LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

# LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP TRANSPARENCY REPORT

## FISCAL YEAR 2015 &

## LBHP CONTRACT CLOSEOUT PERIOD (JULY – NOVEMBER 2015)

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# Executive Summary

The charge of La. R.S. 40:1253.1 et seq. is to provide transparency relative to Medicaid managed care programs. For the reporting period contained herein, this involved the Louisiana Behavioral Health Partnership (LBHP) and the Coordinated System of Care (CSoC) contract managed by the Department of Health and Hospitals (DHH), Office of Behavioral Health (OBH). To manage the LBHP, inclusive of the CSoC waiver program, Magellan Health of Louisiana, Inc. (Magellan) was originally selected through a competitive procurement process to administer the program as the statewide management organization (SMO).

This report outlines annual responses to the requests made by the Legislature in statute relative to Magellan's management of care within the LBHP inclusive of CSoC. The measures included in this report are used to demonstrate that the following outcomes expressed in the legislation are achieved:

- continued implementation of CSoC;
- improved access, quality and efficiency of behavioral health services for children not eligible for CSoC and for adults with severe mental illness and/or addictive disorders;
- successful transition to a model of behavioral health in which human service districts or local governing entities (LGEs) deliver care locally;
- seamless coordination of behavioral health services with the comprehensive healthcare system without losing attention to the special skills of behavioral health professionals;
- advancement of resiliency, recovery and a consumer-focused system of person-centered care; and
- implementation of best practices and evidence-based practices that are effective and supported by data collected from measuring outcomes, quality and accountability.

# Preface

With its implementation in 2012, the LBHP brought a new approach to both delivering and financing behavioral health services for Louisiana's children and adults. This public behavioral health service delivery model drew on the strengths of the private, public, and non-profit sectors in order to provide enhanced access to a more complete and effective array of evidence-based behavioral health services and supports while also improving individual health outcomes. The LBHP made major strides to expand access to services and in doing so exceeded the program objectives of treating at least 50,000 children and 100,000 adults. Since implementation, noticeable expansion of services, increased numbers of enrolled members, and a dramatic expansion in the provider network have occurred.

Capitalizing on the infrastructure created under the LBHP, DHH announced its intent in November of 2014 to integrate specialized behavioral health services as provided under the LBHP by carving them into the service array offered through the state's Bayou Health managed care program for physical and primary healthcare. This decision was made in order to facilitate better coordination of primary care and behavioral healthcare, enabling providers to look at the whole person, identifying behavioral health issues that need treatment and help prevent problems before they occur. People with Serious Mental Illness (SMI) have disproportionately high rates of mortality from preventable conditions that are among the leading causes of death in the general population. People with SMI also have higher rates of modifiable risk factors for these conditions, such as smoking and obesity; experience higher rates of homelessness, poverty, and other causes of vulnerability; and face symptoms associated with SMI, such as disorganized thought and decreased motivation, that impair compliance and self-care. According to the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project report, "Three of the top 10 diagnoses for hospital stays for Medicaid super-utilizers were mental and behavioral health conditions."[1]

To improve outcomes, Louisiana joined many other states and providers moving toward integration of behavioral and physical healthcare. Integration can lead to fewer readmissions and lower costs, but also lead to improved health outcomes for members. Through integration, DHH

[1] Jiang HJ (AHRQ), Barrett ML (M.L. Barrett, Inc.), Sheng M (Truven Health Analytics). Characteristics of Hospital Stays for Nonelderly Medicaid Super-Utilizers, 2012. HCUP Statistical Brief #184. November 2014. Agency for Healthcare Research and Quality, Rockville, MD.
http://www.hcup-us.ahrq.gov/reports/statbriefs/sb184-Hospital-Stays-Medicaid-Super-Utilizers-2012.pdf

is able to build upon the successes from the last three years under the LBHP, such as enrolling an entirely new behavioral health provider network and expanding Medicaid allowable services to include addiction treatment and high risk populations. DHH continues to work toward expanding services and works to resolve network deficiencies through the competitive market strategies employed by the Bayou Health plans.

Unlike the other services comprising the LBHP, the Coordinated System of Care (CSoC) is a specialty waiver program that remains carved out from the Bayou Health program. The CSoC is a specialized program for children and youth who have the most complex behavioral health needs and are in or at the most risk of out-of-home placement. The CSoC offers a comprehensive array of intensive services with the goal of enabling high-risk children and youth to remain in or return to their homes and communities. Wraparound agencies (WAAs) provide individualized care planning and management through child and family teams, which are charged with the development of a plan of care for each child or youth. The Department applied for statewide implementation of CSoC with the Centers for Medicare and Medicaid Services (CMS) in state fiscal year (SFY) 2014 and received approval for statewide expansion in September 2014. With statewide expansion, a maximum of approximately 2,400 youth who are at greatest risk and have the most complex needs may be enrolled in the program.

With the sunset of a separately managed system under the LBHP, DHH offers the following measures and outcomes as part of this final LBHP transparency report. As required by R.S. 40:1253.3, the reporting periods enclosed include SFY 2015 and the SMO contract close-out period of July through November, 2015 with Magellan. In preparation for the submission of this report, DHH worked with Myers and Stauffer to independently review the data submitted by Magellan. The data submitted by Magellan was found to be within a reasonable and expected variance from the review performed. For ease of reference, the information has been divided into sections by the matching numerical request in the statute and attached through appendices to this report.

# 1 PROVIDER INFORMATION

Since implementation of the LBHP, OBH and Magellan have overseen the expansion of the network of providers available to deliver behavioral health care across the state. This provider number is defined by entry point, so a provider is identified by each location where services are provided. The providers combined offer a total of over 5,000 specialties of service. Expansion in the provider network by Magellan included additional provider types and additional services, including services allowable within the scope of practice and professional license of Licensed Mental Health Professionals, 24-7 crisis triage by telephone, mobile services, community psychiatric support and treatment, psychosocial rehabilitation, evidence-based practices, and addiction rehabilitation. LBHP provider network data captures a point in time in the cycle of provider credentialing and contracting. For purposes of this transparency report, provider data is reflective of the LBHP network as of November 30, 2015, which was the final date of the Magellan SMO contract with the state for management of the LBHP. With the retiring of the LBHP, responsibility for provider contracting was assumed by the five Bayou Health plans. Below is a statewide summary by provider type, credentialing status and specialty of the Magellan network during the final year of the SMO contract:

| **Provider Type:** | **Number of Contracted Providers (11.30.15)** |
|---|---|
| Facility | 3342 |
| Group | 1222 |
| Independent Practitioner | 898 |
| **Credentialing Status:** | **Number of Providers:** |
| Credentialed* | 5462 |
| **Specialty of Service:** | **Number of Contracted Providers:** |
| Applied Behavior Analysis | 4 |
| Ambulatory Detox Outpatient | 4 |
| ASAM Level I – Outpatient Substance Use | 750 |
| ASAM Level II – Intensive Outpatient Substance Use | 131 |
| ASAM Level III.1 – Clinically Managed Low-Intensity | 29 |
| ASAM Level III.2D – Clinically Managed Social Detox | 5 |
| ASAM Level III.3 & III.5 – Clinically Managed Medium-Intensity | 40 |
| ASAM Level III.7 – Medically Monitored High-Intensity/Co-Occurring | 7 |
| ASAM Level III.7D – Medically Monitored Detox | 17 |

| | |
|---|---|
| ASAM Level IV – Inpatient Alcohol/Drug Detox | 26 |
| Assertive Community Treatment | 39 |
| Case Conference | 198 |
| Community Support Services (CPST) | 488 |
| Crisis Intervention | 472 |
| Crisis Stabilization | 1 |
| Crisis Stabilization- Adults | 1 |
| Functional Family Therapy | 22 |
| Homebuilders | 19 |
| Independent Living/Skills Building | 152 |
| Inpatient Electro-Convulsive Therapy | 2 |
| Inpatient Psychiatric Hospital | 107 |
| Laboratory Services | 52 |
| Multi-Systemic Therapy | 38 |
| Non-Medical Group Home | 24 |
| Outpatient Electro-Convulsive Therapy | 2 |
| Outpatient Eating Disorder | 217 |
| Parent Support and Training | 1 |
| Psychiatric Outpatient | 1971 |
| Psychiatric Residential Treatment Facility | 6 |
| Psychosocial Rehabilitation | 465 |
| Short Term Respite | 14 |
| Specialist - Other | 51 |
| Wraparound Services | 9 |
| Therapeutic Foster Care | 13 |
| Therapeutic Group Home(TGH)- Psychiatric | 3 |
| Therapeutic Group Home (TGH)- SUD | 2 |
| Youth Support and Training | 1 |

*The number of providers credentialed includes duplicated providers as many providers offer more than one specialty of service.

Please note that many independent practitioners have separate subspecialties of service that are not listed above. The comprehensive list of providers enrolled in the Magellan network prior to November 30, 2015, along with their specialties and subspecialties, credentialing date and provider type, can be found at the following link:

http://new.dhh.louisiana.gov/index.cfm/page/2321

# 2–7 MEMBER INFORMATION

Over one million individuals were enrolled as members in Magellan's health plan. These members had access to information, education and new services under the LBHP. Details of the following legislative requests can be found in the attached Appendix II through VII. The 2015 data represents the 2015 fiscal year (7/01/14 – 6/30/15) and the LBHP contract closeout period represents 7/01/15 – 11/30/2015:

| Statutory Number: | Data Book Tab Label: | Statewide Total 2015* | Statewide Total (SMO Contract Closeout)* |
|---|---|---|---|
| SECTION 2: | Appendix II: Medicaid and Non-Medicaid Enrollees | 1,303,247 | 1,246,088 |
| SECTION 3: | Appendix III: Adult Medicaid Members Receiving Services | 47,023 | 28,192 |
| SECTION 4: | Appendix IV: Adult Non-Medicaid Members Receiving Services | 10,343 | 1931 |
| SECTION 5: | Appendix V: CSoC Members Receiving Services | 2553 | 2339 |
| SECTION 6: | Appendix VI: Non-CSoC Medicaid Youth Receiving Services | 79,442 | 62,247 |
| SECTION 7: | Appendix VII: Non-CSoC Non-Medicaid Youth Receiving Services | 53 | 13 |

*Counts reflect unduplicated recipients or enrollees

# 8 Percentage of Referrals Considered Immediate, Urgent and Routine

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

**Percentage of Referrals Considered Immediate, Urgent and Routine (SFY 2015)**

| Parish Name | EMERGENT | | URGENT | | ROUTINE | |
|---|---|---|---|---|---|---|
| | % of Auths | Avg. Hours to Decision | % of Auths | Avg. Hours to Decision | % of Auths | Avg. Hours to Decision |
| ACADIA | 0.34% | 0.15 | 15.81% | 6.52 | 83.85% | 46.88 |
| ALLEN | 0.70% | 0.16 | 18.10% | 0.16 | 81.21% | 19.29 |
| ASCENSION | 0.34% | 12.17 | 13.77% | 9.50 | 85.89% | 44.59 |
| ASSUMPTION | 0.85% | 0.01 | 13.48% | 12.68 | 85.67% | 87.63 |
| AVOYELLES | 0.24% | 0.07 | 10.72% | 2.47 | 89.04% | 55.84 |
| BEAUREGARD | 0.51% | 0.08 | 22.60% | 7.84 | 76.88% | 26.00 |
| BIENVILLE | 0.59% | 0.26 | 8.51% | 0.01 | 90.89% | 5.48 |
| BOSSIER | 0.17% | 0.07 | 15.89% | 9.78 | 83.95% | 24.88 |
| CADDO | 0.24% | 0.09 | 12.16% | 6.65 | 87.60% | 50.49 |
| CALCASIEU | 0.29% | 0.10 | 15.72% | 13.76 | 83.99% | 28.45 |
| CALDWELL | 0.33% | 0.00 | 11.24% | 0.00 | 88.44% | 8.52 |
| CAMERON | 0.00% | 0.00 | 38.89% | 0.00 | 61.11% | 0.00 |
| CATAHOULA | 0.67% | 0.17 | 9.53% | 0.03 | 89.80% | 10.65 |
| CLAIBORNE | 0.34% | 0.17 | 19.93% | 15.67 | 79.73% | 13.89 |
| CONCORDIA | 0.15% | 0.06 | 8.66% | 0.01 | 91.19% | 8.98 |
| DE SOTO | 0.21% | 0.04 | 14.58% | 8.36 | 85.21% | 48.75 |
| EAST BATON ROUGE | 0.36% | 2.32 | 13.75% | 13.34 | 85.89% | 42.00 |
| EAST CARROLL | 0.13% | 0.00 | 10.08% | 0.00 | 89.79% | 7.54 |
| EAST FELICIANA | 0.25% | 0.23 | 19.35% | 0.05 | 80.40% | 24.04 |
| EVANGELINE | 1.04% | 0.18 | 17.45% | 2.06 | 81.50% | 13.38 |
| FRANKLIN | 0.19% | 0.23 | 9.12% | 0.01 | 90.69% | 13.29 |
| GRANT | 0.22% | 0.00 | 11.87% | 5.01 | 87.91% | 6.10 |
| IBERIA | 0.92% | 2.11 | 18.12% | 4.66 | 80.96% | 12.72 |
| IBERVILLE | 0.55% | 0.03 | 15.59% | 2.50 | 83.86% | 37.65 |
| JACKSON | 0.00% | 0.00 | 13.25% | 0.04 | 86.75% | 3.06 |

| | | | | | | |
|---|---|---|---|---|---|---|
| JEFFERSON | 0.31% | 0.20 | 12.20% | 12.32 | 87.49% | 98.26 |
| JEFFERSON DAVIS | 0.19% | 0.24 | 13.77% | 0.13 | 86.04% | 65.44 |
| LA SALLE | 0.25% | 0.00 | 7.54% | 0.01 | 92.21% | 76.92 |
| LAFAYETTE | 0.54% | 1.85 | 14.02% | 11.06 | 85.45% | 95.41 |
| LAFOURCHE | 0.35% | 0.03 | 14.00% | 9.02 | 85.65% | 61.65 |
| LINCOLN | 0.23% | 43.44 | 10.78% | 6.31 | 88.99% | 16.51 |
| LIVINGSTON | 0.59% | 0.13 | 22.34% | 12.38 | 77.07% | 7.84 |
| MADISON | 0.30% | 0.03 | 10.60% | 2.55 | 89.10% | 24.10 |
| Missing/Invalid | 0.00% | 0.00 | 11.54% | 176.00 | 88.46% | 0.25 |
| MOREHOUSE | 0.49% | 414.96 | 11.28% | 3.62 | 88.22% | 7.04 |
| NATCHITOCHES | 0.29% | 0.06 | 12.60% | 5.01 | 87.12% | 20.87 |
| ORLEANS | 0.32% | 7.60 | 8.90% | 11.57 | 90.78% | 33.91 |
| OUACHITA | 0.26% | 6.30 | 9.49% | 9.84 | 90.25% | 64.40 |
| PLAQUEMINES | 0.76% | 0.02 | 15.65% | 0.01 | 83.59% | 14.25 |
| POINTE COUPEE | 0.44% | 0.12 | 20.89% | 0.02 | 78.67% | 66.53 |
| RAPIDES | 0.35% | 0.10 | 13.13% | 6.16 | 86.52% | 21.86 |
| RED RIVER | 0.00% | 0.00 | 16.07% | 0.01 | 83.93% | 23.50 |
| RICHLAND | 0.00% | 0.00 | 10.44% | 5.80 | 89.56% | 26.70 |
| SABINE | 0.34% | 0.00 | 9.73% | 7.19 | 89.93% | 68.00 |
| SAINT BERNARD | 0.28% | 0.51 | 12.65% | 7.16 | 87.07% | 45.45 |
| SAINT CHARLES | 0.43% | 7.57 | 15.27% | 12.00 | 84.30% | 11.83 |
| SAINT HELENA | 0.00% | 0.00 | 18.87% | 57.61 | 81.13% | 68.37 |
| SAINT JAMES | 0.32% | 0.16 | 10.57% | 0.52 | 89.12% | 36.36 |
| SAINT LANDRY | 0.30% | 0.12 | 13.27% | 8.25 | 86.44% | 15.01 |
| SAINT MARTIN | 0.77% | 0.07 | 17.24% | 4.45 | 82.00% | 20.78 |
| SAINT MARY | 0.59% | 0.12 | 17.41% | 17.47 | 82.00% | 22.84 |
| SAINT TAMMANY | 0.35% | 0.63 | 13.48% | 4.09 | 86.17% | 44.16 |
| ST JOHN THE BAPTIST | 0.45% | 0.17 | 13.75% | 4.87 | 85.80% | 25.99 |
| TANGIPAHOA | 0.49% | 0.31 | 16.51% | 13.50 | 83.00% | 23.28 |
| TENSAS | 0.00% | 0.00 | 13.25% | 0.01 | 86.75% | 165.26 |
| TERREBONNE | 0.35% | 18.97 | 15.07% | 11.02 | 84.59% | 10.70 |
| UNION | 0.15% | 0.02 | 11.10% | 10.74 | 88.75% | 23.64 |
| VERMILION | 0.47% | 0.16 | 20.42% | 27.05 | 79.11% | 5.16 |
| VERNON | 0.13% | 0.03 | 16.06% | 4.70 | 83.81% | 21.49 |
| WASHINGTON | 0.21% | 5,712.35 | 12.32% | 0.32 | 87.47% | 27.38 |
| WEBSTER | 0.07% | 0.00 | 15.86% | 21.46 | 84.07% | 10.48 |
| WEST BATON ROUGE | 0.75% | 0.12 | 15.35% | 22.19 | 83.90% | 37.75 |
| WEST CARROLL | 0.22% | 0.43 | 9.78% | 43.20 | 90.00% | 1.96 |
| WEST FELICIANA | 0.90% | 0.71 | 17.49% | 0.01 | 81.61% | 33.23 |
| WINN | 0.42% | 0.10 | 9.21% | 8.21 | 90.38% | 51.44 |

**Percentage of Referrals Considered Immediate, Urgent and Routine (LBHP Contract Closeout)**

| Parish Name | EMERGENT | | URGENT | | ROUTINE | |
|---|---|---|---|---|---|---|
| | % of Auths | Avg. Hours to Decision | % of Auths | Avg. Hours to Decision | % of Auths | Avg. Hours to Decision |
| ACADIA | 0.73% | 0.05 | 14.26% | 0.11 | 85.01% | 41.01 |
| ALLEN | 0.00% | 0.00 | 20.35% | 0.03 | 79.65% | 2.46 |
| ASCENSION | 0.84% | 0.05 | 12.57% | 0.06 | 86.59% | 14.79 |
| ASSUMPTION | 0.45% | 0.00 | 11.61% | 2.76 | 87.95% | 34.30 |
| AVOYELLES | 0.46% | 0.01 | 13.91% | 0.03 | 85.63% | 34.86 |
| BEAUREGARD | 0.67% | 0.13 | 18.12% | 0.01 | 81.21% | 15.00 |
| BIENVILLE | 0.00% | 0.00 | 12.61% | 0.03 | 87.39% | 5.48 |
| BOSSIER | 0.17% | 0.00 | 12.68% | 0.03 | 87.15% | 11.79 |
| CADDO | 0.25% | 0.18 | 12.15% | 0.15 | 87.60% | 9.47 |
| CALCASIEU | 0.35% | 0.03 | 16.08% | 0.11 | 83.57% | 21.07 |
| CALDWELL | 0.00% | 0.00 | 14.38% | 0.01 | 85.62% | 9.49 |
| CAMERON | 0.00% | 0.00 | 37.50% | 0.00 | 62.50% | 62.40 |
| CATAHOULA | 0.00% | 0.00 | 9.15% | 0.03 | 90.85% | 29.27 |
| CLAIBORNE | 0.00% | 0.00 | 15.52% | 0.01 | 84.48% | 11.49 |
| CONCORDIA | 0.00% | 0.00 | 14.37% | 0.01 | 85.63% | 22.62 |
| DE SOTO | 0.43% | 0.15 | 16.60% | 1.84 | 82.98% | 7.44 |
| EAST BATON ROUGE | 0.37% | 0.06 | 12.96% | 0.24 | 86.68% | 35.91 |
| EAST CARROLL | 0.00% | 0.00 | 7.76% | 0.02 | 92.24% | 41.34 |
| EAST FELICIANA | 0.71% | 0.13 | 11.43% | 0.08 | 87.86% | 8.13 |
| EVANGELINE | 0.51% | 0.11 | 11.93% | 186.48 | 87.56% | 16.74 |
| FRANKLIN | 0.32% | 0.05 | 10.06% | 0.05 | 89.61% | 37.61 |
| GRANT | 0.00 | 0.00 | 15.32% | 0.02 | 84.68% | 24.69 |
| IBERIA | 0.34% | 2,427.21 | 17.26% | 0.11 | 82.39% | 15.20 |
| IBERVILLE | 0.28% | 0.15 | 8.12% | 0.04 | 91.60% | 31.19 |
| JACKSON | 0.00% | 0.00 | 10.87% | 0.05 | 89.13% | 13.65 |
| JEFFERSON | 0.34% | 56.78 | 11.34% | 29.71 | 88.32% | 15.47 |
| JEFFERSON DAVIS | 0.00 | 0.00 | 16.56% | 0.14 | 83.44% | 32.06 |
| LA SALLE | 0.68% | 0.00 | 6.76% | 0.04 | 92.57% | 31.07 |
| LAFAYETTE | 0.23% | 0.01 | 13.35% | 0.06 | 86.42% | 24.65 |
| LAFOURCHE | 0.43% | 0.06 | 12.59% | 0.05 | 86.98% | 23.22 |
| LINCOLN | 0.26% | 0.04 | 9.52% | 0.02 | 90.21% | 28.24 |
| LIVINGSTON | 0.46% | 0.14 | 16.11% | 0.15 | 83.43% | 46.76 |
| MADISON | 0.00% | 0.00 | 7.05% | 0.01 | 92.95% | 31.10 |
| MOREHOUSE | 0.24% | 0.00 | 11.43% | 0.03 | 88.33% | 23.92 |
| NATCHITOCHES | 0.85% | 0.03 | 11.04% | 0.02 | 88.12% | 14.21 |
| ORLEANS | 0.30% | 0.35 | 8.37% | 0.11 | 91.33% | 16.62 |
| OUACHITA | 0.39% | 0.10 | 8.72% | 0.43 | 90.89% | 29.06 |

| | | | | | | |
|---|---|---|---|---|---|---|
| PLAQUEMINES | 0.99% | 0.05 | 15.84% | 0.06 | 83.17% | 15.61 |
| POINTE COUPEE | 0.53% | 0.35 | 16.93% | 0.04 | 82.54% | 26.54 |
| RAPIDES | 0.39% | 0.06 | 15.37% | 0.07 | 84.24% | 26.12 |
| RED RIVER | 0.00% | 0.00 | 11.39% | 0.01 | 88.61% | 7.43 |
| RICHLAND | 0.84% | 0.07 | 12.64% | 0.06 | 86.52% | 32.19 |
| SABINE | 0.00% | 0.00 | 16.46% | 0.03 | 83.54% | 5.04 |
| SAINT BERNARD | 0.66% | 0.04 | 12.23% | 0.05 | 87.11% | 8.65 |
| SAINT CHARLES | 0.63% | 0.13 | 13.44% | 0.46 | 85.94% | 17.47 |
| SAINT HELENA | 0.00% | 0.00 | 9.64% | 0.07 | 90.36% | 34.85 |
| SAINT JAMES | 0.00% | 0.00 | 13.94% | 0.02 | 86.06% | 36.37 |
| SAINT LANDRY | 0.28% | 0.04 | 11.48% | 0.11 | 88.24% | 51.89 |
| SAINT MARTIN | 0.25% | 0.00 | 13.18% | 0.06 | 86.57% | 30.08 |
| SAINT MARY | 0.30% | 0.28 | 9.91% | 0.77 | 89.79% | 31.27 |
| SAINT TAMMANY | 0.26% | 0.15 | 13.63% | 0.16 | 86.11% | 18.27 |
| ST JOHN THE BAPTIST | 0.39% | 0.06 | 12.80% | 0.02 | 86.81% | 9.40 |
| TANGIPAHOA | 0.29% | 0.03 | 13.91% | 0.29 | 85.80% | 30.17 |
| TENSAS | 0.76% | 0.00 | 14.39% | 0.58 | 84.85% | 44.06 |
| TERREBONNE | 0.15% | 0.13 | 15.95% | 0.31 | 83.89% | 27.47 |
| UNION | 0.19% | 0.00 | 9.02% | 0.02 | 90.79% | 18.03 |
| VERMILION | 0.79% | 0.08 | 21.20% | 0.04 | 78.01% | 32.51 |
| VERNON | 0.00% | 0.00 | 20.68% | 0.05 | 79.32% | 3.24 |
| WASHINGTON | 0.00% | 0.00 | 13.87% | 0.08 | 86.13% | 6.20 |
| WEBSTER | 0.25% | 0.02 | 13.57% | 0.03 | 86.18% | 8.50 |
| WEST BATON ROUGE | 0.00% | 0.00 | 15.21% | 0.10 | 84.79% | 42.42 |
| WEST CARROLL | 0.00% | 0.00 | 9.60% | 0.08 | 90.40% | 55.58 |
| WEST FELICIANA | 0.00% | 0.00 | 8.33% | 0.24 | 91.67% | 5.41 |
| WINN | 0.00% | 0.00 | 19.05% | 0.01 | 80.95% | 5.78 |

# 9 CLEAN CLAIMS

Magellan defines a clean claim as one that has no defect or impropriety, including any lack of required substantiating documentation, or particular circumstance requiring special treatment that otherwise prevents timely payment being made on the claim. A provider submits a clean claim by providing the required data elements on the standard claims forms along with any attachments, additional elements, or revisions of which the provider has knowledge. However, Magellan does not typically require attachments or other information in addition to the standard forms.

The requested data includes the percentage of clean claims paid within 30 days for each facility broken out by local governing entity (LGE). Also included in this data element is the average number of days taken to pay all claims at each facility by LGE. The distinction of "Non-LGE" as an agency represents claims not associated with an LGE.

**Clean Claims (SFY 2015)**

| Agency | Provider Type | % Clean Claims Paid Within 30 Days | Average Number of days to pay all claims |
|---|---|---|---|
| AAHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 2.72 |
| AAHSD | MENTAL HEALTH CLINIC | 100.0% | 3.93 |
| AAHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.54 |
| CAHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 16.75 |
| CAHSD | MENTAL HEALTH CLINIC | 100.0% | 20.38 |
| CAHSD | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 2.25 |
| CAHSD | PHYSICIAN | 100.0% | 15.28 |
| CAHSD | STATE/LOCAL ENTITY | 100.0% | 13.74 |
| CAHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 27.82 |
| CLHSD | MENTAL HEALTH CLINIC | 100.0% | 3.56 |
| CLHSD | STATE/LOCAL ENTITY | 100.0% | 11.00 |
| CLHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.60 |
| FPHSA | COMMUNITY BEHAVIORAL HEALTH CLINICS | 90.3% | 10.31 |
| FPHSA | LICENSED PROFESSIONAL COUNSELORS (LPC) | 100.0% | 2.00 |
| FPHSA | MENTAL HEALTH CLINIC | 98.4% | 5.41 |
| FPHSA | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 3.67 |
| FPHSA | STATE/LOCAL ENTITY | 100.0% | 3.97 |
| FPHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 7.01 |
| ImCal | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 11.14 |

| | | | |
|---|---|---|---|
| ImCal | MENTAL HEALTH CLINIC | 100.0% | 8.79 |
| ImCal | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 5.24 |
| JPHSA | MENTAL HEALTH CLINIC | 100.0% | 8.17 |
| JPHSA | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 100.0% | 13.56 |
| JPHSA | PHYSICIAN | 100.0% | 13.93 |
| JPHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.03 |
| MHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 3.06 |
| MHSD | MENTAL HEALTH CLINIC | 100.0% | 5.14 |
| MHSD | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 99.8% | 4.91 |
| MHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.77 |
| NEDHSD | MENTAL HEALTH CLINIC | 100.0% | 3.37 |
| NEDHSD | PHYSICIAN | 100.0% | 9.41 |
| NEDHSD | STATE/LOCAL ENTITY | 100.0% | 6.60 |
| NEDHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.83 |
| Non LGE | AGENCY | 96.2% | 13.35 |
| Non LGE | ASSERTIVE COMM TREAT TEAM | 100.0% | 24.83 |
| Non LGE | BEHAVIORAL HEALTH IN A FQHC | 99.8% | 11.90 |
| Non LGE | BEHAVIORAL HEALTH REHABILITATION PROVIDER AGENCY | 100.0% | 49.46 |
| Non LGE | COMMUN/RESID GROUP HOME | 100.0% | 21.09 |
| Non LGE | COMMUN/RESID HALFWAY HOME | 100.0% | 102.32 |
| Non LGE | COMMUNITY BEHAVIORAL HEALTH CLINICS | 96.8% | 11.97 |
| Non LGE | DOCTOR OF OSTEOPATHY (DO) AND DOCTORS OF OSTEOPATHY GROUP | 99.7% | 11.97 |
| Non LGE | FAMILY SUPPORT ORGANIZATION | 100.0% | 5.49 |
| Non LGE | FOSTER CARE PROGRAM | 99.2% | 21.23 |
| Non LGE | FREESTANDING PSYC HOSPITAL | 97.3% | 23.65 |
| Non LGE | FREESTANDING SA TREATMENT FAC | 91.7% | 25.63 |
| Non LGE | GENERAL HOSPITAL | 88.8% | 23.84 |
| Non LGE | GROUP | 97.1% | 22.68 |
| Non LGE | HOSPITAL | 92.0% | 25.55 |
| Non LGE | HOSPITAL - DISTINCT PART PSYCHIATRIC UNIT (IN-STATE ONLY) | 78.9% | 24.40 |
| Non LGE | INDIVIDUAL | 98.2% | 9.32 |
| Non LGE | LEA & SCHOOL BOARD (IN STATE ONLY) | 100.0% | 7.06 |
| Non LGE | LICENSED ADDICTION COUNSELORS (LAC) | 100.0% | 9.97 |
| Non LGE | LICENSED CLINICAL SOCIAL WORKER (LCSW) | 99.6% | 5.39 |
| Non LGE | LICENSED MARRIAGE & FAMILY THERAPIST (LMFT) | 100.0% | 6.92 |
| Non LGE | LICENSED PROFESSIONAL COUNSELORS (LPC) | 100.0% | 3.84 |
| Non LGE | MEDICAL OR LICENSED PSYCHOLOGIST | 99.3% | 6.52 |
| Non LGE | MENTAL HEALTH CLINIC | 99.9% | 4.56 |
| Non LGE | MENTAL HEALTH HOSPITAL (FREE-STANDING) | 98.8% | 23.67 |
| Non LGE | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 4.35 |

| | | | |
|---|---|---|---|
| Non LGE | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 100.0% | 5.27 |
| Non LGE | NON-MEDICAL GROUP HOME | 97.8% | 22.36 |
| Non LGE | NURSE PRACTITIONER AND NURSE PRACTITIONER GROUP | 99.8% | 6.54 |
| Non LGE | ORGANIZATION, NO SETTING | 89.8% | 25.27 |
| Non LGE | OTHER, NON HOSPITAL | 83.7% | 22.68 |
| Non LGE | PHYSICIAN | 99.8% | 13.26 |
| Non LGE | RESIDENTIAL TREATMENT CENTER | 100.0% | 39.19 |
| Non LGE | RESPITE CARE (CENTER BASED)- WAIVER (IN-STATE ONLY) | 100.0% | 4.29 |
| Non LGE | SCHOOL BASED CLINIC | 96.9% | 11.95 |
| Non LGE | SCHOOL-BASED HEALTH CENTER (IN-STATE ONLY) | 100.0% | 8.95 |
| Non LGE | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 99.9% | 8.68 |
| Non LGE | THERAPEUTIC FOSTER CARE | 97.9% | 21.04 |
| Non LGE | TRANSITION COORDINATION (SKILLS BUILDING) | 100.0% | 7.80 |
| NWLHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 2.13 |
| NWLHSD | MENTAL HEALTH CLINIC | 100.0% | 4.53 |
| NWLHSD | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 3.31 |
| NWLHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.90 |
| SCLHSA | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 4.41 |
| SCLHSA | MENTAL HEALTH CLINIC | 100.0% | 4.53 |
| SCLHSA | STATE/LOCAL ENTITY | 100.0% | 10.70 |
| SCLHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 35.65 |

**Clean Claims (LBHP Contract Closeout)**

| Agency | Provider Type | % Clean Claims Paid Within 30 Days | Average Number of days to pay all claims |
|---|---|---|---|
| AAHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 6.77 |
| AAHSD | MENTAL HEALTH CLINIC | 100.0% | 14.86 |
| AAHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 5.30 |
| CAHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 4.86 |
| CAHSD | MENTAL HEALTH CLINIC | 100.0% | 7.78 |
| CAHSD | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 5.14 |
| CAHSD | STATE/LOCAL ENTITY | 100.0% | 6.40 |
| CAHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 7.36 |
| CLHSD | MENTAL HEALTH CLINIC | 100.0% | 11.22 |
| CLHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.68 |
| FPHSA | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 4.04 |
| FPHSA | MENTAL HEALTH CLINIC | 100.0% | 6.20 |
| FPHSA | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 4.42 |
| FPHSA | PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY | 100.0% | 2.00 |

| | | | |
|---|---|---|---|
| FPHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 2.89 |
| ImCal | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 3.67 |
| ImCal | MENTAL HEALTH CLINIC | 100.0% | 9.14 |
| ImCal | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 8.36 |
| JPHSA | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 3.20 |
| JPHSA | MENTAL HEALTH CLINIC | 100.0% | 22.30 |
| JPHSA | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 100.0% | 6.10 |
| JPHSA | STATE/LOCAL ENTITY | 100.0% | 8.71 |
| JPHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 39.96 |
| MHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 2.43 |
| MHSD | MENTAL HEALTH CLINIC | 100.0% | 12.85 |
| MHSD | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 100.0% | 116.00 |
| MHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 5.24 |
| NEDHSD | MENTAL HEALTH CLINIC | 100.0% | 6.75 |
| NEDHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 8.11 |
| Non LGE | -- | 100.0% | 9.49 |
| Non LGE | AGENCY | 100.0% | 4.24 |
| Non LGE | ASSERTIVE COMM TREAT TEAM | 100.0% | 3.71 |
| Non LGE | BEHAVIORAL HEALTH IN A FQHC | 100.0% | 6.89 |
| Non LGE | BEHAVIORAL HEALTH REHABILITATION PROVIDER AGENCY | 100.0% | 6.78 |
| Non LGE | CMHC | 100.0% | 12.39 |
| Non LGE | COMMUN/RESID GROUP HOME | 100.0% | 10.21 |
| Non LGE | COMMUN/RESID HALFWAY HOME | 100.0% | 6.33 |
| Non LGE | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 3.90 |
| Non LGE | DOCTOR OF OSTEOPATHY (DO) AND DOCTORS OF OSTEOPATHY GROUP | 100.0% | 14.38 |
| Non LGE | FAMILY SUPPORT ORGANIZATION | 100.0% | 5.08 |
| Non LGE | FOSTER CARE PROGRAM | 100.0% | 14.14 |
| Non LGE | FREESTANDING PSYC HOSPITAL | 99.9% | 11.00 |
| Non LGE | FREESTANDING SA TREATMENT FAC | 100.0% | 11.28 |
| Non LGE | GENERAL HOSPITAL | 99.7% | 12.50 |
| Non LGE | GROUP | 100.0% | 13.65 |
| Non LGE | HOSPITAL | 99.6% | 14.70 |
| Non LGE | HOSPITAL - DISTINCT PART PSYCHIATRIC UNIT (IN-STATE ONLY) | 99.5% | 21.17 |
| Non LGE | INDIVIDUAL | 100.0% | 5.27 |
| Non LGE | LEA & SCHOOL BOARD (IN STATE ONLY) | 99.7% | 19.13 |
| Non LGE | LICENSED ADDICTION COUNSELORS (LAC) | 100.0% | 5.55 |
| Non LGE | LICENSED CLINICAL SOCIAL WORKER (LCSW) | 100.0% | 4.65 |
| Non LGE | LICENSED MARRIAGE & FAMILY THERAPIST (LMFT) | 100.0% | 4.03 |
| Non LGE | LICENSED PROFESSIONAL COUNSELORS (LPC) | 100.0% | 5.92 |
| Non LGE | MEDICAL OR LICENSED PSYCHOLOGIST | 100.0% | 7.84 |

| | | | |
|---|---|---|---|
| Non LGE | MENTAL HEALTH CLINIC | 100.0% | 3.79 |
| Non LGE | MENTAL HEALTH HOSPITAL (FREE-STANDING) | 100.0% | 10.66 |
| Non LGE | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 4.36 |
| Non LGE | MULTI-SYSTEMIC THERAPY (IN-STATE ONLY) | 100.0% | 4.95 |
| Non LGE | NON-MEDICAL GROUP HOME | 97.7% | 17.82 |
| Non LGE | NURSE PRACTITIONER AND NURSE PRACTITIONER GROUP | 100.0% | 4.89 |
| Non LGE | ORGANIZATION, NO SETTING | 100.0% | 17.79 |
| Non LGE | OTHER, NON HOSPITAL | 100.0% | 136.78 |
| Non LGE | PHYSICIAN | 100.0% | 7.38 |
| Non LGE | PRESCRIBING ONLY PROVIDER | 100.0% | 5.17 |
| Non LGE | RESIDENTIAL TREATMENT CENTER | 100.0% | 4.97 |
| Non LGE | RESPITE CARE (CENTER BASED)- WAIVER (IN-STATE ONLY) | 100.0% | 5.35 |
| Non LGE | SCHOOL BASED CLINIC | 100.0% | 5.18 |
| Non LGE | SCHOOL DISTRICT | 0.0% | 66.86 |
| Non LGE | SCHOOL-BASED HEALTH CENTER (IN-STATE ONLY) | 100.0% | 6.55 |
| Non LGE | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 6.16 |
| Non LGE | THERAPEUTIC FOSTER CARE | 99.7% | 15.88 |
| Non LGE | TRANSITION COORDINATION (SKILLS BUILDING) | 100.0% | 4.57 |
| NWLHSD | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 2.34 |
| NWLHSD | MENTAL HEALTH CLINIC | 100.0% | 8.21 |
| NWLHSD | MENTAL HEALTH REHABILITATION (IN-STATE ONLY) | 100.0% | 6.13 |
| NWLHSD | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 8.51 |
| SCLHSA | COMMUNITY BEHAVIORAL HEALTH CLINICS | 100.0% | 6.46 |
| SCLHSA | MENTAL HEALTH CLINIC | 100.0% | 4.69 |
| SCLHSA | SUBSTANCE ABUSE AND ALCOHOL ABUSE CENTER | 100.0% | 3.20 |

# 10 CLAIMS DENIED

There were 443,358 denied claims compared to 4,121,464 paid claims during the SFY 2015, which means that denials account for 11 percent of all claims. There were 187,466 denied claims compared to 1,764,727 paid claims during the LBHP contract closeout period (July 1, 2015 to November 30, 2015), which means that denied claims account for 11 percent of all claims.

There are multiple reasons a claim may be denied. Most frequently, a claim is denied due to errors in the submission process. Common errors include the provider submitting duplicate claims, the member being ineligible for the service submitted for reimbursement, a lack of documentation, or a lack prior authorization. For the 2015 SFY, lack of authorization is the primary reason for claims denial at 37.33 percent, and duplicate claims account for another 32.68 percent of denied claims. For the LBHP contract closeout period, duplicate claims account for 39.63 percent of denied claims, and lack of authorization on file accounts for an additional 33.89 percent of denied claims. Please note that this requested list of items is not exhaustive of causes for claims denial.

**Top Five Reasons for Denial of Claims (2015)**

| Denial Type | Denial Type Count | All Denial Count | % of All Denials |
|---|---|---|---|
| No authorization on file | 165,501 | 443,358 | 37.33% |
| Duplicate, previously submitted and processed or still in process | 144,881 | 443,358 | 32.68% |
| Service not covered for the eligibility criteria | 61,277 | 443,358 | 13.82% |
| Non-Covered Behavioral Health DX | 40,833 | 443,358 | 9.21% |
| Non-Covered/Medical Service | 30,866 | 443,358 | 6.96% |

| Top Five Reasons for Denial of Claims (LBHP Contract Closeout Period) | | | |
|---|---|---|---|
| **Denial Type** | **Denial Type Count** | **All Denial Count** | **% of All Denials** |
| Duplicate, previously submitted and processed or still in process | 74,291 | 187,466 | 39.63% |
| No authorization on file | 63,539 | 187,466 | 33.89% |
| Service not covered for the eligibility criteria | 24,537 | 187,466 | 13.09% |
| Non-Covered Behavioral Health DX | 13,322 | 187,466 | 7.11% |
| State of LA Crossover Claims-Submit to health plan | 11,777 | 187,466 | 6.28% |

# 11 Percentage of Members Asked to Provide Consent for Release of Information to Coordinate with Primary Care Physician

Five metrics are presented to identify the percentage of members who provide consent for the release of information (ROI) for the coordination of care with the member's primary care physician (PCP) and other healthcare providers for the SFY 2015. Four of these metrics are captured as part of the treatment record review (TRR) process for inpatient, residential substance use, outpatient and the aggregate of these three levels of care. One metric comes from a data report on referrals received from the Bayou Health plans. Below are the results from the treatment record reviews associated with this legislative request.

| **Percentage of Members Asked to Provide Consent for Release of Information to Coordinate with Primary Care Physician (3/01/2014–7/1/2015)*** | |
|---|---|
| Total Providers Reviewed | 130 |
| Total Records in Compliance | 980 |
| Total Records Reviewed | 1,443 |
| % of Records with Release of Information of Primary Care Physician | 67.9% |

**Treatment record reviews were discontinued in July 2015 in anticipation of integration (transitioning providers to the Bayou Health plans).*

A total of 130 providers were reviewed from July 2014 through June 2015 as part of TRR process. Of the 1,443 records reviewed, 980 records were in compliance for releases of information with PCPs and other healthcare providers for a total compliance rate of 67.9 percent. Magellan requires providers who score under 80 percent to submit a corrective action plan on how they intend to improve compliance with this element. Barriers to this process that have been previously identified include the lack of certainty among members as to the identity of their PCP, the inability for providers to quickly identify the PCP if the PCP is unknown to the member, the unwillingness or inability of providers to coordinate care and member refusal. The lack of a mechanism to quickly identify the member's assigned PCP was identified as the root cause of noncompliance.

In 2015, the Department of Health and Hospitals (DHH) integrated specialized behavioral healthcare with primary, physical healthcare under the Bayou Health Program. With this change, providers have a single health plan for each Medicaid member to better coordinate care. This is anticipated to improve outcomes and allow for increased coordination of services.

# 12 Behavioral Health in Emergency Rooms

Magellan defines unique members presenting in the emergency room (ER) as the number of unduplicated persons that receive services in the ER. Presentations equate to the number of times that these persons enter the ER for care, and the unique member may present to the ER multiple times. Likewise, a provider may submit multiple claims for each presentation for both a professional claim for services and a facility claim for overhead expenses. This explains why the number of claims exceeds the number of presentations and why the number of presentations exceeds the number of unique members as presented in Appendix XII attached to this report.

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

| Year | Unique Members Presenting in ER | ER Presentations | ER Claims |
|---|---|---|---|
| 2015 | 12,971 | 18,855 | 98,268 |
| LBHP Contract Closeout | 9 | 12 | 12 |

# 13 REPORT ON QUALITY MANAGEMENT

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

- Quality Improvement–Clinical Management (QI/CM) Program Evaluation (3/1/2014 through 2/28/2015)
- Quality Improvement–Clinical Management (QI/CM) Program Evaluation (3/1/2015 through 11/30/2015 (quarters 1 and 2 of contract year four) and
- Louisiana CMC Magellan Health Services – Magellan Behavioral Health Utilization Management Program Description for Medicaid Managed Care (3/1/2014 - 2/28/2015).

The Care Management Center resources allocated to the Quality Program are detailed within Appendix B of Magellan's QI/CM Program Evaluation report (3/1/2014–2/2/2015). The team consists of multiple Louisiana-based and corporate level staff with at least 16 full-time devoted personnel to quality as indicated in the table below. Complete details regarding this information can be found beginning on page 196 of the attached report.

| Louisiana CMC Staff (2015) | Percent of FTE Allocated to QI (2015) |
|---|---|
| General Manager | 25% |
| Medical Director | 25% |
| Medical Administrator | 15% |
| UM/CM Administrator | 25% |
| Manager Clinical Services | 25% |
| Supervisor Clinical Services (2) | 25% |
| Supervisor Recovery and Resiliency Care Management | 25% |
| Director Member Service | 15% |
| Compliance Officer | 25% |
| Quality Management Administrator | 100% |
| QI Manager | 100% |
| QI Clinical Reviewer (5) | 100% |
| QI Specialist | 100% |
| Member Grievance Coordinator | 100% |

| | |
|---|---|
| Trainer | 25% |
| QI Manager Reporting and Analytics | 100% |
| Sr. Data and Reporting Analyst | 100% |
| Ambulatory Follow-up Supervisor | 20% |
| Network Administrator | 20% |
| Manager Area Contracting | 15% |
| Network Coordinators (6) | 20% |
| Senior Account Executive | 25% |
| **Corporate Staff (2015)** | **Percent of FTE Allocated to QI (2015)** |
| Senior Vice President, Outcomes and Research | 15% |
| Vice President Quality Improvement | 25% |
| National Director, Quality Improvement | 10% |
| National Director, Quality and Accreditation | 10% |
| Vice President, Outcomes and Evaluations | 20% |
| Vice President, QI Performance Measurement | 10% |
| Chief Medical Officer – Behavioral Health | 10% |

The SMO used a quality committee structure for generating input and participation of members, families/caretakers and other stakeholders in the monitoring of service quality and determining strategies to improve outcomes. Specifically, the Member Services Committee and the Family, Member, Advocate and Stakeholder Committee (FMASC) were used. As noted on page 172 of the QI/CM report, efforts were made to improve member/family member involvement in the committees during the second contract year, including member recruitment and restructuring of the FMASC.

In order to demonstrate its compliance with all the federal requirements of 42 CFR 438.240 and the utilization management requirement for the Medicaid program as described in 42 CFR 456, Magellan provided the following:

***42 CFR 456:***

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

integrated within its quality improvement committee (QIC) to monitor the UM program for effectiveness and impact on its member population.

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

Further details surrounding the UM program and its outcomes and measures can be found in the attached documents titled *Quality Improvement–Clinical Management (QI/CM) Program Evaluation (March 1, 2015 to November 30, 2015)* and *Louisiana CMC Magellan Health Services – Magellan Behavioral Health Utilization Management Program Description for Medicaid Managed Care (3/1/2014 – 2/28/2015).*

***42 CFR 438.240:***

As per the requirements of 42 CFR 438.240, Magellan's QI department monitors critical performance measures on an ongoing basis to determine if opportunities for improvement can be identified due to underutilization, to assist populations with specialty healthcare needs or other statewide factors. Magellan works to enhance quality through the implementation of performance improvement projects (PIPs). PIPs are required by the Centers for Medicare & Medicaid Services (CMS) and are part of the external quality review (EQR) function of managed care. They are focused initiatives used to improve specific quality performance measures through ongoing measurements and interventions that result in significant improvement sustained over time. PIPs are specifically aimed at creating a favorable effect on health outcomes and member satisfaction. The PIPs are outlined in the attached Quality Improvement–Clinical Management (QI/CM) Program Evaluation (3/1/2014 through 2/28/2015) on page 40 *Section V* and in the Quality Improvement–Clinical Management (QI/CM) Program Evaluation (3/1/2015 through 11/30/2015) on page 29 *Section V*.

1. *Improve the Number of Coordinated System of Care (CSoC) Treatment Plans with Service Authorization at First Review (Calendar Year 3).*

One of the goals of CSoC is to ensure that children who are either in an out-of-home placement or at risk of out-of-home placement receive sufficient community-based services to improve their functioning and reduce the risk of future out-of-home placements. Magellan assessed the number of CSoC children with a wraparound agency (WAA) authorization and enrolled for at least 30 days who have an established plan of care with authorization for additional CSoC services. As per the QI/CM program evaluation, in comparison with the baseline, results for the third year of the project displayed increased rates of service authorizations than in the second year. Magellan also increased the percentage of CSoC youth with claims submitted for services from 88.64 percent in the second year to 93.25 percent in the third year (*Section V. Quality Improvement Activities and Performance Improvement Projects*, QI/CM Program Evaluation (3/1/2015–11/30/2015), page 52). Furthermore, the percent of CSoC youth who received CSoC services per month improved. Although successes were realized through this project in increasing access to timely services, opportunities for continued network expansion exist. Throughout the contract, Magellan worked to address barriers to the network development of two CSoC services, Crisis Stabilization and Short-Term Respite. In September 2015, Magellan implemented enhancements to track unmet needs for these services and if the lack of services led to admissions to higher levels of care.

2. *Improve Member Access to Emergent, Urgent and Routine Appointments (Contract Year 3)*

Avoiding delays in care is essential to preventing further deterioration of a member's condition, so it is important for members to be able to access care within appropriate timeframes based on the urgency of the issue once a need is recognized. Timely access to care also impacts patient satisfaction and clinical outcomes. One of Magellan's primary functions is to ensure that members are able to promptly access behavioral health services based on the presenting issue, and so it is important for the SMO to monitor the speed with which members are able to access emergent, urgent and routine services. The LBHP identified access to care as a priority for formal performance monitoring and improvement as part of the implementation of managed care.

Magellan assessed the percentage of members who receive an authorization for service within required timeframes (routine, urgent, and emergent). For contract year three, Magellan found high compliance rates for urgent and routine authorizations, with rates just below the goal for emergent. Magellan assessed the percentage of members who

accessed services within the required timeframe. For contract year three, Routine appointment access consistently exceeded the established goal of 70%. Urgent and emergent metrics showed decreases from contract year one, although urgent access significantly increased from year two to three.

3. *Transitional Care (Contract Year 3 and 4)*

In Contract Year Three and for the first two quarters of Contract Year 4, Follow-up After Hospitalization Performance Improvement Plan was expanded to the Transitional Care PIP to improve capabilities to monitor the quality of care for those who receive inpatient services more comprehensively. The aim of this project was to improve transitional care for members of the LBHP by ensuring appropriate inpatient discharge management planning, which would increase the likelihood of attending ambulatory follow up appointments and reduce the probability of readmissions into an acute setting. Magellan monitored four indicators for transitional care in order to measure improvement, including: components of discharge management planning, ambulatory follow up rates for mental health and substance use facilities, readmission rates for mental health and substance use disorders, and bridge of discharge program metrics. Indicators were evaluated by population and eligibility categories when appropriate to better target interventions. The follow-up rate for children enrolled in the CSoC program was slightly below the national 90$^{th}$ percentile for follow-up within seven (7) days and exceeded the national 90$^{th}$ percentile for follow-up within thirty (30) days.

4. *Improve Adverse Incident Reporting (Contract Year 3)*

Accurate adverse incident reporting is an essential component of a quality management program that allows managed care organizations to monitor the safety culture of its providers and identify patient safety concerns that require increased oversight. Magellan is also required by contract to track, review, and investigate critical incidents and accidents, morbidities, mortalities, and other quality of care issues. When critical incidents, known as adverse incident, are received, reports are analyzed for patterns and trends, such as a disproportionate number of a type or category of concern or a high or increasing number of concerns related to a particular provider or a particular set of circumstances. When an aberrant pattern or trend is identified, a root cause analysis is conducted and interventions are implemented. The aim of the PIP is to show statistically significant improvement in the accuracy of adverse incident reporting as evidenced by an increase in

reporting of adverse incidents especially as related to levels of care that typically have a higher rate of adverse incidents due to acuity of the members served (e.g., inpatient hospitals, PRTF, etc.).

Reports of adverse incidents increased from 268 in contract year two to 571 in contract year three, which represents a 113.1% increase. There was an average of 45 reports per month in contract year three compared to 20 in contract year two. Since only the first two quarters of contract year four are being reported, alternative time ranges were used in the analysis of the results below. The time ranges being analyzed are: 9/1/2013 to 8/31/2014 (*first period*) and 9/1/2014 to 8/31/2015 (*second period*). The number of adverse incidents reported during the first period (376 reports), compared to the second period (532 reports), increased by 156 during the second period, which was a 41.49% increase.

Relative to 42 CFR 438.240's requirement that Magellan have mechanisms in place for utilization management (UM), Magellan has initiated a UM program to ensure that members receive services that are individualized, effective, least restrictive, and medically necessary. One of Magellan's goals is to decrease utilization of higher levels of care and increase appropriate utilization of home- and community-based services. Underutilization of any service could be caused by several factors, including but not limited to barriers to access, lack of member awareness of service availability, UM program issues resulting in service authorization or denial delays. Overutilization of services could indicate a lack of availability of the appropriate alternative services or provider and practitioner issues. For additional information and outcome measures of the UM program, please reference Section VIII, Evaluation of Over/Under Utilization of Services within the QI/CM program evaluation report (3/01/2014–2/28/2014 and 3/01/2015–11/30/2015).

As per 42 CFR 438.240, Magellan also has mechanisms in place to assess the quality and appropriateness of care furnished to persons with special healthcare needs through its Recovery and Resiliency Care Management (RCM) program, which provides intensive case management to high-risk members children age 12 and under who are hospitalized, substance using pregnant women, IV drug users, members with one or more admission for an eating disorder, members who have chronic or severe physical health and mental health co-morbid conditions, and many others. Other important activities completed by the RCM team include the Birth Outcome Initiative, crisis plan development and provider education.

Outcomes from the RCM program have been very positive over contract year three and four (quarters one and two) as shown in the tables below.

| Adults | |
|---|---|
| **Measures** | **Percent of Members with Improvement** |
| Emotional Health | 78% |
| Physical Health | 44% |
| Behavioral Symptoms | 57% |
| Strengths | 68% |
| Provider Relationship | 62% |
| Confidence in Treatment | 46% |
| General Health | 24% |

| Children | |
|---|---|
| **Measures** | **Percent of Members with Improvement** |
| Emotional Health | 78% |
| Physical Health | 44% |
| Strengths | 68% |
| Behavioral Symptoms | 57% |
| General Health | 53% |

The SMO has also documented the implementation and maintenance of a formal outcomes assessment process that is standardized, relatable and valid in accordance with industry standards.

OBH established the Interdepartmental Monitoring Team (IMT) to facilitate monitoring of the LBHP waivers and state plan amendment performance measures outlined for CMS. The IMT is composed of representatives from other state agencies, Medicaid and different sections of OBH. The IMT meets regularly and has established a schedule for reporting and accountability with Magellan, including monthly, quarterly, semi-annual and annual reporting reviews. The IMT receives reports, reviews and offers analysis and provides feedback to Magellan. This structure was developed in late 2012, and the IMT continues to refine its processes. In addition to the IMT, Magellan's Quality, Outcomes and Research Department

works with members and the state to implement its *Outcomes 360* program, which is a comprehensive, integrated approach to clinical measurement and outcomes reporting. It uses quantifiable measures to track progress and identify areas for improvement. The primary components of the Louisiana CMC *Outcomes 360* are as follows:

- Consumer Health Inventory,
- Consumer Health Inventory – Child,
- Telesage Outcomes Measurement System (TOMS), and
- Child and Adolescent Needs and Strengths (CANS) Comprehensive LA.

Additional information and outcomes regarding Outcomes 360 can be found in Section XII of the QI/CM program evaluation (3/01/2014–2/28/2014 and 3/01/2015–11/30/2015), Clinical/Functional Outcomes Activities.

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

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

**Payment of Claims to Providers (2015)**

| Month of Service | Claims Paid Amount |
|---|---|
| 2014-07 | $28,903,417.95 |
| 2014-08 | $28,542,170.35 |
| 2014-09 | $30,087,649.78 |
| 2014-10 | $32,134,949.22 |
| 2014-11 | $28,544,081.10 |
| 2014-12 | $30,783,734.55 |
| 2015-01 | $32,708,395.01 |
| 2015-02 | $29,690,626.50 |
| 2015-03 | $34,610,176.04 |
| 2015-04 | $33,907,360.56 |
| 2015-05 | $33,514,140.63 |
| 2015-06 | $33,434,862.43 |
| **Annual TOTAL** | $376,861,564.12 |

**Payment of Claims to Providers (LBHP Contract Closeout Period)**

| Month of Service | Claims Paid Amount |
|---|---|
| 2015-07 | $37,423,279.34 |
| 2015-08 | $38,160,855.59 |
| 2015-09 | $38,908,254.92 |
| 2016-10 | $39,438,217.53 |
| 2015-11 | $35,547,642.37 |
| **LBHP Contract Closeout TOTAL** | $189,478,249.75 |

**b & c)** In answer to requests 14(b) and (c) within Act 158, please reference the attached Merit Health Insurance Company Income Statement, dated 12/31/15 reported from Magellan's parent company, Merit Health Insurance, and detail its administrative expenses and net profit in Louisiana.

# 15 EXPLANATION OF PROGRAM CHANGES

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

In 2015, Magellan reconfigured claim processing systems to accommodate the new Mixed Service Protocol, which became effective March 1, 2015. The Mixed Service Protocol assists providers with in determining whether to send a claim to Magellan or the Bayou Health Plans in instances where member coverage may be shared between the MCOs and the SMO. Prior to March 1, 20145, a mixed service claim would be billed based on diagnosis code. The new Mixed Service Protocol allowed providers to bill by provider type and required significant claims processing changes for Magellan. All professional claims, for example, submitted by Psychiatrists or Licensed Mental Health Professionals (LMHPs) would go to Magellan and non-LMHP professional claims would go to the Bayou Health Plans or the Medicaid Fiscal Intermediary.

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

Changes to services within the LBHP have been primarily achieved through in lieu of agreements with Medicaid. In lieu of services are authorized under 42 CFR 438.6 and are allowed only for capitated health plans. This allows Magellan's capitated managed care plan, which is only for adults, to provide health-related services under the capitated rate in place of state plan services if it is more cost-efficient or effective. For the 2015 SFY and the closeout of the LBHP, no in lieu ofs were added to the contract. Instead, Magellan maintained in lieu ofs, including the following:

1) *Allow 21-year-old members in CSoC to also receive 1915(i) services*: Starting in October of 2013; and
2) *Allow the use of crisis intervention services by all Medicaid adults*.

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

There were no changes in reimbursement rates for covered services during the 2015 SFY (7/01/14–6/30/15) and the LBHP Contract Closeout Period (7/01/2015–11/30/2015).

# 16 ADDITIONAL METRICS/MEASURES

The LBHP contract closed out December 1, 2015 with the successful integration of specialized behavioral health services into the Bayou Health plans. Magellan continues to maintain the Coordinated System of Care (CSoC).

Some additional highlights on Magellan's functionality within the LBHP are:

- the coordination of care for members, including referral, assistance with eligibility, treatment planning, utilization review, follow-up care, assistance with discharge planning and placement and peer support;
- the provision of a free electronic behavioral health record to all eligible providers;
- the provision of intensive case management for people with special health care needs, such as pregnant women with addiction disorders or women with dependent children with co-occurring disorders;
- the management of dollars spent in the system to focus on community-based care;
- the performance of a quality review of providers and provision of technical assistance to improve care;
- the investigation of complaints of fraud and/or abuse;
- the processing and payment of claims for services for both adult and child populations within Medicaid, as well as those additional services funded through the Department of Children and Family Services (DCFS) and the Office of Juvenile Justice (OJJ; and
- the fostering of system transformation with programs that include:
  - cultural competency standards and training;
  - recovery, resiliency and peer support;
  - Magellan Youth Leaders Inspiring Youth Empowerment (MyLIFE) for youth, a peer-based support group;
  - support for families and
  - liaisons specialized to DCFS, OJJ and DOE.

# APPENDICES

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