Louisiana Department of Health (LDH)
Louisiana Medicaid Manged Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items
2/22/2018

State Fiscal Year 2017
July 1, 2016 - June 30, 2017

Responses should be based on *State Fiscal Year 2017 (July 1, 2016 - June 30, 2017)* , 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.	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.	What is the total number of contracted providers in SFY17? Please provide a total number and delineate by provider type, provider taxonomy code and parish.	
			How is "Provider Type" defined?	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please describe how providers with multiple taxonomy codes are delineated.	
			Please complete the template on tab 1d (4).	
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 submitted at least one claim for payment for services in SFY17? Please provide a total number and delineate by provider type, provider taxonomy code and parish. **Please include code** used to define, if applicable.	
			How is "Primary Care Services" defined?	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please describe how providers with multiple taxonomy codes are delineated.	
			Please complete the template on tab 1e (5).	
1f	6	The total number of primary care 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.	What are your policies and procedures related to a closed panel status? Please provide policies and procedures.	
			How is "closed panel" defined?	
			What is the frequency of reporting?	
			Please include a copy of the report submitted closest to June 30, 2017.	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please complete the template on tab 1f (6).	

Louisiana Department of Health (LDH)
Louisiana Medicaid Manged Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items
2/22/2018

State Fiscal Year 2017
July 1, 2016 - June 30, 2017

Responses should be based on *State Fiscal Year 2017 (July 1, 2016 - June 30, 2017)* , unless otherwise noted.

Report Reference Number	DHH Internal Item Number	Task	Questions	MCO Response
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. *For purposes of this subparagraph, "appeal" means a request for review of an action.*	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 total number of appeals filed in SFY 17?	
			What is the **number of members** who filed an appeal in SFY17?	
			What is the total number of appeals that accessed the state fair hearing process in SFY17?	
			What is the **number of members** who accessed the state fair hearing process in SFY17?	
			What is the total number and % of appeals that reversed or otherwise resolved a decision in favor of the member during SFY17?	
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).***	
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? **Please include code** used to define, if applicable. (LDH "177-Total and Out of Network Claims" annual report, 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 SFY17?	
			What is the total number of prescription claims subject to a prior authorization (PA) for SFY17?	
			What is the total number of prescription claims denied for SFY17?	
			What is the total number of prescription claims subject to step therapy or fail first protocols for SFY17?	

Louisiana Department of Health (LDH)
Louisiana Medicaid Manged Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items
2/22/2018

State Fiscal Year 2017
July 1, 2016 - June 30, 2017

Responses should be based on *State Fiscal Year 2017 (July 1, 2016 - June 30, 2017)* , 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 (***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 SFY17?	
			What is the average amount of time for responding to prior authorization requests for SFY17?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY17?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY17?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY17?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY17?	
			Please complete the template on tab 4 (26).	