

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 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 average salary paid of those employees.	What is the total number of employees who reside in LA? Please complete the template on tab 1b (2).	
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>	Please complete the template on tab 2f (18). 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.	
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. 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.	
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? 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.	

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4	26	<p>For Managed Care Organizations (MCOs) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure (this includes any MCO dental services, value added and other dental services):</p> <ul style="list-style-type: none"> - 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 	<p>Does the MCO or MCO-subcontractor require prior authorization for (any) dental services? If yes, please answer the questions below.</p> <p>July 1, 2018 - June 30, 2019</p> <p>What is the number of prior authorization requests for SFY20?</p> <p>What is the average amount of time for responding to prior authorization requests for SFY20?</p> <p>What is the longest amount of turnaround time for responding to prior authorization requests for SFY20?</p> <p>What is the shortest amount of turnaround time for responding to prior authorization requests for SFY20?</p> <p>What is the number of prior authorization requests denied, delineated by the reason for denial for SFY20?</p> <p>What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY20?</p> <p>Please complete the template on tab 4 (26).</p>	
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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.

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 SFY20		
Total number of appeals that accessed the state fair hearing process in SFY20		
Total number of appeals with a determination ¹ in SFY 2020		
Appeal Determinations		
Total number of appeals at the MCO level in SFY20		
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 that went to State Fair Hearing		
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 SFY20 (Line 20 + Line 26)	0	0
Percent of appeals 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.



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

Prior Authorizations	Total Dental Services	Diagnostic D0100 - D0999	Preventive D1000 - D1999	Restorative D2000 - D2999	Endodontics D3000 - D3999	Periodontics D4000 - D4999	Removable Prosthodontics D5000 - D5999	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 SFY20													
Total number of prior authorization requests DENIED , 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?