Act 158 Report MCO Survey

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

State Fiscal Year 2021
July 1, 2020 - June 30, 2021

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

Responses should be based on State Fiscal Year 2021 (July 1, 2020 - June 30, 2021), unless otherwise noted.

LDH Transparency Item Number	Task	Questions	MCO Response
2	The total number of employees employed by the MCO which are 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 the Item #2 tab.	
17	The number of members 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.***	***Please complete the template on the Item #17 tab.***	
		Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Monthly 010 Report for SFY21. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.	
20	The total number of claims submitted by healthcare providers which meets the definition of a clean claim as it is defined in the contract executed between the state and the MCO, and the percentage of those clean claims paid for each provider type within fifteen (15) business days and within thirty (30) calendar days. In addition, the report shall include the average number of days to pay all healthcare provider claims 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 the results for the **221 Report**.	
		What is the total number of clean claims for SFY21?	
		What is the total number of non-clean claims for SFY21?	
		What is the total number of clean claims paid to the provider within fifteen (15) business days for SFY21?	
		What is the total number of clean claims paid to the provider within thirty (30) calendar days for SFY21?.	
		What is the average number of days to pay clean claims for SFY21?	
		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 Annual 221 Reports for SFY21. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.	
21	The total number and percentage of regular and expedited service authorization requests processed within the time frame specified by the contract with LDH. In addition, the report shall contain the total number of regular and expedited service authorization requests which resulted in a denial for services.	***Please complete the template on the Item #21 tab.***	
		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 2020, December 2020, March 2021 and June 2021. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.	
22	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, delineated 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 the 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 SFY21?	
		What is the total dollar value of all claims paid to out of network providers for SFY21?	

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	parish.	***Note: Amounts reported should agree with the amounts reported to LDH on the Annual 177 Report for SFY21. If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.***	
23	- The total number of independent reviews conducted pursuant to R.S. 46:460.81 et seq., delineated by claim type. - 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.	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?	
		Note: Amounts reported should agree with the sum of the independent reviews in the LDH tracking log/salesforce.	
24	The following information concerning pharmacy benefits: - 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. - 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 total number of prescription claims for SFY21?	
		What is the total number of prescription claims subject to prior authorization (PA) for SFY21?	
		What is the total number of prescription claims denied for SFY21?	
		What is the total number of prescription claims subject to step therapy or fail first protocols for SFY21?	
		What is the average amount of time for responding to prior authorization requests for SFY21?	
		What is the range of times for responding to prior authorization requests for SFY21?	
		What is the number of prior authorization requests denied, delineated by the reasons for denial for SFY21?	
		What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY21? (***173 Denied Claims report - Pharmacy tab***)	
		Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Monthly Rx055 Pharmacy Report and the Pharmacy Detail tab of the 173 Denied Claims Report for SFY21 (i.e., July 2020 through June 2021). If there are discrepancies, a reconciliation and explanation of the discrepancies 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 SFY21?	
		What is the total dollar amount of Medicaid drug rebates and manufacturer discounts retained (kept) by the PBM in SFY21?	
		What is the total dollar amount of Medicaid drug rebates and manufacturer discounts remitted (disbursed) by the PBM to the MCO in SFY21?	
		What is the total dollar amount paid to the PBM by the MCO as a transaction fee for each processed claim in SFY21?	

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LDH Transparency Item Number	Task	Questions	MCO Response
25	Medicaid Drug rebates and manufacture discounts, and the prescription benefit manager (PBM) contracted or owned by the MCO by month.	What is the total dollar amount retained (kept) by the PBM through spread pricing in SFY21?	
		What is the total dollar amount of all other monies paid to the PBM in SFY21?	
		What is the total dollar amount of Medicaid drug rebates and manufacturer discounts remitted to LDH?	
		Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Monthly Rx054 Pharmacy Benefits Management Report for SFY21 (i.e., July 2020 through June 2021). If there are discrepancies, a reconciliation and explanation of the discrepancies should be included with your survey response.	
41	For 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***): - 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 SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Quarterly 188 Prior Authorization Reports for SFY21.***	
		What is the average amount of time for responding to prior authorization requests for SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Quarterly 188 Prior Authorization Reports for SFY21.***	
		What is the longest amount of turnaround time for responding to prior authorization requests for SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Quarterly 188 Prior Authorization Reports for SFY21.***	
		What is the shortest amount of turnaround time for responding to prior authorization requests for SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Quarterly 188 Prior Authorization Reports for SFY21.***	
		What is the number of prior authorization requests denied, delineated by the reason for denial for SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Quarterly 188 Prior Authorization Reports for SFY21.***	
		What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY21? ***Note: Amounts reported should agree with the amounts reported to LDH on the Monthly 173 Denied Claims Report for SFY21.***	
		Please complete the template on the Item #41 tab.	

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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 SFY21 (July 1, 2020 - June 30, 2021) **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** (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 *(Unduplicated)*	**Case Number Count**
Total number of appeals filed in SFY21		
Total number of appeals that **accessed the state fair hearing process** in SFY21		
Total number of appeals with a determination[1] in SFY 2021		
Appeal Determinations		
Total number of appeals at the MCO level in SFY21		
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 a State Fair Hearing request		
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 SFY21 (Line 20 + Line 26)	0	0
Percent of **appeals** that overturned or otherwise resolved a decision in favor of the member in SFY21 (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 SFY21. If there are discrepancies, a reconciliation and explanation of any discrepancies should be included with your survey response.

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Standard Service Authorizations

Standard (Regular) Service Authorizations	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Standard (Regular) Pending Authorizations (end of SFY21)						
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 **2 business days (5 calendar days for CPST and PSR)** 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 **14 calendar days****						
Total Expired standard service authorizations						
Total Not Expired Standard Authorizations						

Note:
*** **Completed in 14 Calendar Days** - 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. **(It should include any standard authorizations that were also included in the count of completed within 2 days, as long as they were not extended)***

Expired *- regular standard service authorization where the MCO did not make a determination within 14 days of receipt of the request. Do not include any standard authorizations that had a request for an extended deadline for determination.*

Not Expired *- 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 **28 calendar days (25 days for DME)****						
Total Expired standard service authorizations						
Total Not Expired Standard Authorizations						

Note:
****Completed in 28 Calendar Days** - 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 authorizations that were also included in the count of**

Standard Service Authorizations

	Medical	Behavioral Health	Total
Standard (Regular) Service Authorizations			

completed within 2 days if they were extended)

Expired *- extended standard service authorization where the MCO did not make a determination within 14 days of receipt of the request. Do not include any standard authorizations that had a request for an extended deadline for determination.*

Not Expired *- 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.*

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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 SFY21)						
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 **within 72 Hours****						
Total Expired Expedited service authorizations						
Total Not Expired Expedited Authorizations						

Note:

****Completed within 72 hours*** *- 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.*

Expired *- 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.*

Not Expired *- 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 **within 14 Days****						
Total Expired Expedited service authorizations						
Total Not Expired Expedited Authorizations						

Note:

Standard Service Authorizations

Standard (Regular) Service Authorizations	Medical	Behavioral Health	Total

***Completed in 14 Days** - 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.*

***Expired** - expedited service authorization where the MCO did not make a determination within the extension deadline.*

***Not Expired** - 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 (Standard and Expedited)	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Authorizations (Prior Authorizations, PA) Requested						
Total PA Pending (end of SFY21)						
Total PA Approved						
Total PA Denied						
Note: Counts should reconcile with numbers reported 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 2020, December 2020, March 2021 and June 2021. If there are discrepancies, a reconciliation and explanation of any discrepancies should be included with your survey response.

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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 SFY21				
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?				

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 SFY21				
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?				

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 SFY21				

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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?				

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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 SFY21				
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?				

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 SFY21				
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?				

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 SFY21				

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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?				

Prior Authorizations	Adjunctive General Services D9000 - D9999	
	Valued-Added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY21		
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 does the MCO define prior authorizations?

How does the MCO track prior authorizations?

What are the MCO's policies and procedures for prior authorizations?