



# **The State of Louisiana Office of Behavioral Health**

## **Magellan of Louisiana CSoC Program**

### **Annual External Quality Review Technical Report**

**Review Period: July 1, 2018 to June 30, 2019**

**Report issued: March 2020**

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## I. Introduction

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

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

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

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

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

In order to comply with these requirements, the State of Louisiana, Department of Health, contracted with Island Peer Review Organization (IPRO) to assess and report the impact of its Medicaid managed care program and its participating managed care organizations on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO's independent evaluation of the services provided by Magellan of Louisiana's CSoC program (Magellan) for the review period July 1, 2018 – June 30, 2019.

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

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

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

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<sup>1</sup> Louisiana Coordinated System of Care Standard Operating Procedures

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

Areas of EQR oversight are addressed in this report:

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

## II. Validation of Performance Measures

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

I PRO, in consultation with the OBH, selected five (5) performance measures reported by Magellan of Louisiana CSoc., for the period April 1, 2019, through June 30, 2019. The Coordinated System of Care (CSoc) program was developed by the State of Louisiana for children and youth with significant behavioral health challenges, with the ultimate goal of preventing out of home placement through the provision of home and community based services aimed at promoting positive behavioral health outcomes. The CSoc program is managed by Magellan; the program is heavily focused upon the activities performed and provided by Wrap-Around Agencies (WAAs), of which there were nine (9) across the state for this contract year. Comprehensive needs assessments, care plan development and modification, and service coordination are largely the responsibility of the WAAs and Family Support Organizations (FSOs). The measures selected for validation are representative of the care plan oversight and service monitoring required by Magellan, the WAAs, and FSOs to insure the success of the program.

The 5 selected measures were:

1. Follow-Up After Hospitalization for Mental Illness (FUH)
2. Number and percent of participants whose level of care determination was made by a qualified evaluator (LOC3)
3. Number and percent of providers initially meeting licensing and training requirements prior to furnishing waiver services (QP1)
4. Number and percent of participants who received services in the type, amount, duration, and frequency specified in the plan of care (POC06)
5. Utilization of Outpatient Services (QM14)

### Validation methodology

For each measure selected for validation, I PRO requested the universes of cases that met numerator compliance for the 4/1/19 - 6/30/19 review period. Magellan uploaded the universes for each of the five measures to I PRO's secure File Transfer Protocol (FTP) site in December 2019. From the universes, I PRO randomly sampled 30 cases for validation, with the exception of measure QP 1 because there were only nine facilities for which site reviews were conducted within the review period. For the QP1 measure, the entire universe was selected for validation.

Once the sample was selected, I PRO requested that Magellan provide the documentation that would meet numerator compliance for each case in the measure. The five measures and the data sources used to evaluate compliance are noted below.

## Measure 1: Follow-Up after Hospitalization for Mental Illness (FUH)

**HEDIS description:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

**Data source:** HEDIS data repository containing discharge dates and outpatient follow-up visit dates.

**Denominator:** An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm.

**Numerator:**

7 day: A follow-up visit with a mental health practitioner within 30 days after discharge.

30 day: A follow-up visit with a mental health practitioner within 30 days after discharge.

**Reported rates:** The following data was reported for HEDIS 2019 (reporting period Jan 1 2018 – December 31, 2018).

**Table 1. Follow-Up after Hospitalization for Mental Illness rates**

Measure	Denominator	Numerator	HEDIS 2019
Follow-Up After Hospitalization for Mental Illness (FUH): 7 day follow-up	374	199	53.2%
Follow-Up After Hospitalization for Mental Illness (FUH): 30 day follow-up	374	273	73.0%

**Validation findings:**

Passed = 30

Failed = 0

## Measure 2: Number and percent of participants whose level of care determination was made by a qualified evaluator (LOC3)

**Data source:** Proof of licensure as a behavioral health specialist.

**Denominator:** Member sample ( $n = 30$ )

**Numerator:** Number of members whose LOC determination made by a qualified evaluator

**Results reported:**

The following results were reported by Magellan for the period 07/01/2018-6/30/2019.

**Table 2. Number and percent of participants whose level of care determination was made by a qualified evaluator**

Measure	Reviewed	Met	Percent compliant

Number and percent of participants whose level of care determination was made by a qualified evaluator (LOC3)	388	388	100%
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**Validation findings**

IPRO reviewed 30 files and made the following determination:

Passed = 30

Failed = 0

**Measure 3: Number and percent of providers initially meeting licensing and training requirements prior to furnishing waiver services (QP1)**

**Data source:** Magellan Provider Monitoring and Scoring tool.

**Denominator:** A member sample (n= 30) was requested of providers furnishing waiver services. The universe of these providers was 9, which served as the denominator.

**Numerator:** Number of providers initially meeting licensing and training requirements prior to furnishing waiver services.

**Validation findings:**

IPRO reviewed 9 files and made the following determination:

Passed= 9

Failed = 0

**Measure 4: Number and percent of participants who received services in the type, amount, duration, and frequency specified in the plan of care (POC06)**

**Data source:** Member Plan of Care report

**Denominator:** Member sample (n = 30)

**Numerator:** Number of members who received services according to the plan of care

**Results reported:**

The following results were reported by Magellan for the period 07/01/2018-6/30/2019.

**Table 3. Participants receiving services by month**

Month	Numerator	Denominator	Percent compliant
July 2018	2200	2306	95.40%
August 2018	2188	2263	96.69%
September 2018	2171	2272	95.55%
October 2018	2219	2314	95.89%



November 2018	2233	2333	95.71%
December 2018	2272	2340	97.09%
January 2019	2262	2325	97.29%
February 2019	2262	2324	97.33%
March 2019	2240	2305	97.18%
April 2019	2233	2290	97.51%
May 2019	2227	2284	97.50%
June 2019	2212	2277	97.15%

**Validation findings:**

IPRO reviewed 30 files and made the following determination:

Passed= 29

Failed = 1

**Measure 5: Utilization of Outpatient Services (QM14)**

**Data source:** Magellan’s Monthly Utilization Data report

**Denominator:** Member sample (*n* = 30)

**Numerator:** Members with an outpatient service during the review period

**Validation findings:**

Passed= 30

Failed = 0

**Overall validation findings and recommendations**

Overall, the validation process and findings indicate that Magellan accurately calculates its Louisiana Department of Health (LDH)-required performance measures. The documentation was easy to navigate and the requirements for numerator compliance were clearly noted. Recommendations can be found in section VI (Strengths, Opportunities for Improvement, and Recommendations).

### III. Validation of Performance Improvement Projects

Performance Improvement Projects (PIPs) engage MCO care and quality managers, providers and members as a team with the common goal of improving patient care. The MCO begins the PIP process by targeting improvement in annual baseline performance indicator rates. The next step is to identify barriers to quality of care, and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly intervention tracking measures. Declining quarterly intervention tracking measure rates signal the need to modify interventions and re-chart the PIP course. Improving intervention tracking measures are an indication of robust interventions.

Magellan initiated a PIP to improve monitoring of hospitalization follow-up practices among enrollees in the Coordinated System of Care (CSoC) program. The initial proposal was submitted on 4/5/19 and a revised proposal submitted on 7/30/19, with a baseline report submitted on 10/3/2019.

#### PIP Title: Monitoring Hospitalization Follow up Practices

**Indicators, Baseline Rates and Goals:** The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final measurement are as follows:

- Indicator 1 (7-day FUH): Increase the percent of youth attending follow-up hospitalization appointments within seven days of discharge by 17 percentage points (from 53% to 70%) and achieve the 90th percentile for Medicaid populations.
- Indicator 2 (30-day FUH): Increase the percent of youth attending follow-up hospitalization appointments within 30 days of discharge by 17 percentages points (from 73% to 90%).

#### Intervention Summary:

- Member:
  - Utilize members who receive PST to increase engagement with families while the youth is hospitalized with purpose of providing additional support to family and educating family about the importance of FUH process.
  - Wraparound facilitators will conduct a crisis CFTs during the inpatient hospitalization but no later than three business days from the date of the discharge with a goal of revising the Plan of Care and crisis plan to address reasons for admission and address barriers to implementation of the discharge plan (e.g., changes in guardian's work schedule, prescriptions were not filled due to lack of prior authorization, provider reschedule appointment, etc.) for the youth and family.
  - Wraparound Coordinators with Magellan will contact the member/guardian within three working days of discharge and attempt again within seven days of discharge if member/guardian was not reached on first call. The coordinators will be reinforce the details of the discharge plan with the member/guardian, identify and assisting in address in known barriers and verify the date and time of the next scheduled CFT meeting. The coordinators will collect member feedback for plans that did and did not result in timely follow-up appointment attendance inform ongoing barrier analysis.
- Provider:
  - Expand the accessibility and availability of Licensed Mental Health Professional (LMHP) providers by increasing the reimbursement rates to incentivize qualified providers to schedule of appointments within 7 days of discharge.

- Magellan will conduct clinical rounds to for youth while hospitalized to identify risks, need for specialized services, supports available to family during times of crisis, exchange information between the care and utilization management teams and facilitate coordination of care between the WAA and the inpatient provider to increase likelihood of a viable discharge plan results in an attended appointment within 7 days of discharge.
- MCO:
  - Magellan will create a hospital-based report for FUH measures to identify any trends for FUH process originating at hospital.

**Results:** Not Applicable.

**Overall Credibility of Results:** Not Applicable.

**Strengths:**

- The PIP aligns the aim with robust interventions designed to address barriers, and has begun monitoring the progress of interventions using intervention tracking measures (ITMs).
- The PDSA tests a meaningful member intervention, i.e., FSO involvement, using a measurable intervention tracking measure (ITM).
- ITMs also monitor provider interventions.
- The PIP topic is supported by the rationale and member data on follow-up visits after inpatient psychiatric hospitalization.
- The performance indicators are relevant and clearly specified, with supporting procedures to ensure data integrity.
- The plan set bold, feasible goals that are pertinent to the performance indicators and aim statement.

**Opportunities for Improvement:**

- FSO involvement ITM rates were stratified by region. The annual FUH performance measure rate was stratified by hospital. Additional stratifications for consideration for annual performance measure stratification include race/ethnicity, Substance Use Disorder, Serious Mental Illness, and other pertinent health conditions.
- Moving forward, with documentation in the Interim Report, it would be informative to indicate how interventions were modified to address regional differences (and other pertinent barriers/susceptible subpopulations), as well as provide a run chart of monthly FSO claims rate ITM, in the Interim Report.
- Per above comment the Interim PIP and updated PDSA + run chart should address regional barriers with modified interventions. In addition, Magellan has begun to use FUH data stratified by hospital to inform modifications to interventions. Additional stratifications for consideration include race/ethnicity, Substance Use Disorder, and other subsets identified as meaningful by Magellan.

## IV. Health disparities

For this year's technical report, the LA EQRO evaluated the PAHP with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. This information was obtained through surveying the PAHP regarding the following activities:

- (1) Characterization, identification or analysis of the PAHP's Medicaid population according to at-risk characteristics.
- (2) Identification of differences in health outcomes or health status that represent measurable gaps between the MCO's Medicaid population and other types of health care consumers.
- (3) Identification of gaps in quality of care for the PAHP's Medicaid members and/or Medicaid subgroups.
- (4) Identification of determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
- (5) Development and/or implementation of interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members with at-risk characteristics.

Please note: In the interest of report length only the PAHP's response to question 5 detailing the programmatic interventions addressing disparities is reported here.

5. During 2018 and 2019, did the MCE conduct any studies or participate in any initiatives to do the following: Develop and/or implement interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCE members identified with at-risk characteristics. If yes, describe impact of interventions.

### Magellan's response:

#### Protective/Resiliency Factors

Despite exposure to risk factors, youth and families can thrive in their homes and communities. Research has shown that certain factors can help serve as a buffer, or protective shield, to counter some of the negative impacts of being exposed to risk factors. Protective factors can include:

- Positive Home and School Environments
- Stable Parental Mental Health
- High Levels of Social Support and Religious and Community Involvement
- Positive Racial and Ethnic Identity
- Outreach and Collaboration in the Community

CSoC emphasizes the identification of strengths and development of resiliency factors in order to achieve positive, long-term outcomes. Principles of wraparound – such as Culturally Competent, Natural Supports, Community-based – are incorporated in Magellan's end-to-end operations to promote resiliency factors, with a goal of building upon the unique strengths that are present in every individual we serve. One way that this is accomplished is through the identification of strengths the CANS assessment and use of those strengths in the development and implementation of the Plan of Care. As previously discussed, Magellan implemented a Plan of Care Review Tool in 2019, which allows our clinical team to further shape Plans of Care to promote best practices in the utilization of strengths throughout the wraparound process.

#### Community Engagement

Community engagement is important area of focus in order to serve CSoC youth and families. Magellan demonstrates our commitment to engaging with our communities both corporately and here locally in Louisiana. Examples of programs and activities implemented by the CSoC unit include:

- **Crisis Lines.** In response to tragedies and natural disasters, Magellan sets up a 24-hour toll-free hotline for individuals to access, regardless of whether or not they are Magellan members. The 24-hour crisis lines are staffed by behavioral health professionals who provide free, confidential counseling services and other resources, such as referrals to local non-profit organizations, shelters and additional community-based support to assist individuals as they work to cope with the feelings of fear, sadness, anger and hopelessness.
- **NAMI Walks.** NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Year after year, we find that NAMI Walks bring out the best in our employees, and we truly value their participation. As a company rooted in behavioral health, Magellan applauds and supports NAMI's efforts to eradicate the stigma of mental illnesses and improve the quality of life of these Americans. Since 2003, hundreds of Magellan employees, their families and friends have participated in NAMI Walks annually to help raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. Participating in the NAMI Walks is one way that we demonstrate our commitment to the community members we serve while supporting a worthy cause. In addition, joining the walks supports a team atmosphere at Magellan and encourages employees to get active and improve their overall health and wellness.
- **Magellan Cares Week.** Magellan employees throughout the country participate this annual weeklong event where employees organized charitable events, donation drives and hands-on activities.
- **Magellan Cares Foundation.** Launched in 2015, the Magellan Cares Foundation, Inc. is a nonprofit, charitable organization with the mission to improve the health and well-being of the lives and communities we serve. The foundation's focus includes: national or large-scale health access and quality improvement initiatives; efforts that help to improve the social supports around a quality healthcare system, such as access to housing, food, clothing or self-improvement opportunities; local efforts, including initiatives supported by Magellan's employees; and efforts to support America's military service members, veterans and wounded warriors
- **Volunteer Time off (VTO).** Magellan offers full-time regular employees eight hours of paid VTO and part-time regular employees four hours of paid VTO per calendar year.
- **Matching Gifts.** The Magellan Cares Foundation matches an employee's financial donation to eligible charities up to \$250 annually.
- **Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE).** MY LIFE is a corporate initiative for youth between the ages of 13 and 23 who have experience with mental health, substance abuse, juvenile justice or foster care-related issues or have a friend or family member coping with these issues. The program actively engages youth through teaching, coaching and mentoring and empowers them to use their voices to inspire and create positive change for themselves and others in their local communities. Besides Louisiana, MY LIFE has active groups in Arizona, Pennsylvania, Nebraska, Wyoming and Florida. Through regular meetings MY LIFE provides opportunities for youth to come together to create a community of support, plan activities and initiatives, practice social skills, learn from presenters and provide peer mentoring. In 2019, MY LIFE in Louisiana held meetings in both Baton Rouge and Shreveport. In 2020, further expansion of MY LIFE will be achieved through:
  - Increase community contacts/partnerships and growth over the next 12 months
  - Increase visibility and awareness of MY LIFE and CSoC Programs by attending events within the communities we serve and provide educational information regarding MY LIFE and CSoC Program
  - Plan events that generate good attendance and interaction
  - Effective use of budgetary funds to achieve maximum impact
  - Coordinate a Youth Leadership Summit with community partners, providers, and state agencies

- Participate in Suicide Prevention and Awareness Activities with community partners and state agencies
- **Regional Advisory Conferences (RAC).** The intent of the RAC is to bring together Magellan’s CSOC team along with the Wraparound Agencies (WAAs), Family Support Organization, local providers, PCP’s State agencies, law enforcement, and courts. RACS are held in communities with a goal to provide education on CSOC and promote networking and foster engagement with regional and local stakeholders across the state. In 2019, RACs were held in all nine CSOC regions. In 2020, the CSOC Coordinators will hold 2 meetings per region in partnership with each regional WAA.

The table below provides details on the activities and events in which Magellan participated to engage with the communities of Louisiana.

**Table 4. Activities and events in which Magellan participated to engage with the communities of Louisiana**

Date	Event	Description	Area
3/11/2019	Meet & Greet w/ Empower 225	Participant	East Baton Rouge Parish Area
3/21/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
4/3/2019	Summer Program Planning	Participant	East Baton Rouge Parish Area
4/22/2019	Empower 225 - Youth Advisory Board Meeting	Sponsored Event and Volunteer Activity	East Baton Rouge Parish Area
4/25/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
5/6/2019	Magellan Volunteer Day at Salvation Army of Greater Baton Rouge	Volunteer Activity	East Baton Rouge Parish Area
5/23/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
5/24/2019	Empower 225 - End of School Carnival	Sponsor and Volunteer	East Baton Rouge Parish Area
5/30/2019	Magellan Volunteer Day at Common Ground	Volunteer Activity	Shreveport
6/4/2019	Leaders in Training Summer Program - Hygiene	Sponsor and Volunteer	East Baton Rouge Parish Area
6/11/2019	Leaders in Training Summer Program - Dating	Volunteer Activity	East Baton Rouge Parish Area
6/18/2019	Leaders in Training Summer Program - Coping with Loss	Volunteer Activity	East Baton Rouge Parish Area
6/25/2019	Leaders in Training Summer Program - Mental Health Matters Session	Volunteer Activity	East Baton Rouge Parish Area
6/30/2019	Community Connections	Resource Table and Volunteer Activity	Monroe
7/25/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
8/22/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
10/5/2019	Turning Over a New Leaf Extravaganza	Resource Table and Volunteer Activity	East Baton Rouge Parish Area
10/12/2019	AFSP Out of Darkness Walk-Shreveport	Sponsored Event and Volunteer Activity	Caddo Parish
10/19/2019	AFSP Out of Darkness Walk	Sponsor and Volunteer	East Baton Rouge Parish Area
10/24/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
12/3/2019	MY LIFE Meeting	Sponsored Event	Caddo Parish
12/7/2019	My CommUNITY Cares Christmas Celebration -	Resource Table and Volunteer Activity	Livingston Parish

Date	Event	Description	Area
12/19/2019	Empower 225 - 1st Annual Frosty Fest	Sponsored Event and Volunteer Activity	East Baton Rouge Parish Area

### Culturally Competent Program Design

Magellan has built its programs and processes around an expansive definition of cultural competency in healthcare and the expected capabilities of our providers to effectively render services that meet the cultural, social, and linguistic needs of our members. When youth and families feel heard and understood by their providers, they are more likely to actively engage and participate in treatment, which then positively impacts member outcomes. These concepts of cultural competency extend to both treatment planning and wraparound design and implementation. In a culturally based wraparound model, families exercise choice over the services they receive, and the treatment team understands and values the family's theory of change. Magellan supports facilitation of members' freedom of choice in providers that are respectful and inclusive of their cultural needs and preferences.

Magellan collaborates with care providers that respect the diverse backgrounds of the individuals and families served. Treatment modalities must acknowledge and support the behavior, ideas, attitudes, values, beliefs, and language of individuals. Magellan provides access to a comprehensive resource kit to support our provider network on MagellanProvider.com. This resource kit contains a variety of assessment tools, guidelines, standards and resources designed to assist providers, agencies, and the Magellan organization overall to enhance cultural and linguistic competence throughout the behavioral healthcare system. Magellan developed training modules specific to Louisiana's cultural make-up and monitors Direct Care Staff to ensure annual cultural competency training requirements are completed. Magellan's QIA agenda also includes a standing item to address emerging cultural competency needs. The following cultural competency trainings and resources are available on our website:

- **Cultural Competency Resource Kit:** Provides training and information for cultural competency concepts and application, including assisting providers to develop a Cultural Competency Plan
- **Cultural Competency Training Modules:** a) The Hispanic/Latino Community in Louisiana; b) Louisiana Native American Indian Tribes; c) Vietnamese in Louisiana; and, d) Why Cross-Cultural Competency?

Through the use of materials in this kit, one can, for example, conduct a self-assessment of provider-level cultural competence, assess organizational strength and growth areas with respect to cultural competence, and carry out member evaluations of healthcare provider cultural competence. In addition, a variety of tools and resources are included to assist provider agencies in developing realistic and incremental organizational cultural competence plans. Some of the key areas addressed in this kit include:

- Cultural Competence Guidelines and Standards
  - American Psychological Association, Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychology [www.apa.org](http://www.apa.org)
  - Department of Health and Human Services Cultural and Linguistic Competence Standards <http://minorityhealth.hhs.gov/>
  - SAMHSA Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups <http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf>
  - Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies
  - National Association of Social Workers, Standards for Cultural Competence in Social Work Practice <http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf>
- Key Components of Organizational Cultural Competence

- Organizational Cultural Competence Assessment Tools
- Multicultural Competence Service System Assessment Measure
- Organizational Cultural Competence Plan Template
- Strategies for Completing the Cultural Competence Plan
- Sample Cultural Competence Action Plan 18
- Clinician/Service Provider Cultural Competence Measures
- The Multicultural Awareness-Knowledge-Skills Survey
- Cultural Competence Self-Test
- Cultural Competence Information Sheets
- Cultural and Linguistic Definitions
- Web Resources
- Cultural Competence Related Books



## V. Compliance Monitoring

IPRO conducted the 2019 Compliance Audit on behalf of the LDH. Full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2019 annual compliance audit was a full audit of the MCO's compliance with contractual requirements during the period of November 1, 2018, through April 30, 2019.

The audit included a comprehensive evaluation of Magellan's policies, procedures, files, and other materials corresponding to the following 10 contractual domains:

1. Member Services
2. Provider Network Requirements
3. Care Management
4. Utilization Management
5. Provider Services
6. Enrollment
7. Grievance and Appeal System
8. Quality Management
9. Program Integrity
10. Audits, Records, and Reports

The file review component assessed the PAHP's implementation of policies and its operational compliance with regulations related to complaints and grievances, care management, utilization management, provider credentialing, and communication between the PAHP and member and provider communities.

Specifically, file review consisted of the following five areas:

1. Appeals
2. Case Management
3. Credential/Recredentialing
4. Member Grievances
5. Utilization Management

Sample sizes for each file review type are presented in **Table 5**.

**Table 5. File Review Sample Sizes**

File Type	Sample Size
Appeals	10
Case Management	20
Credential/Recredentialing	20
Member Grievances	20
Utilization Management	15

For this audit, determinations of "full compliance," "substantial compliance," "minimal compliance," "non-compliance," and "Not Applicable" were used for each element under review. The definition of each of the review determinations is presented in **Table 6**.

**Table 6. Review Determination Definitions**

Review Determination	Definition
Full	The PAHP is compliant with the standard.
Substantial	The PAHP is compliant with most of the requirements of the standard but has minor deficiencies.
Minimal	The PAHP is compliant with some of the requirements of the standard, but has significant deficiencies that require corrective action.
Non-compliance	The PAHP is not in compliance with the standard.
Not Applicable	The requirement was not applicable to the PAHP.

The 2019 annual compliance audit consisted of three phases: 1) pre-onsite documentation review, 2) onsite visit, and 3) post-onsite report preparation.

## Summary of Findings

**Table 7** provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than “fully compliant” follow within this section of the report.

**Table 7. Audit Results by Audit Domain**

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full <sup>1</sup>
Member Services	128	125	3	0	0	0	98%
Provider Network Requirements	72	59	6	6	0	1	83%
Care Management	44	44	0	0	0	0	100%
Utilization Management	35	35	0	0	0	0	100%
Provider Services	94	90	0	1	1	2	98%
Enrollment	11	10	1	0	0	0	91%
Grievance and Appeal System	76	71	3	1	1	0	93%
Quality Management	65	64	1	0	0	0	99%
Program Integrity	76	61	2	5	1	7	88%
Audits, Records, and Reports	1	1	0	0	0	0	100%
<b>TOTAL</b>	<b>602</b>	<b>560</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>10</b>	<b>95%</b>

<sup>1</sup> N/As are not included in the calculation.

As presented in **Table 7**, 602 elements were reviewed for compliance. Of those 602 elements, compliance status of 16 was determined to be “substantial,” compliance status of 13 was determined to be “minimal,” compliance status of 3 was determined to be “non-compliance,” compliance status of 10 was determined to be “not applicable,” while compliance status of the remaining 560 elements was determined to be “full.” The overall compliance score for Magellan was 95% elements in full compliance.

It is the expectation of both IPRO and the LDH that Magellan submit a corrective action plan (CAP) for each of the 32 elements determined to be less than fully compliant, along with a timeframe for completion of the corrective action.

## VI. Strengths, Opportunities for Improvement, and Recommendations

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

### Strengths

- All reviewed performance measures passed validation:
  1. Follow-Up After Hospitalization for Mental Illness (FUH)
  2. Number and percent of participants whose level of care determination was made by a qualified evaluator (LOC3)
  3. Number and percent of providers initially meeting licensing and training requirements prior to furnishing waiver services (QP1)
  4. Number and percent of participants who received services in the type, amount, duration, and frequency specified in the plan of care (POC06)
  5. Utilization of Outpatient Services (QM14)
- Magellan proposed robust interventions designed to address barriers for the Monitoring Hospitalization Follow-up Practices PIP.
- Magellan was fully compliant with 95% of compliance review elements .

### Opportunities for improvement

- For the compliance review domain of provider network requirements, only 59 of 71 (83%, excluding NAs) requirements were fully compliant.
- In future PIPs there is an opportunity to analyze barriers by region, and to tailor interventions to address specific regional barriers.

### Recommendations

The following recommendations apply to performance measure validation:

- Even though POC 06 passed validation with 29 cases meeting the numerator compliance, one (1) case failed due to missing documentation (the plan of care). Absence of this document is of some concern, considering the importance of this measure. Magellan should take steps to ensure that a plan of care is prepared whenever required and that it is retained with the member's case files. A checklist or face sheet accompanying the member's case file documents may serve to ensure completeness.
- The facility monitoring score sheets were quite thorough and required commentary and corrective action when the provider failed to meet standard. However, there were occasions where the final score was not recorded on the score sheet and could not be located. IPRO recommends the final score be appended to the score sheet itself so it can be readily be found.