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.

	Task	Questions	MCO Response
2	The total number of employees employed by each Managed Care Organization (MCO)	What is the total number of employees who reside in LA?	
Z	which is based in Louisiana and the <b>average</b> salary paid of those employees.	Please complete the template on tab 1b (2).	
		Please complete the template on tab 2f (18).	
18	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.	Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the 113 Appeal and SFH Report Annual Report for SFY 2019. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	
		Please complete the template on tab 3d (22).	
22	requests processed within the time frame specified by the contract for each managed care organization. In addition, the report shall contain the total number of regular and	Note: Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 quarterly Service Authorizations Report for the quarters ending September 2018, December 2018, March 2019 and June 2019. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	
23		Please describe how out-of-network claims were determined. <b>Please</b> <b>include code</b> used to define out-of-network claims and determine results (annual Report 177, Total and Out of Network Claims).	
		What is the total number of prescription claims for SFY19? What is the total number of prescription claims subject to a prior authorization (PA) for SFY19?	
24	care organization: - Total number of prescription claims - Total number of prescription claims subject to prior authorization - Total number of prescriptions claims denied - Total number of prescription claims subject to step therapy or fail first protocols.	What is the total number of prescription claims denied for SFY19? What is the total number of prescription claims subject to step therapy or fail first protocols for SFY19? What is the average and range of times for responding to prior authorization requests for SFY19? What is the number of prior authorization requests denied, delineated by the reasons for denial for SFY19?	
	<ul> <li>The average and range of times for responding to prior authorization requests.</li> <li>The number of prior authorization requests denied, delineated by the reasons for denial.</li> </ul>	What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY19?	
	<ul> <li>The number of claims denied after prior authorization was approved, delineated by the reasons for denial.</li> </ul>	Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Rx055 monthly Pharmacy 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.	
		What is the total dollar amount of Medicaid drug rebates and manufacturer discounts collected (received) by the PBM in SFY19? What is the total dollar amount of Medicaid drug rebates and	
	2 18 22 23	Which is based in Louisiana and the average salary paid of those employees.         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.         The total number and percentage of regular and expedited service authorization requests processed within the time frame specified by the contract for each managed care organization. In addition, the report shall contain the total number of regular and expedited service authorization requests which resulted in a denial for services for each managed care organization.         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.         The following information concerning pharmacy benefits delineated by each managed care organization:         Total number of prescription claims         Total number of prescription claims subject to prior authorization         Total number of prescription claims subject to step therapy or fail first protocols.         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.	2       The total number of employees employed by each Managed Care Organization (MCO)       Please complete the template on tab 16 (2).         7       The number of members, delineated by each managed Care organization who filed at appeal, the number of members who accessed the state faith hearing process, and the total number and percentage of appeals that reversed or otherwise resolved a decision in forvor of the member. For purposes of this subparagraph, "appeal" means a request for review of an action.       Please complete the tamplate on tab 21 (18).         18       Note: Amounts reported Should agree with the sum of the monthly amounts reported to LDH on the 113 Appeal and SFH monthly mounts reported to and or any discrepancies, if applicable, should be included with your survey response.         22       The total number and percentage of regular and expedited service authorization requests which resulted in a denial for services for each managed care organization.       Please complete the template on tab 3d (22).         23       The total number and dolar value of all claims paid to out-of-network providers by durbicable schould be included with your survey response.       Please describe how out-of-network claims were determined. Please include of applicable, should be include with your survey response.         24       The total number of prescription claims subject to prior authorization requests denied, delineated by each managed care organization.       Please describe how out-of-network claims and the reverse of reason state of prescription claims denied for SFY197.         24       The total number of prescription claims subject to prior authorization meanaged care organization.       Please

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
3g	25	Medicaid Drug rebates and manufacture discounts delineated by each managed care organization and the prescription benefit manager contracted or owned by the managed care organization by month.	What is the total dollar amount of Medicaid drug rebates and manufacturer discounts remitted (disbursed) by the PBM to the MCO in SFY19? What is the total dollar amount paid to the PBM by the MCO as a transaction fee for each processed claim in SFY19? What is the total dollar amount retained (kept) by the PBM through spread pricing in SFY19? What is the total dollar amount of all the other monies paid to the PBM in SFY19? What is the total dollar amount of all the other monies paid to the PBM in SFY19? What is the total dollar amount of Medicaid drug rebates and manufacturer remitted to the Louisiana Department of Health? Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Rx054 monthly Pharmacy Benefits Management 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.	
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure ( <i>this includes any MCO dental services, value added and other dental services</i> ): - 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	Does the MCO or MCO subcontractor require prior authorization for (any) dental services? If yes, please answer the questions below. 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? <b>Please complete the template on tab 4 (26).</b>	
5	27	<ul> <li>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.</li> <li>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.</li> </ul>	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? Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the 182 monthly Provider Complaint & Appeal Summary 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.	



Please provide the following information for all Louisiana-based MCO 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.

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

## Total:

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



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.

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

	MCO	Count
Appeals and State Fair Hearings	Member Count	Case Number
	(Unduplicated)	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 <sup>1</sup> 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 the 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 State Fair Hearing 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 State Fair Hearing 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 State Fair Hearing 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.

#### <sup>1</sup>Definitions 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



Total Standard (Regular) Pending Authorizations (end of SFY2019)       Image: Constraint of the system	Medical	al Beha	Count Percentage			
Total Standard (Regular) Pending Authorizations (end of SFY2019)       Image: Constraint of the system	Medical	al Beha	Behavioral Health			
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Total Expedited Authorizations Approved						
Total Expedited Authorizations Denied or Partially Denied		1				
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Standard Service Authorizations			
Standard (Regular) Service Authorizations	Medical	Behavioral Health	Total

Note: Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 quarterly Service Authorizations Report for the quarters ending September 2018, December 2018, March 2019 and June 2019. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.



# Note: All counts should reflect line/detail/service level counts

Prior Authorizations		Total	Diagnost	ic D0100 - D0999
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				

Prior Authorizations	Preventive D1000 - D1999		Restorativ	/e D2000 - D2999
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				

Prior Authorizations	Endodontics D3000 - D3999		Periodonti	cs D4000 - D4999
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				



## Note: All counts should reflect line/detail/service level counts

Prior Authorizations	Removable Pro	sthodontics D5000 - D5899	Maxillofacial Pro	osthetics D5900 - D5999
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				

Prior Authorizations	Implant Services D6000 - D6199		Fixed Prosthoo	dontics D6200 - D6999
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				

Prior Authorizations	Oral & Maxillofacial Surgery D7000 - D7999		Orthodontics D8000 - D8999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19				
Total number of prior authorization requests <b>DENIED</b> ,				
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?				



### Note: All counts should reflect line/detail/service level counts

Prior Authorizations	Adjunctive General Services D9000 - D9999	
	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY19		
Total number of prior authorization requests <b>DENIED</b> ,		
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?