



# **2023 External Quality Review Compliance Review**

*for*

**Magellan of Louisiana**

*December 2023*



## Table of Contents

<b>1. Executive Summary .....</b>	<b>1-1</b>
Introduction .....	1-1
Description of the External Quality Review Compliance Review .....	1-1
Summary of Findings .....	1-3
Corrective Action Process .....	1-4
<b>2. Methodology .....</b>	<b>2-1</b>
Activity Objectives .....	2-1
Technical Methods of Data Collection and Analysis .....	2-2
Pre-Virtual Review Activities .....	2-3
Virtual Review Activities .....	2-3
Post-Virtual Review Activities .....	2-3
Data Aggregation and Analysis .....	2-3
Description of Data Obtained .....	2-5
<b>3. Corrective Action Plan Process .....</b>	<b>3-1</b>
<b>Appendix A. Conclusions and Recommendations .....</b>	<b>A-1</b>
<b>Appendix B. 2023 Compliance With Standards Review Tool .....</b>	<b>B-1</b>
<b>Appendix C. 2023 Corrective Action Plan Template .....</b>	<b>C-1</b>

## 1. Executive Summary

### Introduction

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.358, the Louisiana Department of Health (LDH) or an external quality review organization (EQRO) may perform the mandatory and optional external quality review (EQR) activities, and the data from these activities must be used for the annual EQR and technical report described in 42 CFR §438.350 and §438.364. One of the four mandatory activities required by the Centers for Medicare & Medicaid Services (CMS) is:

- A review, conducted within the previous three-year period, to determine the managed care organization's (MCO's, prepaid ambulatory health plan's (PAHP's), or prepaid inpatient health plan's (PIHP's) compliance with the standards set forth in Subpart D of this part (42 CFR §438), the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

As LDH's EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the Healthy Louisiana MCOs, PAHPs, and the PIHP delivering services to members enrolled in the Louisiana Medicaid managed care program. When conducting the compliance review, HSAG adheres to the methodologies and guidelines established in CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 3).<sup>1-1</sup>

### Description of the External Quality Review Compliance Review

LDH requires its managed care entities (MCEs) to undergo periodic compliance reviews to ensure that an assessment is conducted to meet federal requirements. The 2023 compliance review, which comprises the calendar year (CY) 2022 review period (January 1, 2022–December 31, 2022), is the second year of the three-year cycle of compliance reviews. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. The compliance reviews for the Louisiana Medicaid managed care program consist of 14 program areas referred to as "standards." LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PAHP, and PIHP. Table 1-1 outlines the division of standards reviewed in Year One (CY 2021) and Year Two (CY 2022).

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Aug 1, 2023.

Table 1-1—Compliance Review Standards

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

<sup>1</sup> The compliance review standards comprise a review of all requirements, known as “elements,” under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

## Summary of Findings

Table 1-2 and Table 1-3 present an overview of the results of the 2023 compliance review for **Magellan of Louisiana (Magellan)**. HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed based on a scoring methodology, which is detailed in Section 2. In addition to an aggregated score for each standard, HSAG assigned an overall percentage-of-compliance score across all standards. Refer to appendices B and C for a detailed description of the findings.

**Table 1-2—Summary of Scores for the CY 2022 Compliance With Standards Review**

Standard #	Standard Name	Total Elements	Number of Elements			Total Compliance Score
			<i>M</i>	<i>NM</i>	<i>NA</i>	
I	Enrollment and Disenrollment	7	3	3	1	50.0%
IV	Emergency and Poststabilization Services	12	12	0	-	100%
<b>Total Compliance Score</b>		<b>19</b>	<b>15</b>	<b>3</b>	<b>-</b>	<b>83.3%</b>

*M=Met, NM=Not Met, NA=Not Applicable*

**Total Elements:** The total number of elements in each standard. This represents the denominator.

**Total Compliance Score:** The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

**Table 1-3—Summary of Scores for the CAP From the CY 2021 Review**

	Total Elements in CAP	Number of Elements		Total Compliance Score From CAP
		<i>M</i>	<i>NM</i>	
Follow-Up on Corrective Action Plans (CAPs) From Prior Compliance Review	26	26	0	100%

*M=Met, NM=Not Met*

**Total Elements in CAP:** The total number of elements within the CAP from the CY 2021 review. This represents the denominator.

**Total Compliance Score From CAP:** The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

**Magellan** received performance scores below 90 percent for Standard I—Enrollment and Disenrollment (50.0 percent), which identified that **Magellan** has opportunities for improvement. Appendix A documents strengths and opportunities for improvement. Appendix B documents detailed findings, including recommendations for program enhancements.

**Magellan** achieved compliance in 26 of 26 elements from the LDH-approved 2022 compliance review CAPs. Appendix B documents detailed findings of the review of the implementation of the **Magellan**-approved 2022 compliance review CAPs.

## Corrective Action Process

For any elements HSAG scored *Not Met*, **Magellan** is required to submit a CAP to bring the element into compliance with the applicable standard(s). The process for submitting the CAP is described in Section 3.

## 2. Methodology

### Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the MCEs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330. To complete this requirement, HSAG, through its EQRO contract with LDH, performed compliance reviews of the five MCOs, two PAHPs, and one PIHP contracted with LDS to deliver services to Louisiana Medicaid managed care members.

The 2023 compliance review is the second year of the three-year cycle. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PIHP, and PAHP. Table 2-1 outlines the division of standards reviewed in Year One and Year Two.

**Table 2-1—Compliance Review Standards**

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

<sup>1</sup> The compliance review standards comprise a review of all requirements, known as elements, under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

This report presents the results of the 2023 compliance review, review period CY 2022 (January 1, 2022–December 31, 2022). LDH and the individual MCEs use the information and findings from the compliance reviews to:

- Evaluate the quality, timeliness, and accessibility of healthcare services furnished by the MCEs.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

## Technical Methods of Data Collection and Analysis

Prior to beginning the compliance review, HSAG developed data collection tools, referred to as “compliance review tools,” to document the review. The content in the tools was selected based on applicable federal and State regulations as they related to the scope of the review. The review processes used by HSAG to evaluate the MCEs’ compliance were consistent with CMS EQR Protocol 3.

For each of the MCEs, HSAG’s desk review consisted of the following activities.



### **Pre-Virtual Review Activities**

- Collaborated with LDH to develop the scope of work, compliance review methodology, and compliance review tools.
- Prepared and forwarded to the MCE a detailed timeline, description of the compliance review process, pre-virtual review information packet, and a post-virtual review document tracker.
- Scheduled the virtual review with the MCE.
- Hosted a pre-virtual review preparation session with all MCEs.
- Generated a sample of cases for delegation file reviews.
- Conducted a desk review of supporting documentation the MCE submitted to HSAG.
- Followed up with the MCE, as needed, based on the results of HSAG's preliminary desk review.
- Developed an agenda for the virtual review interview sessions and provided the agenda to the MCE to facilitate preparation for HSAG's review.

### **Virtual Review Activities**

- Conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's review activities.
- Interviewed MCE key program staff members.
- Conducted an Information System (IS) review of the data systems that the MCE used in its operations, applicable to the standards under review.
- Conducted a closing conference during which HSAG reviewers summarized their preliminary findings, as appropriate.

### **Post-Virtual Review Activities**

- Conducted a review of additional documentation submitted by the MCE.
- Documented findings and assigned each element a score (*Met* or *Not Met*) within the compliance review tool, as described in the Data Aggregation and Analysis section.
- Prepared an MCE-specific report and CAP template for the MCE to develop and submit its CAPs for each element that received a *Not Met* score.

### **Data Aggregation and Analysis**

HSAG used scores of *Met* and *Not Met* to indicate the degree to which the MCE's performance complied with the requirements. A designation of *NA* was used when a requirement was not applicable to an MCE during the period covered by HSAG's review. This scoring methodology is consistent with CMS EQR Protocol 3.

**Met** indicates full compliance defined as *all* of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.
- Documentation, staff responses, case file reviews, and IS reviews confirmed implementation of the requirement.

**Not Met** indicates noncompliance defined as *one or more* of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interviews, but documentation is incomplete or inconsistent with practice.
- Documentation, staff responses, case file reviews, and IS reviews do not demonstrate adequate implementation of the requirement.
- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could not be identified and any *Not Met* findings would result in an overall provision finding of noncompliance, regardless of the findings noted for the remaining components.

From the scores that it assigned for each of the requirements, HSAG calculated a total percentage-of-compliance score for each standard and an overall percentage-of-compliance score across the standards. HSAG calculated the total score for each standard by totaling the number of *Met* (1 point) elements and the number of *Not Met* (0 points) elements, then dividing the summed score by the total number of applicable elements for that standard.

HSAG determined the overall percentage-of-compliance score across all areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

To draw conclusions about the quality, timeliness, and accessibility of care and services the MCE provided to members, HSAG aggregated and analyzed the data resulting from its desk and virtual review activities. The data that HSAG aggregated and analyzed included:

- Documented findings describing the MCE's progress in achieving compliance with State and federal requirements.
- Scores assigned to the MCE's performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.

- Documented actions required to bring performance into compliance with the requirements for which HSAG assigned a score of *Not Met*.
- Documented recommendations for program enhancement, when applicable.

## Description of Data Obtained

To assess the MCE’s compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the MCE, including, but not limited to:

- Committee meeting agendas, minutes, and handouts.
- Written policies and procedures.
- Management/monitoring reports and audits.
- Narrative and/or data reports across a broad range of performance and content areas.
- Records for delegation.
- Member and provider materials.

HSAG obtained additional information for the compliance review through interactions, discussions, and interviews with the MCE’s key staff members. Table 2-2 lists the major data sources HSAG used to determine the MCE’s performance in complying with requirements and the time period to which the data applied.

**Table 2-2—Description of MCE Data Sources and Applicable Time Period**

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG’s desk review and additional documentation available to HSAG during and after the site review	January 1, 2022–December 31, 2022
Information obtained through interviews	October 10, 2023
Information obtained from a review of a sample of delegated entity files	Listing of all delegates serving the Louisiana Medicaid managed care program at any time between January 1, 2022–December 31, 2022

### 3. Corrective Action Plan Process

**Magellan** is required to submit to the HSAG SAFE site a CAP for all elements scored as *Not Met*. Appendix C contains the CAP template that HSAG prepared for **Magellan** to use in preparing its plans of action to remediate any deficiencies identified during the 2023 compliance review. The CAP template lists each element for which HSAG assigned a score of *Not Met*, as well as the associated findings and required actions documented to bring **Magellan** into full compliance with the deficient requirements. **Magellan** must use this template to submit its CAP to bring any elements scored as *Not Met* into compliance with the applicable standard(s). **Magellan**'s CAP must be submitted to the HSAG SAFE site **no later than 30 calendar days after receipt of the final report**.

The following criteria will be used by HSAG and LDH to evaluate the sufficiency of the CAP:

- The completeness of the CAP document in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific plans of action/interventions that **Magellan** will implement to bring the element into compliance.
- The degree to which the planned activities/interventions meet the intent of the requirement.
- The degree to which the planned interventions are anticipated to bring **Magellan** into compliance with the requirement.
- The appropriateness of the timeline for correcting the deficiency.

Any CAPs that do not meet the preceding criteria will require resubmission by the MCO until approved by HSAG and LDH. Implementation of the CAP may begin once approval is received. LDH maintains ultimate authority for approving or disapproving any corrective action strategies proposed by **Magellan** in its submitted CAP.

## Appendix A. Conclusions and Recommendations

### Standard I—Enrollment and Disenrollment

#### Strengths Related to Quality



The PIHP serves high-need youth members, and coordinates behavioral health care and discharges with the MCO serving the member's physical health needs.

#### Strengths Related to Access and Timeliness



The PIHP implemented documented processes that focus on ensuring members are not disenrolled for any reason other than discharge from the Coordinated System of Care.

#### Opportunities for Improvement and Recommendations



**Opportunities for Improvement:** The PIHP's document submissions did not demonstrate that the PIHP agreed to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).

**Recommendations:** The PIHP must include in a policy or procedure language stating the PIHP agrees to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).



**Opportunities for Improvement:** The PIHP did not demonstrate in policies, procedures, or other document submissions that the PIHP does not discriminate against individuals based on health status or need for healthcare services.

**Recommendations:** The PIHP must submit a policy or procedure that demonstrates that the PIHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services. The PIHP must update the Coordinated System of Care Member Handbook to include in the list that they do not discriminate based on an individual's health status and the member's need for healthcare services.





**Opportunities for Improvement:** The PIHP's policies and procedures did not demonstrate that the PIHP does not request disenrollment of a member because of an adverse change in a member's health status or because of the member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP's ability to furnish services to the member or to other members).

**Recommendations:** The PIHP must include in a policy or procedure that the PIHP may not request disenrollment of a member because of an adverse change in the member's health status or because of the member's:


- Utilization of medical services.
- Diminished mental capacity.
- Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP's ability to furnish services to the member or to other members).

## Standard IV—Emergency and Poststabilization Services

### Strengths Related to Quality

	The PIHP coordinates emergency services and inpatient discharges with the member's PIHP including coordinating follow-up behavioral health visits and, when needed, placement in a behavioral health inpatient or community setting.
	The PIHP has a documented policy that ensures the PIHP works with providers to pay for the services and ensures that members who receive emergency services are not held liable for those services and any subsequent screening and treatment needed to diagnose the condition or stabilize the patient.

### Strengths Related to Access and Timeliness

	The PIHP did not place any limits on what constitutes an emergency service, and coordinates screening and treatment within 10 calendar days of presentation for emergency services.
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## Appendix B. 2023 Compliance With Standards Review Tool

This appendix includes the completed review tool that HSAG used to evaluate **Magellan**'s performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, the actions required to bring **Magellan**'s performance into full compliance.



# Louisiana Department of Health

## Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

### CY 2022 Compliance With Standards Review

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. The PIHP agrees to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p> <p style="text-align: right;"><i>42 CFR §438.3(d)(1)</i></p> <p>2022 Contract Citation: 10.1.2</p>	<ul style="list-style-type: none"> <li>Referral Workflow 10.1.2</li> </ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<p><b>HSAG Findings:</b> The PIHP’s document submissions did not demonstrate that the PIHP agreed to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p>		
<p><b>Required Actions:</b> The PIHP must include in a policy or procedure language stating the PIHP agrees to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p>		
<p>2. The PIHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services, race, color, national origin, sex, or disability.</p> <p style="text-align: right;"><i>42 CFR §438.3(d)(3-4)</i></p> <p>2022 Contract Citations: 10.1.3; 10.1.4</p>	<ul style="list-style-type: none"> <li>Coordinated System of Care CSoc Member Handbook Pg 49</li> </ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<p><b>HSAG Findings:</b> The PIHP did not demonstrate in policies, procedures, or other document submissions that the PIHP does not discriminate against individuals based on health status or need for healthcare services.</p>		
<p><b>Required Actions:</b> The PIHP must submit a policy or procedure that demonstrates that the PIHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services. The PIHP must update the Coordinated System of Care Member Handbook to include in the list that Magellan does not discriminate based on an individual’s health status and the member’s need for healthcare services.</p>		
<p>3. The PIHP may not request disenrollment of a member because of an adverse change in the member’s health status or because of the member’s:</p>	<ul style="list-style-type: none"> <li>Intent to Discharge Procedure</li> </ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PIHP	Score
<ul style="list-style-type: none"><li>Utilization of medical services.</li><li>Diminished mental capacity.</li><li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP's ability to furnish services to the member or to other members).</li></ul> <p style="text-align: right;"><i>42 CFR §438.56(b)(2)</i></p> <p>2022 Contract Citation: 10.1.5</p>		
<b>HSAG Findings:</b> The PIHP's policies and procedures did not demonstrate that the PIHP does not request disenrollment of a member because of an adverse change in a member's health status or because of the member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP's ability to furnish services to the member or to other members).		
<b>Required Actions:</b> The PIHP must include in a policy or procedure that the PIHP may not request disenrollment of a member because of an adverse change in the member's health status or because of the member's: <ul style="list-style-type: none"><li>Utilization of medical services.</li><li>Diminished mental capacity.</li><li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP's ability to furnish services to the member or to other members).</li></ul>		
4. The PIHP may initiate disenrollment of any member's participation in the PIHP on one or more of the following grounds: <ul style="list-style-type: none"><li>When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department</li><li>Upon termination or expiration of the Contract</li><li>Death of the member</li></ul>	<ul style="list-style-type: none"><li>Intent to Discharge Procedure Page 1 and 2</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>Discharge Coordination Procedure</li><li>Discharge Workflow</li><li>Intent to Discharge Letter</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PIHP	Score
<ul style="list-style-type: none"><li>Confinement of the member in a facility or institution when confinement is not a covered service under the Contract</li></ul> <p style="text-align: right;"><i>42 CFR §438.56(b)(1)</i></p> <p>2022 Contract Citation: 10.1.6</p>		
<p>5. The PIHP shall not request disenrollment for reasons other than those stated in the Contract. The PIHP may not disenroll Coordinated System of Care (CSoC) members for any reason other than discharge from CSoC. Eligible members may choose to no longer participate in CSoC, in which case specialized behavioral health services will be transitioned to the Integrated Medicaid Managed Care Program Contractor effective the first day of the month following discharge.</p> <p style="text-align: right;"><i>42 CFR §438.56(b)(3)</i></p> <p>2022 Contract Citation: 10.1.6</p>	<ul style="list-style-type: none"><li>Intent to Discharge Procedure Page 1 and 2</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>Discharge Coordination Procedure</li><li>Discharge Workflow</li><li>Intent to Discharge Letter</li><li>Medicaid Care Coordination Policy</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>6. If the Department approves the PIHP's disenrollment request, the PIHP gives the member written notice of the proposed disenrollment and notifies the member of his or her opportunity to use the PIHP's grievance process.</p> <p>The PIHP provides a copy of the written notice to the Department at the time the notice is sent to the member.</p> <p style="text-align: right;"><i>42 CFR §438.56(d)(5)</i></p>	<ul style="list-style-type: none"><li>Intent to Discharge Procedure</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>7. The member may request disenrollment as follows:</p> <ul style="list-style-type: none"><li>For cause at any time, including:<ul style="list-style-type: none"><li>The member has moved out of the PIHP's service area;</li></ul></li></ul>	<ul style="list-style-type: none"><li>Discharge Form, Reason for Discharge</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>Discharge Coordination Procedure</li></ul>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
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Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PIHP	Score
<ul style="list-style-type: none"><li>– The PIHP does not (due to moral or religious objections) cover the service the member seeks;</li><li>– The member needs related services to be performed at the same time, not all related services are available from the PIHP’s plan, and the member’s primary care provider (or another provider) determines that receiving the services separately would subject the member to unnecessary risk;</li><li>– Poor quality of care; or</li><li>– Lack of access, or lack of access to providers experienced in dealing with the member’s specific needs.</li></ul> <ul style="list-style-type: none"><li>• Without cause at the following times:<ul style="list-style-type: none"><li>– During the 90 days following the date of the member’s initial enrollment</li><li>– At least once every 12 months thereafter</li><li>– Upon automatic reenrollment if temporary loss of eligibility has caused the member to miss the annual disenrollment opportunity</li><li>– When the Department has imposed sanctions on the PIHP (consistent with 42 CFR §438.702[a][4])</li></ul></li></ul> <p style="text-align: right;"><i>42 CFR §438.56(c)-(d)(2)</i></p>	<ul style="list-style-type: none"><li>• Discharge Workflow</li><li>• Intent to Discharge Letter</li><li>• Medicaid Care Coordination Policy</li><li>• CSoC Provisional Plan of Care &amp; Freedom of Choice Brochure</li></ul>	



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Results for Standard I—Enrollment and Disenrollment							
Total	Met	=	3	X	1.0	=	3.0
	Not Met	=	3	X	0.0	=	0.0
	NA	=	1	X	0.0	=	—
Total Applicable		=	6	Total Score	=	3.0	

Total Score ÷ Total Applicable				=	50.0%		
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**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard IV— Emergency and Poststabilization Services		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. The PIHP defines Emergency Medical Condition as a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:</p> <ul style="list-style-type: none"><li>• Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.</li><li>• Serious impairment to bodily functions.</li><li>• Serious dysfunction of any bodily organ or part.</li></ul> <p style="text-align: right;"><i>42 CFR §438.114(a)(i-iii)</i></p> <p>2022 Contract Citation: Glossary</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 2 Paragraph 5</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>2. The PIHP defines Emergency Services as covered inpatient or outpatient services furnished by a provider that is qualified to furnish these services under this title and 1932(b)(2) of the Social Security Act and that are needed to screen, evaluate, or stabilize an emergency medical condition.</p> <p style="text-align: right;"><i>42 CFR §438.114(a)</i></p> <p>2022 Contract Citation: Glossary</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 2 Paragraph 6</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>3. The PIHP defines Poststabilization Care Services as covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition or provided to improve or resolve the member's condition.</p> <p style="text-align: right;"><i>42 CFR §438.114(a) and (e)</i></p> <p>2022 Contract Citation: Glossary</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 Paragraph 2</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard IV— Emergency and Poststabilization Services		
Requirement	Evidence as Submitted by the PIHP	Score
<p>4. The PIHP may not require prior authorization for emergency services.</p> <p style="text-align: right;"><i>42 CFR §438.10(g)(2)(v)(B)</i></p> <p>2022 Contract Citation: 5.9.2.14.2</p>	<ul style="list-style-type: none"><li>Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 I</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>Inpatient Rounds Procedure</li><li>Provider Communication Procedure</li><li>Medicaid Care Coordination Policy</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>5. The PIHP covers and pays for emergency services regardless of whether the provider that furnishes the services has a contract with the PIHP.</p> <p style="text-align: right;"><i>42 CFR §438.114(c)(1)(i)</i></p> <p>2022 Contract Citation: 5.9.2.14.4</p>	<ul style="list-style-type: none"><li>Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 I A</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>6. The PIHP may not deny payment for treatment obtained under either of the following circumstances:</p> <ul style="list-style-type: none"><li>A representative of the PIHP’s organization (including the member’s primary care provider) instructed the member to seek emergency services.</li><li>A member had an emergency medical condition, including cases in which the absence of immediate medical attention would <i>not</i> have resulted in the following outcomes specified in the definition of an emergency medical condition.<ul style="list-style-type: none"><li>Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.</li><li>Serious impairment to bodily functions.</li></ul></li></ul>	<ul style="list-style-type: none"><li>Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 I B1-2 and Page 2- definition of Emergency Medical Condition</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard IV— Emergency and Poststabilization Services		
Requirement	Evidence as Submitted by the PIHP	Score
<p>– Serious dysfunction of any bodily organ or part.</p> <p><i>Note: The PIHP bases its coverage decisions for emergency services on the severity of the symptoms at the time of presentation and covers emergency services when the presenting symptoms are of sufficient severity to constitute an emergency medical condition in the judgment of a prudent layperson. 42 CFR §438.114—Preamble</i></p> <p style="text-align: right;"><i>42 CFR §438.114(c)(1)(ii)</i></p> <p>Contract: NA</p>		
<p>7. The PIHP does not:</p> <ul style="list-style-type: none"><li>• Limit what constitutes an emergency medical condition based on a list of diagnoses or symptoms.</li><li>• Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member’s primary care provider, the PIHP, or State agency of the member’s screening and treatment within 10 calendar days of presentation for emergency services.</li></ul> <p style="text-align: right;"><i>42 CFR §438.114(d)(1)</i></p> <p>2022 Contract Citation: 5.9.2.14.5</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 C, D</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>8. The PIHP does not hold a member who has an emergency medical condition liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.</p> <p style="text-align: right;"><i>42 CFR §438.114(d)(2)</i></p> <p>2022 Contract Citation: 20.31.2</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 E</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>9. The PIHP allows the attending emergency physician, or the provider actually treating the member, to be responsible for determining when the member is sufficiently stabilized for</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 3 F</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Standard IV— Emergency and Poststabilization Services		
Requirement	Evidence as Submitted by the PIHP	Score
<p>transfer or discharge, and that determination is binding on the PIHP who is responsible for coverage and payment.</p> <p style="text-align: right;"><i>42 CFR §438.114(d)(3)</i></p> <p>2022 Contract Citation: NA</p>		
<p>10. The PIHP is financially responsible for poststabilization services that are:</p> <ul style="list-style-type: none"> <li>• <b>Prior authorized</b> by an in-network provider or PIHP representative, regardless of whether they are provided within or outside the PIHP’s network of providers.</li> <li>• Obtained within or outside the network that are <b>not pre-approved</b> by a PIHP provider or other organization representative, but are administered to maintain the member's stabilized condition within 1 hour of a request to the organization for pre-approval of further poststabilization care services.</li> <li>• Obtained within or outside the network that are <b>not pre-approved</b> by a PIHP provider or other organization representative, but are administered to maintain, improve, or resolve the member's stabilized condition if: <ul style="list-style-type: none"> <li>– The organization does not respond to a request for pre-approval within 1 hour;</li> <li>– The organization cannot be contacted; or</li> <li>– The organization representative and the treating physician cannot reach an agreement concerning the member's care and a PIHP physician is not available for consultation. In this situation, the organization must give the treating physician the opportunity to consult with a PIHP physician, and the treating</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 4 B 2 A, B, C</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Standard IV— Emergency and Poststabilization Services		
Requirement	Evidence as Submitted by the PIHP	Score
<p>provider may continue with care of the patient until a PIHP provider is reached or one of the criteria in §422.113(c)(3) is met.</p> <p style="text-align: right;"><i>42 CFR §438.114(e); 422.113(c)(2)</i></p> <p>2022 Contract Citation: 8.3.1</p>		
<p>11. The PIHP’s financial responsibility for poststabilization care services it has not pre-approved ends when:</p> <ul style="list-style-type: none"><li>• A PIHP physician with privileges at the treating hospital assumes responsibility for the member's care;</li><li>• A PIHP physician assumes responsibility for the member's care through transfer;</li><li>• A PIHP representative and the treating physician reach an agreement concerning the member's care; or</li><li>• The member is discharged.</li></ul> <p style="text-align: right;"><i>42 CFR §438.114(e); 422.113(c)(3)</i></p> <p>2022 Contract Citations: 5.9.2.15; 8.8</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 5 C 1, 2, 3, 4</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>12. In the event the member receives poststabilization services from a provider outside the PIHP’s network, the PIHP must limit charges to the member to an amount no greater than what the PIHP would charge if he or she had obtained the services through an in-network provider.</p> <p style="text-align: right;"><i>42 CFR §438.114(e); 422.113(c)(2)</i></p> <p>2022 Contract Citation: 8.8</p>	<ul style="list-style-type: none"><li>• Medicaid: Emergency Services and Post-Stabilization Services Policy Pg 4 B D</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Results for Standard IV— Emergency and Poststabilization Services						
Total	Met	=	12	X	1.0	= 12.0
	Not Met	=	0	X	0.0	= 0.0
Total Applicable		=	12	Total Score	=	12.0

Total Score ÷ Total Applicable		=	100%
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**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

**CY 2021 Review CAP**

Availability of Services CFR 438.206		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. Requests for exceptions as a result of prevailing community standards for time and distance accessibility standards must be submitted in writing to LDH for approval.</p> <p style="text-align: right;"><i>42 CFR 438.206</i></p> <p>Contract: 6.3.1.1.3</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>There were no exceptions requested during the review period. This can be validated by LDH.</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Finalized Network Strategy Program Description</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement is not addressed in any policies or procedures. During the interview, Magellan indicated that they will Include this requirement in a future policy. Magellan also indicated that there were no requests requiring LDH approval during the review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should include this requirement in a policy or procedure. Magellan provided annotated version of the Network Development Plan indicating future versions of the document will address this requirement. No change in determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO’s review determination. We believe that we Met this requirement. Magellan’s Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement throughout the review period but we have added this to CSoc Network Development and Management Plan_Final Version_04.01.2022, based on your recommendation. See comment on page 5.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Availability of Services CFR 438.206		
Requirement	Evidence as Submitted by the PIHP	Score
<p>2. There shall be no penalty if the member chooses to travel further than established access standards in order to access a member's provider of choice. The member shall be responsible for travel arrangements and costs.</p> <p style="text-align: right;"><i>42 CFR 438.206</i></p> <p>Contract: 6.3.1.1.4</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>N/A</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Finalized Network Strategy Program Description</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i> This requirement is not addressed in any policies or procedures. During the interview, Magellan indicated that they will Include this requirement in a future policy. Magellan also indicated that there were no requests requiring LDH approval during the review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should include this requirement in a policy or procedure.</p> <p>Magellan provided annotated version of the Network Development Plan indicating future versions of the document will address this requirement.</p> <p>No change in determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO's review determination. We believe that we Met this requirement. Magellan's Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement throughout the review period but we have updated CSoc Network Development and Management Plan_Final Version_04.01.2022, based on your recommendation. See comment on page 5.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. The Contractor shall ensure access to healthcare services (distance traveled, waiting time, length of time to obtain an appointment, after-hours care, facility wait list) in accordance with the provision of services under this contract and in accordance with 42 CFR §438.206(c). The Contractor shall provide available, accessible and adequate numbers of institutional facilities, service locations, service sites, and professional personnel for the provision of services, including all specialized behavioral health emergency services, and shall take corrective action if there is failure to comply by any provider. At a minimum, this shall include:</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 6.3.1.1</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>• CSoC Network Development and Management Plan, Page 3</li> <li>• LA_CSoc - Quarterly_Prescribers_Geo WY4Q3</li> <li>• LA_CSoc - Quarterly_Prescribers_Geo WY4Q4</li> <li>• LA_CSoc - Quarterly_Psychiatrists_Geo WY4Q3</li> <li>• LA_CSoc - Quarterly_Psychiatrists_Geo WY4Q4</li> <li>• LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3</li> <li>• LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4</li> <li>• LA_CSoc - Quarterly_OP_Services_Geo WY4Q3</li> <li>• LA_CSoc - Quarterly_OP_Services_Geo WY4Q4</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>• Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>• Finalized Network Strategy Program Description</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
	<ul style="list-style-type: none"><li>• CSoC Network Strategy Committee Meeting Minutes</li><li>• Provider Notice for short-term respite and/or family functional therapy</li></ul>	
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed, as the network does not fully meet the LDH MCO Network Standards for all practitioner types in all parishes.		
<b>2022 Compliance Review Recommendation:</b> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with additional providers where available.		
<b>2022 PIHP Comments:</b> We agree.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements. The PIHP submitted the CSoC Network Strategy Committee Meeting Minutes and the Provider Notice for short-term respite and/or family functional therapy which showed evidence of attempts to contract with additional providers where available.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<p>2. Travel distance to behavioral health specialists (i.e. psychologists, medical psychologists, Advanced Practiced Registered Nurses or Clinical Nurse Specialists, or LCSWs) and to psychiatrists for members living in rural parishes shall not exceed thirty (30) miles or sixty (60) minutes, whichever is less, for one hundred percent (100%) of members.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 6.3.1.1.1.1.</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• CSoC Network Development and Management Plan, Page 5</li><li>• LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3</li><li>• LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>• Finalized Network Strategy Program Description</li><li>• CSoC Network Strategy Committee Meeting Minutes</li><li>• Provider Notice for short-term respite and/or family functional therapy</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Network Development and Management Plan, as the network does not fully meet the LDH standards for all practitioner types in all parishes.		
<b>2022 Compliance Review Recommendation:</b> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with additional providers where available.		
<b>2022 PIHP Comments:</b> We agree.		



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements. The PIHP submitted the CSoc Network Strategy Committee Meeting Minutes and the Provider Notice for short-term respite and/or family functional therapy which showed evidence of attempts to contract with additional providers where available.		
<b>2023 CAP Review Required Actions:</b> None.		





# Louisiana Department of Health

## Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<p>3. Travel distance to behavioral health specialists (i.e. psychologists, medical psychologists, Advanced Practiced Registered Nurses or Clinical Nurse Specialists, or LCSWs) and to psychiatrists for members living in urban parishes shall not exceed fifteen (15) miles or thirty (30) minutes, whichever is less, for one hundred percent (100%) of members.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 6.3.1.1.1.2</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>CSoC Network Development and Management Plan, Page 5</li> <li>LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3</li> <li>LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Finalized Network Strategy Program Description</li> <li>CSoC Network Strategy Committee Meeting Minutes</li> <li>Provider Notice for short-term respite and/or family functional therapy</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed by the Network Development and Management Plan, as the network does not fully meet the LDH standards for all practitioner types in all parishes.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with additional providers where available.</p>		
<p><b>2022 PIHP Comments:</b> We agree.</p>		



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements. The PIHP submitted the CSoc Network Strategy Committee Meeting Minutes and the Provider Notice for short-term respite and/or family functional therapy which showed evidence of attempts to contract with additional providers where available.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<p>4. Travel distance to specialized behavioral health outpatient non-MD services (excluding behavioral health specialists) shall not exceed sixty (60) miles or ninety (90) minutes, whichever is less, for urban members and ninety (90) miles or one hundred and twenty (120) minutes, whichever is less, for rural members. Maximum time for appointment shall not exceed appointment availability requirements for specialized behavioral health emergent, urgent and routine care.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 6.3.1.1.1.3</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• CSoC Network Development and Management Plan, Page 5</li><li>• CSoC Network Development and Management Plan, Page 15</li><li>• LA CSoC_Network Monitoring Ongoing Review Policy_Final pages 7-8</li><li>• LA_CSoc - Quarterly_OP_Services_Geo WY4Q3</li><li>• LA_CSoc - Quarterly_OP_Services_Geo WY4Q4</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Section/supporting documentation-Network Strategy Program Description, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>• Finalized Network Strategy Program Description</li><li>• Final Medicaid Care Coordination Policy</li><li>• CSoC Network Strategy Committee Meeting Minutes</li><li>• Provider Notice for short-term respite and/or family functional therapy</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PIHP	Score
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Network Development and Management Plan, as the network does not fully meet the LDH standards for all practitioner types in all parishes.		
<b>2022 Compliance Review Recommendation:</b> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with additional providers where available.		
<b>2022 PIHP Comments:</b> We agree.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Strategy Program Description that included the CAP requirements. The PIHP submitted the CSoC Network Strategy Committee Meeting Minutes and the Provider Notice for short-term respite and/or family functional therapy which showed evidence of attempts to contract with additional providers where available.		
<b>2023 CAP Review Required Actions:</b> None.		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. The Contractor shall develop and maintain a care management function that ensures covered behavioral health services are available when and where individuals need them. The Contractor shall provide services that are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished and be in compliance with 42 CFR §438.210. The care management system shall have LMHP care managers (CMs) that respond twenty-four (24) hours per day, seven (7) days per week, and three hundred and sixty-five (365) days per year to members, their families/caregivers, legal guardians, or other interested parties calling on behalf of the member. Failure to meet this standard as verified by LDH will subject the Contractor to remediation outlined in Section 18 of this contract.</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.1.2</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Accessibility of Service and Care Policy</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation- Medicaid Care Coordination - CO.MCD.250.01.CSoC.LA CMC.8.17.2023, approved by OBH on 8/8/2023 – Referenced but not submitted for review</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Medicaid Care Coordination Policy</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—The requirement is partially addressed by the Accessibility of Service and Care Policy, which specifies access of service and care to members, but not their families/caregivers, legal guardians, or other interested parties calling on behalf of the member.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Magellan should update the policy to include the missing language from the state contract.</p>		
<p><b>2022 PIHP Comments:</b> We respectfully disagree that this requirement was partially met. Although Magellan highlighted the Accessibility of Service and Care Policy that demonstrates 24/7/365 access, the Oral and Written Transmission of Protected Health Information (PHI) and Restricted Information that was submitted to IPRO governs who Member information can be shared with.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Medicaid Care Coordination policy that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>2. Ensure the WAA will provide quick access to Wraparound care coordination. It is expected that the WAA will attempt to contact the youth/family within forty-eight (48) hours of the date of referral to the WAA. This will be measured through documentation on the monthly CSoC data spreadsheet. The WAA staff will make face-to-face contact with the youth/family within seven (7) calendar days of WAA referral, which will be tracked through the CSoC data spreadsheet or as required in the CSoC Quality Improvement Strategy (QIS).</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.2.5.4</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>• CSoC Data Spreadsheet Referral Workflow</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>• Section/supporting documentation-Magellan Health Referral Procedure_2023, approved by OBH on 8/8/2023</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed by the CSoC Data Spreadsheet and Referral Workflow.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Magellan should create a policy or procedure to address this state contract requirement.</p>		
<p><b>2022 PIHP Comments:</b> We respectfully disagree that this requirement was partially met. This requirement is part of Magellan's Statement of Work with Wraparound Agencies. Magellan provides oversight through our Treatment Record Reviews and it is referenced in our Referral Workflow.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Magellan Health Referral Procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>3. Maintain and operate a formalized discharge planning program, including planning for discharges against medical advice. Provide information to members regarding walk-in clinics and crisis services prior to discharge from a facility providing 24-hour levels of care. Expedite approval of services for members being discharged from a 24-hour facility. Ensure the discharge planning process is initiated at admission and finalized at least twenty-four (24) hours before the scheduled discharge. Coordinate discharge and transition of members in an out-of-home placement for the continuance of prescribed medication and other behavioral health services prior to reentry into the community including the referral to necessary providers. Ensure members receive follow-up appointment within seventy-two (72) hours with the appropriate behavioral health provider following discharge. Follow-up with members who are discharged from facilities providing 24-hour levels of care within seventy-two (72) hours post-discharge to ensure access to and attendance at aftercare appointments.</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.2.5.10; 7.2.5.10.1; 7.2.5.10.2; 7.2.5.10.3; 7.2.5.10.4; 7.2.5.10.5; 7.2.5.10.6</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Care Coordination General Medicaid Care Coordination Policy</li><li>Coordination with Inpatient Psychiatric or Detox Facility</li><li>Initial Inpatient Psychiatric Review Concurrent Inpatient Psychiatric Review</li><li>Initial SUD Detox Review</li><li>Concurrent SUD Detox Review Follow-Up After Hospitalization</li><li>Care Coordination with ER</li><li>Care Coordination Continuity of Care and Care Transition Workflow</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation- Medicaid Care Coordination - CO.MCD.250.01.CSoC.LA CMC.8.17.2023, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Medicaid Care Coordination Policy</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding: <i>Partially Met</i></b>—Of the 20 files reviewed, four (4) files met the requirement and 16 files were not applicable. This requirement is partially addressed by the Coordination with Inpatient Psychiatric or Detox Facility Policy and the Care Coordination with ER Policy.</p>		



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<b>2022 Compliance Review Recommendation:</b> Magellan should update the policies to include the missing language from the state contract.		
<b>2022 PIHP Comments:</b> We met the requirement during the review period but we will update our Care Coordination with Inpatient and/or Detox Facility Policies.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Medicaid Care Coordination policy that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>4. Refer members to appropriate network providers and/or community resources offering tobacco cessation treatment and/or problem gaming services, if the Contractor becomes aware of problem gaming and tobacco usage during an individual needs assessment or case review.</p> <p style="text-align: right;">42 CFR 438.208</p> <p>Contract: 7.2.5.13</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Reviewing CANS &amp; IBHA procedure Tobacco Cessation and Problem Gaming Network Providers</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation- Magellan Health Tobacco Cessation and Problem Gaming Procedure_2023, approved by OBH on 8/8/2023</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Tobacco Cessation and Problem Gaming Network Providers Resources document.		
<b>2022 Compliance Review Recommendation:</b> Magellan should create a policy or procedure to address this state contract requirement.		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO’s review determination. Although we provided the Tobacco Cessation &amp; Problem resources document to demonstrate our diligence specific to this area, the Accessibility of Service and Care policy states that " as appropriate, care managers educate callers regarding appropriate utilization of emergency room (ER) services and are referred to providers as emergency room, hospital, and/or community providers appropriate to their current needs."</p> <p>Plan of Care Review_2021- already have Plan of Care Review Tool- already have POC Review Tool Coding Guide- already have Plan of Care Review Definitions- Document created in 2019- IPRO does not have</p>		
<b>2023 CAP Review Findings:</b> The PIHP submitted a Magellan Health Tobacco Cessation and Problem Gaming Procedure that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>5. Development of an individualized comprehensive plan of care by the Wraparound Facilitator which must be in compliance with applicable federal waiver requirements, based on the results of the member's individual assessment and System of Care principles and values, and shared timely with service providers. The Wraparound Facilitator shall collaborate with the member and his/her family to identify who should be involved in the plan of care planning process and develop and implement the plan through a person-centered process by which the member and his/her family has a primary role. The plan of care must include the following elements at a minimum: Member demographics; Identification of the member's providers; Member's goals, identified strengths and needs, and identified barriers to treatment; Supports and services, including type, frequency, amount and duration needed to meet the member's needs; and Plan for addressing crisis to prevent unnecessary hospitalization, incarceration, or out-of-home placement. The crisis plan must identify resources and contact information.</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.1.4.3; 7.1.4.3.1; 7.1.4.3.2; 7.1.4.3.3; 7.1.4.3.4; 7.1.4.3.5</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Medicaid Care Coordination Policy</li> <li>Accessibility of Service &amp; Care Policy</li> <li>Plan of Care Review</li> <li>POC Review Tool</li> <li>CSoC Plan of Care Blank 1</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation- Medicaid Care Coordination - CO.MCD.250.01.CSoC.LA CMC.8.17.2023, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Medicaid Care Coordination Policy</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding: <i>Partially Met</i></b>—Of the 20 files reviewed, all 20 files met the requirement. This requirement is partially addressed by the Medicaid Care Coordination Policy, the Accessibility of Service and Care Policy, the Plan of Care Review Policy, the Plan of Care Review Tool, and the blank CSoC Plan of Care form.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Magellan should update the policies to include the missing language from the state contract.</p>		
<p><b>2022 PIHP Comments:</b> Magellan met this requirement. Although we provided the POC Review Tool &amp; Coding Guide, we did not include the accompanying POC Review Tool Definitions document developed in 2019.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Medicaid Care Coordination policy that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>6. Documentation that freedom of choice of services and providers were offered to the member and his/her caregiver by the Wraparound Facilitator;</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.1.4.4</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Medicaid Care Coordination Policy</li> <li>CSoC Freedom of Choice</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation-Magellan Health Referral Procedure_2023, approved by OBH on 8/8/2023</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed by the CSoc Freedom of Choice form.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The CSoc Freedom of Choice form is a tool of implementation; however, a policy, procedure, or program description is needed to demonstrate how staff are instructed to execute the requirement. Magellan should create a policy or procedure to address this requirement.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO’s review determination. This requirement is outlined in Magellan's SOW with Wraparound Agencies, with oversight outlined in the Treatment Record Reviews policy shared with IPRO.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a Magellan Health Referral Procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>7. The Contractor and the Integrated Medicaid Managed Care Program Plans shall work together to develop a single process for bidirectional information exchange related to shared members. The process will delineate the necessary information to be exchanged, timelines for information exchange, events and conditions that will trigger information exchange, data sharing format(s) and Information Technology (IT) requirements. The process and any changes to the process must be approved by LDH prior to implementation.</p> <p style="text-align: right;">42 CFR 438.208</p> <p>Contract: 7.2.6.4</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Information Exchange Procedure</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation- Medicaid Care Coordination - CO.MCD.250.01.CSoC.LA CMC.8.17.2023, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Medicaid Care Coordination Policy</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Information Exchange Procedure.		
<b>2022 Compliance Review Recommendation:</b> Magellan should include the missing language in the procedure detailing the timeline for information exchange, the data sharing format, and the Information Technology requirements.		
<b>2022 PIHP Comments:</b> Magellan met this requirement. We shared email examples for specific members (e.g., Robertson and Polk), as well as one direct referral where the MCO was notified (LHC DC Call 08.26.2021), which was a part of a case management record we submitted showing the exchange of information during MCO discharge calls.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Medicaid Care Coordination policy that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>8. The Contractor Care Managers shall utilize secure email to provide notice to referring Integrated Medicaid Managed Care Program Plan Care Manager that information was received, and will contact the Integrated Medicaid Managed Care Program Plan Care Manager within three (3) business days of receipt of referral for routine referrals and within one business day, if referral is marked “urgent”.</p> <p style="text-align: right;"><i>42 CFR 438.208</i></p> <p>Contract: 7.2.6.7</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Referral Workflow</li> <li>PR-BA Oral and Written Transmission of PHI and Confidential Information policy</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation-Magellan Health Referral Procedure_2023, approved by OBH on 8/8/2023</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Of the 20 files reviewed, two (2) files met the requirement; 18 files were not applicable due to referrals occurring before the review period or being direct referrals. This requirement is partially addressed by the Referral Workflow.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Magellan should create a policy or procedure that addresses the state contract requirement.</p>		
<p><b>2022 PIHP Comments:</b> Magellan met this requirement; we shared email examples for specific members (Robertson and Polk) where the MCO was notified of a direct referral.</p>		
<p><b>2023 CAP Review Findings</b> The PIHP submitted a Magellan Health Referral Procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Coordination and Continuity of Care: CFR 438.208		
Requirement	Evidence as Submitted by the PIHP	Score
<p>9. The Contractor shall submit Care Management Program policies and procedures to LDH for approval within thirty (30) days from DOA/OSP approval of signed contract, and prior to any revisions.</p> <p style="text-align: right;">42 CFR 438.208</p> <p>Contract: 7.3.1</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM Policies Secured1 RE_UM Policies (due from Magellan 1_30_21)</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation-Magellan Health Care Management Progam_2023, approved by OBH on 8/8/2023</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the email documents submitted by Magellan titled "UM Policies."		
<b>2022 Compliance Review Recommendation:</b> Magellan should create a policy or procedure addressing this state contract requirement.		
<b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO's review determination. Our Statement of Work with the LDH is the overarching policy governing all CSoc operations. We provided documentation that demonstrates compliance during the review period.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a Medicaid Care Coordination policy that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. The complete application through credentialing committee decision shall not exceed sixty (60) calendar days per application.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 6.7.2</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Provider Credentialing and Recredentialing Process</li> <li>Semi Annual Report Cred_Contracting Data May 2021</li> <li>Semi Annual Report Cred_Contracting Data November 2021</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation- Provider Credentialing and Recredentialing Process, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Provider Credentialing and Recredentialing Process</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Magellan provided evidence of the implementation of this requirement through Semi Annual Provider Credentialing and Contracting Reports. This requirement was also addressed in Magellan's Provider Credentialing and Re-credentialing Activities Process Policy and Procedure. However, language meeting this requirement was incorporated into policy in 2022, after the January 1, 2021- December 31, 2021 review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO acknowledges that Magellan included this state contract requirement into policy following the January 1, 2021- December 31, 2021 review period. Therefore, no additional follow-up actions are recommended for future compliance. Not enough evidence provided to overturn review determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO's review determination. We believe that we Met this requirement. Magellan's Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement</p>		



Louisiana Department of Health  
Review of Compliance With Medicaid and CHIP Managed Care Regulations  
for Magellan of Louisiana

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
throughout the review period, but we have updated Provider Credentialing and Recredentialing Process 6.7xx policy based on your recommendation.		
<b>2023 CAP Review Findings:</b> The PIHP did submitted the finalized Provider Credentialing and Recredentialing process that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		





## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>2. The Contractor shall not delegate credentialing of providers.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 6.7.3</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Provider Credentialing and Recredentialing Process</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation- Provider Credentialing and Recredentialing Process, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Provider Credentialing and Recredentialing Process</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i> This requirement was addressed in Magellan's Provider Credentialing and Re-credentialing Activities Process Policy and Procedure. However, language meeting this requirement was incorporated into policy in 2022, after the January 1, 2021- December 31, 2021 review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO acknowledges that Magellan included this state contract requirement into policy following the January 1, 2021- December 31, 2021 review period. Therefore, no additional follow-up actions are recommended for future compliance.</p>		
<p>Not enough evidence provided to overturn review determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO's review determination. We believe that we Met this requirement. Magellan's Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement throughout the review period, but we have updated Provider Credentialing and Recredentialing Process 6.7xx policy based on your recommendation</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted the finalized Provider Credentialing and Recredentialing Process that included the requirements of this element.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>3. The Credentialing Application Form and Re-Credentialing Application Form will be submitted to LDH for approval prior to contract implementation and at any time of a requested substantive change in content.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 6.7.5</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Provider Credentialing and Recredentialing Process</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Provider Credentialing and Recredentialing Process</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement was addressed in Magellan's Provider Credentialing and Re-credentialing Activities Process Policy and Procedure. However, language meeting this requirement was incorporated into policy in 2022, after the January 1, 2021- December 31, 2021 review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO acknowledges that Magellan included this state contract requirement into policy following the January 1, 2021- December 31, 2021 review period. Therefore, no additional follow-up actions are recommended for future compliance.</p> <p>Not enough evidence provided to overturn review determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO's review determination. We believe that we Met this requirement. Magellan's Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement throughout the review period, but we have updated Provider Credentialing and Recredentialing Process 6.7xx policy based on your recommendation.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted the finalized Provider Credentialing and Recredentialing Process that included the requirements of this element.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>4. The Contractor shall maintain a sufficient number of qualified staff to expeditiously process the credentialing and privileging of qualified service providers.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 6.7.11.10</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Network Practitioner Credentialing and Recredentialing CR 11.2.21-2020 page 17</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation- Provider Credentialing and Recredentialing Process, approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Provider Credentialing and Recredentialing Process</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Though Magellan provided a policy/procedure which, in part, states that Magellan has mechanisms to review credentialing information for completeness, accuracy, and conflicting information before review by the Credentialing Committee for consideration. This policy/procedure does not specify that Magellan would maintain a sufficient number of qualified staff to expeditiously process the credentialing and privileging of qualified service providers.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO recommends Including language within the Network Practitioner Credentialing and Recredentialing Policy to specify that, Magellan shall maintain a sufficient number of qualified staff to expeditiously process the credentialing and privileging of qualified service providers.</p> <p>Not enough evidence provided to overturn review determination.</p>		
<p><b>2022 PIHP Comments:</b> Magellan respectfully disagrees with IPRO’s review determination. We believe that we Met this requirement. Magellan’s Statement of Work with the LDH is the overarching policy governing all CSoc operations. We complied with this requirement throughout the review period, but we have updated Provider Credentialing and Recredentialing Process 6.7xx policy based on your recommendation.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Provider Credentialing and Recredentialing process that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>5. The Contractor shall give all network providers and subcontracts access to the Medicaid Behavioral Health Services Provider Manual and the Contractor's Provider Manual, and any updates, either through the Contractor's website, or by providing paper copies to providers who do not have Internet access.</p> <p style="text-align: right;">42 CFR 438.214</p> <p>Contract: 6.7.11.11</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• <a href="https://www.magellanprovider.com/media/1625/csocsupp.pdf">https://www.magellanprovider.com/media/1625/csocsupp.pdf</a></li><li>• <a href="https://www.magellanoflouisiana.com/for-providers/become-a-provider/">https://www.magellanoflouisiana.com/for-providers/become-a-provider/</a></li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Section/supporting documentation- LA CSoC_Provider Communication Process_2022.NE., approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>• Final Provider Communications Procedure</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Magellan provided evidence of the implementation of this requirement by providing IPRO with internet web addresses. However, Magellan was unable to fully meet this state contract requirement by failing to provide written policy/procedures effective during the January 1, 2021- December 31, 2021 review period acknowledging this specific state contract requirement.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO recommends including the following state contract requirement into Magellan's Network Practitioner Policy and Standards, "The Contractor shall give all network providers and subcontracts access to the Medicaid Behavioral Health Services Provider Manual and the Contractor's Provider Manual, and any updates, either through the Contractor's website, or by providing paper copies to providers who do not have Internet access."</p> <p>No change in review determination.</p>		
<p><b>2022 PIHP Comments:</b> This is also partially addressed in Training Plan 2021 Final. Attached is an updated draft of Annual Training Plan for 2022 and LA CSoC_Provider Communication Process_2022 Draft.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Provider Communications procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>6. The Contractor shall provide, in accordance with national standards, claims inquiry information to network providers and subcontracts via the Contractor's website.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 6.7.11.12</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• <a href="http://www.magellanprovider.com/education/online-training/website-demos.aspx">http://www.magellanprovider.com/education/online-training/website-demos.aspx</a></li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Section/supporting documentation- LA CSoC_Provider Communication Process_2022.NE., approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>• Final Provider Communications Procedure</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Magellan provided evidence of the implementation of this requirement by providing IPRO with an internet web address. However, Magellan was unable to fully meet this state contract requirement by failing to provide written policy/procedures effective during the January 1, 2021- December 31, 2021 review period. acknowledging this specific state contract requirement.</p>		
<p><b>2022 Compliance Review Recommendation</b> IPRO recommends including the following state contract requirement into Magellan's Network Practitioner Policy and Standards, "The Contractor shall provide, in accordance with national standards, claims inquiry information to network providers and subcontracts via the Contractor's website."</p> <p>No change in review determination.</p>		
<p><b>2022 PIHP Comments:</b> This is also partially addressed in Training Plan 2021 Final. Attached is an updated draft of Annual Training Plan for 2022 and LA CSoC_Provider Communication Process_2022 Draft.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Provider Communications procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PIHP	Score
<p>7. The Contractor shall develop and maintain methods to communicate policies, procedures and relevant information to providers through its website, including a Provider Manual developed to disseminate all relevant information to network providers.</p> <p style="text-align: right;">42 CFR 438.214</p> <p>Contract: 6.8.4</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>www.magellanoflouisiana.com/for-providers</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation- LA CSoC_Provider Communication Process_2022.NE., approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Provider Communications Procedure</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Magellan provided evidence of the implementation of this requirement by providing IPRO with an internet web address. However, Magellan was unable to fully meet this state contract requirement by failing to provide written policy/procedures effective during the January 1, 2021- December 31, 2021 review period. acknowledging this specific state contract requirement.</p>		
<p><b>2022 Compliance Review Recommendation:</b> IPRO recommends including the following state contract requirement into Magellan's Network Practitioner Policy and Standards, "The Contractor shall develop and maintain methods to communicate policies, procedures and relevant information to providers through its website, including a Provider Manual developed to disseminate all relevant information to network providers."</p> <p>No change in review determination.</p>		
<p><b>2022 PIHP Comments:</b> Attached is an updated draft of Provider LA CSoC_Provider Communication Process_2022 Draft LA CSoC_Provider Communication Process_2022 Draft.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted the finalized Provider Communications procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Enrollee Rights and Protections CFR 438.224		
Requirement	Evidence as Submitted by the PIHP	Score
<p>1. Any changes to the member education plan or included materials or activities must be submitted to LDH for approval at least thirty (30) days before the marketing or member education activity, unless the Contractor can demonstrate just cause for an abbreviated timeframe.</p> <p style="text-align: right;">42 CFR 438.224</p> <p>Contract: 5.5.5</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>5.5.1 Exh 9, Member Education Plan, March 2021, Pages 2-4</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation-Magellan Healthcare Marketing and Education Materials Approval Process, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Magellan Healthcare Marketing and Education Materials Approval Process</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is not addressed in the Member Education Plan.		
<b>2022 Compliance Review Recommendation:</b> Then entity should specify the 30-day timeframe in a Member Education Plan policy.		
While this requirement is addressed in practice, the entity should follow the specified recommendation. Determination changed to partially met.		
<b>2022 PIHP Comments:</b> Magellan met this requirement but we have updated our Member Education Plan, effective immediately.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Healthcare Marketing and Education Materials Approval Process that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for Magellan of Louisiana

Enrollee Rights and Protections CFR 438.224		
Requirement	Evidence as Submitted by the PIHP	Score
<p>2. All marketing activities should provide for equitable distribution of materials without bias toward or against any group.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 5.6.1.6</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Coordinated System of Care Member Education Plan</li> </ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Section/supporting documentation-Magellan Healthcare Written Member Communication Education Guidelines.MR., approved by OBH on 8/8/2023</li> </ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"> <li>Final Magellan Healthcare Written Materials Guidelines Policy and Procedure</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement is not addressed in the Member Education plan.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should incorporate the written materials requirements into a policy.</p>		
<p>While the entity states that this requirement was met for the review period, it is unclear if the additional verbiage in the updated Member Education plan (provided upon follow up) was incorporated during the 2021 review period. Determination changed to partially met.</p>		
<p><b>2022 PIHP Comments:</b> We met this requirement for the review period; please see the attached updated Member Education plan which includes additional verbiage to reflect this.</p>		
<p><b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Healthcare Written Materials Guidelines policy and procedure that included the requirements of the CAP.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Enrollee Rights and Protections CFR 438.224		
Requirement	Evidence as Submitted by the PIHP	Score
<p>3. All written materials must be clearly legible with a minimum font size of twelve-point, unless otherwise approved by LDH or required by 42 CFR §438.10.</p> <p style="text-align: right;">42 CFR 438.224</p> <p>Contract: 5.6.1.3</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Coordinated System of Care Member Education Plan</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation-Magellan Healthcare Written Member Communication Education Guidelines.MR., approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Magellan Healthcare Written Materials Guidelines Policy and Procedure</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the Member Education plan.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the written materials requirements into a policy.		
While the entity states that this requirement was met for the review period, it is unclear if the additional verbiage in the updated Member Education plan (provided upon follow up) was incorporated during the 2021 review period. Determination changed to partially met.		
<b>2022 PIHP Comments:</b> We met this requirement for the review period; please see the attached updated Member Education plan which includes additional verbiage to reflect this.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Healthcare Written Materials Guidelines policy and procedure that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Enrollee Rights and Protections CFR 438.224		
Requirement	Evidence as Submitted by the PIHP	Score
<p>4. The hard copy directory for members shall be updated at least monthly. The web-based online version shall be updated in near real time, however no less than weekly. The electronic version shall be updated prior to each submission to the Medicaid Fiscal Intermediary. While daily updates are preferred, the Contractor shall at a minimum submit no less than weekly.</p> <p style="text-align: right;">42 CFR 438.224</p> <p>Contract: 5.10.3</p>	<p><b>2022 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Data Integrity Policy</li></ul> <p><b>2023 PIHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Section/supporting documentation- Network Provider Data Maintenance and Data Integrity - NE.1325.05 - Policy, approved by OBH on 8/8/2023</li></ul> <p><b>Virtual Review Follow-Up Document Submission</b></p> <ul style="list-style-type: none"><li>Final Network Provider Data Maintenance and Data Integrity Policy and Standards</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Network Provider Data Maintenance and Data Integrity policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory or broader member materials policy.		
While the entity met the requirement in practice during the review period, the requirement should be incorporated into a policy. Determination unchanged.		
<b>2022 PIHP Comments:</b> Magellan met this requirement during the review period but we will update our policy to reflect this.		
<b>2023 CAP Review Findings:</b> The PIHP submitted a finalized Network Provider Data Maintenance and Data Integrity Policy and Standards that included the requirements of the CAP.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for Magellan of Louisiana**

Results for Follow-Up on 2022 Deficiencies Corrective Action Plans						
<b>Total</b>	Met	=	26	X	1.0	= 26.0
	Not Met	=	0	X	0.0	= 0.0
<b>Total Applicable</b>		=	26	<b>Total Score</b>	=	26.0

<b>Total Score ÷ Total Applicable</b>	=	<b>100%</b>
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## Appendix C. 2023 Corrective Action Plan Template

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PIHP Required Corrective Actions			
<p><b>Element 1:</b> The PIHP agrees to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p> <p style="text-align: right;"><i>42 CFR §438.3(d)(1)</i></p> <p>2022 Contract Citation: 10.1.2</p>			
<p><b>Findings:</b> The PIHP’s document submissions did not demonstrate that the PIHP agreed to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p>			
<p><b>Required Actions:</b> The PIHP must include in a policy or procedure language stating the PIHP agrees to accept individuals enrolled into its PIHP in the order in which they apply without restriction (unless authorized by the Department).</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<b>CAP Approval Status:</b>			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PIHP Required Corrective Actions			
<p><b>Element 2:</b> The PIHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services, race, color, national origin, sex, or disability.</p> <p style="text-align: right;"><i>42 CFR §438.3(d)(3-4)</i></p> <p>2022 Contract Citations: 10.1.3; 10.1.4</p>			
<p><b>Findings:</b> The PIHP did not demonstrate in policies, procedures, or other document submissions that the PIHP does not discriminate against individuals based on health status or need for healthcare services.</p>			
<p><b>Required Actions:</b> The PIHP must submit a policy or procedure that demonstrates that the PIHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services. The PIHP must update the Coordinated System of Care Member Handbook to include in the list that Magellan does not discriminate based on an individual’s health status and the member’s need for healthcare services</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
CAP Approval Status:			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PIHP Required Corrective Actions			
<p><b>Element 3:</b> The PIHP may not request disenrollment of a member because of an adverse change in the member’s health status or because of the member’s:</p> <ul style="list-style-type: none"> <li>Utilization of medical services.</li> <li>Diminished mental capacity.</li> <li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP’s ability to furnish services to the member or to other members).</li> </ul> <p style="text-align: right;">42 CFR §438.56(b)(2)</p> <p>2022 Contract Citation: 10.1.5</p>			
<p><b>Findings:</b> The PIHP’s policies and procedures did not demonstrate that the PIHP does not request disenrollment of a member because of an adverse change in a member’s health status or because of the member’s utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP’s ability to furnish services to the member or to other members).</p>			
<p><b>Required Actions:</b> The PIHP must include in a policy or procedure that the PIHP may not request disenrollment of a member because of an adverse change in the member’s health status or because of the member’s:</p> <ul style="list-style-type: none"> <li>Utilization of medical services.</li> <li>Diminished mental capacity.</li> <li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PIHP’s ability to furnish services to the member or to other members).</li> </ul>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
CAP Approval Status:			