


Appendix 14.IX - MSLC Survey

State Fiscal Year 2014

Louisiana Department of Health and Hospitals (DHH) Bayou Health Program Act 158 Transparency Report Survey for Managed Care Organization (MCO)-Self Reported Items 10/28/2015				
Responses should be based on State Fiscal Year 2014 (SFY14), unless otherwise noted.				
Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response
<i>The following information related to the managed care organizations contracted with the state to provide Medicaid-covered healthcare services to Medicaid enrollees:</i>				
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.	<i>See template on tab 1b (2)</i>	
1d	4	The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.	What is the total number of contracted providers in SFY14? Please provide a total number and also delineated by provider type, provider taxonomy code and parish. Include how you define "provider type" for the report. Please include code used to determine results, if applicable.	

1e	5	The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.	What is the total number of contracted providers that provided primary care services and that has submitted at least one claim for payment for services in SFY14? Please provide a total number and also delineated by provider type, provider taxonomy code and parish. "Primary Care Services" is defined by procedure codes 99201-99215, 99381-99397. Please include code used to determine results, if applicable.	
1f	6	The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.	Please provide policies and procedures for closed panel status for providers.	
			How frequently do providers report to the plan that they have a closed panel? How do they report and how is the information tracked by the MCO?	
			Please provide a report detailing providers with a closed panel by provider type, taxonomy code and parish as of January 3, 2014.	
<i>The following information regarding Medicaid enrollees receiving healthcare services from a managed care organization:</i>				
2f	18	The number of members, delineated by each managed care organization who filed an appeal, the number of members who accessed the state fair hearing process, and the total number and	Provide your definitions of "grievance" and "appeal" during SFY14.	
			How are grievances and appeals tracked? If software is used, please provide the name of the software. If	

		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>	manually, please describe the process.	
			What controls are in place to make sure nothing is missed and that numbers are accurate? What checks and balances are in place?	
			What is the number of members who filed an appeal in SFY14?	
			What is the number of members who accessed the state fair hearing process?	
			What is the total number and percent of appeals that reversed or otherwise resolved a decision in favor of the member?	
<i>The following information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations:</i>				
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.	<i>See template on tab 3d (22)</i>	
3f	24*	The following information concerning pharmacy benefits delineated by each managed care	What is the total number of prescription claims per month in SFY14?	

		organization and by month:	What is the total number of prescription claims subject to a prior authorization (PA) by month?	
		- Total number of prescription claims	What is the total number of prescription claims denied by month?	
		- Total number of prescription claims subject to prior authorization	What is the total number of prescription claims subject to step therapy or fail first protocols by month?	
		- Total number of prescriptions claims denied		
		- Total number of prescription claims subject to step therapy or fail first protocols		

*Shared Savings Plans were exempted from this question on the MSLC survey since they were not contracted to manage pharmacy benefits.

Template on tab 1b (2)

Please provide the following information for all Louisiana Bayou Health staff domiciled in Louisiana for Reporting Period SFY14 (July 1, 2013 - June 30, 2014)

Name (may be blinded)	Position/Title	Salary	Percent of time allocated to LA contract

Please submit for state fiscal year (SFY) 2014:

* An updated organizational chart with key staff positions, including person's name, title and portion of time allocated to the Louisiana Medicaid contract, color coded to identify positions domiciled in Louisiana.

Template on tab 3d (22)

Regular Service Authorizations	Contract Requirement	MCO	
		Count	%
Total Number of Requests Processed			
Processed within 2 business days	80%		
Processed within 14 business days	95%		
Processed within 28 business days	99.90%		
DME-Processed within 25 days	100%		

Expedited Service Authorizations	MCO	
	Count	%
Total Number of Requests Processed		
Processed within 72 hours		

Total Service Authorizations (Prior Authorizations, PA) Requested	
Total PA Approved	
Total PA Denied	
Percent (%) of Denials	

How does the MCO define **REGULAR** service authorizations:

How does the MCO define **EXPEDITED** service authorizations:

How are service authorizations tracked?

What are the policies and procedures for service authorizations?