

Coordinated System of Care (CSoC) Contractor
Quality Assurance / Performance
Improvement Program
Description



Magellan Health of Louisiana
Contract Period: 01/01/2023 – 12/31/2023

Program Overview

The Louisiana Department of Health's (LDH) Coordinated System of Care (CSoC) is an innovative approach to offering behavioral healthcare services to children/youth and their families based on System of Care (SOC) values and Wraparound principles. The CSoC Program serves families of children ages five (5) through twenty (20) with complex behavioral health needs who are either in or at risk of being in out-of-home placement. CSoC is a family-driven, coordinated approach intended to develop and maintain an integrated service delivery system.

The goal of CSoC is to ensure that children with severe behavioral health challenges get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, to keep, or return children to, their home and their communities.

Magellan coordinates and manages specialized Medicaid behavioral health benefits and services outlined in the Louisiana Medicaid State Plan and the Centers for Medicare and Medicaid Services (CMS) approved waivers for CSoC enrollees.

The LDH delegates the CSoC Unit to achieve the following objectives of the CSoC Program:

- Maintain the CSoC for children/youth and their families/caregivers, utilizing a family and youth-driven practice model, providing wraparound facilitation by child and family teams that also use family and youth supports, and overall management of these services.
- Continue to advance the system of care values and principles.
- Reduce the rate of avoidable hospital stays and readmissions.
- Improve access, quality, and efficiency of specialized behavioral health services for children and youth through managing these services.
- Coordinate specialized behavioral health services, which the Contractor is responsible for, with the Integrated Medicaid Managed Care Program Contractor responsible for the member's health care services not covered by the Contractor.
- Implement best, evidence-based, and informed practices that are effective and efficient as supported by the data from measuring outcomes, quality, and accountability.
- Increase quality-of-care, outcomes, accessibility/availability of service, and member experience of care.
- Increase member and family personal responsibility and self- management.
- Decrease fraud, abuse, and wasteful spending.

Purpose

Magellan Health (Magellan) is a diversified specialty health care management organization with expertise in managing behavioral health, radiology, specialty pharmaceuticals, and public sector pharmacy benefits programs. Magellan delivers innovative solutions to improve quality outcomes and optimize the cost of care. Magellan's mission statement—leading humanity to healthy, vibrant lives—is an audacious goal. It requires strong core values to guide our actions. The vision is to focus on the health and well-being of every individual we serve by connecting behavioral, physical, pharmacy and social needs into a complete picture of personalized, coordinated and cost-effective care. Magellan promotes this mission and vision by consistently maintaining high-quality clinical care and member safety by achieving the following four goals:

- Implementation of a comprehensive QI program that designs, measures, and evaluates the performance of clinical care and member safety, disease management, preventive health services, and member services; prioritizes and pursues opportunities to improve these processes; seeks cross-channel communication solutions to enhance member engagement; and determines whether, and to what extent, interventions have had a positive impact on operations and outcomes.
- Continuous identification of opportunities for company-wide improvement through coordination of clinical review activities including, but not limited to: core performance indicator monitoring and annual review; professional provider practice review; utilization management and review; prevention; specialty condition care management; and high-volume provider site visits.
- Implementation of interventions, process changes, and appropriate follow-up measurements as needed.
- Enhance the level of experience across members, practitioners, staff of provider organizations, primary care physicians, and customer organizations.

Magellan's vision and mission seamlessly reinforce the goals of the CSOC Unit, as defined by the LDH, which include:

- Reducing the State's cost of providing services by leveraging Medicaid and other funding sources, increasing service effectiveness, and reducing duplication across agencies;
- Reducing out-of-home placements in the current and future admissions of children and youths with significant behavioral health challenges and co-occurring disorders;
- Improving the overall outcomes of children and their caretakers; and
- Increasing member and caregiver input and choice in treatment.

In collaboration with the LDH, youth, families, providers, and other stakeholders, the CSOC Unit facilitates quality activities that promote CSOC goals, sustain recovery and resiliency for youths and families, and supports high-quality care as defined by the Institute of Medicine, which is characterized by safe, effective, member-centered, timely, efficient, and equitable care.

Quality Improvement (QI) Program

Magellan's CSoC Unit maintains an internal Quality Assurance and Process Improvement (QAPI) program that complies with state and federal standards specified in 42 CFR §438.200, the Medicaid State Plan, waiver applications relative to the CSoC, and any other requirements as issued by LDH. The CSoC Unit's QI Program is member-focused and includes objective and systematic monitoring of quality, recovery, and resiliency-focused healthcare and services provided to CSoC members. The QI Program leverages the extensive national experience of managing specialty behavioral health programs and promoting SOC values to create an atmosphere where positive outcomes are achievable for Louisiana's highest-risk youths and families. Magellan fully embraces Wraparound philosophies and recognizes that youth, family, provider, and stakeholder engagement are necessary to ensure that the CSoC Unit's goals, objectives, and activities align with the unique culture of Louisiana of the youth and families enrolled in the LDH's CSoC.

The CSoC Unit's QAPI Program Description defines the accountability, organizational oversight, mission statement, population served, structure, reporting requirements, and components necessary to provide healthcare services delegated by the LDH and to meet established standards for the quality program. The Quality Work Plan describes the objectives and activities required to manage the quality of healthcare services safely, efficiently, and effectively. The Work Plan is revised annually after reviewing the previous year's QI program and results. It includes performance indicators with established targets and quality activities to maintain a robust quality program. The CSoC Unit's Work Plan sets goals and prioritized objectives, reinforcing both Magellan's and the CSoC Program's goals. These goals and objectives are organized under the following three themes:

- Positively influencing the health and well-being of individuals by improving clinical outcomes, assuring member safety, and adding value through efficiency.
- Enhancing service delivery for youth and their families.
- Ensuring all core business processes are innovative and meet or exceed contract, regulatory, and accreditation guidelines.

The QI Program Description is a dynamic document incorporating feedback from all stakeholders; it is also readily adaptable as conditions warrant. With a focus on population health outcomes, member-centric approaches, and the health and wellness of members, the CSoC Unit QI Program accomplishes Magellan's and CSoC's missions by implementing a results-oriented focus on Total Quality Management and Continuous Quality Improvement (CQI) using clinically sound, nationally developed, and accepted criteria.

The CSoC Unit's QI Program includes input from a broad spectrum of stakeholders and incorporates accepted Six Sigma practices, such as Define, Measure, Analyze, Improve, Control (DMAIC); the Plan, Do, Study, Act (P/D/S/A) model; and the Best Clinical and Administrative Practice Framework (BCAP). The QI process is data-driven and allows for continuous measurement of clinical and non-clinical operations and timely identification of barriers and interventions to facilitate improvement. Intervention effectiveness is monitored through frequent measurement and re-measurement. The consistent application of the Six Sigma DMAIC model ensures CQI throughout the CSoC Unit and supports the advancement of SOC values and the development of a quality culture. The CSoC Unit's QAPI Program Description and Work Plan are completed annually within sixty (60) days of each calendar year and distributed to the Louisiana Department of Health (LDH) for review and approval.

Authority and Accountability

The Chief Medical Officer (CMO), Dr. Caroline Carney, MD, has direct responsibility for the Quality Program and is managed by the Vice President (VP) of Quality, Lisa Christensen. Magellan's Corporate and Strategic Business Unit (SBU) level departments and committees/work groups provide cross-functional recommendations for the CSoc Unit, as some functions are best conducted consistently across all business Units. The Magellan Board of Directors have designated the CSoc Unit Quality Improvement Committees (QIC) and its subcommittees to provide direction and oversight of the CSoc Unit QI program.

The CSoc Unit QI program is the direct responsibility of the CSoc Unit's Vice President / General Manager, Syralja Griffin, and the CSoc Medical Director, Dr. Jamie Hanna, MD. It is managed by the Quality and Outcomes Director, Wendy Bowlin, with local oversight of the QI program provided by the CSoc Unit QIC. Operational ownership and leadership for the CSoc QI Program are provided by Magellan's Senior Director of Quality for Public Sector Behavioral Health, Lisa Christenson. The CSoc Clinical Director manages the Clinical Management program, which focuses on addressing the initiatives of CSoc Utilization Management / Care Management (UM/CM). The CSoc Unit's Managed Care Organization (MCO) Liaison coordinates care and medical integration activities with the Healthy Louisiana Plans.

Louisiana CSoc Quality Improvement Committee Structure

A comprehensive quality committee structure oversees Magellan's CSoc QI Program to ensure that measurable performance improvement interventions are developed and implemented for all organizational levels. The QIC subcommittees include the Utilization Management Committee (UMC), the Regional Network Credentialing Committee (RNCC), the Network Strategy Committee (NSC), the Cultural Competency Committee (CCC), and the Member Services Committee (MSC). The Compliance Committee (CC) is an independent committee that reports relevant information to the QIC as needed. The QIC structure provides a mechanism to monitor progress toward goals and seek stakeholder input for actions and interventions. The committees report quarterly to the QIC, which oversees Quality Program goals and achievements. Figure 1 and Table 1 provide the CSoc Unit's QIC organizational chart and describe the roles and responsibilities of the QIC and subcommittees.

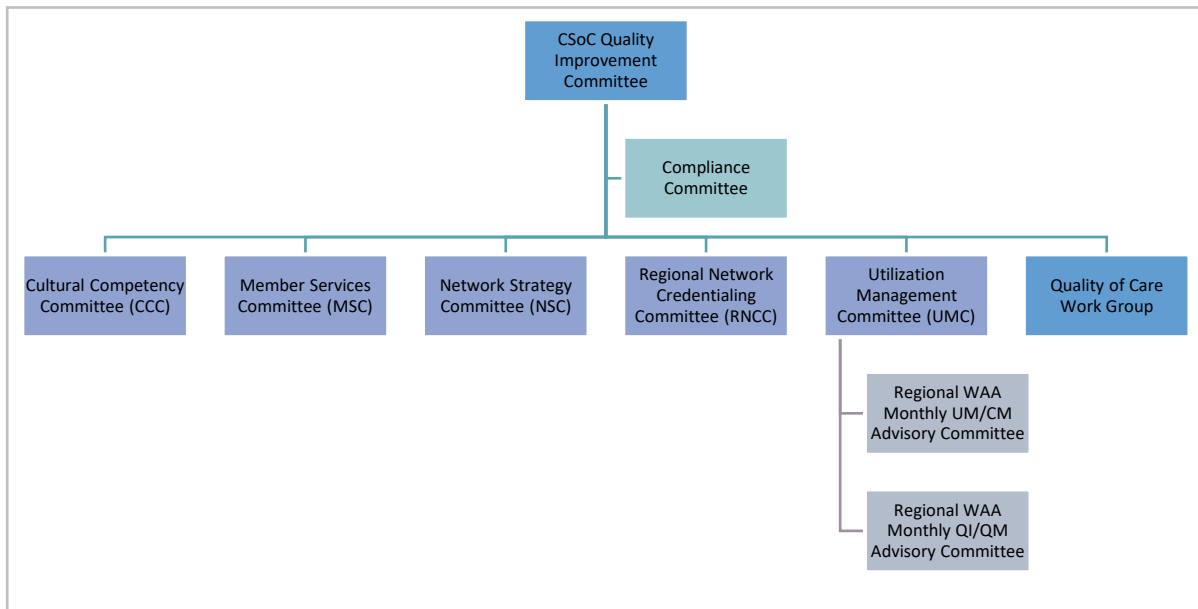
Table 1. The CSoc Unit QI Program Committee Structure

Committee	Description
Quality Improvement Committee (QIC)	Responsible for QI Program direction, oversight, and monitoring of CQI services provided through the CSoc program. The goals of the QIC are to adhere to quality principles in service and care delivery and meet quality objectives as outlined in the CSoc QI Program Description and Work Plan.
Utilization Management Committee (UMC)	Oversees UM, Medical Integration, and Care Management Programs, including the effectiveness of these programs and adherence to Wraparound best practices, over/under utilization, treatment record reviews, monitoring the medical appropriateness and necessity of services, monitoring the application of service authorization criteria and monitoring the cultural competency plan.
Regional Network Credentialing Committee (RNCC)	Oversees quality for network facility providers and outpatient practitioners serving members. Also, for the purposes of credentialing and re-credentialing, the RNCC is responsible for

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	providing a component of local peer review for providers/practitioners to evaluate the clinical competence and quality and appropriateness of care/services provided to members.
Network Strategy Committee (NSC)	Provides input into both short and long-term goals for network development and provider relations, development and expansion of evidence-based practices, review of non-par utilization data, GeoAccess and appointment availability data for network analyses to determine strategic development gaps, review the status of network development activities and address any general issues, and initiatives affecting the provider network.
Member Services Committee (MSC)	Responsible for establishing and maintaining mechanisms for identifying and reviewing opportunities for improvement involving member contact, including telephonic access, provider accessibility, compliments, member grievances, non-clinical appeals, the experience of care surveys, and confidentiality issues.
Compliance Committee	Establishes a culture that promotes adherence to applicable legal, contractual, and policy requirements; promotes the prevention, detection, and resolution of conduct that does not conform to those requirements. It is an independent committee that provides relevant reports to the QIC.
Cultural Competency Committee (CCC)	Ensures continued progress towards the vision of equity and diversity by designing and implementing activities, trainings, and resources to help Magellan employees and network providers gain and develop the skills necessary to meet the needs of and reflect the diverse communities we serve.
Regional WAA UM/CM Advisory Committee	Ensures providers and practitioners have input into the design, implementation, and evaluation of UM / CM program description. Activities reviewed include findings from case management reviews, clinical practice guidelines, utilization of BH services and EBP's, access/availability of care, etc.
Regional WAA QI/QM Advisory Committee	Ensures providers and practitioners have input into the design, implementation, and evaluation of the QA / PI program description and work plan. Activities include fidelity monitoring, record reviews, member experience of care survey, data collection and data integration, review of performance measures, Performance Improvements Projects, member grievances, etc.
Quality of Care (QOC) Work Group	Responsible for overseeing and monitoring activities implemented to address quality of care concerns. The CSOC Unit's Medical Director chairs the workgroup. The work group meets at least once per month or as often as needed to address emergent and urgent concerns.

Figure 1. Louisiana CSoc QI Committee Organizational Chart



An authentic "culture of quality" must be based on a solid QI strategy informed by an organization's youths, families, stakeholders, and providers. A driving principle of collaboration is a team approach that promotes shared responsibility for developing, implementing, monitoring, and evaluating the QI Program. The design, implementation, and evaluation of processes must blend our stakeholders' diverse perspectives, mandates, and resources to ensure that the QI program addresses the needs of the communities we serve. To achieve this, Magellan intentionally engages with youths, caregivers, family members, WAA, providers, peers, and local stakeholders to inform our quality program through an array of activities, including but not limited to: fidelity surveys, satisfaction surveys, member and provider grievances, WAA QI/QM call, WAA Clinical Call, Network Provider All-Call, quarterly regional provider/stakeholder forums, specialty work groups established by the relevant committee, provider support groups and member interviews. Just as the Wraparound model emphasizes collaboration and a team-based approach, our QI committee structure supports input from youth, families, providers, and stakeholders with diverse backgrounds. These individuals help us identify and prioritize relevant information and ideas worthy of further design and pursuit. The table below provides the associated roles and responsibilities of the participants of the CSoc Unit's QIC and its subcommittees.

Table 3. The CSoc Unit's QIC Participants

Role	Description of Accountabilities and Responsibilities
CSoc Medical Director	Assumes overall responsibility for the success of the CSoc QI Program, including ensuring adequate resources and staffing. Specific activities include: <ul style="list-style-type: none"> Coordinating efforts to improve clinical and service quality while promoting recovery and resiliency Monitoring quality activity reports so that the QI Program scope is maintained and goals are achieved Maintaining medical policies and procedures including, but not limited to, service authorizations, claims review, discharge planning, credentialing, referral management Medical reviews included in the Appeal and Grievance System

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Role	Description of Accountabilities and Responsibilities
	<ul style="list-style-type: none"> ▪ The decision-making process for provider credentialing ▪ Administration of all medical management activities ▪ Attendance at LDH business reviews and 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 CSoC CMC ▪ Serving as co-chair of the UM committee and co-chair of the QI committee ▪ Ensuring adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria ▪ Providing consultation on member treatment plans/plans of care as requested – i.e., to maintain consistency with Wraparound practices, the Medical Director does not mandate services on the Plan.
Quality and Outcomes Director	<p>Responsible for coordinating QI activities, QIC agenda and minutes, data reporting, analysis, coordination with the Care Management Program, implementation and review of Magellan's member safety program, and adherence to corporate compliance policies and procedures. Other responsibilities include:</p> <ul style="list-style-type: none"> ▪ Ensuring individual and systemic quality of care, including oversight of 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 Director (CMD) ▪ Monitoring, analyzing and implementing appropriate interventions, which is based on utilization data and 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 Corrective Action Plans ▪ Utilizing data to develop intervention strategies to improve outcomes ▪ Reporting QI/performance outcomes ▪ Managing member and provider disputes arising under the Grievance System, including member grievances, appeals, requests for Fair Hearings, and provider claim disputes ▪ 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

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Role	Description of Accountabilities and Responsibilities
	<ul style="list-style-type: none"> ▪ Implementing the Fidelity Monitoring System to ensure that core elements of wraparound facilitation in accordance with the standards of practice established by the National Wraparound Initiative (NWI).
CSoC Clinical Director	<p>Responsible for the direction and management of clinical operations, including the development and coordination of the Clinical Management Program, including Medical Integration & Care Coordination. Includes monitoring prior authorization functions, monitoring, analyzing, and implementing appropriate interventions and training and monitoring WAAs to ensure compliance with Waiver and Contract requirements. Participates on the treatment team and assists in coordinating psychological/psychiatric services for members, ensuring appropriate concurrent review and discharge planning of IP stays, monitoring the provision of care coordination, disease management, and case management functions. Responsibilities of the CSoC Clinical Director include:</p> <ul style="list-style-type: none"> ▪ Monitoring Prior Authorization (PA) functions and ensuring that decisions meet timeliness standards and are made consistently based on clinical criteria; ▪ Monitoring, analyzing, and implementing appropriate interventions using utilization data, including identifying and correcting over or under-utilization of services; ▪ Participating in all activities related to Medicaid CSoC eligibility; ▪ Possessing a thorough understanding of Medicaid CSoC Eligibility policies; ▪ Overseeing a team that researches and documents Medicaid-related issues; ▪ Fully reconciling CSoC eligibility data between the Contractor and Healthy Louisiana plans; ▪ Training and monitoring WAAs to ensure compliance with waiver and contract requirements; ▪ Participating in QI activities, including data collection, tracking, and analyses; ▪ Participating in the treatment team and assisting in coordinating psychological and psychiatric services for members; ▪ 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; ▪ Conduct appropriate concurrent review and discharge planning of inpatient stay; ▪ Monitoring the provision of care coordination, disease management, and case management functions; and ▪ Overseeing the Care Management Program.
Provider Network Director	<p>Orientation and ongoing 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; communicating member rights and responsibilities to providers and conducting and analyzing provider satisfaction surveys. Specific responsibilities include:</p> <ul style="list-style-type: none"> ▪ Educating both in-network and out-of-network providers (professional and institutional) regarding appropriate claims submission requirements, coding updates, electronic claims transactions, electronic fund transfers, System of Care values, and the provider's role in the Coordinated System of Care, as well as available Contractor resources (e.g., provider manuals, websites, etc.);

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Role	Description of Accountabilities and Responsibilities
	<ul style="list-style-type: none"> ▪ Interfacing with the Contractor's call center to compile, analyze, and disseminate information from provider calls; ▪ Identifying trends and guiding the development and implementation of strategies to improve provider satisfaction; ▪ Ongoing communication (both telephonic and onsite) with providers to ensure the effective exchange of information; gaining feedback regarding the extent to which providers are informed about appropriate claims submission practices and fraud, waste, and abuse issues; ▪ Ensuring timely inter-provider referrals and adherence to appointment availability standards, assisting with resolving provider complaints and disputes between providers, investigation of member grievances regarding providers, coordinating provider site visits, implementing and monitoring CAPs, and ensuring the accuracy of provider service delivery reports (e.g., encounter information verification); ▪ Provider education, in-service training, and orientation.
Member Services Administrator	Administering the Member Rights and Responsibilities policy; timely resolution and documentation of informal and formal member grievances; assisting in analyzing member experience surveys; continually monitoring key performance indicators (e.g., abandonment rate, speed of answer, etc.) and oversight of the call center.
Contract Compliance Coordinator	<p>Establish reporting timelines to meet internal and external requirements; oversight of accuracy of policies and procedures. The Compliance Coordinator is also responsible for the following:</p> <ul style="list-style-type: none"> ▪ Ensuring that Magellan's contractual obligations are met; ▪ Oversight, administration, and implementation of Magellan's CSoC Compliance Program; ▪ Oversight of all audits related to the contract; ▪ Ensuring internal and external compliance with policies and procedures; ▪ Ensuring tracking and timely closure of compliance actions, including corrective action plans.
Program Integrity (PI.) Compliance Officer	Oversees the monitoring and enforcement of the CSoC Fraud, Waste, and Abuse compliance program to prevent and detect potential fraud, waste, and abuse activities. The PI Compliance Officer is responsible for carrying out the provisions of the compliance program and Plan including maintenance of fraud, waste, and abuse policies and procedures, investigating unusual incidents, implementing corrective action plans, maintaining compliance with 42 CFR §438.608, and collaborating with the LDH Fraud and Abuse program, Medicaid Fraud Control Unit (MFCU), and the Louisiana Attorney General's Office.
Quality Management Staff	Investigate quality of care/service issues, document QI activities, develop and implement corrective action plans (CAPs), develop and implement QM studies and other initiatives, complete medical record audits for re-credentialing and HEDIS-related activities, oversee member and provider grievances, and monitor and update the QM work plan.
QI Sr. Data Analysts	Produce operational reports for concurrent review, prior authorization, and QM monitoring reports and analysis of data and produce ad hoc reporting to establish trends and areas for process improvement.

Role	Description of Accountabilities and Responsibilities
CSoC Coordinators	<p>Provide a fundamental understanding of Wraparound principles to ensure that SOC values are reflected in our process; serve as a point of contact for CSoC WAAs; act as a liaison and provide oversight and technical assistance to the WAAs. Responsibilities include:</p> <ul style="list-style-type: none"> ▪ Working directly with WAAs through regular phone calls (at a minimum, weekly) and onsite visits to monitor WAAs for compliance, contract deliverables, and fidelity to practice. During onsite visits, WAA Coordinators will participate in CFT meetings and other phases of the wraparound process and collect data through record reviews to inform the Contractor's monitoring efforts. ▪ Work with regulators, both State and regional, and community stakeholders (schools, providers, hospitals, etc.) to promote CSoC.
Family Support Organization (FSO) Coordinator	<p>Provide a mechanism for peers to contribute to the QI Program by identifying areas of need and solutions with a focus on conveying the perspective of youth and families served, which includes acting as a liaison and providing oversight for and technical assistance to, the FSO(s). Specific responsibilities include:</p> <ul style="list-style-type: none"> ▪ Working directly with FSO(s) through regular phone calls (at a minimum, weekly) and onsite visits to monitor compliance with waiver requirements, contract deliverables, and best practices. During onsite visits, the FSO Coordinator will observe FSO staff providing services to parents and youth and collect data through record reviews. ▪ Work with FSO(s) to assist in building collaborative relationships with WAAs to ensure high-quality service delivery. ▪ Work with local family organizations and community resources to promote CSoC.

Quality Improvement Committee

The CSoC QIC has ultimate responsibility for the CSoC QI program. The co-chairs of the QIC are the Chief Medical Director and the Director of Quality and Outcomes. Key responsibilities of the QIC include developing and implementing the QI, UM/CM, Medical Integration, and Recovery/Resiliency programs; recommendation and approval of crucial QI activities, including approval of the annual QI Program Description, Quality Work Plan, and QI Program Evaluation. Further, the QIC provides a forum for practitioners, providers, members, family members, and other stakeholders to give input into the QI program through quarterly stakeholder meetings, as detailed below.

The QIC provides oversight, direction, and coordination of activities within and between its functional subcommittees. The Quality Subcommittees described below provide direct oversight of quality functions and facilitate rapid process change when opportunities for improvement are identified. The chairs of the Quality Subcommittees are members of the QIC and serve as quality owners of Work Group communications and deliverables. Members of the QIC include executive representation from each of Magellan Health's departments and designated stakeholders. The CSoC QIC reports to Magellan Health's QIC. The Louisiana CSoC QIC provides the completed Quality Program Description and annual Quality/Health Services Work Plan, mid-year Quality/Health Services Work Plan Update, and annual QI/Health Services Program Evaluation to the MHC QIC. The Louisiana CSoC Work Plan updates describe the Plan's progress in meeting objectives and completing planned activities noted in the annual Quality Work Plan. The CSoC QIC meets, at a minimum, four times a year.

Committee Functions

- Establish priorities for the QI program.
- Review and assess overall priorities and trends concerning Magellan's continuous performance improvement initiatives, including core performance indicators and company-wide QI initiatives.
- Identify best practices and monitor systematic implementation, including effective mechanisms for communication, distribution, and training.
- Review recommendations from accreditation and external quality review assessments and consultative initiatives as they pertain to QI
- Identify and address health disparities between population groups, including but not limited to quality of care, access to care, and health outcomes.
- Develop and approve QI Program Documents, including the Program Description, Work Plan, and Annual Evaluation.
- Oversee the cultural competency and member safety programs, staff training and communication, and Waiver Assurance Quality Management Reviews.
- Review Work Plan and Accreditation Dashboards.
- Monitor the performance scorecard (wraparound scorecard) and waiver performance measures, including Health and Welfare and Quality Management measures.
- Direct and review QI activities.
- Ensure that QAPI activities take place throughout the organization.
- Suggest new or improved QI activities.
- Direct work groups and subcommittees to review quality of care or access to care issues.
- Conduct provider quality profiling.
- Report findings to appropriate executives, staff, and departments within Magellan.
- Direct and analyze reviews of member service utilization patterns.

Membership

- Chief Medical Director (co-chair)
- Quality and Outcomes Director (co-chair)
- CSoC Clinical Director
- Provider Network Director
- Member Services Administrator
- Contract Compliance Coordinator
- Program Integrity (PI.) Compliance Officer
- Quality Management Staff
- Grievance and Appeals Staff

- QM Analyst
- Wraparound Agency Coordinator(s)
- FSO Coordinator

Quality of Care (QOC) Work Group

CSoC Unit's Medical Director chairs the QOC Work Group. She is responsible for overseeing and monitoring activities conducted by the Unit to address quality of care concerns, including investigating, analyzing, tracking, trending, disposing, and reporting concerns. The committee meets monthly, but no less than once per quarter, and reports to the QIC quarterly.

Committee Functions

- Resolution, tracking, and trending of quality of care concerns, including member grievances.
- Review and investigation of critical incidents and other quality of care issues (e.g., seclusion/restraint, accidents, etc.), including reviewing performance measures;
- Investigate and intervene, as appropriate, when provider quality of care issues are identified.
- Ensure that appropriate corrective action is taken when a provider or provider's staff furnishes inappropriate or substandard services, does not provide a service that should have been delivered, or is out of compliance with federal and State regulations. The Contractor shall monitor and evaluate corrective actions to ensure that appropriate changes have been made promptly.
- If applicable, ensure follow-up with the member, family/caregiver, and custodial state agency to determine whether immediate behavioral healthcare needs are met, including follow-up after discharge from inpatient levels of care within seventy-two (72) hours.
- When appropriate, refer the quality of care provider and/or practitioner issues to the CSoC Unit's regional network peer review committee.
- Ensure quality of care issues involving suspected abuse, neglect, exploitation, and extortion are reported to the appropriate regulatory agency, child or adult protective services, and LDH for further research, review, or action when appropriate.
- Ensure that LDH and the appropriate regulatory or licensing board or agency are notified when the provider agreement with a network provider is suspended or terminated due to quality of care concerns.
- Develop and implement a plan for monitoring providers, including direct care staff and facilities, to ensure quality of care and compliance with waiver requirements.

Membership

- Chief Medical Director (Chair)
- CSoC General Manager
- CSoC Clinical Director
- Quality and Outcomes Director
- Provider Network Director
- Quality Staff

- Care Management Staff
- Utilization Management Staff

Utilization Management Committee

The Utilization Management Committee (UMC) ensures that the UM / CM program is integrated with other functional units and supports the QI Program. The CSOC UMC reports to the CSOC QIC and provides the committee with written reports of activities. The CSOC UMC meets, at minimum, quarterly.

Committee Functions

- Oversee and monitor Care Management activities and clinical outcomes.
- Oversee and monitor Medical Integration activities.
- Monitor providers' requests for Physician Advisors.
- Oversee and monitor Physician Advisor concordance.
- Monitor the medical appropriateness and necessity of services provided to members, utilizing provider quality and utilization profiling.
- Review the effectiveness of the utilization review process and make changes to the process as needed.
- Approve UM policies and procedures that conform to industry standards, including methods, timelines, and individuals responsible for completing each task.
- Develop and approve the UM Program Description annually, for submission to the CSOC and BH QICs.
- Approve and implement Medical Necessity Criteria (MNC)/Service Authorization Criteria.
- Monitor the consistent application of service authorization criteria to determine medical necessity.
- Monitor the adoption and application of clinical practice guidelines (CPGs) and evidenced-based practices (EBPs).
- Monitor waiver performance measures relative to UM/CM, including Plan of Care and Level of Care measures.
- Evaluate potential over and under-utilization of services and address them as appropriate.
- Review outliers.
- Monitor Treatment Record Review (TRR) process.
- Monitor adherence to best practices in Wraparound.
- Assess Coordination/Transitions of Care
- Review of Clinical Practice Guidelines
- Develop and recommend Preventive Health/Screening Programs
- Oversee Inter-Rater Reliability Reviews for clinical staff.
- Review New Technology Assessments

- Review Performance Metrics, including UM determinations (e.g., Denials, Classification, etc.), timeliness of UM decisions (i.e., denials and appeals, clinical staff quality assurance (QA) reviews, readmissions, ambulatory Follow-up, and HEDIS-related Measures.

Membership

- CSoC Medical Director (co-chair)
- CSoC Clinical Director (co-chair)
- CSoC General Manager
- Quality and Outcomes Director
- Managed Care Organization (MCO) Liaison
- DCFS/OJJ Liaisons
- Provider Network Director
- Program Integrity (PI.) Compliance Officer
- Care Management Staff
- Utilization Management Staff
- Wraparound Agency Coordinator(s)
- FSO Coordinator

Regional WAA Monthly UM / CM Advisory Committees

The Regional WAA Provider and Practitioner Monthly UM / CM Advisory Committee is chaired by the CSoC Unit Clinical Director and is responsible for gathering and incorporating providers' and practitioners' input into the design, implementation, and evaluation of utilization management and care management activities. The Regional WAA Provider and Practitioner Monthly QI/QM Advisory Committee is chaired by CSoC Unit Quality Director and is responsible for gathering and incorporating providers' and practitioners' input into the design, implementation, and evaluation of the QI program. Each committee meets monthly and reports to the UMC quarterly.

Membership

- Magellan CSoC Clinical Director (co-chair)
- Magellan Quality and Outcomes Director (co-chair)
- Magellan Chief Medical Director
- Magellan CSoC General Manager
- Magellan Child-Serving State Agency Liaison
- Magellan MCO Liaison
- Magellan Provider Network Director
- Magellan Program Integrity (PI.) Compliance Officer
- Magellan Care Management Staff
- Magellan Utilization Management Staff

- Magellan Wraparound Agency Coordinator(s)
- Magellan FSO Coordinator
- WAA Organization Executive Directors
- WAA Regional Program Director
- WAA Regional Clinical Director
- WAA Regional Certified Providers – i.e., Licensed Mental Health Professionals (e.g., LPC, LCSW, Ph.D., etc.).
- WAA Coaches and/or Supervisors
- LDH CSoC Director
- Representatives of LDH's CSoC Team

Network Strategy Committee

The CSoC Network Strategy Committee's primary mission is to oversee the suitability and quality of network facility providers and outpatient practitioners serving its enrollees. Additionally, for purposes of credentialing and re-credentialing, the Network Strategy Committee is responsible for providing a component of local peer review for providers/practitioners. The CSoC Network Strategy Committee, which is chaired by the Network Director, obtains input from network practitioners regarding clinical practice guidelines, credentialing and re-credentialing decisions, medical record documentation standards and reviews, and prevention/screening activities.

The Network Strategy Committee is responsible for bringing forward identified opportunities for improvement to the QIC. Clinical staff are active participants on the committee and share insight on youths with unique or special needs. Their participation helps in identifying and alerting key network staff to potential service gaps in the delivery system. Plans to expand the array and utilization of EBP in the network are currently under development.

The CSoC Network Strategy Committee reports to the CSoC QIC and Magellan's Regional Network Credentialing Committee (RNCC). The CSoC Network Strategy Committee provides reports of activities to the CSoC QIC quarterly and reports as needed to the RNCC. The CSoC Network Strategy Committee meets, at minimum, quarterly. The Network Strategy Committee, under the leadership of the Network Director, is responsible for the following:

- Develop network capacity in collaboration with state agencies, with the understanding that the network capacity requirements may change due to the needs of individual children.
- Develop and implement policies and procedures to monitor and demonstrate that the network is of appropriate size and scope and is composed of provider types able to deliver all covered behavioral health services and satisfy all service delivery requirements of this contract and the Medicaid Behavioral Health Services Provider Manual.
- Ensure that, when the network is not able to deliver a medically necessary covered behavioral health service, there is adequate and timely coverage of these services utilizing an out-of-network provider. The out-of-network provider must deliver the service with at least the same type of training, experience, qualifications, and specialization as those within the provider network.

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- Ensure out-of-network providers meet at least a minimum standard of qualification: Out-of-state providers have proof of the equivalent of Louisiana licensing requirements, in-state providers are licensed with HSS or the applicable state board or agency, and all out-of-network providers have applicable accreditations.
- Ensure policies and procedures are in place to accommodate members needing specialized services that are not available through the network. These policies and procedures must include assistance in arranging for the service to be provided outside the network if a qualified provider is available, including ensuring transportation services are provided and reimbursed through Medicaid, when eligible.
- Ensure the number and type (in terms of training, experience, and specialization) of providers required to furnish the contracted behavioral health services and CSoC services, including providers of specialized services (e.g., Developmentally Disabled (DD) population, sexual offending behaviors, and early childhood development) are sufficient in number, mix, and geographic distribution to meet the needs of the anticipated CSoC enrollees.
- Annually assess the number of providers serving members with behavioral health and developmental disabilities to ensure needs are being met for this population, including members that are being served out-of-state due to a lack of appropriate in-state services. Annual assessment must include the number of these providers with waiting lists and an evaluation to determine that access to care standards are being met by these providers.
- Ensure processes are in place to expedite and/or provide temporary credentialing for out-of-network providers.
- Ensure providers are recruited, selected, credentialed, re-credentialed, and contracted in a manner that incorporates quality management, utilization, administrative and onsite audits, and provider profiling.
- Conduct annual evaluation of the Network Development and Management Plan, including evaluation of the success of proposed interventions, barriers to implementation, and any needed revisions.
- Review service capacity and program development initiatives.
- Review provider stakeholder input.
- Initiate the recruitment of providers, including the WAAs and FSO, to ensure that the unmet needs of the local communities are identified and addressed.
- Develop and review provider communications.
- Provide oversight of network activities, including:
 - * Credentialing/Re-Credentialing
 - * Organization Assessments
 - * Network Adequacy
 - * Network Development and Management Plan
- Monitor Qualified Provider waiver performance measures.
- Review Provider Directory.

- Review and make recommendations regarding the Provider Handbook.
- Review findings from Provider Site Visits.
- Review Provider Disputes.
- Review provider satisfaction survey results.
- Review Performance Measures, including Provider Complaints, Accessibility/Availability of Services, Provider Experience of Care, Provider Directory Accuracy, and Initial and Ongoing Provider Network Monitoring Reviews.

Membership

- Network Director (chair)
- CSoC Medical Director
- CSoC General Manager
- Quality and Outcomes Director
- CSoC Clinical Director
- Program Integrity (PI.) Compliance Officer
- Network Management Specialists
- Communications Director
- MCO Liaison
- Wraparound Agency Coordinator(s)
- FSO Coordinator

Member Services Committee (MSC)

The CSoC MSC, chaired by the Member Service Administrator, has authority over the implementation and ongoing monitoring of member services-related activities. The committee is responsible for establishing and maintaining mechanisms for the identification and review of opportunities for improvement involving member contacts, including telephonic access, provider accessibility, compliments, grievances, non-clinical appeals, experience and satisfaction surveys, as well as confidentiality issues. The MSC receives and reviews input from members regarding these processes through the CSoC Member Stakeholder Advisory Group (MSAG). The CSoC MSC reports to the CSoC QIC. The MSC provides minutes and a quarterly report of activities to the CSoC QIC. The CSoC MSC meets, at minimum, quarterly.

Committee Functions

- Review and conduct usability testing of Self-Management Tools
- Assess Website Functionality
- Review Member Stakeholder Input
- Develop and Review Member Communications
- Review Findings from Inquiries/Complaints/Grievances

- Review Performance Metrics, including Telephone Access, Member Grievances, Member Experience of Care Surveys (i.e., satisfaction surveys), Member Communications, and Member Service QA reviews.
- Assess the accuracy of information provided via website, telephone, and correspondence.

Membership

- Member Services Administrator (chair)
- CSoC Medical Director
- CSoC General Manager
- Quality and Outcomes Director
- CSoC Clinical Director
- Program Integrity (PI.) Compliance Officer
- Communications Director
- Wraparound Agency Coordinator(s)
- FSO Coordinator

Cultural Competency Committee (CCC)

The CSoC CCC, chaired by the Marketing Communications Manager, has authority over the implementation and ongoing monitoring of cultural competency activities to ensure progress toward Magellan's vision of equity and diversity. The committee will design and implement activities, trainings, and resources to help Magellan employees and network providers develop skills to meet the needs of the diverse communities that we serve. The CSoC CCC reports to the CSoC QIC. The CCC provides minutes and a quarterly report of activities to the CSoC QIC. The CSoC CCC meets, at minimum, quarterly.

Committee Functions

- Develop an annual work plan with prioritized goals and objectives based on the National
- Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- Review reports, trends, onsite interaction, existing processes, and grievances
- Design and implement activities, trainings, and resources
- Assist other committees in incorporating equity and diversity into strategic goals and objectives
- Monitor the progress of a culturally competent work plan

Membership

- Member Services Administrator (chair)
- CSoC Medical Director
- CSoC General Manager
- Quality and Outcomes Director
- CSoC Clinical Director

- Program Integrity (PI.) Compliance Officer
- Communications Director
- FSO Coordinator
- WAA Coordinator

Compliance Committee

The CSoC Compliance Committee is an independent committee whose primary mission is to establish a culture that promotes adherence to applicable legal, contractual, and policy requirements. The committee also promotes the prevention, detection, and resolution of conduct that does not conform to those requirements. As necessary, the Compliance Committee provides reports to the Corporate Compliance Committee regarding material violations of both the law and compliance standards. The reports include details related to the violation, including persons involved, the findings of any investigations, and the actions taken. The Compliance Committee meets, at minimum, quarterly and reports any relevant issues to the QIC. For additional committee information, please refer to the Program Integrity/Compliance Program Description.

Committee Functions

- Compliance Program Monitoring
- FWA Monitoring
- Monitor the process and results of member verification of services
- Risk Management Program Monitoring
- Review Findings from LDH & External Audits
- Monitor LDH Corrective Action Plans
- Review Member and Provider Satisfaction Data
- Review Confidentiality Checks
- Review Unauthorized Disclosures / Reportable Events

Membership

- Program Integrity (PI.) Compliance Officer (chair)
- Contract Compliance Coordinator
- Member Services Administrator
- Director/General Manager
- Quality and Outcomes Director
- CSoC Clinical Director
- Program Integrity Staff and External Stakeholders

Scope of the Quality Improvement Program

General

Quality at Magellan is more than a program - it is our way of doing business and it's integrated throughout operations. Magellan develops uniform clinical policies at a corporate level that reflects our commitment to quality. These policies are supplemented by standardized templates specific to unit-level programs. Magellan's corporate and local QI activities include:

Key Program Activities

Accreditation. The CSOC Unit achieved full accreditation status for Medicaid Managed Behavioral Healthcare Organization (MBHO) effective 06/18/2020 – 06/18/2023. There were no areas identified by NCOA that required corrective actions. The CSOC Unit ensures the accreditation status is available on the Magellan of Louisiana Web site required under § 438.10(c)(3), including the name of the accrediting entity, accreditation program, and accreditation level, and updates this information at least annually. The CSOC Unit will participate in a reaccreditation survey in 2023. Key dates for survey are listed below.

- Submit Universe for File Review: February 2023
- Submit the IRT Survey Tool: 03/28/2023
- Participate in Onsite (Virtual) Site Review: 05/15/2023 – 05/16/2023

Behavioral Healthcare/Medical Integration. Coordination of care occurs across the healthcare continuum, including Healthy Louisiana Plans. Special programs are developed to improve, monitor and enhance coordination at the customer/health plan level and within the service delivery system.

Case reviews. Perform ongoing case reviews to evaluate the quality of activities performed by clinical and medical staff.

Clinical and Member Service Call Monitoring. Call monitoring for Member Service Associates and Care Managers to evaluate the quality of services provided to callers.

Clinical Decision Support Tools. Medical Necessity Criteria are reviewed annually, including all specialized behavioral health services and CSOC Waiver services that are accessible to youths and families, including Assertive Community Treatment for youths 18 and older. Clinical Practice Guidelines are developed and/or adopted based on scientifically sound practices. Magellan monitors provider adherence for Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, Conduct Disorder, Trauma-informed Care, and Suicide Risk CPGs.

Complex Case Management. Promotes effective coordination of care through Magellan case management processes for members identified as high risk due to over-utilization of the emergency department and/or inpatient facilities (or those having complex health needs including, but not limited to, physical or developmental disabilities, multiple chronic conditions, and serious mental illness). Due to the scope and scale of CSOC membership, all CSOC youth and families receive Complex Case Management through the CSOC Unit.

Core Indicator Monitoring. A national set of performance indicators is used to monitor CQI-related activities within the organization.

Cultural Competency Integration. Magellan maintains a cultural competency program that identifies methods to prevent discrimination based on members' preferences, needs, and values. Magellan collects data on race, ethnicity, primary language, gender, age, and geographic location (e.g., urban/rural) to identify and address health disparities between population groups (e.g., quality of care, access to care, health outcomes, etc.).

Data Collection. The key to any successful quality program is the collection of accurate and reliable data. The CSoC Unit collects data through multiple mechanisms, including automated reports from Magellan's data warehouse, QI core indicator reports, clinical record reviews, provider site visits, complaints and grievances, and the CSoC Data Spreadsheet. Information is collected from a variety of sources, including claims and eligibility data. Once analyzed, the data is trended and presented to Magellan's quality committees along with recommendations for process improvement.

Data Integrity. Magellan builds quality checks into all data-driven processes. 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 analyses, and comparisons to standard code sets/values. To validate data completeness, quality checks assess whether all incoming system data was processed. The data quality checks record any exceptions into standard tables to facilitate quality monitoring and reporting. Magellan's data warehouse personnel conduct regular data quality meetings with system and business experts to review data quality reports and initiate appropriate actions.

Delegation Oversight. When services are delegated to a subcontractor, Magellan conducts pre-delegation, and ongoing, due diligence and oversight including formal assessments and performance monitoring (e.g., compliance with applicable NCQA, URAC, and CMS requirements). Currently, the CSoC Unit does not delegate any services.

Experience of Care Surveys. Member and provider experience surveys are evaluated and reviewed annually with stakeholders. Magellan utilizes a statistically valid sample of members with at least three (3) months of continuous enrollment and the provider experience survey is sent to rendering providers. The survey tool and methodology are submitted to the LDH for approval before distribution and the results are shared with them annually.

Health Disparities. The QI program incorporates external demographic data allowing clinical and operational teams to monitor social health risk factors such as poverty, spoken language, lack of education, and other factors to stratify these populations by their respective social determinants of health risk. Wraparound is a complex practice, with many variables contributing to a successful outcome. Since 2015, Magellan has conducted multiple statistical analyses to better understand the effect of certain variables, such as demographic indicators, type and level of service provision, and state-agency involvement, on outcomes. The results have provided the groundwork to inform the approach for improving the capacity. CSoC has two main mechanisms to monitor health disparities for our program. The population assessment and the outcome evaluation are both completed on an annual basis as part of our program evaluation.

Inter-rater Reliability Monitoring. Magellan employs vigorous procedures to ensure inter-rater reliability for all assessment and monitoring tools including, but not limited to:

- Medical Necessity Criteria
- CANS Certification (through the Praed Foundation)
- Plan of Care Monitoring Tool
- Treatment Record Review Audit Tool, including CPG modules
- Provider Network Monitoring Audit Tool
- Wraparound Monitoring Audit Tool

Magellan utilizes established objective and evidence-based clinical criteria, where applicable, with oversight by the CSoC Medical Director, Clinical Director, QI Director, and Network Director to ensure contract-specific requirements are applied accurately and consistently. A collaborative approach is taken to allow staff from multiple departments (e.g., Network Specialists, Care Managers, Wraparound Coordinators, Quality Clinical Reviewers, etc.) to come together to discuss the scoring rationale and gain consensus on all item ratings. Final tests are completed to ensure compliance with minimum thresholds. If thresholds are not achieved, remedial action is implemented, which may include individual educational activities, coaching by the direct supervisor, supervisor review of an individual's POC-related work, and/or participation in targeted in-service trainings. Formal monitoring occurs at a minimum of once annually, or as specified in Magellan's policies or procedures.

Member Appeal and Grievance System. Magellan conducts adverse benefit determinations as contractually required by the LDH and per state and federal law and regulation. Upon making such determination, Magellan provides all notices required herein as well as all opportunities for grievance and appeals required by contract or by state or federal law or regulations. Our grievance system complies with 42 CFR §438 Subpart F. Magellan establishes and maintains a procedure for the receipt and prompt internal resolution of all grievances and appeals under all applicable state and federal laws and Medicaid State Plan, 1915(b), and 1915(c) waiver. Magellan staff receive education concerning the importance of the grievance and appeal procedures and the rights of the member and how to instruct a member to file a grievance/appeal. The policies ensure that Magellan does not create barriers to timely due process. Magellan recognizes that the organization is subject to remediation as determined by LDH if barriers to timely due process are created and/or if ten percent (10%) or higher of appeal decisions appealed to a State Fair Hearing level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of impermissible barriers include but are not limited to:

- Labeling grievances as inquiries or complaints and funneled into an informal review.
- Failing to inform members of their due process rights. Failing to log and process grievances and appeals.
- Failure to issue a proper notice, including vague or illegible notices.
- Failure to inform of continuation of benefits; and
- Failure to inform of the right to State Fair Hearing following the Contractor's internal appeal process.

Magellan's grievance and appeals policies and procedures, and any changes thereto, are approved in writing by LDH before their implementation and comply with all the requirements outlined in the contract.

Member Grievances. Magellan has policies and procedures in place to ensure the CSOC Unit member grievance system complies with 42 CFR Part 438, Subpart F. This includes ensuring member grievances are acknowledged within three (3) business days of receipt and resolution is completed and communicated to the grievant within thirty (30) calendar days of receipt. Member grievances are defined as an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the members' rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the CSOC Unit to make an authorization decision. Grievances can be filed by a member, an authorized representative acting on the member's behalf, and a network provider, acting on behalf of the member and with the member's prior written consent. Specific procedures for addressing quality of care concerns identified through the grievance process, which include investigating, analyzing, tracking, trending, disposing, and reporting, including adherence to all relevant LDH critical incident reporting requirements and the following:

- Conducting follow-up with the member, family/caregiver, and custodial state agency, if applicable, to determine whether the immediate behavioral healthcare needs are met, including follow-up after discharge from inpatient levels of care within seventy-two (72) hours.
- Referring grievances with quality of care issues to the Contractor's peer review committee, when appropriate.
- Referring or reporting the grievance quality of care issue(s) to the appropriate regulatory agency, child or adult protective services, and LDH for further research, review, or action, when appropriate.
- Notifying LDH and the appropriate regulatory or licensing board or agency when the provider agreement with a network provider is suspended or terminated due to quality of care concerns.

Member Safety. The QI program incorporates mechanisms to monitor member safety. Core performance indicators address elements critical to member safety including adverse incidents, accessibility of services, consistent application of medical necessity criteria, and adherence to clinical practice guidelines. Magellan maintains a description of member safety activities, including services directly related to member's physical safety. As part of our reporting protocol, Magellan reports individual-level remediation actions taken for critical incidents involving substantiated abuse, neglect, exploitation, and death to the LDH.

Outcomes Program. Magellan's comprehensive approach to outcomes measurement and reporting includes state-of-the-art clinical assessments and reporting for use by members, caretakers, and providers for health and wellness planning and monitoring. Functional health data is gathered during the treatment and recovery process using integrated outcomes findings, from real-time sources, to drive the planning and recovery process. Magellan develops and implements a comprehensive strategy to determine the effectiveness of the CSOC program for various member population groups (e.g., gender, race, age, diagnosis, system involvement, etc.). The Plan is updated as needed to ensure the goals of the program are met.

Over/Under Utilization of Services. Magellan implements a robust monitoring system to detect and address under and over-utilization of services, including:

- Verifying that members received billed services.

- Monitoring subcontracted provider activities to ensure compliance with federal and State regulations and all other quality management requirements. Site visits are conducted according to a schedule developed by Magellan and approved by the LDH.
- Conducting peer reviews to evaluate the clinical competence, quality and appropriateness of care/services provided to members.
- Implementing continuous reviews of members' Plans of Care to increase alignment of assessment and treatment with best practice standards (e.g., evidence-based behavioral therapies for children with Attention Deficit Hyperactivity Disorder, etc.).
- Supporting the 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. Magellan participates in the planning and implementation of the Building Bridges initiative, along with the LDH and Integrated Medicaid Managed Care Program Plans. These groups collaborate to develop a monitoring plan and assist providers with data collection and reporting on best practice-related performance indicators (e.g., post-discharge outcomes data).
- Development, and quarterly monitoring, of a performance scorecard (wraparound scorecard) for each wraparound agency, to capture comprehensive data on a variety of measures.
- Execution of appropriate action to address service delivery, provider, or other QAPI issues as identified.
- Establishment of mechanisms to solicit feedback and recommendations from key stakeholders, subcontracts, members and their families/caregivers, and providers and use the feedback and recommendations to improve performance.
- Disseminate information about findings and improvement actions taken and their effectiveness to LDH, the CSoc Governance Board, and other participating agencies, members and their families/caregivers, providers, committees, and other key stakeholders and post the information on the Magellan website in a timely manner.
- Ensuring the ultimate responsibility for the QAPI is with Magellan and shall not be delegated to subcontractors or network providers.
- Participation in the LDH quality committee meetings and other meetings as directed by LDH.
- Participation in the review of quality findings and taking action as directed by LDH, including submission of requested materials to LDH at least three (3) business days prior to the scheduled meeting date.

Provider Complaints. A provider complaint is any verbal or written expression, originating from a provider and delivered to any employee of the Contractor, voicing dissatisfaction with a policy, procedure, payment, or any other communication or action by the Contractor. Magellan's Quality and Network Departments work together to ensure each complaint is thoroughly investigated using applicable statutory, regulatory, contractual and network provider agreement provisions, collecting all pertinent facts from all parties and applying the Magellan's written policies and procedures; and ensuring that Magellan's executives with the authority to require corrective action are involved in the provider complaint escalation process as necessary. Provider complaints are acknowledged within three (3) business days of receipt and resolution is completed and communicated to the provider within thirty (30) business days of receipt (this includes referrals from LDH).

Provider Monitoring. Magellan develops and implements a comprehensive program description for monitoring providers and facilities to ensure quality of care, access to care and compliance with Magellan and regulatory requirements. The program description includes the following monitoring activities:

- Credentialing and Contracting
- Care and Utilization Management
- Member Experience of Care
- Fidelity Monitoring
- Provider Monitoring
- Treatment Record Reviews
- Provider Monitoring Reviews
- WAA Monitoring Reviews
- Adverse Incidents
- Quality of Care Concerns
- Appointment Availability
- Grievance and Appeals
- Compliance Monitoring

The Plan is submitted to the LDH for approval within thirty (30) days of contract execution, upon revision, and annually after that. It includes:

- Review criteria for each applicable provider type
- Record review tools
- Our sampling approach, as required by the LDH
- Frequency of review
- Corrective actions to be imposed based on provider non-compliance
- Plan to ensure timely implementation of provider corrective action plan
- Inter-rater reliability methods

Magellan initiates and monitors corrective action when a provider furnishes inappropriate or substandard services, does not deliver a covered service, or does not comply with federal or State regulations.

Magellan submits quarterly reports to the LDH summarizing monitoring activities, findings, corrective actions, and improvements for specialized behavioral health and waiver services.

Provider Inquiry and Review. Magellan maintains processes for addressing specific provider incidents, which include corrective actions and changes in network status.

Quality of Care Concerns. Quality of Care concerns are identified by Care Managers, Physician Advisors, Medical Directors, Member Service Associates, Network Managers, as well as members and providers. These concerns are investigated and resolved timely. Interventions may include education, corrective action plans or termination from the clinical network.

Risk Management. Magellan's comprehensive approach to outcomes measurement and reporting incorporates 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 is gathered during the treatment and recovery process facilitating the use of integrated outcomes findings, from real-time source, to drive the planning and recovery process.

Quality Improvement Activities (QIAs). As opportunities for improvement are identified through a review of results and barrier analyses, interventions are developed and implemented. Interventions may occur as part of routine management activities or, if complex intervention is warranted, they may lead to development of a QI Team (QIT). The QIT performs a barrier or root cause analysis, prioritizes findings, and identifies and implements corrective interventions. Input from members, providers, and relevant medical delivery systems is obtained as appropriate. Magellan implements, at a minimum, 2 QIAs to address both clinical and service areas. Interventions are monitored to ensure that they resulted in meaningful improvement. Unresolved opportunities for improvement move through the QI process until satisfactory progress is achieved. The process is documented in committee minutes, QI reports and/or the CSoc QI Program Evaluation.

Quality Reviews. Magellan and its network providers fully cooperate in quality reviews conducted by the LDH. Magellan also complies with external independent reviews of quality outcomes, including: access studies, treatment record reviews, performance improvement projects and studies, surveys, audits of quality and utilization indicators, data analyses and review of individual cases. Magellan provides available treatment records and other documentation, and assumes responsibility for obtaining records from providers, as directed by the LDH. This includes participating, as required, in SAMHSA core reviews of services and programs funded through federal grants. Magellan utilizes quality review findings to improve the QI program and remediates issues in a timely manner, as directed by the LDH. If deficiencies are identified as result of quality reviews, Magellan will formulate a Corrective Action Plan within thirty (30) calendar days of notification by the LDH. Magellan also recognizes that CAPs will be approved and monitored by the LDH.

Indicators, Performance Goals, and Monitoring Metrics

On an annual basis, the QIC will define, review and update core performance indicators. These updates will reflect important aspects of care for Magellan members, as well as accreditation and regulatory requirements. Performance goals are established based on previous monitoring experience, external data, contractual requirements, accreditation, regulatory requirements, as well as industry standards.

Waiver Performance Measures

Magellan has a comprehensive strategy in place to measure and improve its success meeting 1915(c) waiver measures and assurances set forth in 42 CFR §441.301 and §441.302. Magellan collects data, performs data analysis, and reports 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. In addition, the Contractor shall report data for the 1915(b)(3) population utilizing the specified 1915(c) measures. Data is available on both an individual and aggregate level for all performance measures, as requested by LDH.

If Magellan's performance falls below LDH-established thresholds for any waiver performance measure, Magellan will determine the root cause and complete a QI project (QIP), subject to approval by the LDH. The QIP is submitted to the LDH no later than 30 calendar days following the reporting period and monitored to measure effectiveness. If the LDH requires modifications to the QIP, Magellan will resubmit the Plan within 15 calendar days of the LDH notification. Specific remediation activities for waiver performance measures are provided in the Plan.

Home and Community-Based Setting Rule

Magellan has procedures in place to ensure that 1915(c) and 1915(b)(3) members reside, and receive services, in settings that are home and community-based, as defined in 42 CFR §441.301(c)(4), and any subsequent guidance issued by LDH and/or CMS. As part of our training plan, Magellan ensures provider, enrollment and credentialing staff are well versed on the home and community-based setting rule, including prohibited settings. Annual training regarding the home and community-based setting rule is also conducted for waiver providers and Wraparound Facilitators. Waiver providers are monitored at least one (1) time per year on no less than on a quarterly basis to ensure that services are provided in approved home and community-based settings. Magellan notifies the LDH of any waiver providers found to be non-compliant with the setting rule and proposes actions to address non-compliance.

Prior to enrollment in the CSoC program, Magellan ensures that members do not reside in a prohibited setting. The exception is eligible individuals who reside in an institution (such as an inpatient hospital, nursing facility, IMD, ICF/DD, or PRTF) or other non-HCBS settings (e.g., group homes, settings on the grounds of/adjacent to a public institution, etc.). These individuals receive Wraparound Services under the 1915(b) (3) designation for up to 90 days while the participant remains in the institutional/non-HCBS setting. This is to ensure that, upon discharge, there is a successful transition to a home and community-based setting and, when clinical eligibility is met, enrollment in the 1915 (c) waiver. Members are monitored no less than quarterly to ensure that they continue to reside in settings that are home and community based. Magellan notifies the LDH of any members found to be residing, or receiving services, in a prohibited setting and proposes action steps to transition the member to an appropriate setting.

Quality Reports and Performance Measures.

Magellan collects and analyzes data and submits performance reporting measures identified in the LDH's Quality Improvement Strategy (QIS). Magellan conducts all required activities, including but not limited to:

- Submitting a CAP within 30 calendar days of notification by the LDH, including a timetable for correcting performance deficiencies. Magellan recognizes that the LDH must approve all CAPs and will monitor our progress in correcting deficiencies.
- Provide the LDH with weekly reports of wraparound referrals and enrollment from the WAAs.
- Collect data from the WAAs including the WAA data spreadsheet, which includes information on client progress and outcomes in identified domains such as schools and communities (use of natural supports, Out-of-Home placements, status at discharge, hospitalizations, etc.).
- Submit quantitative reports including a summary table that presents monthly, quarterly, and/or YTD data, as directed by the LDH.
- Ensure that each report includes the methodology (e.g., sampling methodology, data source, data validation methods, etc.), required by the LDH.
- Adhere to regulatory required technical specifications for all quality reports and performance measures.
- Stratify data reports as directed and requested by LDH in response to legislative, media or other external requests in accordance with standard practices for ad hoc reporting.
- Utilize systems, operations, and performance monitoring tools that are flexible and adaptable to changes in quality measurements required by the LDH.

Performance Improvement Projects

The CSoC Unit implements, at minimum, one (1) LDH-approved Performance Improvement Project (PIP) focusing on clinical and non-clinical performance measures as specified in 42 CFR §438.240. . Each PIP is designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. PIPs include the measurement of performance using objective quality indicators; implementation of interventions to improve access and quality of care; evaluation of the effectiveness of the interventions based on the performance measures; and planning and initiation of activities for increasing or sustaining improvement.

Magellan provides a general and detailed description of each PIP to the LDH within three months of the signed contract date and three months of the beginning of each contract year. Magellan also participates in CMS-required Performance Improvement Projects, as applicable. Magellan submits PIP data analysis to the LDH using a format approved by the LDH and at the frequency determined by the LDH. PIP outcomes are submitted to the LDH as requested, but no less than once per year. The PIP data analysis includes the following:

- Results with quantifiable measures;
- Analysis that includes the time period and the measures covered
- Analysis and identification of opportunities for improvement
- An explanation of all planned interventions and anticipated timelines for completion.

Resources

Magellan allocates sufficient resources (administrative, technical, and analytical) to meet the needs of the QI program. Magellan has a dedicated QI staff with advanced degrees and/or experience in quality improvement, measurement, evaluation, statistics, systems design and analysis as outlined in the Appendix. Magellan's corporate Analytics teams consist of programmers and analysts who have backgrounds in computer programming, data management, data analysis, database technologies, management, statistical analysis, project management, healthcare data analysis, user support, and HEDIS data collection and auditing. The corporate Network Department includes professionals with dedicated QI responsibilities. The corporate Compliance Department includes attorneys and regional compliance directors to support quality operations by reviewing and disseminating regulatory guidance and monitoring adherence.

Magellan's technical resources include the IP clinical information system, BBI, and a Total Medical Record Contact Tracking application. Magellan has additional systems capabilities in claims, including CAPS, ACS, and reporting for encounter, enrollment, and authorization data. Magellan has widely available software packages for data analysis and reporting, including SPSS, Actuate, Oracle Discoverer, Microsoft Access, and Microsoft Excel. Magellan also has optical scanning hardware and software (for automated input of satisfaction surveys), clinical and functional outcomes instruments, and other measurement tools. Magellan utilizes these systems, operations, and performance monitoring tools and/or automated systems for monitoring, which allows the tools and reports to be flexible and adaptable to changes in quality measurements as required by LDH.

Program Evaluation

A written evaluation of the QAPI program is completed annually under the direction of the CSoC Quality and Outcomes Director. The QAPI Program Evaluation includes a description of accomplishments and activities from the QI Work Plan, an analysis of two (2) years of trended data to determine opportunities

for improvement, an analysis of completed activities to determine their impact on safe clinical care or service, a summary of measured outcomes, adequacy of QI program resources, committee structure, practitioner participation and leadership involvement, and an evaluation of the overall effectiveness of the program. The QAPI Program Description, Work Plan, and Program Evaluation are completed within 60 days of the end of the calendar year and shared with the LDH. Recommendations and suggestions received from the LDH are reviewed by the CSoc Unit QIC and incorporated into the QI program as appropriate.

Minutes and Reports

Signed and dated minutes prepared for each QIC and subcommittee meeting. The minutes reflect a summary of each item discussed, identified opportunities for improvement with listed barriers and interventions, measurement cycles, recommendations, PIP and/or QIA approvals, and actions or follow-up. Committee chairs and staff also prepare reports for the QIC and sub-committees on a quarterly basis. Magellan submits meeting minutes, agendas, and referenced materials to the LDH within 5 business days of these meetings. If the final meeting minutes are not approved by the committee within 5 business days following the meeting, Magellan submits draft meeting minutes within 5 business days of the meeting.

Confidentiality and Privacy

Magellan recognizes the increased complexity of protecting member privacy while managing access to, and the release of, protected health information (PHI). The Chief Privacy Officer is responsible for the creation, implementation and maintenance of Magellan's privacy and compliance activities. The Corporate Compliance Committee oversees the implementation and operation of Magellan's Corporate Compliance Program.

Magellan maintains copies of minutes, reports, worksheets, and other data in a manner that assures the privacy and confidentiality of Magellan practitioners/providers and members. Access to secure documents is available only to authorized staff. Auditors that review documents for purposes of accreditation oversight or due diligence sign confidentiality statements. Minutes and reports may be reviewed by customer organizations, per contractual arrangements, and by regulatory agencies as required.

Amendments and Revisions

The QI Program Description and Work Plan are amended as needed by the respective QIC.

Communication Regarding QI Program

Magellan makes information about its QI Program available to staff, practitioners/providers, relevant medical delivery systems, and members, as appropriate.

Signatures

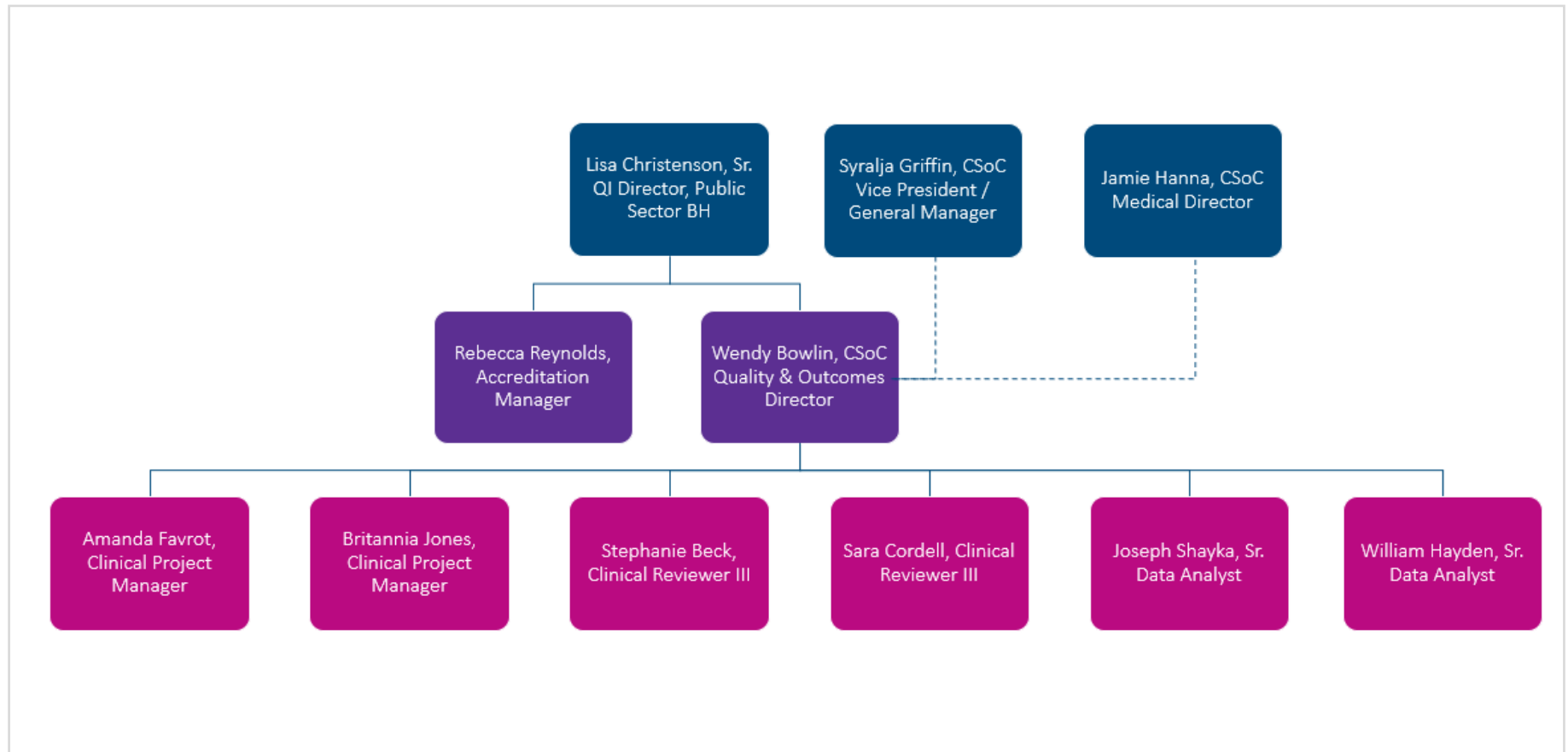
Approval of the Louisiana CSoc QI Program Description is indicated by the signatures below.

Magellan Healthcare, Inc.
2023 Quality Improvement Program Description
Louisiana CSOC

_____ Jamie Hanna, MD. Chief Medical Director Co-Chair, Louisiana CSOC Quality Improvement Committee	_____ Date
_____ Wendy Bowlin, LPC Director of Quality and Outcomes Co-Chair, Louisiana CSOC Quality Improvement Committee	_____ Date

Organization Chart

Figure 2. Quality Improvement Organization Chart



Resource Allocation

The maximum enrollment in the CSoC program, for a single point in time, is 2,900 members. The following table outlines the staff resources going into 2020, based on Full Time Equivalents (FTEs) allocated to meet the needs of the QI program.

LOUISIANA CSOC UNIT STAFF	PERCENT OF FTE ALLOCATED TO QI
Vice- President / General Manager of CSoC	25%
Chief Medical Director	100%
CSoC Clinical Director	40%
Manager Clinical Services	10%
Member Service Administrator	10%
Compliance Officer	25%
Quality and Outcomes Director	100%
Clinical Project Manager (2)	100%
QI Clinical Reviewer (2)	100%
Senior Data Reporting Analyst (2)	100%
Managed Care Organization Liaison	15%
CSoC Coordinators (5)	50%
Provider Network Director	20%
Network Management Specialist (2)	50%

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

Technical Resources
Clinical Information System
Integrated Product (IP.)
Claims System
CAPS
Eligibility/Authorization System
IP.
Other Technical Resources
Microsoft® Office Suite
Provider Stand Alone Search

Magellan Healthcare, Inc.
 2023 Quality Improvement Program Description
 Louisiana CSOC

Technical Resources
<i>Visio® Basic</i>
<i>Microsoft® Project</i>
Analytical Resources
Staff backgrounds in:
Computer programming
Healthcare data analysis
Research methodology
Lean Six Sigma process
Commercial Statistical Analysis Programs
<i>Access</i>
<i>Excel</i>
<i>GeoNetworks®</i>
<i>SAS</i>
<i>SPSS</i>
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

QI Department Job Descriptions

Quality Director

Job Description Summary

Responsible for all aspects of the quality program for the CSoC Unit, including strategic planning, program development and leadership, and staffing. Serves as a member of the management team in designing, implementing, and monitoring quality operations. Responsible for performance measurements and analytics, customer reporting, client delegation activities, policies and procedures, quality of care concerns tracking, accreditation preparation, coordination of satisfaction surveys, performance guarantee tracking, integration of quality improvement processes and compliance oversight.

Job Description

- Implementation of the Quality Program as specified in 42 CFR §438.330 and as required by customer.
- Directs and supervises quality staff and projects to meet unit goals for the quality program, including the monitoring of policies, procedures, activities, to meet multiple contractual requirements, external accreditation, and state and federal regulations.
- Ensures that studies and activities are conducted with appropriate feedback from customer organizations, assigned departments, and member and provider input.
- In consultation with assigned business unit leadership, sets priorities for improving operations based on data from performance indicators, delegation audits, and quality improvement processes.
- Serves as liaison with department managers to ensure that needs are met for internal and external reporting and analytics and the development of decision support tools.
- Oversees internal and external audit procedures to meet customer requirements, accreditation standards and goals of the assigned business unit.
- Serves as co-chair of the Unit's Quality Improvement Committee and provides oversight of committee documentation.
- Assists Learning Department in development and presentation of CQI and compliance training programs for staff and customers.
- 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 Director (CMD).
- Monitoring, analyzing and implementing appropriate interventions based on utilization data and 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.
- Reporting QI/performance outcomes.
- Managing and adjudicating the Grievance System which includes provider complaints and member grievances (including any expressions of dissatisfaction), appeals, and requests for hearings 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.
- Ensuring timely access to care.
- Advocating for member rights within the organization, ensuring 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 a fidelity monitoring system to ensure the core elements of the wraparound facilitation are maintained in accordance with the standards of practice established by the National Wraparound Initiative (NWI).

Qualifications

- Significant experience and expertise in the oversight of effective Quality Improvement (QI) for public sector programs and managed behavioral healthcare delivery systems
- Knowledge of quality improvement processes, performance measurement, accreditation standards, measurement tools, CQI tools and data reporting applications.
- Knowledge of CQI training and QIA methodology.
- Demonstrated management and leadership skills.
- Expertise in data management software including spreadsheet development and use.
- 5 to 8 years of experience with management level and supervisory experience
- Licensed Mental Health Professional (e.g., LPC, LCSW, PhD, etc.).
- Knowledge of NCQA and URAC standards.
- Knowledge of statistical analysis procedures and software

Clinical Project Manager

Job Description Summary

Responsible for the management of a variety of projects for corporate and/or strategic business unit (SBU). Provides support through the planning and execution of these projects. Support may include establishing deadlines, assigning resources/responsibilities and monitoring and summarizing progress of

projects. Prepares reports for upper management regarding status of project. Familiar with a variety of the field's concepts, practices, and procedures.

Job Description

- Meets with business process owners and key stakeholders to identify the project's goals, objectives, critical success factors, and success measures.
- Develops a detailed project charter to serve as a critical communication tool for key stakeholder buy in and set expectations.
- Creates and executes project work plans and revises as appropriate to meet changing needs and requirements.
- Identifies resources needed and assigns individual responsibilities.
- Manages day-to-day operational aspects of a project and scope, including meeting facilitation and documentation.
- Reviews deliverables prepared by team before passing to project team members.
- Effectively applies Magellan's methodology and enforces project standards using Microsoft Project or other approved toolkit templates.
- Prepares for project reviews and quality assurance procedures.
- Minimizes our exposure and risk on project, appropriately raising awareness on at-risk items.
- Ensures project documents are complete, current, and stored appropriately.
- Keeps project team well informed of changes within the organization and general corporate news that may impact project scope.
- Provides status reporting to stakeholders on a regular basis. Apprises management of issues requiring resolution in order to maintain progress on a timely basis.
- Prepares reports and/or dashboards for enterprise project activity.
- Delivers engaging, informative, well-organized presentations.
- Resolves and/or escalates issues in a timely fashion.
- Understands how to communicate difficult/sensitive information tactfully.
- Conducts lessons learned to continually improve processes.
- Contributes to, implements, and maintains best practices and project management policies and guidelines.
- Prepares Business Case and Return on Investment (ROI) to show impact to the business.
- Assists in the development of resource management and project financial materials.

Qualifications

- 5+ years project management or job-related experience in a medium to large-scale corporation.
- Strong working knowledge of Microsoft Product Suite, specifically Excel, Access and Visio.
- Knowledge of project management practices and methodologies.

- Knowledge of process improvement methodologies.
- Ability to develop and maintain multiple project plans.
- Financial Management knowledge; understands basic financial model and budgeting.
- Facilitation and interpersonal skills with the ability to work effectively with cross-functional teams.
- Basic knowledge of health care management. Proven ability to plan, organize, schedule, direct, control, and monitor project activities.
- Licensed Mental Health Professional (e.g., LPC, LCSW, Ph.D., etc.).

Clinical Reviewer III

Job Description Summary

Conducts and oversees treatment record and case management record reviews. Trends and analyzes findings for internal and external reporting. Performs research and analysis of appeals filed by members, customers, and government entities to administer timely resolution within state and federal guidelines, benefit plan guidelines, and company policies and procedures. Maintains a caseload of appeals and performs assigned duties.

Job Description

- Reviews charts and analyzes clinical record documentation
- Conducts ongoing activities which monitor established quality of care standards in the participating provider network and for other clinical staff.
- Collects, analyzes, and prepares clinical record information for projects related to assessing the efficiency, effectiveness and quality of the delivery of managed care services. Prepares monthly performance reports.
- Assists in the planning and implementation of activities to improve delivery of services and quality of care including the development and coordination of in-service education programs for providers and other clinical staff.
- Provides training, interpretation and support for QI Clinical Reviewer staff.
- Responsible for reviewing as well as validating internal review results and/or corrective action plans.
- Analyzes and renders final decisions of non-clinical appeals according to procedure, state and federal guidelines, benefit plan guidelines, company internal policies and workflows.
- Coordinates the appeal and dispute process through the collection of clinical records and consultation with Physician Advisors/Medical Director and communicates final determination.
- Familiar with and can assist in coordinating peer review scheduling involving internal Physician Advisors and external vendors.
- Consults with internal departments such as Clinical, Legal, and Network, as well as company senior management to assure appeal and complaint decisions meet all guidelines and result in customer satisfaction when possible.
- Consults with Account Management and external vendors to resolve high profile, complex appeals and/or complaints.

- Responsible for preparation of written detailed case history and presentation of second level appeal cases to the Appeals Panel for final company determination.
- Documents process and findings within the Appeals and the Complaint databases, and internal systems.
- Responsible for interface with members and providers as required regarding status, process and outcomes of complaints and appeals.
- Responsible for maintaining the integrity of the company relationship with customers by researching, resolving and responding to customer inquiries for appeals, disputes and scheduling issues. Responsible for identifying risk situations, consulting with senior management staff and rendering determinations that could adversely affect the company.
- Researches, compiles and consults with external review organization and customers as necessary for appeals and complaint process.
- Assists in data gathering and reporting of appeals. Responsible for achieving and maintaining department performance guarantees.
- Assists in developing workflows and innovative process improvements to positively impact the department overall.
- Contributes to Unit and department CQI (continuous quality improvement) processes by participating in unit goal setting, scorecard development and departmental meetings. Meets individual performance standards.

Qualifications

- Licensed Mental Health Professional (e.g., LPC, LCSW, PhD, etc.).
- Experience in working with total quality improvement or behavioral healthcare background in treatment modalities, psychopharmacology, federal/state regulatory guidelines and performance measurement.
- Ability to work independently with minimal supervision.
- 5 years' healthcare quality improvement experience.
- Experience with managed behavioral health and accreditation processes.
- Ability to quickly develop an alliance with providers via telephone.

Lead Data and Report Analyst

Job Description Summary

Responsible for leading and facilitating the analytics, decision support, and research functions of the assigned department.

Job Description

- Creates, analyzes, and distributes monthly, quarterly and annual reports and analyses for required reporting activities. Extracts, prepares, analyzes, validates and presents data for standard and ad hoc reporting.

- Interprets, analyzes, and makes recommendations regarding data accuracy and data collection needs and processes. Develops and implements plans, and proactively seeks ways to enhance overall unit reporting needs and abilities.
- Facilitates reporting efforts, by utilizing SQL or other related data query tools, in order to generate reports or retrieve data from the company data warehouse and other distributed databases.
- Coordinates application enhancements and edits to promote data quality with the IT department.
- Mentors peers and co-workers as appropriate.
- Plays a lead role in prioritizing and coordinating projects and report development efforts.
- Provides direction and coordination for the tracking and analyses of audit findings and report generation.

Qualifications

- 7 or more years of experience performing statistical analysis and the use of statistical packages required.
- Statistics, research, information systems or health services related field, such as Public Health, Health Science, Psychology, with reporting and analytical emphasis, research evaluation and/or experimental design.
- Strong writing, verbal communication and presentation skills essential.
- Strong leadership, process improvement, time management, and project management skills.
- Must be able to manage multiple tasks.
- Must be able to provide accurate estimates of work effort and deliver results within a committed timeframe.
- Must be able to work independently and with minimal supervision.
- Requires strong expertise in MS Excel and relational database such as MS Access and other database management (MS SQL) and reporting tools. Ability to use reporting software such as Actuate, Cognos, Crystal reports, SAS, or other.
- Ability to query the company's data warehouse and/or department systems in response to data requests.
- Master's degree preferred.
- Managed care experience preferred.
- Database management strongly preferred.