

Act 158 Report MCO Survey

Louisiana Department of Health (LDH)  
Louisiana Medicaid Managed Care Program  
Act 158 Transparency Report  
Survey for Managed Care Organization (MCO) - Self Reported Items

State Fiscal Year 2020  
July 1, 2019 - June 30, 2020



Responses should be based on **State Fiscal Year 2020 (July 1, 2019 - June 30, 2020)**, unless otherwise noted.

| Report Reference Number | LDH Internal Item Number | Task  | Questions   | MCO Response |
|-------------------------|--------------------------|---|---|--------------|
| 1b                      | 2                        | The total number of employees employed by each Managed Care Organization (MCO) which is based in Louisiana and the <b>average</b> salary paid of those employees.   | What is the total number of employees who reside in LA?   |              |
|                         |                          |   | <b>Please complete the template on tab 1b (2).</b>  |              |
| 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. <i>For purposes of this subparagraph, "appeal" means a request for review of an action.</i>   | <b>Please complete the template on tab 2f (18).</b>   |              |
|                         |                          |   | <b>Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Annual Report 113 for SFY 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</b>   |              |
| 3c                      | 21                       | The total number of claims submitted by healthcare providers to each managed care organization which meets the definition of a clean claim as it is defined in the contract executed between the state and the managed care organization, and the percentage of those clean claims that each of the managed care plans has paid for each provider type within fifteen (15) calendar days and within thirty (30) calendar days. In addition, the report shall include the average number of days for each managed care organization to pay all claims of healthcare providers delineated by provider type. | Please describe how clean claims are being counted for the 221 report. Your response should include the code used to determine clean claims and results for the 221 report.   |              |
|                         |                          |   | What is the total number of clean claims for SFY20?   |              |
|                         |                          |   | What is the total number of non-clean claims for SFY20?   |              |
|                         |                          |   | What is the total number of clean claims paid by the health plan to the provider within fifteen (15) business days for SFY20?   |              |
|                         |                          |   | What is the total number of clean claims paid by the health plan to the provider within thirty (30) calendar days for SFY20?  |              |
|                         |                          |   | What is the average number of days to pay clean claims for SFY20?   |              |
|                         |                          |   | Please describe how the average number of days to pay clean claims is determined. Your response should include the code used for determining the average number of days.  |              |
|                         |                          |   | <b>Note: Amounts reported should agree with the amounts reported to LDH on the Monthly 221 Reports for SFY 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</b>  |              |
| 3d                      | 22                       | 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.  | <b>Please complete the template on tab 3d (22).</b>   |              |
|                         |                          |   | <b>Note: Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 and 188BH quarterly Service Authorizations Reports for the quarters ending September 2019, December 2019, March 2020 and June 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</b> |              |
| 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 are determined. Your response should include the code used to determine out-of-network claims and results for the Annual Report 177, Total and Out of Network Claims.   |              |
|                         |                          |   | What is the total number of all claims paid to out of network providers for SFY 2020?   |              |
|                         |                          |   | What is the total dollar value of all claims paid to out of network providers for SFY 2020?   |              |

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| Report Reference Number | LDH Internal Item Number | Task  | Questions  | MCO Response |
|-------------------------|--------------------------|---|--|--------------|
|                         |                          |   | <b>Note: Amounts reported should agree with the amounts reported to LDH on the Annual 177 Report for SFY 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</b>   |              |
| 3f                      | 24                       | <p>The following information concerning pharmacy benefits delineated by each managed care organization:</p> <ul style="list-style-type: none"> <li>- Total number of prescription claims</li> <li>- Total number of prescription claims subject to prior authorization</li> <li>- Total number of prescriptions claims denied</li> <li>- Total number of prescription claims subject to step therapy or fail first protocols.</li> <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> <li>- The number of claims denied after prior authorization was approved, delineated by the reasons for denial.</li> </ul> | What is the total number of prescription claims for SFY20?   |              |
|                         |                          |   | What is the total number of prescription claims subject to prior authorization (PA) for SFY20?   |              |
|                         |                          |   | What is the total number of prescription claims denied for SFY20?  |              |
|                         |                          |   | What is the total number of prescription claims subject to step therapy or fail first protocols for SFY20?   |              |
|                         |                          |   | What is the average amount of time for responding to prior authorization requests for SFY20?   |              |
|                         |                          |   | What is the range of times for responding to prior authorization requests for SFY20?   |              |
|                         |                          |   | What is the number of prior authorization requests denied, delineated by the reasons for denial for SFY20?   |              |
|                         |                          |   | What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY20?  |              |
|                         |                          |   | <b>Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Rx055 monthly Pharmacy Report and the Pharmacy Detail tab of the 173 Denied Claims Report for the SFY20 months, July 2019 through June 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</b> |              |
|                         |                          |   |  |              |
| 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 collected (received) by the PBM in SFY20?  |              |
|                         |                          |   | What is the total dollar amount of Medicaid drug rebates and manufacturer discounts retained (kept) by the PBM in SFY20?   |              |
|                         |                          |   | What is the total dollar amount of Medicaid drug rebates and manufacturer discounts remitted (disbursed) by the PBM to the MCO in SFY20?   |              |
|                         |                          |   | What is the total dollar amount paid to the PBM by the MCO as a transaction fee for each processed claim in SFY20?   |              |
|                         |                          |   | What is the total dollar amount retained (kept) by the PBM through spread pricing in SFY20?  |              |
|                         |                          |   | What is the total dollar amount of all other monies paid to the PBM in SFY20?  |              |
|                         |                          |   | What is the total dollar amount of Medicaid drug rebates and manufacturer remitted to the Louisiana Department of Health?  |              |

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July 1, 2018 - June 30, 2019



Responses should be based on **State Fiscal Year 2020 (July 1, 2019 - June 30, 2020)**, unless otherwise noted.

| Report Reference Number | LDH Internal Item Number | Task   | Questions   | MCO Response |
|-------------------------|--------------------------|--|---|--------------|
|                         |                          |  | <i>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 SFY20 months, July 2019 through June 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</i>          |              |
| 4                       | 26                       | <p>For Managed Care Organizations (MCOs) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure (<b>this includes any MCO dental services, value added and other dental services</b>):</p> <ul style="list-style-type: none"> <li>- The number of prior authorization requests</li> <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> <li>- The number of claims denied after prior authorization was approved, delineated by the reasons for denial</li> </ul> | Does the MCO or MCO-subcontractor require prior authorization for <b>(any)</b> dental services? If yes, please answer the questions below.  |              |
|                         |                          |  | What is the number of prior authorization requests for SFY20?   |              |
|                         |                          |  | What is the average amount of time for responding to prior authorization requests for SFY20?  |              |
|                         |                          |  | What is the longest amount of turnaround time for responding to prior authorization requests for SFY20?   |              |
|                         |                          |  | What is the shortest amount of turnaround time for responding to prior authorization requests for SFY20?  |              |
|                         |                          |  | What is the number of prior authorization requests denied, delineated by the reason for denial for SFY20?   |              |
|                         |                          |  | What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY20?   |              |
|                         |                          |  | <b>Please complete the template on tab 4 (26).</b>  |              |
| 5                       | 27                       | <ul style="list-style-type: none"> <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 of adverse determinations overturned as a result of the independent review, delineated by claim type?  |              |
|                         |                          |  | What is the percentage of adverse determinations overturned as a result of the independent review, delineated by claim type?  |              |
|                         |                          |  | <i>Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the 182 monthly Provider Complaint &amp; Appeal Summary Report for the SFY20 months, July 2019 through June 2020. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.</i> |              |

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Please provide the following information for all **Louisiana-based MCO employees or contracted staff (FTE of actual filled positions)** for Reporting Period SFY20 (July 1, 2019 - June 30, 2020) **and calculate the average salary** as indicated in column D.

| Louisiana-based MCO Employees or Contracted Staff |  |        |     |                                  |
|---|--|--------|-----|----------------------------------|
| Position/Title                                    | Indicate if the position is a MCO employee or contracted staff | Salary | FTE | Average Salary<br>(Salary x FTE) |

**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.

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

| Appeals and State Fair Hearings   | MCO Count                      |                      |
|---|--------------------------------|----------------------|
|   | Member Count<br>(Unduplicated) | Case Number<br>Count |
| Total number of appeals filed in SFY20  |                                |                      |
| Total number of appeals that <b>accessed the state fair hearing process</b> in SFY20  |                                |                      |
| Total number of appeals with a determination <sup>1</sup> in SFY 2020   |                                |                      |
| <b>Appeal Determinations</b>  |                                |                      |
| <b>Total number of appeals at the MCO level in SFY20</b>  |                                |                      |
| Number of appeals <b>fully reversed or otherwise resolved in favor of the member at the MCO level</b>   |                                |                      |
| Number of appeals <b>partially reversed or otherwise resolved in favor of the member at the MCO level</b>                                     |                                |                      |
| 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 <b>fully upheld</b> at the MCO level  |                                |                      |
| <b>Total Number of appeals that went to State Fair Hearing</b>  |                                |                      |
| Number of appeals reversed by the MCO after State Fair Hearing requested  |                                |                      |
| Number of appeals <b>fully overturned at the State Fair Hearing in favor of the member</b>  |                                |                      |
| Number of appeals <b>partially overturned at the State Fair hearing in favor of the member</b>  |                                |                      |
| 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 <b>fully upheld</b> at the State Fair Hearing   |                                |                      |
| <b>Total Appeals</b>  |                                |                      |
| Total number of <b>appeals</b> overturned or otherwise resolved a decision in favor of the member in SFY20 (Line 20 + Line 26)                | 0                              | 0                    |
| Percent of <b>appeals</b> that overturned or otherwise resolved a decision in favor of the member in SFY20 (Line 29 / Line 15)                | #DIV/0!                        | #DIV/0!              |

**Note:** Amounts reported should agree with the sum of the monthly amounts reported to LDH on Report 010 for SFY 2020. If there are discrepancies, a reconciliation and explanation of any discrepancies should be included with your survey response.



| Standard Service Authorizations   |         |            |                   |            |       |            |
|---|---------|------------|-------------------|------------|-------|------------|
| Standard (Regular) Service Authorizations   | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Standard (Regular) Pending Authorizations (end of SFY2020)  |         |            |                   |            |       |            |
| Total New Standard (Regular) Authorizations Requested (received during current reporting period)  |         |            |                   |            |       |            |
| Total New Standard (Regular) Authorization Requests Withdrawn or Voided Prior to expiration   |         |            |                   |            |       |            |
| Total Standard (Regular) Authorizations Approved  |         |            |                   |            |       |            |
| Total Standard (Regular) Authorizations Denied or Partially Denied  |         |            |                   |            |       |            |
|   |         |            |                   |            |       |            |
| Standard (Regular) Authorization Determinations made within <b>2 business days (5 calendar days for CPST and PSR)</b> of obtaining appropriate medical information  |         |            |                   |            |       |            |
| Standard (Regular) Service Authorizations Processing Timeframes - NOT EXTENDED  | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Completed Standard Authorizations within <b>14 calendar days**</b>  |         |            |                   |            |       |            |
| Total Expired standard service authorizations   |         |            |                   |            |       |            |
| Total Not Expired Standard Authorizations   |         |            |                   |            |       |            |
| <b>Note:</b><br><b>** Completed in 14 Calendar Days</b> - regular standard service authorization determinations completed during the reporting period that were within 14 calendar days from the receipt of the request for authorization. Do not include any standard authorizations that had a request for an extended deadline for determination. <u>(It should include any standard authorization that were also included in the count of completed within 2 days, as long as they were not extended)</u> |         |            |                   |            |       |            |
| <b>Expired</b> - regular standard service authorization where the MCO did not make a determination within 14 day of receipt of the request. Do not include any standard authorizations that had a request for an extended deadline for determination.   |         |            |                   |            |       |            |
| <b>Not Expired</b> - regular standard service authorization where the MCO did not make a determination this reporting period, and the 14 day timeline for determination has not expired, i.e. they are still pending at the end of the reporting period. Do not include any standard authorizations that had a request for an extended deadline for determination.  |         |            |                   |            |       |            |
| Standard (Regular) Service Authorizations Processing Timeframes - EXTENDED  | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Completed Standard Authorizations within <b>28 calendar days (25 days for DME)**</b>  |         |            |                   |            |       |            |
| Total Expired standard service authorizations   |         |            |                   |            |       |            |
| Total Not Expired Standard Authorizations   |         |            |                   |            |       |            |
| <b>Note:</b><br><b>**Completed in 28 Calendar Days</b> - standard service authorization determinations that had deadlines for determination extended in accordance with RS 42 §438.210 (d) that were completed within the timeframe of the extension, not to exceed a total of 28 days from the date of receipt of the original request for authorization. (It should include any standard authorization that were also included in the count of completed within 2 days if they were extended)               |         |            |                   |            |       |            |



| Standard Service Authorizations  |         |                   |       |
|--|---------|-------------------|-------|
| Standard (Regular) Service Authorizations  | Medical | Behavioral Health | Total |
| <p><b>Expired</b> - Extended standard service authorization where the MCO did not make a determination within 14 day of receipt of the request. Do not include any standard authorizations that had a request for an extended deadline for determination.</p> <p><b>Not Expired</b> - Extended standard service authorization where the MCO did not make a determination this reporting period, and the 14 day timeline for determination has not expired.</p> |         |                   |       |



| Standard Service Authorizations   |         |            |                   |            |       |            |
|---|---------|------------|-------------------|------------|-------|------------|
| Standard (Regular) Service Authorizations   | Medical |            | Behavioral Health |            | Total |            |
|   |         |            |                   |            |       |            |
| Expedited Service Authorizations  |         |            |                   |            |       |            |
| Expedited Service Authorizations  | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Expedited Pending Authorizations (end of SFY2020)   |         |            |                   |            |       |            |
| Total Expedited Authorizations Requested (received during current reporting period)   |         |            |                   |            |       |            |
| Total Expedited Authorization Requests Withdrawn or Voided Prior to expiration  |         |            |                   |            |       |            |
| Total Expedited Authorizations Approved   |         |            |                   |            |       |            |
| Total Expedited Authorizations Denied or Partially Denied   |         |            |                   |            |       |            |
| Expedited Service Authorizations Processing Timeframes - NOT EXTENDED   | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Completed Expedited Authorizations <b>within 72 Hours**</b>   |         |            |                   |            |       |            |
| Total Expired Expedited service authorizations  |         |            |                   |            |       |            |
| Total Not Expired Expedited Authorizations  |         |            |                   |            |       |            |
| <b>Note:</b><br><b>**Completed within 72 hours</b> - expedited service authorization determinations completed during the reporting period that were made within 72 hours from the receipt of the request for authorization. Do not include any authorizations that had a request for an extended deadline for determination.<br><br><b>Expired</b> - expedited service authorization where the MCO did not make a determination within 72 hours of receipt of the request. Do not include any standard authorizations that had a request for an extended deadline for determination.<br><br><b>Not Expired</b> - expedited service authorization where the MCO did not make a determination this reporting period, and the 72 hour timeframe for determination has not expired. Do not include any standard authorizations that had a request for an extended deadline for determination. |         |            |                   |            |       |            |
| Expedited Service Authorizations Processing Timeframes - EXTENDED   | Medical |            | Behavioral Health |            | Total |            |
|   | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Completed Expedited Authorizations <b>within 14 Days**</b>  |         |            |                   |            |       |            |
| Total Expired Expedited service authorizations  |         |            |                   |            |       |            |
| Total Not Expired Expedited Authorizations  |         |            |                   |            |       |            |
| <b>Note:</b><br><b>**Completed in 14 Days</b> - expedited authorization determinations that had deadlines for determination extended in accordance with RS 42 §438.210(d) that were completed within the timeframe of the extension, not to exceed a total of 17 days from the date of receipt of the original request for authorization.   |         |            |                   |            |       |            |



| Standard Service Authorizations  |  |  |         |            |                   |            |       |            |
|--|--|--|---------|------------|-------------------|------------|-------|------------|
| Standard (Regular) Service Authorizations  |  |  | Medical |            | Behavioral Health |            | Total |            |
| <b>Expired</b> - expedited service authorization where the MCO did not make a determination within the extension deadline.   |  |  |         |            |                   |            |       |            |
| <b>Not Expired</b> - expedited service authorization where the MCO did not make a determination this reporting period, and the deadline for determination has not expired. |  |  |         |            |                   |            |       |            |
|  |  |  |         |            |                   |            |       |            |
| Total / Summary  |  |  |         |            |                   |            |       |            |
| All Service Authorizations<br>(Standard and Expedited)   |  |  | Medical |            | Behavioral Health |            | Total |            |
|  |  |  | Count   | Percentage | Count             | Percentage | Count | Percentage |
| Total Authorizations (Prior Authorizations, PA) Requested  |  |  |         |            |                   |            |       |            |
| Total PA Pending (end of SFY2020)  |  |  |         |            |                   |            |       |            |
| Total PA Approved  |  |  |         |            |                   |            |       |            |
| Total PA Denied  |  |  |         |            |                   |            |       |            |
| <b>Note:</b> Counts should reconcile with reported numbers above   |  |  |         |            |                   |            |       |            |

**Note:** Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 and 188BH quarterly Service Authorizations Reports for the quarters ending September 2019, December 2019, March 2020 and June 2020. If there are discrepancies, a reconciliation and explanation of any discrepancies should be included with your survey response.



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

| Prior Authorizations   | Total                        |                       | Diagnostic D0100 - D0999     |                       |
|--|------------------------------|-----------------------|------------------------------|-----------------------|
|  | Valued-added Dental Services | Other Dental Services | Valued-added Dental Services | Other Dental Services |
| Total number of prior authorization requests for SFY20   |                              |                       |                              |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denia       |                              |                       |                              |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by 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     |                       | Restorative D2000 - D2999    |                       |
|--|------------------------------|-----------------------|------------------------------|-----------------------|
|  | Valued-added Dental Services | Other Dental Services | Valued-added Dental Services | Other Dental Services |
| Total number of prior authorization requests for SFY20   |                              |                       |                              |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |                              |                       |                              |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by 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    |                       | Periodontics D4000 - D4999   |                       |
|--|------------------------------|-----------------------|------------------------------|-----------------------|
|  | Valued-added Dental Services | Other Dental Services | Valued-added Dental Services | Other Dental Services |
| Total number of prior authorization requests for SFY20   |                              |                       |                              |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |                              |                       |                              |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by reasons for denial |                              |                       |                              |                       |
| What is the average time for responding to prior authorization requests?                           |                              |                       |                              |                       |



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

|  |  |  |  |  |
|--|--|--|--|--|
| 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 Prosthodontics D5000 - D5899 |                       | Maxillofacial Prosthetics D5900 - D5999 |                       |
|--|--|-----------------------|---|-----------------------|
|  | Valued-added Dental Services           | Other Dental Services | Valued-added Dental Services            | Other Dental Services |
| Total number of prior authorization requests for SFY20   |  |                       |   |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |  |                       |   |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by 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 Prosthodontics D6200 - D6999 |                       |
|--|--------------------------------|-----------------------|------------------------------------|-----------------------|
|  | Valued-added Dental Services   | Other Dental Services | Valued-added Dental Services       | Other Dental Services |
| Total number of prior authorization requests for SFY20   |                                |                       |                                    |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |                                |                       |                                    |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by 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 SFY20   |  |                       |                              |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |  |                       |                              |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by reasons for denial |  |                       |                              |                       |



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

|  |  |  |  |  |
|--|--|--|--|--|
| 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   | Adjunctive General Services D9000 - D9999 |                       |
|--|---|-----------------------|
|  | Valued-added Dental Services              | Other Dental Services |
| Total number of prior authorization requests for SFY20   |   |                       |
| Total number of prior authorization requests <b>DENIED</b> , delineated by reasons for denial      |   |                       |
| Total number of claims denied AFTER prior authorization approval, delineated by 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?