Magellan HEALTHCARE®

MAGELLAN EXPLORER

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QUALITY IMPROVEMENT QUARTERLY NEWSLETTER

MESSAGE TO PROVIDERS

In this edition of The Explorer, the Magellan quality team is sharing salient resources to help providers recognize National Suicide Awareness Month. Additionally, looking forward to October, many of us will be recognizing National Depression and Mental Health Screening Month. Please see page 4 for information about the Magellan hosted trainings about the role of behavioral health screenings in treatment.

Finally, throughout our provider network, this fall presents us with the opportunity to reflect on our collective commitment to providing quality services to our HealthChoices funded members. National Healthcare Quality Week is October 18-24, 2026. This is a week sponsored annually by the National Association of Healthcare Quality (NAHQ), and it's a time to celebrate healthcare and safety professionals, as well as recognize their work to support our delivery system.

We'd like to take a moment to thank all our healthcare professionals for your important contributions. This publication grants us ability to routinely recognize providers and practitioners that have gone above and beyond, as featured on our Kudos Korner (check out the last page), but we'd like to extend appreciation to all contributors to the HealthChoices program. Thank you!

Warm regards,

Maria Brachelli-Pigeon, LMFT, CPHQ,
Director, Quality Improvement

NATIONAL SUICIDE PREVENTION MONTH

This month is National Suicide Prevention Month. For the next three years, OMHSAS has structured the BHMCO Performance Improvement Projects to be focused on Suicide Prevention and Community Resiliency. As the Magellan team steps deeper into these efforts, we will share salient materials and resources that may be helpful to your practice. Please see below for suicide prevention related resources and advanced clinical trainings hosted this month, where CEs are available for purchase.

- 2026-Final-PA-Suicide-Prevention-Guide-8252026.pdf
- Community Calendar - American Association of Suicidology

EXPANSION OF DEMOGRAPHIC DATA COLLECTION

NCQA is recommending in the Health Outcomes accreditation that direct data collection be expanded to include disability status and identity to best support individuals' unique needs. Disability status is understood as a social construct that recognizes the intersection of an individual's contextual factors, such as physical environment, sense of identity of self or perception by others, and the functioning of an individual, like their body functions, participation in major life activities or activities of daily living.

Disability status may be short term, long term, or intermittent, even. There are two main factors that are considered within disability status: disability function and disability identity.

Disability function describes the relationship between an individual's body functions or structures and any related difficulty to participating in major life activities or activities of daily living. When connecting directly with members, Magellan will be asking if members experience any difficulty with any of the following activities:

- Hearing
- Seeing (including when wearing glasses).
- Concentrating, remembering or making decisions.
- Walking or climbing stairs.
- Dressing or bathing.
- Doing errands alone.
- Communicating.

Magellan will also include options for members who chose not to disclose a response, if members "don't know" and also space for open entry of other areas that are functionally difficult.

The second factor of disability status that Magellan is collecting includes member identified disability identity. This describes a member's sense of identity or self. To understand this factor, Magellan staff will ask members, "Do you identify as having a disability?" seeking options of "yes," "no," or "choose not to disclose at this time." For members that do identify with a disability, Magellan will help the member to describe their disability with the following categories:

- Learning disability
- Mental health condition
- Mobility-related disability
- Physical disability
- Speech-related disability
- Traumatic brain injury
- Choose not to disclose at this time

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Magellan will use this information to identify ways to best support member unique needs in activities where Magellan is involved in member care.

Providers are encouraged to host a parallel process of asking member's about their unique needs and ensuring that they are able to support and make comfortable each person to support a therapeutic treatment environment.

THE IMPACT OF TRAUMA ON FOLLOW-UP RATES AND MINORITY POPULATIONS

Magellan tracks a nationally-recognized indicator of member recovery: Follow-Up After Hospitalization for Mental Illness (HEDIS FUH). This measures an individual attending a follow-up appointment within 7 or 30 days after 24-hour care in an acute inpatient hospital. Research has demonstrated that members that attend FUH appointments have a greater likelihood of continuing their recovery process and a lower risk of readmission to 24-hour care.

During Magellan's analysis of member FUH rates, Magellan discovered that members with trauma-related primary diagnoses (Post-Traumatic Stress Disorder, Acute Stress Disorder) show substantially lower FUH rates that members in other primary diagnostic categories. Similarly, Magellan and network providers have also noted that members with primary trauma-related diagnoses or members who score higher on trauma screening tools also show lower follow-up rates.

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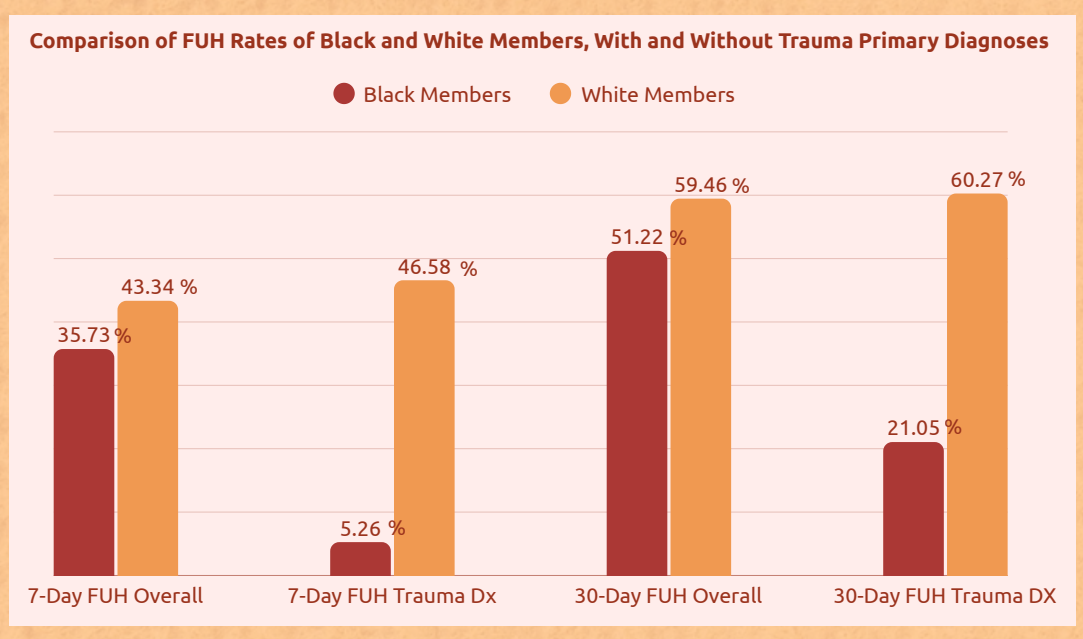
A number of factors may contribute to this, including:

- Lack of trust in behavioral health providers, including feeling unsafe in treatment settings
- Experiences with re-traumatization while in behavioral health treatment
- Tendency to withdraw/self-protect and not make oneself vulnerable
- Lack of consideration of a member's trauma during discharge planning from 24-hour settings
- Opportunities for improvement in trauma-informed, trauma-sensitive, and trauma-focused services, both in 24-hour settings and in community settings that provide follow-up care

More recently, Magellan examined the impact of trauma on follow-up rates by member race. It was found that the impact of trauma appears to be greater for Magellan's members who identify as Black/African American.

As the following graphs show, Black members are experiencing a disparity in follow-up rates when compared with White members, but the difference is even more pronounced when examining the follow-up rates of members with significant trauma. This disparity was greater with Trauma-related diagnoses than with any other diagnostic category (Depression-related, Schizophrenia-related, etc). Black members with primary trauma-related diagnoses were much less likely to attend follow-up care after a hospitalization.



One reason for this might be compounded/complex trauma. Black individuals are more likely to have experienced not only personal trauma, but community trauma, vicarious trauma, and intergenerational trauma, and those traumas build upon each other. Experiences with discrimination, systemic racism, combined with negative experiences in healthcare settings including feeling judged or not believed, unconscious bias from providers are additional kind of trauma experience.

Therefore, all of the above reasons why people with trauma might not attend follow-up care (lack of trust, feeling unsafe, re-traumatization in treatment settings, and lack of trauma-informed and trauma-focused services) are compounded by experiences with racism, discrimination, community trauma and generational trauma, causing Black/African American individuals to not engage in necessary services for their behavioral health. Additionally, Black individuals tend to report higher rates of traumatic experiences and Adverse Childhood Experiences (ACE) when compared with white individuals (6, 7, 8, 9, 10, 11).

What can providers do to improve follow-up rates among members who have experienced significant trauma, and to better serve them overall?

The CDC and SAMHSA emphasize these 6 essential guiding principles to trauma-informed care:

- Safety (both physical and psychological)
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment & choice
- Cultural, historical & gender issues

In addition to providing "trauma informed" services, providers should also consider providing evidence-based practices for trauma, or at least incorporating elements of these practices into their current array of interventions. Some of these evidence-based practices include:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Seeking Safety
- The Trauma Recovery and Empowerment Model (TREM)
- Men's Trauma Recovery and Empowerment Model (M-TREM)
- Prolonged Exposure Therapy (PET)
- Cognitive Processing Therapy (CPT)

Magellan has also adopted the following external Clinical Practice guidelines (CPGs) for Acute Stress Disorder & Post-Traumatic Stress Disorder. These are also linked on the Magellan provider website with Magellan's other CPGs:

The American Psychological Association (APA) Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults (2017)

READING NOOK

Tip 57 Trauma-Informed Care in Behavioral Health Services (SAMHSA)
https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

References on traumatic experiences among Black Americans

6: https://deconstructingstigma.org/guides/black-mental-health

7: https://pubmed.ncbi.nlm.nih.gov/26342634/

8: https://pmc.ncbi.nlm.nih.gov/articles/PMC8693281/

9: https://www.ajpmonline.org/article/S0749-3797(25)00031-5/fulltext

10: https://www.sciencedirect.com/science/article/abs/pii/S0145213421001393

11: https://pmc.ncbi.nlm.nih.gov/articles/PMC8693281/

GIVING YOU TIME BACK:
INCIDENT REPORTING REMINDERS

Magellan receives hundreds of incident reports each month from providers. These are processed in different ways, depending on the severity grade. Incidents that are major, or that qualify as “sentinel events,” all require intensive follow up by our Quality Improvement Reviewer team.

Each month, we receive a small number of incident reports that are about non-reportable events. If we notice that a provider organization has a couple of these “non-reportables,” we reach out to remind them about what falls under the reportable designation. In the past month, we’ve observed an increase in non-reportable incidents coming in from multiple providers in multiple counties. Examples of such reports include:

- A provider learns that a member is in jail.
- A provider learns that a member had a crisis and was hospitalized (but provider had no involvement).
- A member in 24-hour care had a behavioral incident that did not involve any injury or any restraint.
- An adult member left voluntary treatment “AMA.”

The full list of reportable incidents is available on the Magellan of PA website:
https://www.magellanofpa.com/documents/2022/03/incident-reporting-definitions.pdf/

Please contact Dawn Haurin DMPrenoHaurin@magellanhealth.com if you have questions about the reportability of incidents. Or, “when in doubt, fill it out,” and we’ll let you know if was non-reportable.

Thank you for reporting your incidents!

MAGELLAN IN THE MEDIA

“Behavioral Health Matters”

The show aims to promote positive mental health, increase our understanding of behavioral health topics and services, and reduce stigma. Future episodes post every 4-6 weeks.

MEMBER ADVISORY GROUPS

Dates/locations shared at **Member Advisory Groups | Magellan of PA**

TOWN HALL PROMOTION

Magellan Provider Virtual Town Hall on September 15, 2026 at 1:00 pm Please share this information with colleagues and we look forward to sharing important updates during our next town hall event. Please **register here** by September 14, 2026.

TOBACCO RECOVERY

The PA Statewide Tobacco-Free Recovery Initiative (PASTRI) hosts a live webinar training series available for providers. All presentations start at 12:00pm. There is no registration fee. PA STFRI is supported by PA DOH.

Registration Links for September Trainings:

Pharmacotherapy: Managing Tobacco Withdrawal with Confidence
Wednesday, September 16, 2026
https://www.eventbrite.com/e/1992074839470?aff=oddtdtcreator

The Rationale: Addressing Tobacco Use in Behavioral Health Services
Thursday, September 17, 2026
https://www.eventbrite.com/e/1992073498459?aff=oddtdtcreator

Vaping: What We Know and What We Don't Know
Friday, September 18, 2026
https://www.eventbrite.com/e/1992031451696?aff=oddtdtcreator

Tobacco Recovery: Learning to be Tobacco-Free!
Wednesday, September 30, 2026
https://www.eventbrite.com/e/1992075360027?aff=oddtdtcreator

If you have questions about tobacco recovery support or treatment resources, we're here to help. Reach out to a Magellan representative by emailing **TobaccoSupport@MagellanHealth.com.**

To register for Pennsylvania Statewide Tobacco-Free Recovery Initiative trainings, use this link:
https://tobaccofreerecoverypa.com/trainings/.

UPCOMING TRAINING

Overview of Screening Tools & Clinical Use
September 15, 2026 at 12:00 -1:00 pm
Register **here**.

10th Annual Recovery in the Valley
September 26, 2026 at 11:00 am – 2:00 pm
Location: Sargent’s Stadium at the Point,
110 Johns St., Johnstown, PA 15901

IBHS Best Practices Trainings posted on the Magellan website: **2026 Schedule for IBHS Best Practices Webinars**
Upcoming training in September as well as December 3, 2026.

ASAM Wrap Up
October 28, 2026 at 3:00 - 4:00 pm

Please contact Anita Kelly at **ALKelly@magellanhealth.com** for information for these events.

KUDOS OF THE QUARTER!

Magellan maintains a process to recognize individuals throughout our network who go above and beyond for members. Magellan extends a warm thank you to the following individuals for their demonstrated commitment to the HealthChoices community.

We appreciate our partners in quality and regard this forum as one way Magellan can highlight exemplary acts of service for our members. You'll see these names again, as all providers and individuals that are honored through the ASC process will be highlighted at the Provider Town Hall.

Thank you!

Susan Hoke, Mental Health Professional at Horizon House consistently provides quality care and linkage to valuable resources for our members while at the crisis residential facility.

Lindsay Brown, PsyD and Sailaja Musunuri, MD at Woods Community Services have gone above and beyond to provide services to our members.

Artem Eyzips at Pan American Mental Health answers the phone in such an upbeat manner, putting a smile on our face whenever we call!

Devin Davis, Behavioral Health Navigator at Central Behavioral Health developed a comprehensive guide on managing diabetes for our members in a Wellness Recovery Team program.

Brittany Galanti, Social Worker at Brooke Glen has gone above and beyond to help a member with a challenging waiver application that will eventually improve quality of life.

Melissa Gaugler at UHS Doylestown consistently gathers critical information for strong case conceptualization, reflecting the highest standards of excellence and care.

Jessalyn Britton, Senior Therapist at Eagleville developed an excellent, thorough discharge plan with a member, including housing, intensive outpatient, case management, and multiple medical appointments.

Carrie Deprill (and Team) at Lehigh Valley ACT have been consistent and creative in helping our member adjust to changes in housing, providing excellent support and coordination to ensure member-centered treatment.

Scott Kallatch at Penn Foundation presented an outstanding ASAM assessment that highlighted the individual's needs, and helped prepare member for safe discharge.

Padmapriya Marpuri, MD at Penn Foundation responded promptly to Magellan's outreach about a member concern, and this was greatly appreciated.

Susan Baptista, Director of Clinical Services at Merakey was courteous and flexible, navigating several last-minute changes in planning an ASAM audit. She brought an energy of support and collaboration to the audit process and beyond.

Toby Roberts at Pyramid Langhorne was able to quickly set our member up with a successful recovery house interview and helped the member develop a comprehensive individualized relapse prevention plan.

Jacquelin Jacoby, Intensive Case Manager at Merakey Lehigh Valley provided support, coordination, and encouragement to our member & their family, helping the member access supportive living and financial supports.