



Responses should be based on **State Fiscal Year 2016 (July 1, 2015 - June 30, 2016)**, unless otherwise noted.

Report Reference Number	DHH 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.	<p>What is the total number of individuals who resides in LA?</p> <p><i>Please complete the template on tab 1b (2).</i></p>	
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.	<p><i>Please complete the template on tab 1d (4) and provide your logic/methodology for completing the template. NOTE: The Grand Totals by Parish, Type and Taxonomy should all be equal. If not, you must provide justification in the MCO Response column.</i></p> <p>How is "Provider Type" defined? Please include code used to define, if applicable.</p> <p>Please describe how providers with multiple taxonomy codes are delineated.</p> <p>Please review "Molina logic 4,5,6" tab and indicate if you agree or disagree with the logic. If you do not agree with the Molina logic, please indicate why you disagree with this logic in the MCO Response column.</p>	
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.	<p><i>Please complete the template on tab 1e (5) and provide your logic/methodology for completing the template. NOTE: The Grand Totals by Parish, Type and Taxonomy should all be equal. If not, you must provide justification in the MCO Response column.</i></p> <p>-How is "Primary Care Services" defined? Please include code used to define, if applicable.</p> <p>Please describe how providers with multiple taxonomy codes are delineated.</p> <p>Please review "Molina logic 4,5,6" tab and indicate if you agree or disagree with the logic. If you do not agree with the Molina logic, please indicate why you disagree with this logic in the MCO Response column.</p>	
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>What is the frequency of reporting?</p> <p>Please include a copy of the report submitted closest to June 29, 2016.</p> <p>Please review "Molina logic 4,5,6" tab and indicate if you agree or disagree with the logic. If you do not agree with the Molina logic, please indicate why you disagree with this logic in the MCO Response column.</p> <p><i>Please complete the template on tab 1f (6) and provide your logic/methodology for completing the template. NOTE: The Grand Totals by Parish, Type and Taxonomy should all be equal. If not, you must provide justification in the MCO Response column.</i></p> <p>Please describe how providers with multiple taxonomy codes are delineated.</p>	
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>	<p>Please provide your definition of Grievances and Appeals.</p> <p>How are grievances and appeals tracked? If software is used, please provide the name of the software. If manually, please describe the process.</p> <p>What controls are in place to make sure nothing is missed and that numbers are accurate? What checks and balances are in place?</p> <p>What is the number of members who filed an appeal in SFY16?</p> <p>What is the number of members who accessed the state fair hearing process in SFY16?</p> <p>What is the total number and % of appeals that reversed or otherwise resolved a decision in favor of the member during SFY16?</p>	
			<p>What is your definition of processed and non-processed claims?</p>	



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Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response
3a	19	The total number of claims submitted by healthcare providers to each MCO also delineated by claims of emergency services and claims for non-emergency services.	If amounts were reported in columns D, E and F, Other Claims-Medical , on the LDH "Total & OON claims SFY16 ad hoc report template" (Tab 1 - Total Claims), please break down the reported amount(s) by emergency, non-emergency or not categorized as indicated on tab 3a (19) of this survey. All amounts reported should equal the total of Other Claims-Medical reported in columns D, E and F on the LDH "Total & OON claims SFY16 ad hoc report template" (Tab 1 - Total Claims)	
			<i>Please complete the template on tab 3a (19).</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>Please complete the template on tab 3d (22).</i>	
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 were determined? (LDH "Total & OON claims SFY16 ad hoc report template", Tab 3 - Out of Network Claims)	
3f	24	The following information concerning pharmacy benefits delineated by each managed care organization: - 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.	What is the total number of prescription claims for SFY16?	
			What is the total number of prescription claims subject to a prior authorization (PA) for SFY16?	
			What is the total number of prescription claims denied for SFY16?	
			What is the total number of prescription claims subject to step therapy or fail first protocols for SFY16?	



Responses should be based on **State Fiscal Year 2016 (July 1, 2015 - June 30, 2016)**, unless otherwise noted.

Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure (<i>this includes any MCO dental services, value added and other dental services</i>): - 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 require prior authorization for dental services? If yes, please answer the questions below.	
			What is the number of prior authorization requests for SFY16?	
			What is the average amount of time for responding to prior authorization requests for SFY16?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY16?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY16?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY16?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY16?	
			<i>Please complete the template on tab 4 (26).</i>	

Louisiana Department of Health (LDH)
Healthy Louisiana Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items
2/3/2017



Please provide the following information for all Healthy Louisiana staff for Reporting Period SFY16 (July 1, 2015 - June 30, 2016).

Name (may be blinded)	Position/Title	Salary	Individual based (Domiciled) in LA? (Y/N)
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*Please calculate average salary

Parish Code	Parish	Unduplicated Count of Providers
23	Iberia	
24	Iberville	
25	Jackson	
26	Jefferson	
27	Jefferson Davis	
28	Lafayette	
29	Lafourche	
30	LaSalle	
31	Lincoln	
32	Livingston	
33	Madison	
34	Morehouse	
35	Natchitoches	
36	Orleans	
37	Ouachita	
38	Plaquemines	
39	Pointe Coupee	
40	Rapides	
41	Red River	
42	Richland	
43	Sabine	
44	St Bernard	
45	St Charles	
46	St Helena	
47	St James	
48	St John	
49	St Landry	
50	St Martin	
51	St Mary	
52	St Tammany	
53	Tangipahoa	
54	Tensas	

Provider Type Code	Description	Unduplicated Count of Providers
23	INDEPENDENT LAB	
24	PERSONAL CARE SERVICES (IN-ST)	
25	MOBILE XRAY/RADIATION THRYPY CT	
26	PHARMACY	
27	DENTIST (IND & GP)	
28	OPTOMETRIST (IND & GP)	
29	EARLYSTEPS (IND & GP) (IN-ST)	
30	CHIROPRACTOR (IND & GP)	
31	PSYCHOLOGIST (LIC/MED) (IN-ST)	
32	PODIATRIST (IND & GP)	
33	PRESCRIBING ONLY PROVIDER	
34	AUDIOLOGIST (IN-ST)	
35	PHYSICAL THERAPIST (IN-ST)	
36	NOT ASSIGNED	
37	OCCUPATIONAL THERAPIST (IN-ST)	
38	SCHOOL BSED HEALTH CTR (IN-ST)	
39	SPEECH/LANGUAGE THERAP (IN-ST)	
40	DME	
41	REGISTERED DIETICIAN (IN-ST)	
42	NON-EMER MED TRANSPORT (IN-ST)	
43	CASE MGT - NHV/FTM (IN-ST)	
44	HOME HEALTH AGENCY (IN-ST)	
45	CASE MGMT - CONTRACTOR (IN-ST)	
46	CASE MGMT - HIV	
47	CASE MGMT - CMI	
48	CASE MGMT - PREGNANT WOMEN	
49	CASE MGMT - DEVELOP DISABLED	
50	PACE (ALL-INCLUSIVE CARE-ELD)	
51	AMBULANCE TRANSPORTATION	
52	CO-ORDIN CARE NETWORK-SHARED	
53	SELF DIRECTED/DIRECT SUPPORT	
54	AMBULATORY SURGI CTR (IN-ST)	

Taxonomy Code	Unduplicated Count of Providers
Grand Total:	

Parish Code	Parish	Unduplicated Count of Providers
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	ALL Out of State	
Grand Total:		

Provider Type Code	Description	Unduplicated Count of Providers
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	

Taxonomy Code	Unduplicated Count of Providers

Parish Code	Parish	Unduplicated Count of Providers
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Provider Type Code	Description	Unduplicated Count of Providers
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRWISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLOYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	
AV	EXTENDED DUTY DENTAL ASSISTANT	

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
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Provider Type Code	Description	Unduplicated Count of Providers
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	Out of State	
Grand Total:		

Provider Type Code	Description	Unduplicated Count of Providers
54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
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Provider Type Code	Description	Unduplicated Count of Providers
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLOYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
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Provider Type Code	Description	Unduplicated Count of Providers
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
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56	Union	
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58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	Out of State	
Grand Total:		

Provider Type Code	Description	Unduplicated Count of Providers
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55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
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63	TUBERCULOSIS INPT HOSPITAL	
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65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
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71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
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Taxonomy Code	Unduplicated Count of Providers

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87	RURAL HLTH CL(INDEPEND)(IN-ST)	
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90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLOYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPIRE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	

Taxonomy Code	Unduplicated Count of Providers
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Parish Code	Parish	Unduplicated Count of Providers
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Provider Type Code	Description	Unduplicated Count of Providers
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

Taxonomy Code	Unduplicated Count of Providers
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Other Claims Definition

LDH "Total & OON claims SFY16 ad hoc report template" (Tab 1 - Total Claims, columns D, E and F)

Report the total number of processed or unprocessed medical claims (aggregate count) categorized as emergency or non-emergency that do not meet the definition of a clean claim. A claim that does not meet the definition of a clean claim is one that requires obtaining additional information from the provider of the service or from a third party for adjudication, or from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. **Does not include rejected claims.**

A			B			C
Count of <u>Unprocessed</u> Medical Claims (not adjudicated/pended)			Count of Processed Medical Claims (adjudicated)			Total Other Claims - Medical
Emergency	Non-Emergency	Not Categorized	Emergency	Non-Emergency	Not Categorized	



MCO should only complete yellow highlighted cells; the remainder of the template is formula driven.
 All service authorizations should be counted at the line level except institutional service requests (CT 01) which should be counted at the claim/header level.

Standard (Regular) Service Authorizations	Medical			Behavioral Health			Total		
	Compliance Measure*	MCO		Compliance Measure*	MCO		Compliance Measure*	MCO	
		Count	Percentage		Count	Percentage		Count	Percentage
Total Standard (Regular) Authorizations Requested*			#DIV/0!			#DIV/0!			#DIV/0!
Total Standard (Regular) Authorizations Pending			#DIV/0!			#DIV/0!			#DIV/0!
Total Standard (Regular) Authorizations Approved			#DIV/0!			#DIV/0!			#DIV/0!
Total Standard (Regular) Authorizations Denied			#DIV/0!			#DIV/0!			#DIV/0!
Standard (Regular) Authorizations Processed within 2 business days	80%		#DIV/0!	80%		#DIV/0!	80%		#DIV/0!
Standard (Regular) Authorizations Processed within 14 business days**	100%		#DIV/0!	100%		#DIV/0!	100%		#DIV/0!

*Total Requested should include any pending authorization requests from prior fiscal year that were not completed and carried over into SFY 16. Total Requested % (cells D10, G10, J10) is formula driven; do not change. All % fields in rows 11-13 should equal 100% when summed.

**Count of processed authorizations in 2 business days should be included in Count of authorizations processed in 14 business days.

Note: For Behavioral Health, count does not include concurrent reviews or post-authorizations. Count does include mental health rehabilitation and PRTF prior authorizations (PRTF shall be counted by each stay request and not by days).

Expedited Service Authorizations	Medical		Behavioral Health		Total	
	MCO		MCO		MCO	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Expedited Service Authorizations Requested*		#DIV/0!		#DIV/0!		#DIV/0!
Total Expedited Authorizations Pending		#DIV/0!		#DIV/0!		#DIV/0!
Total Expedited Authorizations Approved (no extension)		#DIV/0!		#DIV/0!		#DIV/0!
Total Expedited Authorizations Denied (no extension)		#DIV/0!		#DIV/0!		#DIV/0!
Total Expedited Authorizations Approved (Requiring 14 day Extension)		#DIV/0!		#DIV/0!		#DIV/0!
Total Expedited Authorizations Denied (Requiring 14 day Extension)		#DIV/0!		#DIV/0!		#DIV/0!
Expedited Authorizations Processed within 72 hours**		#DIV/0!		#DIV/0!		#DIV/0!
Expedited Authorizations with an Extension and Processed within 14 days		#DIV/0!		#DIV/0!		#DIV/0!

*Total Requested should include any pending authorization requests from prior fiscal year that were not completed and carried over into SFY 16. Total Requested % (cells C21, E21, G21) is formula driven; do not change. All % fields in rows 22-24 should equal 100% when summed.

Note: For Behavioral Health, count does not include concurrent reviews or post-authorizations. Count does include mental health rehabilitation and PRTF prior authorizations (PRTF shall be counted by each stay request and not by days).

Service Authorizations	Behavioral Health Mental Health Rehabilitation	
	MCO	
	Count	Percentage
Total Standard (Regular) Authorizations Requested*		#DIV/0!
Total Standard (Regular) Authorizations Pending		#DIV/0!
Total Standard (Regular) Authorizations Approved		#DIV/0!
Total Standard (Regular) Authorizations Denied		#DIV/0!
Processed within 5 days following assessment/recertification**		#DIV/0!

*Total Requested should include any pending authorization requests from prior fiscal year that were not completed and carried over into SFY 16. Total Requested % (cell C34) is formula driven; do not change. All % fields in rows 35-37 should equal 100% when summed.

**Counts in rows 34 - 42 should only include adults as per contract requirements re: processing authorizations within 5 days of assessment/recertification.

Total (All) Prior Authorizations Summary	Medical		Behavioral Health		Total	
	MCO		MCO		MCO	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Authorizations Requested	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Authorizations Pending	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Authorizations Approved	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Authorizations Denied	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!

*Total Requested should include any pending authorization requests from prior fiscal year that were not completed and carried over into SFY 16. Total Requested % (cells C44, E44, G44, I44) is formula driven; do not change. All % fields in rows 45-47 should equal 100% when summed.

Note: For Behavioral Health (columns D-E), count does not include concurrent reviews or post-authorizations. Behavioral Health count does include MHR and PRTF prior authorizations (PRTF shall be counted by each stay request and not by days).



Prior Authorizations	Total		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		
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services	
Total number of prior authorization requests for SFY15																											
Total number of prior authorization requests DENIED																											
delimited by reasons for denial (See Tab Line 11 Reasons for Denial)																											
Total number of claims denied AFTER prior authorization approval																											
delimited by reasons for denial (See Tab Line 13 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?



Responses should be based on **State Fiscal Year 2016 (July 1, 2015 - June 30, 2016)**, unless otherwise noted.

Report Reference Number	DHH Internal Item Number	Task	Questions	MCNA Response
1b	2	The total number of employees employed by each Managed Care Organization (MCO) which is based in Louisiana and the <i>average</i> salary paid of those employees.	What is the total number of individuals who resides in LA? Please complete the 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.	Please complete the template on tab 1d (4) and provide your logic/methodology for completing the template. NOTE: The Grand Totals by Parish, Type and Taxonomy should all be equal. If not, you must provide justification in the MCNA Response column. How is "Provider Type" defined? Please include the methodology and code logic used for determining the reported values. What is your methodology for completing report 225? Please describe how providers with multiple taxonomy codes are delineated.	
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 provide your definition of Grievances and Appeals. 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 members who filed an appeal in SFY16? What is the number of members who accessed the state fair hearing process in SFY16? What is the total number and % of appeals that reversed or otherwise resolved a decision in favor of the member during SFY16?	
3a	19	The total number of claims submitted by healthcare providers to each MCO also delineated by claims of emergency services and claims for non-emergency services.	What is your definition of processed and non-processed claims? How are you defining "emergency" services? If amounts were reported in columns D, E and F, Other Claim , on the LDH "Total & OON claims SFY16 ad hoc report template" (Tab 1 - Total Claims), please break down the reported amount(s) by emergency, non-emergency or not categorized as indicated on tab 3a (19) of this survey. All amounts reported should equal the total of Other Claims reported in columns D, E and F on the LDH "Total & OON claims SFY16 ad hoc report template" (Tab 1 - Total Claims) Please complete the template on tab 3a (19).	
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.	Please complete the template on tab 3d (22).	

Louisiana Department of Health (LDH)
Dental Benefits Management Program

Act 158 Transparency Report

Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

2/3/2017

State Fiscal Year 2016
July 1, 2015 - June 30, 2016



Responses should be based on *State Fiscal Year 2016 (July 1, 2015 - June 30, 2016)*, unless otherwise noted.

Report Reference Number	DHH Internal Item Number	Task	Questions	MCNA 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.	If DBMP reports out-of-network claims, please describe how out-of-network claims were determined? (LDH "Total & OON claims SFY16 ad hoc report template", Tab 3 - Out of Network Claims)	



Responses should be based on *State Fiscal Year 2016 (July 1, 2015 - June 30, 2016)*, unless otherwise noted.

Report Reference Number	DHH Internal Item Number	Task	Questions	MCNA Response
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure: - 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	What is the number of prior authorization requests for SFY16?	
			What is the average amount of time for responding to prior authorization requests for SFY16?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY16?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY16?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY16?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY16?	
			<i>Please complete the template on tab 4 (26).</i>	

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items
2/3/2017



Please provide the following information for all DBMP staff for Reporting Period SFY16 (July 1, 2015 - June 30, 2016).

Name (may be blinded)	Position/Title	Salary	Individual based (Domiciled) in LA? (Y/N)
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*Please calculate the average salary.

Please include an updated organizational chart with key staff positions, including person's name and title, color coded to identify individuals/positions based (domiciled) in Louisiana.

54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	ALL Out of State	
Grand Total:		

54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVICE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLOYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	

AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

Louisiana Department of Health (LDH)
 Dental Benefits Management Program
 Act 158 Transparency Report
 Survey for Dental Benefits Management Program (DBMP)-Self Reported Items
 2/3/2017



Other Claims Definition

LDH " Item 19 & 23 - MCNA_total & OON claims SFY16 ad hoc report template (177)_01062017 " (Tab 1 - Total Claims, columns D, E and F)

Report the total number of processed or unprocessed claims (aggregate count) categorized as emergency or non-emergency that do not meet the definition of a clean claim. A claim that does not meet the definition of a clean claim is one that requires obtaining additional information from the provider of the service or from a third party for adjudication, or from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. **Does not include rejected claims.**

A			B			C
Count of <u>Unprocessed</u> Claims (not adjudicated/pended)			Count of Processed Claims (adjudicated)			Total Other Claims
Emergency	Non-Emergency	Not Categorized	Emergency	Non-Emergency	Not Categorized	

Louisiana Department of Health (LDH)
 Dental Benefits Management Program
 Act 158 Transparency Report
 Survey for Dental Benefits Management Program (DBMP)-Self Reported Items
 2/3/2017



Regular Service Authorizations	Compliance Measure*	DBMP	
		Count	%
Total Number of Requests Processed			
Processed within 2 business days	80%		
Processed within 14 business days	100%		
Processed within 28 business days	100%		
DME-Processed within 25 days	100%		

Expedited Service Authorizations	DBMP	
	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	

*Report 188, PA and Pre-Cert Summary template, Definitions Tabs 1-6



Prior Authorizations	Total	Diagnostic D0100 - D0999	Preventive D1000 - D1999	Restorative D2000 - D2999	Endodontics D3000 - D3999	Periodontics D4000 - D4999	Removable Prosthodontics D5000 - D5899	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 SFY15													
Total number of prior authorization requests DENIED, delineated by reasons for denial (See Tab Line 11 Reasons for Denial)													
Total number of claims denied AFTER prior authorization approval, delineated by reasons for denial (See Tab Line 13 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?