

LOUISIANA DEPARTMENT OF HEALTH

# COORDINATED SYSTEM OF CARE (CSOC) ANNUAL REPORT

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FISCAL YEAR 2018  
(JULY 2017 – JUNE 2018)

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# Table of Contents

EXECUTIVE SUMMARY.....	1
PREFACE.....	2
1 PROVIDER INFORMATION.....	3
2 MEMBER INFORMATION .....	5
3 PERCENTAGE OF REFERRALS CONSIDERED IMMEDIATE, URGENT AND ROUTINE.....	7
4 CLEAN CLAIMS.....	9
5 CLAIMS DENIED .....	18
6 PERCENTAGE OF MEMBERS ASKED TO PROVIDE CONSENT FOR RELEASE OF INFORMATION TO COORDINATE WITH PRIMARY CARE PHYSICIAN.....	19
7 BEHAVIORAL HEALTH IN EMERGENCY ROOMS .....	21
8 REPORT ON QUALITY MANAGEMENT .....	22
9 TOTAL FUNDING PAID FOR CLAIMS TO PROVIDERS, ADMINISTRATIVE COSTS AND PROFIT .....	226
10 EXPLANATION OF PROGRAM CHANGES.....	27
11 ADDITIONAL METRICS/MEASURES .....	28
APPENDICES.....	29

# Executive Summary

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

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

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

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

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

# Preface

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

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

LDH offers the following measures and outcomes as part of this CSoC annual report. As required by R.S. 40:1253.3, the reporting period enclosed includes SFY 2018 (July 2017-June 2018) with Magellan. In preparation for the submission of this report, LDH worked with a governmental auditing firm to independently review the data submitted by Magellan. The data submitted by Magellan was found to be within a reasonable and expected variance from the review performed.

# 1 PROVIDER INFORMATION

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Since implementation of CSoC, OBH and Magellan have overseen the expansion of the network of providers available to deliver CSoC services across the state. This provider number is defined by entry point, so a provider is identified by each location where services are provided. The providers combined offer a total of over 1,000 specialties of service. Magellan’s provider network includes providers of specialized behavioral health state plan services and specialized CSoC services including Short Term Respite, Youth Support and Training, Parent Support and Training, and Independent Living Skills Building. CSoC provider network data captures a point in time in the cycle of provider credentialing and contracting. For purposes of this transparency report, provider data is reflective of the CSoC network as of June 30, 2018.

<b>Provider Type:</b>	<b>Number of Contracted Providers (6.30.18)</b>
Facility	698
Independent Practitioner	670
<b>Credentialing Status:</b>	
Credentialed	1,368
<b>Specialty of Service:</b>	
ASAM Level I -Outpatient	137
ASAM Level II.1 - Intensive Outpatient	84
ASAM Level IV.D - Medically Managed Inpatient Detoxification	12
Community Psychiatric Support and Treatment (CPST)	397
Crisis Intervention (CI)	362
Crisis Stabilization (CS) (CSoC Service)	2
Functional Family Therapy (FFT)	28
Homebuilders®	18
Independent Living/Skills Building (CSoC Service)	172
Inpatient Psych Hospital	55
Parent Support and Training (CSoC Service)	1
Psych Outpatient	1,208

Psychosocial Rehabilitation (PSR)	387
Short Term Respite (CSoC Service)	27
Wraparound Facilitation (CSoC)	9
Youth Support and Training (CSoC Service)	1

Please note that many independent practitioners have separate subspecialties of service that are not listed above. The comprehensive list of providers enrolled in the Magellan network prior to June 30, 2018, along with their specialties and subspecialties, credentialing date and provider type, can be found at the following link:

<http://new.dhh.louisiana.gov/index.cfm/page/3682>

## 2 MEMBER INFORMATION

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Over 3,700 individuals were enrolled as members in Magellan's health plan for CSoC. These members had access to information, education and services under the CSoC program. Details of the following legislative request can be found in the attached Appendix II. The data represents the 2018 fiscal year (07/01/17-06/30/18).

<b>Statutory Number:</b>	<b>Data Book Tab Label:</b>	<b>Statewide Total 2017</b>
SECTION 5:	Appendix II: CSoC Members Receiving Services	3,761

\*Counts reflect unduplicated recipients or enrollees

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

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

**Percentage of Referrals Considered Immediate, Urgent and Routine (SFY 2018)**

Parish Name	EMERGENT		URGENT		ROUTINE		Overall Average Hours to Decision	% in Range
	% of Auths.	Average Hours to Decision	% of Auths.	Average Hours to Decision	% of Auths.	Average Hours to Decision		
ACADIA	0	0	8.82%	0.21	91.18%	144.05	131.36	100.00%
ALLEN	0	0	7.84%	0.28	92.16%	204.21	188.22	96.08%
ASCENSION	0	0	10.53%	0.44	89.47%	221.24	198.00	94.74%
ASSUMPTION	0	0	0	0	100.00%	263.16	263.16	93.33%
AVOYELLES	0	0	1.77%	0.14	98.23%	237.89	233.68	92.04%
BEAUREGARD	0	0	3.17%	0.72	96.83%	183.15	177.36	96.83%
BIENVILLE	0	0	0	0	100.00%	184.79	184.79	100.00%
BOSSIER	0	0	5.71%	0.09	94.29%	200.49	189.04	95.71%
CADDO	0	0	6.30%	0.67	93.70%	230.84	216.34	94.30%
CALCASIEU	0	0	10.72%	0.49	89.28%	276.58	246.98	91.96%
CALDWELL	0	0	0	0	100.00%	147.70	147.70	100.00%
CAMERON	0	0	0	0	100.00%	289.83	289.83	100.00%
CATAHOULA	0	0	0	0	100.00%	290.79	290.79	75.00%
CONCORDIA	0	0	7.69%	0.01	92.31%	204.48	188.76	84.62%
DE SOTO	0	0	13.79%	0.08	86.21%	235.17	202.74	93.10%
EAST BATON ROUGE	0	0	3.96%	0.16	96.04%	230.23	221.11	95.22%



EAST CARROLL	0	0	0	0	100.00%	616.23	616.23	91.30%
EAST FELICIANA	0	0	4.00%	0	96.00%	219.04	210.28	92.00%
EVANGELINE	0	0	6.49%	0.05	93.51%	182.73	170.87	97.40%
FRANKLIN	0	0	2.47%	0.50	97.53%	233.05	227.31	91.36%
GRANT	0	0	16.67%	30.36	83.33%	203.93	175.00	87.50%
IBERIA	0	0	5.36%	0	94.64%	209.60	198.37	92.86%
IBERVILLE	0	0	8.33%	0.17	91.67%	253.67	232.54	91.67%
JACKSON	0	0	9.09%	0	90.91%	237.34	215.76	100.00%
JEFFERSON	0	0	4.86%	0.10	95.14%	227.00	215.97	93.81%
JEFFERSON DAVIS	0	0	8.20%	4.86	91.80%	205.86	189.39	95.08%
LA SALLE	0	0	0	0	100.00%	99.72	99.72	100.00%
LAFAYETTE	0	0	6.67%	0.08	93.33%	252.46	235.63	90.00%
LAFOURCHE	0	0	6.67%	0.28	93.33%	367.19	342.73	96.11%
LINCOLN	0	0	9.43%	0.10	90.57%	219.64	198.93	92.45%
LIVINGSTON	0	0	5.25%	0.18	94.75%	218.41	206.96	95.92%
MADISON	0	0	1.85%	0.27	98.15%	262.56	257.71	90.74%
MOREHOUSE	0	0	1.35%	0.42	98.65%	263.94	260.38	93.24%
NATCHITOCHE	0	0	0	0	100.00%	190.02	190.02	88.41%
ORLEANS	0	0	3.42%	0.15	96.58%	222.48	214.88	95.48%
OUACHITA	0	0	3.64%	0.13	96.36%	230.38	221.99	92.27%
OutOfState	0	0	6.45%	0.05	93.55%	257.54	240.92	90.32%
PLAQUEMINES	0	0	0	0	100.00%	274.01	274.01	95.24%
POINTE COUPEE	0	0	28.57%	0.32	71.43%	188.92	135.03	100.00%
RAPIDES	0.23%	0.40	1.58%	0.05	98.19%	229.97	225.81	91.86%
RED RIVER	0	0	18.52%	0.09	81.48%	185.40	151.08	100.00%
RICHLAND	0	0	0	0	100.00%	180.98	180.98	94.64%
SABINE	0	0	3.20%	0.07	96.80%	211.90	205.12	95.20%
SAINT BERNARD	0	0	8.86%	0.13	91.14%	216.98	197.76	94.94%
SAINT CHARLES	0	0	13.46%	0.19	86.54%	229.61	198.73	96.15%

SAINT HELENA	0	0	0	0	100.00%	221.80	221.80	89.47%
SAINT JAMES	0	0	0	0	100.00%	240.50	240.50	95.00%
SAINT LANDRY	0	0	3.88%	0.05	96.12%	258.66	248.62	88.35%
SAINT MARTIN	0	0	5.41%	0.16	94.59%	305.83	289.31	90.09%
SAINT MARY	0	0	19.23%	0.13	80.77%	244.68	197.65	92.31%
SAINT TAMMANY	0	0	12.75%	1.57	87.25%	219.38	191.61	93.29%
ST JOHN THE BAPTIST	0	0	10.91%	0.23	89.09%	256.25	228.32	92.73%
TANGIPAHOA	0	0	4.99%	0.13	95.01%	209.98	199.52	95.29%
TERREBONNE	0	0	4.16%	0.34	95.84%	257.99	247.28	91.17%
UNION	0	0	2.38%	0	97.62%	251.89	245.89	92.86%
VERMILION	0	0	20.00%	0.07	80.00%	165.15	132.13	100.00%
VERNON	0	0	8.25%	0.70	91.75%	201.17	184.64	96.91%
WASHINGTON	0	0	4.49%	0.08	95.51%	211.67	202.16	94.94%
WEBSTER	0	0	8.33%	50.59	91.67%	213.43	199.86	94.44%
WEST BATON ROUGE	0	0	0	0	100.00%	240.03	240.03	96.55%
WEST CARROLL	0	0	0	0	100.00%	283.37	283.37	86.67%
WEST FELICIANA	0	0	0	0	100.00%	213.66	213.66	50.00%
WINN	0	0	0	0	100.00%	319.04	319.04	40.00%
<b>STATE</b>	<b>0.01%</b>	<b>0.40</b>	<b>5.56%</b>	<b>1.25</b>	<b>94.43%</b>	<b>232.82</b>	<b>219.93</b>	<b>93.71%</b>

## 4 CLEAN CLAIMS

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

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

<b>Parish</b>	<b>Provider Type</b>	<b>Claims Paid</b>	<b>Clean Claims</b>	<b>Clean Claims Paid Within 30 Days</b>	<b>% Clean Claims Paid Within 30 Days</b>	<b>Average Number of days to pay all claims</b>
ALLEN	MENTAL HEALTH CLINIC (IN-ST)	50	50	50	100	4.54
ASCENSION	MENTAL HEALTH CLINIC (IN-ST)	2	16	2	100	5
ASCENSION	MENTAL REHAB AGENCY (IN-ST)	156	354	156	100	6.01
ASCENSION	NURSE PRACTITIONER (IND & GP)	0	2	0	0	0
ASCENSION	PHYSICIAN (IND & GP)	0	1	0	0	0
ASSUMPTION	PSYCHOLOGIST (LIC/MED) (IN-ST)	2	2	2	100	6
AVOYELLES	BEHAVIORAL HLTH REHAB AGENCY	10	12	10	100	6
AVOYELLES	MENTAL HEALTH CLINIC (IN-ST)	8	8	8	100	4.5
AVOYELLES	MENTAL REHAB AGENCY (IN-ST)	116	776	116	100	4.65
AVOYELLES	SCHOOL BSED HEALTH CTR (IN-ST)	1	2	1	100	4
BEAUREGARD	LICENSED PROFESSION COUNSELOR	11	12	11	100	4.18

BEAUREGARD	MENTAL HEALTH CLINIC (IN-ST)	19	21	19	100	3.58
BEAUREGARD	MENTAL REHAB AGENCY (IN-ST)	50	54	48	96	24.8
BIENVILLE	BEHAVIORAL HLTH REHAB AGENCY	5	27	5	100	5
BOSSIER	BEHAVIORAL HLTH REHAB AGENCY	2,381	3,109	2,381	100	4.35
BOSSIER	LICENSED PROFESSION COUNSELOR	30	33	30	100	4.3
BOSSIER	MENTAL REHAB AGENCY (IN-ST)	387	440	379	97.93	7.7
CADDO	BEHAVIORAL HLTH REHAB AGENCY	3,809	5,870	3,769	98.95	8.46
CADDO	LIC CL SOCIAL WORKER (IN-ST)	10	13	10	100	5.6
CADDO	LICENSED PROFESSION COUNSELOR	116	139	116	100	3.69
CADDO	MENTAL HEALTH CLINIC (IN-ST)	11	12	11	100	8
CADDO	MENTAL HLTH HOSP (FREE-STAND)	818	1,006	792	96.82	11.16
CADDO	MENTAL REHAB AGENCY (IN-ST)	2,682	3,242	2,682	100	4.23
CADDO	NURSE PRACTITIONER (IND & GP)	0	6	0	0	0
CADDO	PHYSICIAN (IND & GP)	471	1,084	465	98.73	7.52
CADDO	PSYCHOLOGIST (LIC/MED) (IN-ST)	0	3	0	0	0
CADDO	RESPIRE CARE SERVICE AGENCY	3	4	2	66.67	172.67
CADDO	TRANSITION COORDINATION	260	308	213	81.92	88.85
CALCASIEU	BEHAVIORAL HLTH REHAB AGENCY	1,384	2,403	1,315	95.01	8.02
CALCASIEU	DIST PART PSYCH HOSP (IN-ST)	54	70	53	98.15	11.69
CALCASIEU	LIC CL SOCIAL WORKER (IN-ST)	14	21	14	100	11.57
CALCASIEU	LIC MARRIAGE & FAMILY THERAPY	8	11	8	100	4.75
CALCASIEU	LICENSED PROFESSION COUNSELOR	189	268	189	100	4.34
CALCASIEU	MENTAL HEALTH CLINIC (IN-ST)	55	61	47	85.45	11.96
CALCASIEU	MENTAL REHAB AGENCY (IN-ST)	2,531	3,539	2,461	97.23	14.51
CALCASIEU	NURSE PRACTITIONER (IND & GP)	10	10	10	100	19.1
CALCASIEU	PHYSICIAN (IND & GP)	166	284	162	97.59	7.38
CALCASIEU	PSYCHOLOGIST (LIC/MED) (IN-ST)	0	5	0	0	0

CALCASIEU	RESPIRE CARE SERVICE AGENCY	855	925	749	87.6	14.05
CALCASIEU	SUBS/ALCOH ABSE CTR (X-OVERS)	3	3	3	100	6
CALDWELL	BEHAVIORAL HLTH REHAB AGENCY	2	3	2	100	4.5
CLAIBORNE	PHYSICIAN (IND & GP)	0	4	0	0	0
CONCORDIA	BEHAVIORAL HLTH REHAB AGENCY	301	417	301	100	3.98
CONCORDIA	RESPIRE CARE SERVICE AGENCY	35	51	33	94.29	11.69
CONCORDIA	TRANSITION COORDINATION	128	149	128	100	4.17
DE SOTO	LIC CL SOCIAL WORKER (IN-ST)	0	13	0	0	0
DE SOTO	MENTAL REHAB AGENCY (IN-ST)	55	60	55	100	3.58
EAST BATON ROUGE	BEHAVIORAL HLTH REHAB AGENCY	5,018	7,006	4,870	97.05	6.33
EAST BATON ROUGE	DIST PART PSYCH HOSP (IN-ST)	37	58	34	91.89	29.24
EAST BATON ROUGE	FAMILY SUPPORT ORGANIZATION	9,465	13,451	9,406	99.38	4.6
EAST BATON ROUGE	FED QUALIFIED HLTH CTR (IN-ST)	0	5	0	0	0
EAST BATON ROUGE	LIC CL SOCIAL WORKER (IN-ST)	164	268	155	94.51	7.07
EAST BATON ROUGE	LIC MARRIAGE & FAMILY THERAPY	0	1	0	0	0
EAST BATON ROUGE	LICENSED PROFESSION COUNSELOR	16	25	16	100	5.81
EAST BATON ROUGE	MENTAL HEALTH CLINIC (IN-ST)	752	1,374	752	100	4.88
EAST BATON ROUGE	MENTAL HLTH HOSP (FREE-STAND)	0	1	0	0	0
EAST BATON ROUGE	MENTAL REHAB AGENCY (IN-ST)	2,942	4,477	2,909	98.88	5.23
EAST BATON ROUGE	NURSE PRACTITIONER (IND & GP)	12	57	12	100	4.67
EAST BATON ROUGE	PHYSICIAN (IND & GP)	268	948	263	98.13	6.74
EAST BATON ROUGE	PSYCHOLOGIST (LIC/MED) (IN-ST)	4	17	4	100	12
EAST BATON ROUGE	RESPIRE CARE SERVICE AGENCY	124	131	124	100	6.56
EAST BATON ROUGE	TRANSITION COORDINATION	1,412	1,487	1,412	100	4.02
EAST CARROLL	BEHAVIORAL HLTH REHAB AGENCY	22	24	22	100	3.73
EAST CARROLL	SUBS/ALCOH ABSE CTR (X-OVERS)	25	61	24	96	9.56
EAST CARROLL	TRANSITION COORDINATION	150	213	99	66	94.07
EAST FELICIANA	BEHAVIORAL HLTH REHAB AGENCY	8	12	5	62.5	90

EAST FELICIANA	FED QUALIFIED HLTH CTR (IN-ST)	0	177	0	0	0
EAST FELICIANA	LIC CL SOCIAL WORKER (IN-ST)	4	283	4	100	8
EAST FELICIANA	LICENSED PROFESSION COUNSELOR	0	43	0	0	0
EAST FELICIANA	PHYSICIAN (IND & GP)	7	12	7	100	8.71
EAST FELICIANA	PSYCHOLOGIST (LIC/MED) (IN-ST)	4	9	4	100	7.25
EAST FELICIANA	RESPIRE CARE SERVICE AGENCY	3,151	3,313	3,044	96.6	9.82
EAST FELICIANA	TRANSITION COORDINATION	922	1,011	904	98.05	6.72
FRANKLIN	PHYSICIAN (IND & GP)	15	35	15	100	9.8
FRANKLIN	Rural Health Clinic	0	4	0	0	0
GRANT	SCHOOL BASED HEALTH CTR (IN-ST)	1	1	1	100	5
IBERIA	BEHAVIORAL HLTH REHAB AGENCY	147	373	147	100	4.29
IBERIA	FED QUALIFIED HLTH CTR (IN-ST)	0	102	0	0	0
IBERIA	LIC CL SOCIAL WORKER (IN-ST)	6	6	6	100	5
IBERVILLE	BEHAVIORAL HLTH REHAB AGENCY	187	347	187	100	5.09
IBERVILLE	LIC CL SOCIAL WORKER (IN-ST)	2	31	2	100	9
JEFFERSON	BEHAVIORAL HLTH REHAB AGENCY	2,780	4,546	2,779	99.96	4.73
JEFFERSON	DIST PART PSYCH HOSP (IN-ST)	0	1	0	0	0
JEFFERSON	FED QUALIFIED HLTH CTR (IN-ST)	0	5	0	0	0
JEFFERSON	LIC CL SOCIAL WORKER (IN-ST)	258	319	258	100	6.04
JEFFERSON	LIC MARRIAGE & FAMILY THERAPY	8	9	8	100	17.5
JEFFERSON	LICENSED PROFESSION COUNSELOR	56	70	56	100	4.38
JEFFERSON	MENTAL HEALTH CLINIC (IN-ST)	109	266	109	100	4.37
JEFFERSON	MENTAL HLTH HOSP (FREE-STAND)	326	439	324	99.39	6.62
JEFFERSON	MENTAL REHAB AGENCY (IN-ST)	31	95	31	100	3.55
JEFFERSON	PHYSICIAN (IND & GP)	31	82	31	100	4.9
JEFFERSON	RESPIRE CARE SERVICE AGENCY	1,571	1,636	1,418	90.26	21.47
JEFFERSON	TRANSITION COORDINATION	190	229	190	100	4.58
LA SALLE	LICENSED PROFESSION COUNSELOR	0	6	0	0	0

LA SALLE	SCHOOL BASED HEALTH CTR (IN-ST)	6	9	3	50	59.33
LAFAYETTE	BEHAVIORAL HLTH REHAB AGENCY	2,531	3,063	2,528	99.88	3.6
LAFAYETTE	DR OF OSTEOPATH MED (IND & GP)	0	1	0	0	0
LAFAYETTE	LICENSED PROFESSION COUNSELOR	17	21	17	100	6.18
LAFAYETTE	MENTAL HLTH HOSP (FREE-STAND)	94	177	94	100	5.85
LAFAYETTE	MENTAL REHAB AGENCY (IN-ST)	245	279	245	100	4.12
LAFAYETTE	NURSE PRACTITIONER (IND & GP)	48	181	47	97.92	9.21
LAFAYETTE	PHYSICIAN (IND & GP)	28	128	28	100	5.29
LAFAYETTE	PSYCHOLOGIST (LIC/MED) (IN-ST)	106	111	106	100	10.72
LAFOURCHE	FED QUALIFIED HLTH CTR (IN-ST)	0	2	0	0	0
LAFOURCHE	LICENSED PROFESSION COUNSELOR	52	72	52	100	5.81
LAFOURCHE	MENTAL HEALTH CLINIC (IN-ST)	96	105	96	100	4.45
LAFOURCHE	MENTAL REHAB AGENCY (IN-ST)	2,121	2,204	2,120	99.95	4.43
LAFOURCHE	NURSE PRACTITIONER (IND & GP)	176	245	118	67.05	85.48
LINCOLN	BEHAVIORAL HLTH REHAB AGENCY	7	46	7	100	3
LINCOLN	PHYSICIAN (IND & GP)	35	46	35	100	3.71
LIVINGSTON	BEHAVIORAL HLTH REHAB AGENCY	1,485	1,765	1,470	98.99	5.66
LIVINGSTON	FED QUALIFIED HLTH CTR (IN-ST)	0	6	0	0	0
LIVINGSTON	MENTAL REHAB AGENCY (IN-ST)	290	349	290	100	4.16
LIVINGSTON	TRANSITION COORDINATION	1,062	1,189	970	91.34	14.89
MADISON	BEHAVIORAL HLTH REHAB AGENCY	522	727	491	94.06	16.89
MADISON	MENTAL REHAB AGENCY (IN-ST)	517	656	514	99.42	5.25
MADISON	RESPIRE CARE SERVICE AGENCY	2,206	2,574	1,765	80.01	78.1
MADISON	SUBS/ALCOH ABSE CTR (X-OVERS)	27	27	27	100	5.26
MADISON	TRANSITION COORDINATION	1,953	1,999	1,706	87.35	32.84
MOREHOUSE	BEHAVIORAL HLTH REHAB AGENCY	468	797	468	100	4.12
MOREHOUSE	MENTAL HLTH HOSP (FREE-STAND)	388	577	374	96.39	11.89
MOREHOUSE	MENTAL REHAB AGENCY (IN-ST)	83	94	83	100	5.66

MOREHOUSE	SCHOOL BASED HEALTH CTR (IN-ST)	0	1	0	0	0
MOREHOUSE	TRANSITION COORDINATION	126	127	126	100	3.92
NATCHITOCHE	BEHAVIORAL HLTH REHAB AGENCY	0	1	0	0	0
NATCHITOCHE	FAMILY SUPPORT ORGANIZATION	0	1	0	0	0
NATCHITOCHE	LICENSED PROFESSION COUNSELOR	67	71	67	100	4.1
NATCHITOCHE	MENTAL HEALTH CLINIC (IN-ST)	0	1	0	0	0
NATCHITOCHE	MENTAL REHAB AGENCY (IN-ST)	138	302	138	100	4.79
NATCHITOCHE	PHYSICIAN (IND & GP)	0	4	0	0	0
ORLEANS	BEHAVIORAL HLTH REHAB AGENCY	10,070	14,354	10,024	99.54	4.85
ORLEANS	DIST PART PSYCH HOSP (IN-ST)	67	79	66	98.51	8.27
ORLEANS	DR OF OSTEOPATH MED (IND & GP)	4	15	4	100	6.5
ORLEANS	FAMILY SUPPORT ORGANIZATION	11,747	12,226	11,705	99.64	4.7
ORLEANS	FED QUALIFIED HLTH CTR (IN-ST)	0	3	0	0	0
ORLEANS	LIC CL SOCIAL WORKER (IN-ST)	153	189	152	99.35	6.09
ORLEANS	LICENSED PROFESSION COUNSELOR	52	71	52	100	4.44
ORLEANS	MENTAL HLTH HOSP (FREE-STAND)	1	1	1	100	6
ORLEANS	MENTAL REHAB AGENCY (IN-ST)	5,104	6,549	5,054	99.02	7.38
ORLEANS	PHYSICIAN (IND & GP)	144	285	143	99.31	5.47
ORLEANS	PSYCHOLOGIST (LIC/MED) (IN-ST)	55	77	55	100	4.42
ORLEANS	TRANSITION COORDINATION	5,040	5,640	4,769	94.62	14.34
OUACHITA	BEHAVIORAL HLTH REHAB AGENCY	1,983	2,780	1,828	92.18	27.04
OUACHITA	LICENSED PROFESSION COUNSELOR	129	165	129	100	6.97
OUACHITA	MENTAL REHAB AGENCY (IN-ST)	6,027	7,460	5,927	98.34	6.44
OUACHITA	NURSE PRACTITIONER (IND & GP)	0	2	0	0	0
OUACHITA	RESPIRE CARE SERVICE AGENCY	7,965	8,686	7,427	93.25	21.47
OUACHITA	TRANSITION COORDINATION	5,549	6,255	5,075	91.46	25.87
POINTE COUPEE	LIC CL SOCIAL WORKER (IN-ST)	5	5	5	100	11
RAPIDES	BEHAVIORAL HLTH REHAB AGENCY	3,156	3,937	3,156	100	3.84



RAPIDES	LIC CL SOCIAL WORKER (IN-ST)	5	12	5	100	2.4
RAPIDES	LICENSED PROFESSION COUNSELOR	0	7	0	0	0
RAPIDES	MENTAL HLTH HOSP (FREE-STAND)	81	161	62	76.54	21.78
RAPIDES	MENTAL REHAB AGENCY (IN-ST)	3,335	4,075	3,330	99.85	4.17
RAPIDES	NURSE PRACTITIONER (IND & GP)	0	15	0	0	0
RAPIDES	PSYCHOLOGIST (LIC/MED) (IN-ST)	0	3	0	0	0
RAPIDES	RESPITE CARE SERVICE AGENCY	3	5	3	100	4
RAPIDES	SCHOOL BASED HEALTH CTR (IN-ST)	3	3	1	33.33	171
RAPIDES	TRANSITION COORDINATION	34	39	33	97.06	8.41
RED RIVER	BEHAVIORAL HLTH REHAB AGENCY	4	5	4	100	9
RICHLAND	BEHAVIORAL HLTH REHAB AGENCY	0	33	0	0	0
RICHLAND	FED QUALIFIED HLTH CTR (IN-ST)	0	2	0	0	0
RICHLAND	LICENSED PROFESSION COUNSELOR	6	6	6	100	16
RICHLAND	NURSE PRACTITIONER (IND & GP)	10	10	10	100	8.4
SAINT BERNARD	BEHAVIORAL HLTH REHAB AGENCY	23	43	23	100	4.83
SAINT BERNARD	MENTAL REHAB AGENCY (IN-ST)	236	236	236	100	5.86
SAINT BERNARD	RESPITE CARE SERVICE AGENCY	72	105	57	79.17	32.49
SAINT BERNARD	TRANSITION COORDINATION	4	5	4	100	3
SAINT CHARLES	BEHAVIORAL HLTH REHAB AGENCY	26	29	26	100	3.85
SAINT CHARLES	PHYSICIAN (IND & GP)	40	75	34	85	30.4
SAINT CHARLES	TRANSITION COORDINATION	62	79	62	100	4.55
SAINT HELENA	LICENSED PROFESSION COUNSELOR	4	4	4	100	7
SAINT HELENA	RESPITE CARE SERVICE AGENCY	1	1	1	100	7
SAINT LANDRY	BEHAVIORAL HLTH REHAB AGENCY	687	1,587	548	79.77	68.63
SAINT LANDRY	NURSE PRACTITIONER (IND & GP)	10	12	10	100	2.6
SAINT MARTIN	BEHAVIORAL HLTH REHAB AGENCY	1	2	1	100	14
SAINT MARTIN	FED QUALIFIED HLTH CTR (IN-ST)	0	5	0	0	0
SAINT MARTIN	LIC CL SOCIAL WORKER (IN-ST)	6	6	6	100	6

SAINT MARTIN	SCHOOL BASED HEALTH CTR (IN-ST)	3	6	3	100	6
SAINT MARY	DIST PART PSYCH HOSP (IN-ST)	3	6	1	33.33	47.67
SAINT MARY	LIC CL SOCIAL WORKER (IN-ST)	24	34	24	100	6.17
SAINT MARY	LICENSED PROFESSION COUNSELOR	0	6	0	0	0
SAINT MARY	MENTAL HEALTH CLINIC (IN-ST)	34	41	34	100	4.09
SAINT TAMMANY	BEHAVIORAL HLTH REHAB AGENCY	28	84	28	100	9.96
SAINT TAMMANY	DIST PART PSYCH HOSP (IN-ST)	2	2	2	100	7.5
SAINT TAMMANY	LIC CL SOCIAL WORKER (IN-ST)	241	311	240	99.59	5.27
SAINT TAMMANY	LICENSED PROFESSION COUNSELOR	50	72	48	96	11.1
SAINT TAMMANY	MENTAL HLTH HOSP (FREE-STAND)	81	119	76	93.83	24.47
SAINT TAMMANY	MENTAL REHAB AGENCY (IN-ST)	514	795	514	100	3.65
SAINT TAMMANY	NURSE PRACTITIONER (IND & GP)	215	353	205	95.35	9.42
SAINT TAMMANY	PHYSICIAN (IND & GP)	261	432	261	100	4.1
SAINT TAMMANY	PSYCHOLOGIST (LIC/MED) (IN-ST)	71	108	71	100	4.04
ST JOHN THE BAPTIST	BEHAVIORAL HLTH REHAB AGENCY	201	352	194	96.52	11.63
ST JOHN THE BAPTIST	DR OF OSTEOPATH MED (IND & GP)	0	1	0	0	0
ST JOHN THE BAPTIST	LIC CL SOCIAL WORKER (IN-ST)	0	1	0	0	0
ST JOHN THE BAPTIST	MENTAL HEALTH CLINIC (IN-ST)	124	131	123	99.19	6.85
ST JOHN THE BAPTIST	MENTAL REHAB AGENCY (IN-ST)	149	171	149	100	4.85
ST JOHN THE BAPTIST	NURSE PRACTITIONER (IND & GP)	20	36	20	100	8.6
TANGIPAHOA	BEHAVIORAL HLTH REHAB AGENCY	484	582	484	100	4.38
TANGIPAHOA	LICENSED PROFESSION COUNSELOR	5	28	5	100	11.2
TANGIPAHOA	MENTAL HEALTH CLINIC (IN-ST)	4	28	4	100	4.5
TANGIPAHOA	MENTAL REHAB AGENCY (IN-ST)	150	167	150	100	4.09
TANGIPAHOA	NURSE PRACTITIONER (IND & GP)	125	174	125	100	3.76
TERREBONNE	FED QUALIFIED HLTH CTR (IN-ST)	0	18	0	0	0

TERREBONNE	LIC CL SOCIAL WORKER (IN-ST)	6	7	6	100	3
TERREBONNE	MENTAL HEALTH CLINIC (IN-ST)	138	158	138	100	4.05
TERREBONNE	MENTAL REHAB AGENCY (IN-ST)	2,108	2,254	2,060	97.72	6.97
TERREBONNE	NURSE PRACTITIONER (IND & GP)	0	8	0	0	0
UNION	BEHAVIORAL HLTH REHAB AGENCY	118	189	114	96.61	5.19
VERMILION	DIST PART PSYCH HOSP (IN-ST)	2	3	1	50	56.5
VERMILION	NURSE PRACTITIONER (IND & GP)	6	6	6	100	5.33
VERMILION	PHYSICIAN (IND & GP)	0	63	0	0	0
VERNON	MENTAL HEALTH CLINIC (IN-ST)	10	12	10	100	3.3
VERNON	MENTAL REHAB AGENCY (IN-ST)	485	503	484	99.79	4.33
WASHINGTON	BEHAVIORAL HLTH REHAB AGENCY	819	849	818	99.88	4.67
WASHINGTON	LIC CL SOCIAL WORKER (IN-ST)	20	30	20	100	3.45
WASHINGTON	MENTAL HEALTH CLINIC (IN-ST)	61	101	61	100	4.18
WASHINGTON	MENTAL REHAB AGENCY (IN-ST)	320	366	320	100	4.54
WASHINGTON	PHYSICIAN (IND & GP)	0	28	0	0	0
WEBSTER	BEHAVIORAL HLTH REHAB AGENCY	236	239	206	87.29	13.43
WEBSTER	LICENSED PROFESSION COUNSELOR	71	79	71	100	4.07
WEBSTER	MENTAL HEALTH CLINIC (IN-ST)	2	2	2	100	7
WEBSTER	MENTAL REHAB AGENCY (IN-ST)	36	143	36	100	4.92
WEST BATON ROUGE	LIC CL SOCIAL WORKER (IN-ST)	0	2	0	0	0

## 5 CLAIMS DENIED

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There were 49,424 denied claims compared to 131,448 paid claims during the SFY 2018, which means that denials account for 38% of all claims.

There are multiple reasons a claim may be denied. Most frequently, a claim is denied due to errors in the submission process. Common errors include the provider submitting duplicate claims, the member being ineligible for the service submitted for reimbursement, a lack of documentation or a lack of prior authorization. For the SFY 2018, duplicate claims is the primary reason for claims denial at 24%, 22% account for invalid procedure code/modifier combination present, and another 12% of denied claims account for patient not eligible and no authorization on file. Please note that this requested list of items is not exhaustive of causes for claims denial.

### **Top 5 Reasons for Denial of Claims (SFY 2018)**

<b>Denial Type</b>	<b>Denial Type Count</b>	<b>All Denial Count</b>	<b>% of All Denials</b>
Duplicate, previously submitted and processed or still in process	11,701	49,424	24%
Invalid procedure code/modifier combination	11,103	49,424	22%
Patient not eligible	6,067	49,424	12%
No authorization on file	5,928	49,424	12%
Services not covered under provider's contract	4,108	49,424	8%

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

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Magellan monitored the percent of members asked to provide consent for Release of Information to coordinate with Primary Care Physician through the Treatment Record Review Process, specifically element 3B (i.e., Release(s) for communication with PCP, other providers and involved parties are signed or patient refusal documented).

Details of the Treatment Record Review process are as follows:

- Treatment record review is one component of Magellan's oversight of the quality of its network providers. It is a process in which documentation and record keeping processes are reviewed to ensure compliance with quality standards and federal/state guidelines.
- Treatment record review results are reviewed by the Quality Improvement Committee and the Regional Network and Credentialing Committees (RNCC) for the purpose of identifying opportunities for improvement in individual provider and overall network treatment documentation and adherence to clinical practice guidelines.
- Results of individual practitioner/provider treatment record reviews are also reviewed by an RNCC and/or local designated medical director prior to making decisions about credentialing, re-credentialing, corrective or disciplinary action, or termination from Magellan's provider network.

The results for the time period 07/01/2017 through 06/30/2018 are outlined in the table below.

**Percentage of Members Asked to Provide  
Consent for Release of Information to  
Coordinate with Primary Care Physicians  
July 1, 2017- June 30, 2018**

Total Providers Reviewed	36
Total Records Reviewed	500
Total Records in Compliance	472
% of Records with Release of Information of Primary Care Physician	94.4%

A total of 36 providers were reviewed from July 1, 2017 to June 30, 2018 as part of the treatment record review process. Of the 500 records reviewed, 472 were in compliance for releases of information with primary care physicians (PCPs) and other healthcare providers for a total compliance rate of 94.4%.

## 7 BEHAVIORAL HEALTH IN EMERGENCY ROOMS

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As of March 1, 2015 (for the last five months of the SFY 2015 and the Louisiana Behavioral Health Partnership Contract Closeout period), emergency room presentations significantly decreased with the implementation of Mixed Service Protocol (MSP). Under MSP, Magellan became responsible for Emergency Room claims for professional claims only when the rendering provider was a Psychiatrist or Licensed Mental Health Professional. In addition, institutional Emergency Room claims were no longer Magellan's responsibility.

<b>Year</b>	<b>Unique Members Presenting in ER</b>	<b>ER Presentations</b>	<b>ER Claims</b>
SFY 2018	9	10	10

## 8 REPORT ON QUALITY MANAGEMENT

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

- Quality Program Description (January 1, 2018 – October 31, 2018)
- Behavioral Health Benefit Management Utilization Management & Care Management Program Description For The Louisiana Coordinated System Of Care (2018)
- Louisiana Coordinated System of Care Annual Evaluation of the Quality Program (January 1, 2018 – October 31, 2018)

The staffing resources allocated to the quality program are detailed within Appendix B of the Quality Program Description (January 1, 2018 through October 31, 2018). The team consists of multiple Louisiana-based and corporate level staff, with at least four full-time devoted personnel to support quality functions as indicated in the table below.

<b>Louisiana CSoC CMC Staff</b>	<b>Percent of FTE Allocated to QI</b>
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%
QI Clinical Reviewer	100%
Appeal and Grievance Coordinator	50%
Sr. Data Reporting Analyst	100%
Managed Care Organization Liaison	25%
CSoC Coordinators (6)	50%



<b>Louisiana CSoC CMC Staff</b>	<b>Percent of FTE Allocated to QI</b>
Provider Network Director	20%
Provider Relations Liaisons (3)	15%

<b>Corporate Staff</b>	<b>Percent of FTE Allocated to QI</b>
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%

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

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

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

**42 CFR 456**

For the purpose of meeting the mandates of federal regulation 42 CFR 456, Magellan’s clinical services department includes personnel responsible for the utilization management (UM) functions. The UM program is supported at both the corporate and regional levels with designated staff and committees that include a behavioral health practitioner. Each care management center

(CMC) has an independent utilization management committee or standing utilization management agenda items integrated within its quality improvement committee (QIC) to monitor the utilization management/case management program for effectiveness and impact on its member population. Guidelines have been established for density and geographic distribution based on the covered population and statewide service area. These guidelines are used by Magellan to develop and maintain a network of contracted behavioral healthcare providers from individual practitioners to organizational providers with a wide range of expertise and clinical specialties to support member access to covered behavioral health services. Industry credentialing standards for behavioral health providers are followed, and contracted providers are made aware of the utilization management program activities conducted by Magellan via the Magellan Behavioral Health Provider Handbook.

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

#### **42 CFR 438.240**

As per the requirements of 42 CFR 438.240, Magellan's Quality department monitors performance measures on an ongoing basis for the purpose of assessing the quality and appropriateness of care furnished to CSOC members and to detect and address under and over-utilization. Magellan further works to enhance quality through the implementation of performance improvement projects (PIPs), which are required by the Centers for Medicare & Medicaid Services (CMS) and are part of the external quality review (EQR) function of managed care. Performance improvement projects are focused initiatives used to improve specific quality performance measures through ongoing measurements and interventions that are expected to have a favorable effect on health outcomes and member satisfaction. The PIP implemented for contract year two was *Monitoring Best Practices in Wraparound*, which included two indicators, the percentage of Child and Family Team (CFT) meetings occurring monthly and the percentage of natural/informal participation in the CFT meetings, which were identified through research as leading to improved outcomes for youth and family functioning. Results indicate that both indicators met the minimum threshold but fell short of reaching the overall goal. Magellan will continue efforts to track these indicators and improve performance on a regional and statewide basis.

Magellan has also documented the implementation and maintenance of a formal outcomes assessment process that is standardized, reliable and valid in accordance with industry standards

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

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

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

<b>Month of Payment</b>	<b>Payment of Claims to Providers</b>
201707	\$363,499.93
201708	\$1,333,414.57
201709	\$953,235.44
201710	\$1,240,051.71
201711	\$957,398.80
201712	\$798,845.65
201801	\$995,420.82
201802	\$903,329.05
201803	\$1,035,457.93
201804	\$1,204,849.14
201805	\$1,473,117.97
201806	\$1,051,201.48
<b>Total</b>	<b>\$12,309,822.49</b>

- b & c) In answer to requests 14(b) and (c) within Act 158, please reference the attached Merit Health Insurance Company Income Statements (a subsidiary of Magellan that operates the CSoC contract) dated 12/31/2017 and 06/30/2018 that detail its administrative expenses and net profit in Louisiana.

## 10 EXPLANATION OF PROGRAM CHANGES

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

On 07/01/17 the age range for CSoC was changed from 0-21 to 5-20. The age was modified to allow OBH to target the most high-need children and to align with the EPSDT program. OBH grandfathered all children who were enrolled in CSoC prior to the change whose age fell outside of the new range.

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

There were no changes in types of behavioral health services covered through CSoC during the 2018 SFY (07/01/17-06/30/18).

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

There were no changes in reimbursement rates for covered services during the 2018 SFY (07/01/17-06/30/18).

# 11 ADDITIONAL METRICS/MEASURES

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During the past seven years, more than 13,700 children have been enrolled in the Louisiana Coordinated System of Care. The goals for CSoC are continuously met and positive outcomes are being achieved on average in less than a year for children enrolled in CSoC.

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

Only 5% of the children enrolled in CSoC spent any days in an inpatient hospital setting:

- 84% of the children were seen by an outpatient provider within 30 days of discharge.
- 95% of the children were discharged, or disenrolled, into a home and community-based setting.

## **Keeping Children in their Communities**

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

- 100% of CSoC children received intensive care coordination through a single plan of care with a Wraparound Agency.
- 80% of youths and families received outpatient behavioral health and home and community-based services.
- 88% of youths and their families were connected with both natural and informal community supports, strengthening community ties.

## **Significant Improvements in Overall Functioning**

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

- 76% of the children discharged demonstrated improvements in clinical functioning.
- 91% of members reported overall satisfaction with the wraparound process.
- 87% of members reported satisfaction with their progress since they enrolled in CSoC.

# APPENDICES

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

APPENDIX II: CHILDREN RECEIVING SERVICES THROUGH CSOC BY PARISH

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

APPENDIX IV: CLEAN CLAIMS

APPENDIX V: TOP FIVE CLAIMS DENIAL REASONS

APPENDIX VI: BEHAVIORAL HEALTH IN EMERGENCY ROOMS

APPENDIX VII: REPORT ON QUALITY MANAGEMENT

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