

Act 158 Report MCNA Survey

Louisiana Department of Health (LDH)
 Dental Benefits Management Program
 Act 158 Transparency Report
 Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

State Fiscal Year 2019
 July 1, 2018 - June 30, 2019



Responses should be based on **State Fiscal Year 2019 (July 1, 2018 - June 30, 2019)**, unless otherwise noted.

Report Reference Number	LDH Internal Item Number	Task	Questions	MCO Response
1b	2	The total number of employees employed by the Managed Care Organization (MCO) which is based in Louisiana and the average salary paid of those employees.	What is the total number of individuals who reside in LA?	
			<i>Please complete the template on tab 1b (2).</i>	
2f	18	The number of members, delineated by each managed care organization who filed an appeal, the number of members who accessed the state fair hearing process, and the total number and percentage of appeals that reversed or otherwise resolved a decision in favor of the member. For purposes of this subparagraph, "appeal" means a request for review of an action.	<i>Please complete the template on tab 2f (18).</i>	
			<i>Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Report 113 monthly Appeal and SFH Report for the months ending July 2018 through June 2019. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.</i>	
3e	23	The total number and dollar value of all claims paid to out-of-network providers by claim type categorized by emergency services and non-emergency services for each managed care organization by parish.	Please describe how out-of-network claims were determined. Please include the data extraction code used to define out-of-network claims and determine results (annual Report 177, Total and Out of Network Claims).	
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure: - The number of prior authorization requests - The average and range of times for responding to prior authorization requests - The number of prior authorization requests denied, delineated by the reasons for denial - The number of claims denied after prior authorization was approved, delineated by the reasons for denial	What is the number of prior authorization requests for SFY19?	
			What is the average amount of time for responding to prior authorization requests for SFY19?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY19?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY19?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY19?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY19?	
			<i>Please complete the template on tab 4 (26).</i>	
5	27	- The total number of independent reviews conducted pursuant to R.S. 46:460.81 et seq., delineated by claim type for each managed care organization. - The total number and percentage of adverse determinations overturned as a result of an independent review conducted pursuant to R.S. 46:460.81 et seq., delineated by claim type for each managed care organization.	What is the total number of independent reviews conducted pursuant to R.S. 46:460.81 et seq., delineated by claim type?	
			What is the total number and percentage of adverse determinations overturned as a result of the independent review, delineated by claim type?	

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Please provide the following information for all **Louisiana-based MCNA employees or contracted staff (FTE of actual filled positions)** for Reporting Period SFY19 (July 1, 2018 - June 30, 2019) and **calculate the average salary** as indicated in column D.

Position/Title	Indicate if the position is a MCNA employee or contracted staff	Salary	FTE	Average Salary (Salary x FTE)
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Total:

* Information should agree with **Report 17**.

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Please complete the template below, reporting the number of appeals filed, the number of appeals that accessed the state fair hearing process and the number of appeals that were reversed, overturned or otherwise resolved in favor of the member. For purposes of this template, "appeal" means a request for review of an action.

MCNA should only complete the white empty cells. The yellow highlighted cells are formula driven.

Appeals and State Fair Hearings	MCO Count	
	Member Count (Unduplicated)	Case Number Count
Total number of appeals filed in SFY19		
Total number of appeals that accessed the state fair hearing process in SFY19		
Total number of appeals with a determination ¹ in SFY 2019		
Appeal Determinations		
Total number of appeals at the MCO level in SFY19		
Number of appeals fully reversed or otherwise resolved in favor of the member at the MCO level		
Number of appeals partially reversed or otherwise resolved in favor of the member at the MCO level		
Total number of appeals reversed or otherwise resolved in favor of the member at the MCO level (Line 18 + Line 19)	0	0
Number of appeals fully upheld at the MCO level		
Total Number of appeals FULLY UPHELD by MCO that went to State Fair Hearing (Do not include appeals partially overturned or partially upheld by MCO)		
Number of appeals reversed by the MCO after SFH requested		
Number of appeals fully overturned at the State Fair Hearing in favor of the member		
Number of appeals partially overturned at the State Fair hearing in favor of the member		
Total number of appeals overturned or otherwise resolved in favor of the member at the SFH level (Line 23 + Line 24 + Line 25)	0	0
Number of appeals fully upheld at the State Fair Hearing		
Total Appeals		
Total number of appeals overturned or otherwise resolved a decision in favor of the member in SFY19 (Line 20 + Line 26)	0	0
Percent of appeals that overturned or otherwise resolved a decision in favor of the member in SFY19 (Line 29 / Line 15)	#DIV/0!	#DIV/0!

Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Report 113 monthly Grievance, Appeal and SFH Report for the months ending July 2018 through June 2019. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.

¹Definitions of Determination

Denied: Appeal requests that are found to be unacceptable for timeliness, coverage or appropriate filing, as determined by the Division of Administrative Law

Order Terminating Adjudication: A decision by the DAL that exhausts the appeal process within the Department of Health and Hospitals

Overturned: A decision at the State Fair Hearing level which reverses the health plan's decision in favor of the member

Reversed: A decision at the health plan level to approve a denied request prior to a State Fair Hearing being scheduled by the Division of Administrative Law

Upheld: A decision at the State Fair Hearing level which confirms the health plan's denial of the member's request

Withdrawal: A written decision made by the appellant to terminate the appeals process



Prior Authorizations	Total Dental Services	Diagnostic D0100 - D0999	Preventive D1000 - D1999	Restorative D2000 - D2999	Endodontics D3000 - D3999	Periodontics D4000 - D4999	Removable Prosthodontics D5000 - D5899	Maxillofacial Prosthetics D5900 - D5999	Implant Services D6000 - D6199	Fixed Prosthodontics D6200 - D6999	Oral & Maxillofacial Surgery D7000 - D7999	Orthodontics D8000 - D8999	Adjunctive General Services D9000 - D9999
Total number of prior authorization requests for SFY18													
Total number of prior authorization requests DENIED, delineated by reasons for denial (See Tab Line 11 Reasons for Denial)													
Total number of claims denied AFTER prior authorization approval, delineated by reasons for denial (See Tab Line 13 Reasons for Denial)													
What is the average time for responding to prior authorization requests?													
What is the range of times for responding to prior authorization requests?													

How are prior authorizations defined?

How are prior authorizations tracked?

What are the policies and procedures for prior authorizations?