


## Appendix 15.XIV - MSLC Survey

### Dental - MCNA

<b>Louisiana Department of Health and Hospitals (DHH)</b> <b>Bayou Health Program</b> <b>Act 158 Transparency Report – State Fiscal Year 2015</b> <b>Survey for Managed Care Organization (MCO)-Self Reported Items</b> 1/22/2016					
Responses should be based on State Fiscal Year 2015 (SFY15), unless otherwise noted.					
Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response	
				Bayou Health 1.0 (July 1, 2014 - January 31, 2015)	
<b><i>The following information related to the managed care organizations contracted with the state to provide Medicaid-covered healthcare services to Medicaid enrollees:</i></b>					
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>		
1i	9	A copy of the member and provider satisfaction survey report for each Managed Care Organization (MCO)	Is a third party vendor used to generate the survey results? If so, please provide the oversight methods to ensure contract compliance.		
1l	12	For Managed Care Organizations (MCO) that administer dental benefits, a comparison of oral health outcomes that include but is not limited to the percentage of	What are the rates for the following dental outcomes in <b>fiscal year 2015</b> :	<i>See template on tab 1l (12)</i>	

		eligible patients that saw a dentist in that fiscal year as well as the following rates of procedures performed on those who saw a dentist:		
		Adult oral prophylaxis;	Adult oral prophylaxis	
		Child oral prophylaxis;	Child oral prophylaxis	
		Dental sealants;	Dental sealants	
		Fluoride varnish;	Fluoride varnish	
		Amalgam fillings;	Amalgam fillings	
		Composite fillings;	Composite fillings	
		Stainless steel crowns;	Stainless steel crowns	
		Extractions of primary teeth;	Extractions of primary teeth	
		Extractions of permanent teeth;	Extractions of permanent teeth	
		Pulpotomies performed on primary teeth;	Pulpotomies performed on primary teeth	
		Root canals performed on permanent teeth.	Root canals performed on permanent teeth	
			How are the rates calculated?	
			What criteria/methodology is used?	
			Is a third party vendor used to generate the results? If so, please provide the oversight methods used to ensure the results are accurate.	
<b><i>The following information regarding Medicaid enrollees receiving healthcare services from a managed care organization:</i></b>				
2f	18	The number of <b>members</b> , delineated by each managed care organization who filed an appeal, the number of <b>members</b> who accessed the state fair hearing process, and the total number and	Provide your definition of Grievance and Appeal during SFY15.	
			How are grievances and appeals tracked? If software is used, please provide the name of the software. If	

		percentage of <b>member</b> 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 <b>members</b> who filed an appeal in SFY15?		
			What is the number of <b>members</b> who accessed the state fair hearing process in SFY15?		
			What is the total number and % of <b>member</b> appeals that reversed or otherwise resolved a decision in favor of the member in SFY15?		

***The following information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations:***

3d	22	The total number and percentage of regular and expedited prior 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 prior authorization requests which resulted in a denial for services for each managed care organization.	<i>See template on tab 3d (22)</i>		
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4	26	<p>For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure:</p> <ul style="list-style-type: none"> <li>- The number of dental 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>	<p><i>See template on tab 4 (26)</i></p>		
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Template on tab 1b (2)

Please provide the following information for all MCNA staff domiciled in Louisiana for Reporting Period **SFY15 (July 1, 2014 - June 30, 2015)**

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

Please submit for state fiscal year (SFY) 2015:

\* 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 1l (12)

Responses should be based on **State Fiscal Year 2015 (SFY15)**; July 1, 2014 through June 30, 2015.

<b>Dental Outcomes</b>	<b>The rates of procedures performed on those patients who saw a dentist:</b>
The percent of eligible patients that saw a dentist	
Adult oral prophylaxis	
Child oral prophylaxis	
Dental sealants	
Fluoride varnish	
Amalgam fillings	
Composite fillings	
Stainless steel crowns	
Extractions of primary teeth	
Extractions of permanent teeth	
Pulpotomies performed on primary teeth	
Root canals performed on permanent teeth	

How are the rates calculated?

What criteria/methodology is used?

Is a third party vendor used to generate the results?

If so, please provide the oversight methods used to ensure the results are accurate.

Template on tab 3d (22)

Responses should be based on **State Fiscal Year 2015 (SFY15)**; July 1, 2014 through June 30, 2015.

Regular Prior Authorizations	Contract Requirement	MCO	
		Count	%
Total Number of Requests Processed			
Processed within 2 business days	80%		
Processed within 14 business days	100%		

Expedited Prior Authorizations	Contract Requirement	MCO	
		Count	%
Total Number of Requests Processed			
Processed within 72 hours	100%		

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

How does the MCO define REGULAR prior authorizations:

How does the MCO define EXPEDITED prior authorizations:

How are prior authorizations tracked?

What are the policies and procedures for prior authorizations?

Template on tab 4 (26)

<b>Prior Authorizations</b>	<b>MCNA</b>
Total number of prior authorization requests for SFY15	
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?



## Exiting Shared Savings Plans – CHS and UHC

Louisiana Department of Health and Hospitals (DHH) Bayou Health Program Act 158 Transparency Report – State Fiscal Year 2015 Survey for Managed Care Organization (MCO)-Self Reported Items 1/15/2016					
Responses should be based on State Fiscal Year 2015 (SFY15), unless otherwise noted.					
Report Reference Number	DHH Internal Item Number	Task	Questions	Shared Savings MCO Response	
				Bayou Health 1.0 (July 1, 2014 - January 31, 2015)	
<b><i>The following information related to the managed care organizations contracted with the state to provide Medicaid-covered healthcare services to Medicaid enrollees:</i></b>					
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.	See template on tab 1b (2)		
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 SFY15? Please provide a total number and also delineated by provider type, provider taxonomy code and parish. How is "Provider Type" defined? 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 SFY15? 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.	<p>What are your policies and procedures related to a closed panel status? Please provide policies and procedures.</p> <p>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?</p> <p>Please provide a report detailing providers with a closed panel by provider type, taxonomy code and parish as of the date noted.</p>		
1i	9	A copy of the member and provider satisfaction survey report for each Managed Care Organization (MCO)	Is a third party vendor used to generate the survey results? If so, please provide the oversight methods to ensure contract compliance.		
1j	10	A copy of the annual audited financial statements for each Managed Care Organization (MCO). The financial statements			

		shall be those of the MCOs operating in Louisiana and shall not be those financial statements of any parent or umbrella organization.			
1k	11	What dollar amount, if any, has been paid in SFY15 related to sanctions.			
<b><i>The following information regarding Medicaid enrollees receiving healthcare services from a managed care organization:</i></b>					
2f	18	The number of <b>members</b> , delineated by each managed care organization who filed an appeal, the number of <b>members</b> who accessed the state fair hearing process, and the total number and percentage of <b>member</b> 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>	Provide your definition of Grievance and Appeal during SFY15.		
			How are grievances and appeals tracked? If software is used, please provide the name of the software. If 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 <b>members</b> who filed an appeal in SFY15?		
			What is the number of <b>members</b> who accessed the state fair hearing process in SFY15?		
			What is the total number and % of <b>member</b> appeals that reversed or otherwise resolved a decision in favor of the member in SFY15?		
<b><i>The following information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations:</i></b>					

3d	22	The total number and percentage of regular and expedited prior 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 prior authorization requests which resulted in a denial for services for each managed care organization.	<i>See template on tab 3d (22)</i>		
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Template on tab 1b (2)

Please provide the following information for all Louisiana Bayou Health staff domiciled in Louisiana for Reporting Period SFY15 - **Bayou Health 1.0 - (July 1, 2014 - January 31, 2015)**

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

Please submit 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)


		<b>Bayou Health 1.0 (July 1, 2014 - Jan 31, 2015)</b>	
Regular Prior 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%		

		<b>Bayou Health 1.0 (July 1, 2014 - January 31, 2015)</b>	
Expedited Prior Authorizations	MCO		
	Count	%	
Total Number of Requests Processed			
Processed within 72 hours			

		<b>Bayou Health 1.0 (July 1, 2014 - January 31, 2015)</b>	
Total Prior Authorizations Requested			
Total Prior Authorizations Approved			
Total Prior Authorizations Denied			
Percent (%) of Denials			

- How does the MCO define REGULAR prior authorizations:
- How does the MCO define EXPEDITED prior authorizations:
- How are prior authorizations tracked?
- What are the policies and procedures for prior authorizations?

## Managed Care Organizations – Aetna, AMG, ACLA, LHCC, and UHC-MCO

Louisiana Department of Health and Hospitals (DHH) Bayou Health Program Act 158 Transparency Report – State Fiscal Year 2015 Survey for Managed Care Organization (MCO)-Self Reported Items 1/15/2016					
Responses should be based on State Fiscal Year 2015 (SFY15), unless otherwise noted.					
Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response	
				Bayou Health 1.0 (July 1, 2014 - January 31, 2015)	Bayou Health 2.0 (February 1, 2015 - June 30, 2015)
<b><i>The following information related to the managed care organizations contracted with the state to provide Medicaid-covered healthcare services to Medicaid enrollees:</i></b>					
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.	See template on tab 1b (2)		
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 SFY15? Please provide a total number and also delineated by provider type, provider taxonomy code and parish. How is "Provider Type" defined? 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 SFY15? 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.	<p>What are your policies and procedures related to a closed panel status? Please provide policies and procedures.</p> <p>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?</p> <p>Please provide a report detailing providers with a closed panel by provider type, taxonomy code and parish as of the date noted.</p>		
1i	9	A copy of the member and provider satisfaction survey report for each Managed Care Organization (MCO)	Is a third party vendor used to generate the survey results? If so, please provide the oversight methods to ensure contract compliance.		
1j	10	A copy of the annual audited financial statements for each Managed Care Organization (MCO). The financial statements			



		shall be those of the MCOs operating in Louisiana and shall not be those financial statements of any parent or umbrella organization.			
1k	11	What dollar amount, if any, has been paid in SFY15 related to sanctions.			
<b><i>The following information regarding Medicaid enrollees receiving healthcare services from a managed care organization:</i></b>					
2f	18	The number of <b>members</b> , delineated by each managed care organization who filed an appeal, the number of <b>members</b> who accessed the state fair hearing process, and the total number and percentage of <b>member</b> 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>	Provide your definition of Grievance and Appeal during SFY15.		
			How are grievances and appeals tracked? If software is used, please provide the name of the software. If 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 <b>members</b> who filed an appeal in SFY15?		
			What is the number of <b>members</b> who accessed the state fair hearing process in SFY15?		
			What is the total number and % of <b>member</b> appeals that reversed or otherwise resolved a decision in favor of the member in SFY15?		
<b><i>The following information related to healthcare services provided by healthcare providers to Medicaid enrollees enrolled in each of the managed care organizations:</i></b>					

3d	22	The total number and percentage of regular and expedited prior 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 prior authorization requests which resulted in a denial for services for each managed care organization.	<i>See template on tab 3d (22)</i>		
3f	24	<p>The following information concerning pharmacy benefits delineated by each managed care organization and by month:</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> </ul>	What is the total number of prescription claims per month in <b>SFY15</b> ?		
			What is the total number of prescription claims subject to a prior authorization by month?		
			What is the total number of prescription claims denied by month?		
			What is the total number of prescription claims subject to step therapy or fail first protocols by month?		

Template on tab 1b (2)

Please provide the following information for all Louisiana Bayou Health staff domiciled in Louisiana for Reporting Period SFY15 - **Bayou Health 1.0 - (July 1, 2014 - January 31, 2015)**

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

Please provide the following information for all Louisiana Bayou Health staff domiciled in Louisiana for Reporting Period SFY15 - **Bayou Health 2.0 - (February 1, 2015 - June 30, 2015)**

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

Please submit 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 Prior Authorizations	Contract Requirement	Bayou Health 1.0 (July 1, 2014 - Jan 31, 2015)		Bayou Health 2.0 (Feb 1, 2015 - June 30, 2015)	
		MCO		MCO	
		Count	%	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 Prior Authorizations	Bayou Health 1.0 (July 1, 2014 - January 31, 2015)		Bayou Health 2.0 (February 1, 2015 - June 30, 2015)	
	MCO		MCO	
	Count	%	Count	%
Total Number of Requests Processed				
Processed within 72 hours				

	Bayou Health 1.0 (July 1, 2014 - January 31, 2015)	Bayou Health 2.0 (February 1, 2015 - June 30, 2015)
Total Prior Authorizations Requested		
Total Prior Authorizations Approved		
Total Prior Authorizations Denied		
Percent (%) of Denials		

How does the MCO define REGULAR prior authorizations:

How are prior authorizations tracked?

How does the MCO define EXPEDITED prior authorizations:

What are the policies and procedures for prior authorizations?

Template on tab 3f (24)

The following information concerning pharmacy benefits delineated by each managed care organization and by month:	Jul-14	Aug-14	Sep-14	...	June-15	<b>Total SFY 2015</b>
What is the total number of prescription claims per month in SFY15?						
What is the total number of prescription claims subject to a prior authorization by month?						
What is the total number of prescription claims denied by month?						
What is the total number of prescription claims subject to step therapy or fail first protocols by month?						