



State of Louisiana Department of Health

2022 Healthy Louisiana EQRO Compliance Audit

Magellan of Louisiana

Period of Review: January 1, 2021 – December 31, 2021

ISSUED NOVEMBER 2022

FINAL



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realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org



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Introduction and Audit Overview

Introduction

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. Further, 42 CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. States must further ensure that the EQRO has sufficient information to carry out the EQR, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicaid and Medicare Services (CMS). This requirement also applies to the conduct an external independent review of Magellan of Louisiana, a prepaid ambulatory health plan (PAHP).

To meet these federal requirements, the Louisiana Department of Health (LDH) has contracted with IPRO, an EQRO, to conduct annual compliance audits every 3 years. The 2022 annual compliance audit was a full audit of the PAHP's compliance with contractual requirements during the period of January 1, 2021, through December 31, 2021.

This report presents IPRO's findings of the 2022 annual compliance audit for Magellan of Louisiana (Magellan).

Audit Overview

The purpose of the audit was to assess Magellan's compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; fraud, waste and abuse; and utilization management (UM).

The audit included a comprehensive evaluation of Magellan's policies, procedures, files, and other materials corresponding to the following 12 contractual domains:

<u>CFR</u>	<u>Domain</u>
1. 438.206	Availability of Services
2. 438.207	Assurances of Adequate Capacity and Services
3. 438.208	Coordination and Continuity of Care
4. 438.210	Coverage and Authorization of Services – UM
5. 438.214	Provider Selection
6. 438.224	Enrollee Rights and Protection
7. 438.228	Grievance and Appeal Systems
8. 438.230	Subcontractual Relationships
9. 438.236	Practice Guidelines
10. 438.242	Health Information Services
11. 438.330	Quality Assessment and Performance Improvement Program (QAPI)
12. 438.608	Fraud, Waste and Abuse

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/Recertification
4. Member Grievances
5. Utilization Management
6. Fraud, Waste and Abuse

Sample sizes for each file review type are presented in **Table 1**.

Table 1: File Review Sample Sizes

File Type	Sample Size
Appeals	10
Case management	20
Credential/Recredentialing	20
Member grievances	20
Utilization management	15
Fraud, waste and abuse	20

The period of review was January 1, 2021, through December 31, 2021. All documents and case files reviewed were active during this time period.

For this audit, determinations of “met,” “partially met,” “not met,” and “not applicable” were used for each element under review. The definition of each of the review determinations is presented in **Table 2**.

Table 2: Review Determination Definitions

Review Determination	Definition
Met	The PAHP is compliant with the standard.
Partially Met	The PAHP is compliant with most of the requirements of the standard, but has minor deficiencies.
Not Met	The PAHP is not in compliance with the standard.
Not applicable	The requirement was not applicable to the PAHP.

The 2022 annual compliance audit consisted of three phases: 1) pre-onsite documentation review, 2) onsite visit, and 3) post-onsite report preparation.

For the purposes of this report the term “onsite” refers to a remote interview for this year.

Pre-onsite Documentation Review

To ensure a complete and meaningful assessment of the PAHP’s policies and procedures, IPRO prepared 12 review tools to reflect the areas for audit. These tools were submitted to the LDH for approval at the outset of the audit process. The tools included the review elements drawn from the state and federal regulations. Based upon the LDH’s suggestions, some tools were revised and issued as final. These final tools were submitted to the PAHP in advance of the onsite audit.

Once LDH approved the methodology, IPRO sent Magellan a packet that included the review tools, along with a request for documentation and a guide to help PAHP staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO’s secure File Transfer Protocol (FTP) site.

To facilitate the review process, IPRO provided the PAHP with examples of documents that the PAHP could furnish to validate its compliance with the regulations. Instructions regarding the file review component of the audit were also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO selected a sample for each area, which was reviewed onsite.

Prior to the review, the PAHP submitted written policies, procedures and other relevant documentation to support its adherence to state and federal requirements. The PAHP was given a period of approximately four weeks to submit documentation to IPRO. To further assist PAHP staff in understanding the requirements of the audit process, IPRO convened a conference call for all MCOs and PAHPs undergoing the audit, with LDH staff in attendance, approximately two weeks after the request packet was sent to the MCOs and PAHPs. During the conference call, IPRO detailed the steps in the audit process, the audit timeline, and answered any questions posed by MCO and PAHP staff.

After the PAHP submitted the required documentation, a team IPRO reviewers was convened to review the PAHP's policies, procedures, and materials, and to assess the PAHP's concordance with the state's contract requirements. This review was documented using audit tools IPRO developed to capture the review elements and record the findings. These review tools with IPRO's initial findings were used to guide the onsite review discussion.

Remote Interviews

The remote interview was conducted on July 25, 2022. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow Magellan to provide additional documentation, if available. Magellan staff were given two days from the close of the onsite review to provide any further documentation.

Post-onsite Report Preparation

Following the remote interviews, draft reports were prepared. These draft reports included an initial review determination for each element reviewed, and either evidence that the PAHP is compliant with the standard or a rationale for why the PAHP was not compliant and what evidence was lacking. For each element that was deemed not fully compliant, IPRO provided a recommendation for the PAHP to consider in order to attain full compliance.

Each draft report underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the draft reports were shared with LDH staff for review. Upon LDH approval, the draft reports were sent to the PAHP with a request to provide responses for all elements that were determined to be less than fully compliant. The PAHP was given one week to respond to the issues noted on the draft reports.

After receiving the PAHP's response, IPRO re-reviewed each element for which the PAHP provided a response. As necessary, elements' review scores may have been updated based on the response of the PAHP.

PAHP Summary of Findings

Summary of Findings

Table 3 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 3: Audit Results by Audit Domain

CFR	Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score ¹
438.206	Availability of Services	41	39	0	2	0	95.1%
438.207	Assurances of Adequate Capacity and Services	95	90	4	0	1	97.9%
438.208	Coordination and Continuity of Care	45	36	9	0	0	90.0%
438.210	Coverage and Authorization of Services – UM	69	69	0	0	0	100%
438.214	Provider Selection	95	87	5	2	1	95.2%
438.224	Enrollee Rights and Protection	144	140	2	2	0	97.9%
438.228	Grievance and Appeal Systems	74	74	0	0	0	100%
438.230	Subcontractual Relationships	10	10	0	0	0	100%
438.236	Practice Guidelines	8	8	0	0	0	100%
438.242	Health Information Services	10	10	0	0	0	100%
438.330	Quality Assessment & Performance Improvement	39	39	0	0	0	100%
438.608	Fraud, Waste and Abuse	109	106	0	0	3	100%
	TOTALS	739	708	20	6	5	97.8%

¹ Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.

UM: utilization management

As presented in **Table 3**, 739 elements were reviewed for compliance. Of those 739 elements, 708 were determined to fully meet the regulations, while 20 partially met the regulations, and 6 were determined to be non-compliant. Five elements were N/A. The overall compliance score for Magellan was 97.8%.

From each of the 12 detailed reports, IPRO extracted those elements for which the requirement was less than fully met. This information was compiled into a summary report to facilitate corrective action. **Table 4** presents this summary report and includes details about each element reviewed, the final review determination, Magellan’s initial response, and, when possible, suggestions to achieve full compliance.

It is the expectation of LDH that Magellan submits a corrective action plan (CAP) for all elements determined to be less than fully compliant. LDH will officially request a CAP for any item it deems necessary.

Each of the 12 review tools and review determinations for each of the elements can be found in the ZIP file below.



Magellan 11.10.22
Final Findings.zip

Table 4: Deficient 2022 Audit Elements

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
CFR 438.206 Availability of Services							
6.3.1.1.3	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.	There were no exceptions requested during the review period. This can be validated by LDH.	Not Met		<p>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><u>Recommendation</u> The entity should include this requirement in a policy or procedure.</p>	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>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>
6.3.1.1.4	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.	N/A	Not Met		<p>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><u>Recommendation</u> The entity should include this requirement in a policy or procedure.</p>	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>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>
CFR 438.207 Assurances of Adequate Capacity and Services							

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
6.3.1.1	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:	CSoc Network Development and Management Plan, Page 3 LA_CSoc - Quarterly_Prescribers_Geo WY4Q3 LA_CSoc - Quarterly_Prescribers_Geo WY4Q4 LA_CSoc - Quarterly_Psychiatrists_Geo WY4Q3 LA_CSoc - Quarterly_Psychiatrists_Geo WY4Q4 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4 LA_CSoc - Quarterly_OP_Services_Geo WY4Q3 LA_CSoc - Quarterly_OP_Services_Geo WY4Q4	Partially Met		This requirement is partially addressed, as the network does not fully meet the LDH MCO Network Standards for all practitioner types in all parishes. <u>Recommendation</u> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with additional providers where available.	We agree	
6.3.1.1.1.1.	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.	CSoc Network Development and Management Plan, Page 5 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4	Partially Met		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. <u>Recommendation</u> The entity should continue to comply with the requirements detailed in the Network Development and Management Plan by contracting with	We agree	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					additional providers where available.		
6.3.1.1.1.2.	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 urban parishes shall not exceed fifteen (15) miles or thirty (30) minutes, whichever is less, for one hundred percent (100%) of members.	CSoc Network Development and Management Plan, Page 5 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q3 LA_CSoc - Quarterly_BH_Specialists_Geo WY4Q4	Partially Met		<p>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><u>Recommendation</u> 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>	We agree	
6.3.1.1.1.3.	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.	CSoc Network Development and Management Plan, Page 5 CSoc Network Development and Management Plan, Page 15 LA CSoc_Network Monitoring Ongoing Review Policy_Final pages 7-8 LA_CSoc - Quarterly_OP_Services_Geo WY4Q3 LA_CSoc - Quarterly_OP_Services_Geo WY4Q4	Partially Met		<p>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><u>Recommendation</u> 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>	We agree	
CFR 438.208 Coordination and Continuity of Care							

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
7.1.2	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.	Accessibility of Service and Care Policy	Partially Met		<p>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><u>Recommendation</u> Magellan should update the policy to include the missing language from the state contract.</p>	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.	
7.2.5.4	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	CSoC Data Spreadsheet Referral Workflow	Partially Met		<p>This requirement is partially addressed by the CSoC Data Spreadsheet and Referral Workflow.</p> <p><u>Recommendation</u> Magellan should create a policy or procedure to address this state contract requirement.</p>	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.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	or as required in the CSoC Quality Improvement Strategy (QIS).						
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	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.	Care Coordination General Medicaid Care Coordination Policy Coordination with Inpatient Psychiatric or Detox Facility Initial Inpatient Psychiatric Review Concurrent Inpatient Psychiatric Review Initial SUD Detox Review Concurrent SUD Detox Review Follow-Up After Hospitalization Care Coordination with ER Care Coordination Continuity of Care and Care Transition Workflow	Partially Met	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. <u>Recommendation</u> Magellan should update the policies to include the missing language from the state contract.	We met the requirement during the review period but we will update our Care Coordination with Inpatient and/or Detox Facility Policies.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
7.2.5.13	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.	Reviewing CANS & IBHA procedure Tobacco Cessation and Problem Gaming Network Providers	Partially Met		<p>This requirement is partially addressed by the Tobacco Cessation and Problem Gaming Network Providers Resources document.</p> <p><u>Recommendation</u> Magellan should create a policy or procedure to address this state contract requirement.</p>	<p>Magellan respectfully disagrees with IPRO's review determination. Although we provided the Tobacco Cessation & 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>	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
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	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.	Medicaid Care Coordination Policy Accessibility of Service & Care Policy Plan of Care Review POC Review Tool CSoC Plan of Care Blank	Partially Met	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. <u>Recommendation</u> Magellan should update the policies to include the missing language from the state contract.	Magellan met this requirement. Although we provided the POC Review Tool & Coding Guide, we did not include the accompanying POC Review Tool Definitions document developed in 2019.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
7.1.4.4	Documentation that freedom of choice of services and providers were offered to the member and his/her caregiver by the Wraparound Facilitator;	Medicaid Care Coordination Policy CSoC Freedom of Choice	Partially Met		<p>This requirement is partially addressed by the CSoC Freedom of Choice form.</p> <p><u>Recommendation</u> 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>	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.	
7.2.6.4	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.	Information Exchange Procedure	Partially Met		<p>This requirement is partially addressed by the Information Exchange Procedure.</p> <p><u>Recommendation</u> Magellan should include the missing language in the procedure detailing the timeline for information exchange, the data sharing format, and the Information Technology requirements.</p>	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.	
7.2.6.7	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	Referral Workflow PR-BA Oral and Written Transmission of PHI and Confidential Information policy	Partially Met	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.	<p>This requirement is partially addressed by the Referral Workflow.</p> <p><u>Recommendation</u> Magellan should create a policy or procedure that addresses the state contract requirement.</p>	Magellan met this requirement; we shared email examples for specific members (Robertson and Polk) where the MCO was notified of a direct referral.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	days of receipt of referral for routine referrals and within one business day, if referral is marked "urgent;"						
7.3.1	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.	UM Policies Secured1 RE_UM Policies (due from Magellan 1_30_21)	Partially Met		<p>This requirement is partially addressed by the email documents submitted by Magellan titled "UM Policies."</p> <p>Recommendation Magellan should create a policy or procedure addressing this state contract requirement.</p>	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.	
CFR 438.214 Provider Selection							
6.7.2	The complete application through credentialing committee decision shall not exceed sixty (60) calendar days per application.	Provider Credentialing and Recredentialing Process Semi Annual Report Cred_Contracting Data May 2021 Semi Annual Report Cred_Contracting Data November 2021	Partially Met		<p>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>Recommendation: 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>	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	IPRO Final Findings: Not enough evidence provided to overturn review determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
6.7.3	The Contractor shall not delegate credentialing of providers.	Provider Credentialing and Recredentialing Proces	Not Met		<p>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>Recommendation: 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>	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	<u>IPRO Final Findings:</u> Not enough evidence provided to overturn review determination.
6.7.5	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.	Provider Credentialing and Recredentialing Proces	Not Met		<p>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>Recommendation: 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</p>	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	<u>IPRO Final Findings:</u> Not enough evidence provided to overturn review determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					recommended for future compliance.		
6.7.11.10	The Contractor shall maintain a sufficient number of qualified staff to expeditiously process the credentialing and privileging of qualified service providers.	Network Practitioner Credentialing and Recredentialing CR 11.2.21-2020 page 17	Partially Met		<p>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><u>Recommendation:</u> 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>	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	<u>IPRO Final Findings:</u> Not enough evidence provided to overturn review determination.
6.7.11.11	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.	https://www.magellanprovider.com/media/1625/csocsupp.pdf https://www.magellanoflouisiana.com/for-providers/become-a-provider/	Partially Met		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	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	<u>IPRO Final Findings:</u> No change in review determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					<p>specific state contract requirement.</p> <p>Recommendation: 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>		
6.7.11.12	The Contractor shall provide, in accordance with national standards, claims inquiry information to network providers and subcontracts via the Contractor's website.	http://www.magellanprovider.com/education/online-training/website-demos.aspx	Partially Met		<p>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>Recommendation: IPRO recommends including the following state contract requirement into Magellan's Network Practitioner Policy and Standards, "The Contractor shall provide, in accordance with</p>	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	IPRO Final Findings: No change in review determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					national standards, claims inquiry information to network providers and subcontracts via the Contractor's website."		
6.8.4	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.	www.magellanooflouisiana.com/f-or-providers	Partially Met		<p>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><u>Recommendation:</u> 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>	Attached is an updated draft of Provider LA CSoC_Provider Communication Process_2022 Draft LA CSoC_Provider Communication Process_2022 Draft	<u>IPRO Final Findings:</u> No change in review determination.
CFR 438.224 Enrollee Rights and Protection							

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
5.5.5	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.	5.5.1 Exh 9, Member Education Plan, March 2021, Pages 2-4	Partially Met		<p>This requirement is not addressed in the Member Education Plan.</p> <p><u>Recommendation</u> Then entity should specify the 30-day timeframe in a Member Education Plan policy.</p>	Magellan met this requirement but we have updated our Member Education Plan, effective immediately.	While this requirement is addressed in practice, the entity should follow the specified recommendation. Determination changed to partially met.
5.6.1.6	All marketing activities should provide for equitable distribution of materials without bias toward or against any group.	Coordinated System of Care Member Education Plan	Not Met		<p>This requirement is not addressed in the Member Education plan.</p> <p><u>Recommendation</u> The entity should incorporate the written materials requirements into a policy.</p>	We met this requirement for the review period; please see the attached updated Member Education plan which includes additional verbiage to reflect this.	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.
5.6.1.3	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.	Coordinated System of Care Member Education Plan	Not Met		<p>This requirement is not addressed in the Member Education plan.</p> <p><u>Recommendation</u> The entity should incorporate the written materials requirements into a policy.</p>	We met this requirement for the review period; please see the attached updated Member Education plan which includes additional verbiage to reflect this.	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

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
							during the 2021 review period. Determination changed to partially met.
5.10.3	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.	Data Integrity Policy	Partially Met		<p>This requirement is partially addressed by the Network Provider Data Maintenance and Data Integrity policy.</p> <p><u>Recommendation</u> The entity should incorporate this requirement into a provider directory or broader member materials policy.</p>	Magellan met this requirement during the review period but we will update our policy to reflect this.	While the entity met the requirement in practice during the review period, the requirement should be incorporated into a policy. Determination unchanged.

