The State of Louisiana
Office of Behavioral Health
Magellan of Louisiana CSoC Program

External Quality Review Technical Report, Year Two
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Final Report

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Section 1: Introduction

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

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

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

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

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

In order to comply with these requirements, the State of Louisiana, Department of Health, contracted with Island Peer Review Organization (IPRO) to assess and report the impact of its Medicaid managed care program and its participating managed care organizations on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO’s independent evaluation of the services provided by Magellan of Louisiana’s CSoC program for the review period 12/1/16 – 01/31/18.

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

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

- To improve accessibility to care and use of services
- Improve effectiveness and quality of care

[1] Louisiana Coordinated System of Care Standard Operating Procedures

- Improve cost effectiveness through reducing repeat emergency room (ER) visits, hospitalizations, out of home placements and institutionalizations
- Increase coordination and continuity of services

Areas of EQR oversight are addressed in this report:

a) Validation of selected CSoC performance measures
b) Validation of the CSoC Performance Improvement Project (PIP)-*Monitoring Best Practices in Wraparound*

Section 2: Validation of Performance Measures

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

IPRO, in consultation with the OBH, selected five (5) performance measures reported by Magellan of Louisiana CSoC for Contract Year Two (12/1/16-1/31/18). The Coordinated System of Care (CSoC) program was developed by the State of Louisiana for children and youth with significant behavioral health challenges, with the ultimate goal of preventing out of home placement through the provision of home and community based services aimed at promoting positive behavioral health outcomes. The CSoC program is managed by Magellan; the program is heavily focused upon the activities performed and provided by Wrap-Around Agencies (WAAs), of which there were nine (9) across the state for this contract year. Comprehensive needs assessments, care plan development and modification, and service coordination are largely the responsibility of the WAAs and Family Support Organizations (FSOs). The measures selected for validation are representative of the care plan oversight and service monitoring required by Magellan, the WAAs, and FSOs to insure the success of the program.

The 5 selected measures were:

1) Number and percent of participants whose level of care determination form was completed timely as required by the State (Measure LOC2)

2) Number and percent of participants whose plan of care (POC) includes supports and services consistent with assessed health needs, including risks (Measure POC2)

3) Number and percent of participants who participated in the POC development, as documented by the participant's and parents/caregivers' signature on the plan of care (Measure POC 3)

4) Number and percent of participants whose POC shows evidence that their setting meets HCBS requirements and in a provider owned or controlled setting the additional requirements are met (Measure AA1))

5) Follow Up After Hospitalization for Mental Illness (Measure FUH)

Performance measure validation was conducted through a review of POC documentation, comprehensive needs assessments, WAA correspondence where applicable, as well as claims listings, hospital discharge summaries, and outpatient visit documentation where applicable.

Measure LOC2: Number and percent of participants whose level of care determination form was completed timely as required by the State

There was no sampling approach to this measure; it is calculated based upon 100% reporting.

Performance Indicator (Measure LOC2):

1) Numerator: Number of assessments with a level of care determination form completed timely

   Denominator: Total number of assessments

Data Sources:

1) CANS Member assessments (with level of care determination)
2) Audit Tool (if used)

Reported Results:

For the 3/1/16-6/30/17 reporting period, measure results were as follows:

Numerator: 6,583 (Initial and re-assessments with level of care determination completed timely)

Denominator: 6,770 (Initial and re-assessments conducted)

Rate: 97.2%

The goal for this measure is 97% compliance.

Validation Methodology:

From the 3/1/16 – 6/30/17 reporting period, IPRO selected a random sample of 30 records for validation. Validation included a review of CANS assessments, to include the level of care determination form. IPRO also reviewed Magellan's audit tool documenting the measure components and results.

Validation Results:

IPRO received a sample of 20 records for validation. Ten (10) records of the original sample were not submitted. Of the 20 records submitted, all had assessments with care needs completed in a timely manner, and all of these records passed validation.

Passed: 20

Failed: 0

Measure POC2: Number and percent of participants with POCs that include supports and services consistent with assessed health needs, including risks

For the 3/1/16-6/30/17 reporting period, Magellan randomly sampled 541 charts for audit, from the nine (9) WAA providers, of members enrolled 30 days or greater and currently enrolled in CSoC.

Performance Indicator:

1) Numerator: Number of participants whose POCs include services and supports consistent with assessed health needs, including risks

   Denominator: Number of participants in the randomly selected sample

Data Sources:

a) POCs (for supports and services documentation)

b) CANS assessment (health needs documentation)

c) Audit tool utilized by Magellan

Reported Results:

Measure results for the 3/1/16-6/30/17 reporting period were as follows:

Numerator: 541

Denominator: 541

Rate: 100%

It should be noted that the goal of this measure is 100% compliance, with a 90% minimum performance threshold

Validation Methodology:

From the measure numerator for the 3/1-16-6/30/17 reporting period, IPRO randomly selected 30 records for validation. Validation involved a review of the CANS assessments, POCs, and the audit tool utilized by Magellan.

Validation Results:

IPRO received and reviewed the 30 record sample for validation. The review was two-fold; to validate documentation of the participants' health needs in the CANS assessment, and, to validate that services and supports as documented in POCs were consistent with and supported the assessed health needs.

The 30 records passed validation, based upon IPRO's CANS assessment and POC review. All assessments clearly reflected participants' health needs, and all POCs clearly reflected supports and services which were consistent with the assessed needs.

Passed: 30

Failed: 0

Measure POC3: Number and percent of participants who participated in POC development, as documented by the participant's/authorized representative's signature on the POC

As with Measure POC2, Magellan's random sampling approach involved auditing 541 charts across the nine (9) WAAs, of members enrolled at least 30 days or greater from their enrollment date and who were currently enrolled in CSoC.

Performance Indicator:

1) Numerator: Number of participants who participated in POC development, as documented by the participants' and the participant's parent / care giver signature on the POC

   Denominator: Total number of participants in the sample

Data Sources:

a) POCs

b) Audit tool

Reported Results:

Results for the 3/1/16-6/30/17 reporting period were as follows:

Numerator: 540

Denominator: 541

Rate: 99.8%

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

Validation Methodology:

From the measure numerator for the 3/1/16-6/30/17 reporting period, IPRO randomly selected 30 records for validation. Validation involved a review of the POCs and the audit tool utilized by Magellan.

Validation Results:

A 30 record sample was received and reviewed by IPRO. All of the records contained POCs with participant signatures and parent/caregiver signatures and all records passed validation accordingly.

Passed: 30

Failed: 0

Measure AA1: Number and percent of participants whose POC shows evidence that their setting meets Home and Community Based Setting (HCBS) requirements and in a provider-owned or controlled setting the additional requirements are met

The Louisiana Department of Health provided IPRO with this measure's results for the 4/1/17-6/30/17 reporting period. There is no sampling approach, 100% of enrollments are reviewed.

Performance Indicator (Measure AA1):

1) Numerator: Number of enrollments meeting the HCBS setting rule during the reporting period

Denominator: Number of enrollments during the reporting period

Data Sources:

1) Source code (specifications for numerator and denominator)-provided

2) CSoC spreadsheet-provided for the non-compliant member only

3) Plans of Care (POCs)

Reported Results:

For the 4/1-6/30/17 reporting period, results were as follows:

Numerator: 2,690 (enrollments during the period meeting HCBS setting rule)

Denominator: 2,691 (enrollments during the period)

Rate: 99.9%

Validation Methodology:

From the 4/1-6/30/17 reporting period, IPRO selected a random sample of 30 records for validation. The source code for the measure was reviewed by IPRO, however, IPRO also reviewed POCs for the sample, to determine that there was evidence that the setting met HCBS setting rule requirements.

Validation Results:

IPRO received and reviewed 30 records for validation. Each record consisted of an IBHA assessment, POC, and the WAA record. IPRO also received and reviewed the measure source code.

Measure results as reported by Magellan indicated that one participant was non-compliant for the measure, in that this participant remained in a restrictive setting beyond 90 days. The source code evidently addresses this one specific HCBS setting requirement. However, it was IPRO's understanding that the intent of this measure is to insure that the POCs for CSoC participants show evidence that home settings meets all of the HCBS requirements. To this end, there is an HCBS Setting Rule Member Survey. According to Magellan's instructions, this survey should be completed at least once every six months and should be a part of the participant's treatment record. The survey consists of six questions addressing the different components of HCBS setting rule compliance, and contains some additional questions pertaining to home settings owned by a service provider, member not residing in a home, member in an institution.

Across the 30 records reviewed, the assessments and POCs sometimes made reference to the participants' residences, but IPRO could not find evidence in any record that this survey was administered, or that all of the HCBS setting rule components were addressed.

None of the records for the AA1 measure therefore passed validation on first review. The sample member listing was provided back to Magellan as a separate attachment, for Magellan's review and response.

Passed: 0

Failed: 30

Validation Results (Updated and Final):

Magellan provided documentation to indicate that the reporting methodology for this measure was changed, effective 3/31/17 and was replaced by a more stringent monitoring protocol. Effective 4/1/17, the HCBS setting rule is addressed on a monthly basis across all regions, with Wraparound Facilitators observing the members' home environment monthly and confirming that the home environment is in compliance with the rule. The compliance is documented on the CSoC Data Spreadsheet submitted on a monthly basis to Magellan by all WAAs.

The Data Spreadsheet was provided to IPRO, and IPRO verified the inclusion of the HCBS setting rule (Column S) on the spreadsheet. Based upon this explanation coupled with a review of the spreadsheet, IPRO is considering the measure as passing validation.

Passed: 30

Failed: 0

Recommendation: Magellan should strongly consider adopting a strategy for periodically auditing a sample of these data through a review of WAA records, in view of the self-reported nature of these data by the WAAs. It is unclear if the WAAs are maintaining any documented evidence of HCBS setting compliance other than notation on the spreadsheet, in the absence of the paper survey, to insure that all components of the rule are being addressed.

Measure FUH: Follow Up After Hospitalization for Mental Illness

This HEDIS–like measure is reported on a calendar year basis. IPRO's validation of this measure was expected to be conducted sometime in early 2018, upon receipt of 2017 results.

1) *Numerator: 30-Day Follow-Up*: A follow-up visit with a mental health practitioner within 30 days after discharge. Include visits that occur on the date of discharge.

   Numerator: 7-Day Follow-Up: A follow-up visit with a mental health practitioner within 7 days after discharge. Include visits that occur on the date of discharge.

For both indicators, any of the following meet criteria for a follow-up visit:

• A visit (FUH Stand Alone Visits Value Set) with a mental health practitioner.

• A visit (FUH Visits Group 1 Value Set and FUH POS Group 1 Value Set) with a mental health practitioner.

• A visit (FUH Visits Group 2 Value Set and FUH POS Group 2 Value Set) with a mental health practitioner.

• A visit in a behavioral healthcare setting (FUH Revenue Codes Group 1 Value Set).

National HEDIS Specifications 1: Includes waiver service CSoC ILSB only

Modified HEDIS Specifications 2: Adds waiver services CSoC YST, PST, CS, STR

Denominator Product line: Medicaid

Ages: 6 years and older as of the date of discharge.

Continuous enrollment: Date of discharge through 30 days after discharge.

Allowable gap: No gaps in enrollment.

Anchor date: None.

Benefits: Mental health (inpatient and outpatient).

Event/ diagnosis: An acute inpatient discharge with a principal diagnosis of mental illness (Mental Illness Value Set) on or between January 1 and December 1 of the measurement year.

The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

Acute readmission or direct transfer: If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.

Measure Results:

IPRO received the final FUH measure results for the 01/01/17-12/01/17 period in May 2018. Results were as follows:

Seven (7) day follow up (National HEDIS specifications)

Numerator: 208

Denominator: 372

Rate: 55.9%

Thirty (30) day follow up:

Numerator: 270

Denominator: 372

Rate: 72.6%

Validation Methodology:

IPRO selected 30 records for validation; for the purpose of validating the denominator (hospitalization discharge) as well as the numerator (outpatient follow up visit).

Validation Results:

Thirty (30) records were received and reviewed for validation. Each record consisted of hospitalization discharge summaries for the denominator and the outpatient follow up visit records for the numerator. In 29 of the 30 records reviewed, both the numerator and denominator were validated. Denominator records reflected hospital discharge dates as were reported to the LA OBH, and the numerator records contained appropriate 7 or 30 day follow up visit documentation.

For one record, IPRO was unable to validate the hospitalization discharge (denominator) and therefore failed validation. The documentation submitted addressed a different hospitalization date. The record details were provided to Magellan for review.

Passed: 29

Failed: 1

Validation Results (Final):

Magellan provided a copy of the appropriate hospital discharge information. IPRO has therefore passed this record for validation on a second review.

Passed: 30

Failed: 0

Section 3: Validation of Performance Improvement Projects

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

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

As discussed in this Report introduction, CSoC is a program designed to serve youth who have significant behavioral challenges or co-occurring disorders, and are in or at imminent risk of out-of-home placement. CSoC is based on the principles of Wraparound established by the National Wraparound Initiative (NWI). Magellan is contractually required by the Louisiana Department of Health (LDH) to conduct one Performance Improvement Project (PIP) each year. The topic selected for the second contract year was "*Monitoring Best Practices in Wraparound*."

Wraparound is an evidence-informed model, which has shown positive outcomes for youth and families when delivered in fidelity to the model. Magellan monitors fidelity annually through the administration of the Wraparound Fidelity Index, Short Version (WFI-EZ); however, it is believed it is also important to establish best practice indicators that can be used to monitor practice to the model in real-time. It is believed that this will support the swift identification of aberrant patterns in practice and allow for the rapid implementation of interventions to foster improvements as needed. The goal of this project is to implement indicators that monitor best practices in Wraparound in order to have an ongoing mechanism to track fidelity to the model.

PIP Summary (from Magellan PIP Final Report)

PIP Methodology

LDH and Magellan identified two indicators to measure best practices in wraparound. These indicators are:

1. A minimum of one Child and Family Team (CFT) meeting per month. Once the initial plan of care (POC) is developed, the CFT should be meeting regularly to assess and monitor on- going progress with the plan and modify as needed to move towards 'precision of fit' for that youth and their family.

2. Natural/informal support participation in the CFT meeting. Wraparound is a team based planning process, producing one comprehensive plan, inclusive of all formal and informal services and supports engaged with the family. In addition, one of the goals of wraparound is to assist the youth and their family in increasing their connections to natural and community supports to enable them to live lives without system involvement. The role of the wraparound facilitator is to assist the family in identifying and engaging all team members to participate in the CFT meeting, as well as to encourage the addition of informal and natural supports on the team over time.

Interventions

Magellan reviewed six-months of baseline data in November and December 2017. The review included meetings with all Wraparound Agencies, Magellan leadership and staff, and LDH leadership. Magellan and LDH discussed that each regional WAA has a unique internal and external cultural, provider network, and training framework. It is also believed that coaching is one of the most effective interventions to improve and sustain fidelity to the Wraparound model. In order to align Magellan's approach for the project with these beliefs, Magellan provided the WAAs the opportunity to be

the directors of the PIP barrier analysis and intervention section under the oversight of Magellan and LDH. The following parameters were established for this project:

- Required Quality Improvement Project (QIP) submission if 2 of the 3 months of a quarter are below the approved minimum threshold.
- Recommended QIP submission if 2 of the 3 months of a quarter are below the goal

Minimum requirements for the QIPs were also established, including:

- Barrier analysis or an in-depth analysis taken to identify the cause of low performance
- Proposed action steps and associated responsible parties and timelines
- Proposed methods to be employed to determine if the action steps were effective.

Magellan provides WAAs monthly reports to monitor progress and effectiveness of interventions in real-time. The first WAA report submissions were received in January 2018. During this process it was revealed that the WAAs required significant technical assistance and education on process improvement techniques to ensure detailed barriers and specific, measurable interventions were provided. Magellan offered feedback on the submissions; however these initial reports were accepted. The next reports will be submitted on 05/30/2018 and will not be accepted if minimum requirements are not met.

Project Results

Indicator 1 monitors the frequency of CFT meetings for members enrolled in CSoC. Magellan and LDH established a minimum threshold of 75% and a goal of 85% for this indicator in January 2018 and implemented an intervention strategy that partners directly with the Wraparound Agencies. The monthly state compliance rate met the minimum threshold for all 12 months for this indicator. The average compliance rate for the time period of April 2017 through March 2018 was 81.1%. May 2018 represented the highest rate of compliance and was the first month to achieve the goal. June 2017 showed the lowest compliance for the year, with a rate of 77.1%. There was a slight upward trend in compliance over the year. As of March 2018, five of the nine regions' compliance rates exceeded the goal, with only Region 7 scoring below with minimum threshold. Region 7 was required to submit a Quality Improvement Project aimed at improving compliance, to be submitted to Magellan by 05/30/2018.

Indicator 2 monitors natural/informal supports participation in the CFT meeting. Magellan and LDH established a minimum threshold of 50% and a goal of 60% for this indicator in January 2018 and implemented an intervention strategy that partners directly with the Wraparound Agencies. The monthly state compliance rate met the minimum threshold for all 12 months; however, the overall compliance rate did not meet the goal for any of the months. The average compliance rate for the time period of April 2017 through March 2018 was 53.0%. Since April 2017, there had been a flat trend line in the compliance rate, with the lowest compliance rate observed in April 2017 (n=51.1%) and the highest compliance rate seen in December (55.1%). This represents a five percentage point range between the highest and lowest months. There were no notable trends across months that indicated factors, such as seasonality, that appeared to affect compliance. As of March 2018, Regions 4 and 9 exceeded the goal and are not required or recommended to submit a QIP. Regions 6 and 8 met the minimum threshold and were recommended to submit a QIP. The remaining regions did not meet the goal and were required to submit Quality Improvement Projects aimed at improving compliance. These reports were scheduled to be submitted on 05/30/2018.

Conclusion

Throughout the course of the year, data was collected to monitor indicators for best practices in wraparound, with the goal of having an ongoing mechanism to ensure fidelity to the model. Although the project started with three indicators with five elements, it was determined after the initial baseline review to reduce the number of indicators in order to have a more focused project. The indicators that were the most internally influenced by the Wraparound Agencies and were the least impacted by larger systems barriers were chosen, which included a minimum of one Child and Family

Team (CFT) meeting per month and natural/informal support participation in the CFT meeting. The remaining indicators, which include Observable Changes Over Time in the Plan of Care, Formal Provider Participation in the CFT Meeting, Collateral Support Participation in the CFT Meeting, will continue to be monitored by Magellan.

Magellan and LDH took a new approach to the selection of interventions for this project. Because coaching is one of the most effective interventions to improve and sustain fidelity to the Wraparound model, Magellan provided the WAAs the opportunity to be the directors of the PIP barrier analysis and intervention section under the oversight of Magellan and LDH. At the end of the project year, the frequency of CFT meetings has exceeded the minimum threshold, but there is still opportunity to improve some regional performance and more consistency in achieving the goal of 85% statewide. There is continued opportunity to show improvements for involvement of natural supports in order to meet and exceed minimum threshold and goal at both the regional and statewide level. Magellan recommends continuing this project in order to support continued commitment to ensuring fidelity to the Wraparound model.

IPRO PIP Review Summary and Recommendation

The indicators established for this project were identified through research as leading to improved outcomes for youth and family functioning. For the baseline year of the PIP (April 2017 through March 2018) the average compliance rate for Indicator One was 81.1%, above the minimum threshold of 75% but below the goal of 85%. For Indicator Two, the baseline rate was 53%, above minimum threshold of 50% but below the goal of 60%. WAA regions that fell below minimum threshold have been required to initiate Quality Improvement Projects to improve compliance. However, all of the WAAs have been expected to conduct their own barrier analysis and tailor specific interventions, unique to each WAA, to achieve and maintain success. These projects should include ongoing barrier analysis and the development of interventions to address the barriers, as well as intervention tracking measures to assist in determining intervention impact. The success of this PIP is therefore dependent upon these individual WAA projects. It is evident that Magellan has initiated PIP training for the WAAs and intends to actively support them to ensure that barrier analyses are ongoing and comprehensive, with measurable interventions. IPRO recommends that Magellan continue these efforts. The WAAs should be held responsible to identify individual barriers to the development of high fidelity best practices. However, overall responsibility for the WAAs' actions, and for the ultimate success of this project, is to be maintained by Magellan.

PIP indicator data is self-reported by the WAAs. Magellan has expressed an intent going forward to evaluate the reliability and validity of these data. IPRO strongly recommends that consideration be given to conducting record reviews on a sample of WAA data, on a quarterly basis, across all regions to validate the data that is being reported for these indicators. Audit results should be shared with the WAAs.

Section 4: Strengths and Opportunities

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

Strengths

- Timely and comprehensive health assessments, and Plan of Care (POC) development, modification, and monitoring are critical to the success of the CSoC program. For performance measure validation, IPRO selected several measures that focus on these areas. These measures were:

  A): LOC2 (Number and percent of participants whose level of care determination form was completed timely)

  B): POC2 (Number and percent of participants whose POC includes services and supports consistent with assessed health needs, including risks)

  C): POC3 (Number and percent of participants who participated in the POC development, as documented by the participant's and parents/caregivers' signature on the POC)

  Across these measures, Magellan's reported rates were 97.2%, 100%, and 99.8%, respectively, for the 3/1/16-6/30/17 period that was validated by IPRO. These rates indicate almost solid compliance by the WAAs in addressing participant involvement in POC development, timely Level of Care (LOC) determination, and comprehensive POC development in accordance with assessed conditions and needs. The measures passed validation by IPRO.

- Reported results for the Follow Up after Hospitalization for Mental Illness (FUH) measure were 55.9% (7 day) and 72.6% (30 day), respectively. The rates exceeded the 50th percentile and reflected improvement over the prior year.

- The two (2) indicators selected by Magellan for their PIP*, Monitoring Best Practices in Wraparound*, were chosen because these had been identified through research as leading to improved outcomes for youth and family functioning. The indicators were tracked on a monthly basis.

- It is evident that oversight of the WAAs' PIP performance was in place, as Magellan initiated PIP training for the WAAs, and provided feedback on barrier analysis conducted by the WAAs.

Opportunities

- The AA1 performance measure monitors compliance with Home and Community Based Setting (HCBS) requirements. Prior to March 2017, Magellan had been monitoring compliance of this measure through a

review of a sample of records from each WAA, to ensure that a survey addressing HCBS setting compliance was conducted. Subsequent to March 2017, reporting methodology changed and Magellan required the WAAs to monitor the HCBS setting rule on a monthly basis, with the WAAs documenting compliance with these setting requirements on a spreadsheet submitted on a monthly basis to Magellan. IPRO passed measure validation based upon review of the spreadsheet. While the monthly monitoring by the WAAs is a positive development, it should also be noted that compliance determination changed from a record audit by Magellan to a methodology completely self-reported by the WAAs. Magellan should strongly consider adopting a strategy for periodically auditing a sample of these data through a review of WAA records, in view of the self-reported nature of the data. Audit results should be shared with the WAAs.

- Data for the Best Practices in Wraparound PIP was self-reported by the WAAs. Magellan has expressed an intent going forward to evaluate the reliability and integrity of these data. IPRO strongly recommends that consideration be given to conducting record reviews on a sample of WAA data, on a quarterly basis, across all regions to validate the data that is being reported for these indicators. Audit results should be shared with the WAAs.

- Numerator compliance for the FUH measure included follow up visits that occurred on the date of discharge. Effective with HEDIS 2018 submission requirements, follow up visits occurring on the date of discharge cannot be included for numerator compliance. Going forward, it is recommended that Magellan adhere to the revised HEDIS specifications and not include follow up visits that occurred on discharge date. The measure results, therefore, will not be comparable to prior submission periods.