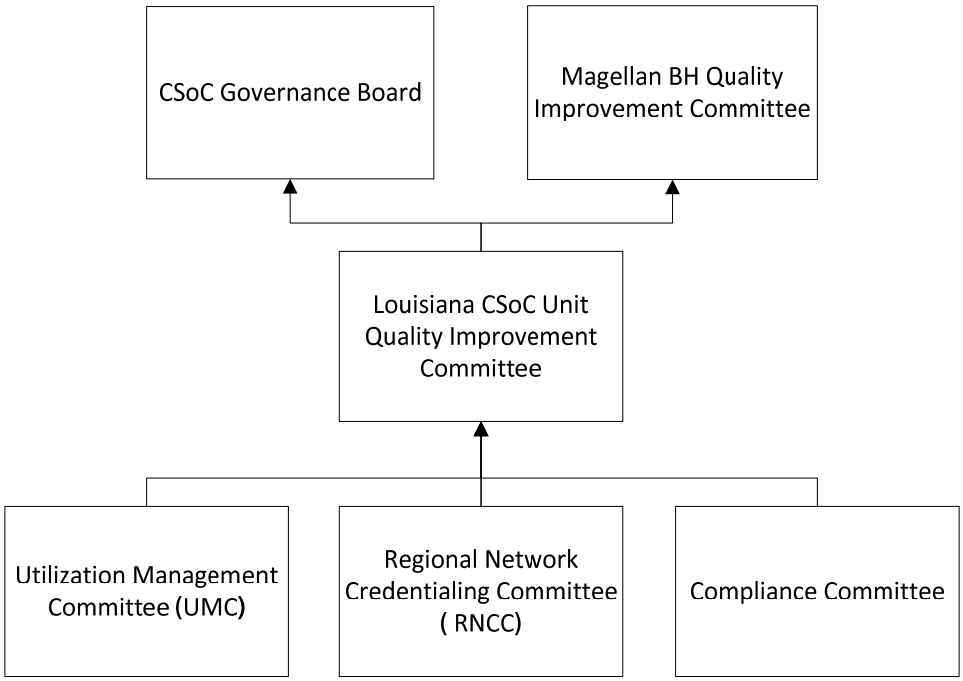
Technical Resources
Clinical Information System
IP
Claims System
CAPS
Eligibility/Authorization System
IP
Other Technical Resources

Technical Resources
Microsoft® Office Suite
Provider Stand Alone Search
Visio® Basic
Microsoft® Project

Analytical Resources
Staff backgrounds in:
Computer programming
Healthcare data analysis
Research methodology
Lean Six Sigma process
Commercial Statistical Analysis Programs
Access
Excel
GeoNetworks®
SAS
SPSS
Customized Programs Available
Ambulatory Follow-up Report
Compliments, Appeals, Grievances
HEDIS®
Member Satisfaction Survey System
Monthly IUR Summary Report
Practitioner Satisfaction Survey System
Practitioner Profiling Report
Intensive Care Manager Reports

Readmission Report

Appendix C. Louisiana CSoC CMC Quality Committee Structure



Appendix D: Louisiana CSoC CMC Committee Charters

Louisiana CSoC CMC Quality Improvement Committee (QIC)

Louisiana CSoC CMC Utilization Management Committee (UMC)

Louisiana CSoC CMC Regional Network Credentialing Committee (RNCC)

Louisiana CSoC CMC Compliance Committee

Louisiana CSoC CMC Quality Committee Structure				
Quality Improvement Committee: Quarterly				
Membership	**Chairs, Co-chairs**	**Functions**	**Approval Authority**	**Reporting Relationships**
• Quality and Outcomes Director (co-chair) • CSoC Medical Officer (co-chair) • CSoC Program Director • CSoC Clinical Director • Member Services Director • Network Development Director	• Quality and Outcomes Director (co-chair) • CSoC Medical Officer (co-chair)	• Review and analyze care and service performance measures (including core performance indicators, performance guarantees and outcomes data) as identified in the Quality Work Plan. • Develop and oversee quality improvement initiatives, as appropriate. • Prepare mid-year Quality Work Plan	• Develop and approve Quality Program Description and Quality Work Plan annually, including performance measures and submit to BH-QIC. • QIAs, QIPs, PIPs. • Approve and oversee policy	• Reports to BH-QIC • Accepts reports from the RNCC , UMC, and Compliance Committee

• Compliance Officer • MCO Liaison • Vice President for Quality • QI Reporting Analyst • LDH Representatives • Provider Representatives • Member/Family Representatives • QI Clinical Reviewer(s)		Update. • Identify, design, and monitor quality improvement activities (QIAs, QIPs, PIPs). • Oversee the activities of subcommittees and provide coordination between departments in the QI structure. • Review Patient Safety and Recovery and Resiliency program activities and initiatives. • Review Medical Integration/Coordination of Care initiatives and activities. • Obtain provider, stakeholder and member/family member input through the appropriate QI committees.	implementation at the Louisiana CSoC level. • Develop and approve the annual *CSoC QI Program Evaluation* and submit it to the Corporate QI Department for review and approval by the BH-QIC.	
Louisiana CSoC CMC Utilization Management Committee (UMC)				
Frequency of Meetings: Quarterly				
Membership	**Chairs, Co-Chairs**	**Functions**	**Approval Authority**	**Reporting Relationships**
• Quality and Outcomes Director (co-chair) • CSoC Medical Officer (co-chair) • CSoC Program Director • CSoC Clinical Director • Member Services Director • Network Development Director • MCO Liaison • Vice President for Quality • QI Reporting Analyst	• CSoC Clinical Director (co-chair) • CSoC Chief Medical Officer (co-chair)	• Monitor providers' requests for Pas; • Oversee and monitor Physician Advisor concordance; • Monitor the medical appropriateness and necessity of services provided to its members utilizing provider quality and utilization profiling; Review the effectiveness of the utilization review process and make changes to the process as needed;	• Develop and approve the *UM Program Description* annually and submit to the *Louisiana CSoC* QIC and the BH-QIC. • Approve and implement Service Authorization Criteria.	• Reports to Louisiana CSoC QIC

• LDH Representatives • Provider Representatives • Member/Family Representatives • QI Clinical Reviewer • Compliance Officer		• Approve policies and procedures for UM that conform to industry standards, including methods, timelines and individuals responsible for completing each task; • Monitor consistent application of service authorization criteria to determine medical necessity; • Monitor the application of clinical practice guidelines; • Evaluate potential over and under utilization of services and address, as appropriate. • Review of outliers; • Monitor Treatment Record Review (TRR) process; • Oversee and monitor Care Management activities and clinical outcomes; and • Oversee and monitor Medical Integration activities.		
Louisiana CSoC CMC Compliance Committee				
Frequency of Meetings: Quarterly				
Membership	**Chairs, Co-Chairs**	**Functions**	**Approval Authority**	**Reporting Relationships**
• Compliance Officer • Quality and Outcomes Director • CSoC Medical Officer (co-chair) • CSoC Program Director • CSoC Clinical Director	Compliance Officer	• Evaluate the effectiveness of the Compliance Program. • Identify and prioritize areas of compliance risk for the care management center. • Oversee compliance education and training	• Review and approve the Compliance Program Description. • Carry out the provisions of the compliance program.	• Louisiana CSoC CMC QIC, including summary reports of activities • Corporate Compliance

• Member Services Director • Network Development Director • MCO Liaison • Vice President for Quality • QI Reporting Analyst • LDH Representatives • Providers		activities for the CSoC CMC and for contracted entities. • Ensure adequate resources are available to implement the Compliance Work Plan. • Collaborate with corporate to oversee policy/procedure development, annual review/revision, and approval process for the CSoC CMC. • Track applicable laws and regulations in the jurisdictions where business is conducted. • Ensure compliance with applicable laws and regulations. • Monitor fraud, waste and abuse. • Promote appropriate participation with the Compliance Program by all employees and other necessary persons. • Work with the Magellan Compliance Program and other service centers with business in the same states as the CSoC CMC to ensure that Magellan is taking a coordinated and consistent approach to compliance.		Committee, including quarterly report of activities