

Healthy Louisiana Claims Report

*Response to R.S. 46:460.91, as amended by
Act 233 of the 2022 Regular Legislative Session*

Quarter 4, Calendar Year 2023

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Introduction

Legislation Overview

Act 710 of the 2018 Regular Louisiana Legislative Session, amended R.S. 46:460.91 to require quarterly reporting on the Healthy Louisiana Medicaid Managed Care Program. During the 2023 Regular Legislative Session, the law was amended by Act 233, which updated the specifications for provider claims, expanded requirements for case management, and added reporting requirements for provider appeals and prior authorizations. The Louisiana Department of Health (LDH) is mandated to produce and submit the “Healthy Louisiana Claims Report” to the Joint Legislative Committee on the Budget, as well as the House and Senate Committees on Health and Welfare.

The newly added Act 233, “Healthy Louisiana Claims Report,” covers the fourth quarter (Q4) of Calendar Year (CY) 2023. Medicaid submits subsequent reports quarterly. This report is the first quarterly report on the new Act 233 requirements.

Provider Types

Act 233 requires distinguishing inpatient (acute) and outpatient providers from other provider types. The two distinctions in this report are labeled “inpatient” and “outpatient and professional.” Behavioral health providers are discretely identified within these categories, as required by the Louisiana State Legislature. In consultation with stakeholders, LDH also agreed that further segmentation of the nonbehavioral health providers for discrete reporting should be done. LDH reports on the following provider categories on an ongoing basis:

Institutional Claim Type (837I)
Inpatient hospital
Outpatient hospital
Home Health
All other services submitted on an institutional claim not specified above
Dental Claims (DQ and MCNA Only)*
Pediatric dental care
Adult denture services
Pharmacy Claims
(no additional breakouts)

Professional Services Claim Type (837P)
Primary care
Pediatrician
OB-GYN
Therapists (physical, speech, and occupational)
Non-emergency medical transportation
Medical equipment and supplies
Mental or behavioral health rehabilitation
Specialized behavioral health services
All other services submitted on a professional claim not specified above

* Managed care entity (MCE) value-added dental services are included in the Professional Services Claim Type category.

Data Collection

The information included in this report is collected from multiple reports submitted by managed care entities (MCE). To allow time for the MCEs to accumulate data for the report, there is a lag time between the claims adjudication period and the date that the MCEs submit the reports to LDH as allowed by Act 233. The data source for each item is listed below the referenced table.

Limitations of the data: MCEs self-report all data to LDH. LDH conducts a validation process upon submission of reports each quarter. In some situations, LDH asks the MCEs to verify and possibly update reporting to confirm the accuracy of the initial submission if the submission deviates from trends reported in the prior period. There are instances where data is not reported for specific services or processes. In these cases, the data is submitted as a blank or zero by the MCO.

Report Structure

There are two distinct managed care entity (MCE) types in the Healthy Louisiana Managed Care Program: Medicaid managed care organizations (MCO) and dental benefit program managers (DBPM). In this report, LDH presents the MCO and DBPM sections separately. LDH distinguishes between physical and behavioral health providers, further separating these into inpatient, outpatient, and professional, pharmacy, encounters, case management, and utilization management categories. The table of contents outlines the topics in each section to meet the legislative requirements. For a complete list of acronyms used, refer to Appendix A.

For this report, instances where data gaps exist in the MCOs or DBPMs submitted reports are standardized and represented in the tables as "N/A" for percentages and dashes ("-") for other data fields. Additionally, each table containing data not reported is preceded by an excerpt with a clearly labeled note, explaining whether the MCO or DBPM reports on the measure or did not provide the data. This methodology ensures transparency and facilitates accurate interpretation of reported performance metrics.

Section I: Medicaid Managed Care Organization (MCO)

Effective January 1, 2023, Louisiana began a new three-year contract for the five continuing MCOs, adding Humana Healthy Horizons (HHH) as the sixth MCO contracted to manage the healthcare needs of enrolled Louisiana Medicaid members. The state also contracted for the managed care of covered dental services through two dental benefit program managers (DBPMs), which will be detailed in Section II.

The names of the contracted entities and their commonly used abbreviations are below.

Contracted Managed Care Organizations

Plan Name	Plan Type	Common Abbreviation
Aetna Better Health, Inc.	Managed Care Organization	ABH
AmeriHealth Caritas Louisiana, Inc.	Managed Care Organization	ACLA
Healthy Blue	Managed Care Organization	HBL
Humana Healthy Horizons Louisiana	Managed Care Organization	HHH
Louisiana Healthcare Connections, Inc.	Managed Care Organization	LHCC
UnitedHealthcare of Louisiana, Inc.	Managed Care Organization	UHC

Provider Claims

Inpatient Hospital

Rejected Claims—Pre-adjudication

LDH requires each MCO to report the number of claims received each quarter and whether they were rejected or accepted for adjudication. As with all claim counts presented in this report, inpatient claims are reported at the header level, and all others are reported at the detail line level.

Table 1.1 provides the rejection counts for inpatient hospital claims during Q4 of CY 2023, revealing variations in front-end edit processes across MCOs. Note that HHH has not reported rejected inpatient service claims for Q4 of CY 2023. A rejected claim is a claim that did not pass the standard, front-end Health Insurance Portability and Accountability Act (HIPAA) edits. These edits indicate that there is either missing or invalid data, so there is not enough information to process the claim. Pharmacy claims not paid and with a National Council for Prescription Drug Programs (NCPDP) reject code should be categorized as denied, not rejected.

Table 1.1 Rejected Inpatient Hospital Claims CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	7,563	8,190	13,455	-	17,999	14,273
# Rejected	3	49	481	-	661	0

Source: 152 Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.2 provides the count of unique inpatient header-level claims adjudicated within the current reporting period and the breakdown requested in the legislation. It includes original claims received in the reporting period and claims originally received in a prior quarter that were adjusted or voided in the current reporting period. This report utilizes a key metric: the Percentage of Denied Inpatient Days to determine the proportion of inpatient hospital stays that encounter claim denials. This figure is derived by dividing the Number of Denied Inpatient Days by the Total Number of Inpatient Days, and then multiplying the result by 100 to express it as a percentage. Note, all claims are reported by the status of the last adjudication decision made in the current reporting period. This may not be the final determination, as the claim may be adjusted in a future reporting period. Those adjustments and voids will be reported in the quarter of determination.

Table 1.2 Inpatient Claims Adjudicated CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	4,593	5,378	10,088	4,194	3,262	9,777
# Days Paid	18,863	19,845	52,622	15,504	9,826	32,079
# Days Denied	6,972	6,405	21,945	4,133	3,531	7,477
# Total Days	25,835	26,250	74,567	19,637	13,357	39,556
% Denied	27.0%	24.4%	29.4%	21.0%	26.4%	18.9%
# Adjusted	223	464	1,176	241	179	862
# Voided	680	11	0	3	0	0
# Denied as duplicate	58	21	206	47	97	66
Behavioral Hospital						
# Adjudicated	1,911	2,107	3,428	790	1,858	3,376
# Days Paid	10,891	12,395	23,944	4,793	8,629	22,128
# Days Denied	3,712	2,384	6,237	902	3,987	2,764
# Total Days	14,603	14,779	30,181	5,695	12,616	24,892
% Denied	25.4%	16.1%	20.7%	15.8%	31.6%	11.1%
# Adjusted	80	222	282	70	73	267
# Voided	150	6	0	0	0	0
# Denied as duplicate	31	1	34	11	24	28

All Other Inpatient						
# Adjudicated	393	124	32	76	13,217	1,176
# Days Paid	114	1,580	34	366	47,066	3,580
# Days Denied	273	480	160	412	13,179	1,544
# Total Days	387	2,060	194	778	60,245	5,124
% Denied	70.5%	23.3%	82.5%	53.0%	21.9%	30.1%
# Adjusted	4	18	4	2	455	161
# Voided	339	0	0	0	0	0
# Denied as duplicate	7	0	3	0	215	10

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 1.3 provides the average days to adjudicate inpatient claims.

Table 1.3 Average Days to Adjudicate Inpatient Claims CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	14.2	11.6	9	2.9	80.3	8.4
Behavioral Hospital	17.6	11.3	8.1	2.7	27.4	7
All Other Inpatient Hospital	5.2	11.9	5.4	6.4	36.7	7.2

Source: 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.4 provides data on the top five providers with the most denied inpatient claims for each MCO, categorized by hospital type. The table displays the count of denied claims for each provider and the percentage of total denied claims for that provider.

Table 1.4 Participating Providers with Highest Number of Denied Inpatient Claims CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	53	22.5%	102	30.4%	290	50.3%	96	24.3%	181	34.0%	148	25.3%
2	30	14.2%	83	27.9%	155	44.0%	68	44.2%	74	8.7%	112	12.5%
3	15	9.0%	54	15.9%	135	41.4%	63	24.6%	57	39.9%	57	15.9%
4	10	25.0%	53	16.1%	100	26.4%	40	11.7%	44	18.6%	44	12.9%
5	7	11.1%	30	14.3%	58	16.6%	36	9.1%	22	17.1%	38	8.6%
Behavioral Health Hospital												
1	19	14.8%	27	23.3%	32	19.3%	12	60.0%	75	20.5%	19	9.0%
2	10	15.9%	19	13.7%	31	34.4%	11	19.6%	74	40.9%	18	28.6%
3	8	8.6%	17	11.5%	29	50.0%	10	23.3%	49	63.6%	13	10.2%
4	7	13.5%	17	24.6%	28	23.7%	7	23.3%	41	52.6%	10	3.9%
5	3	2.1%	13	26.0%	27	11.7%	6	42.9%	34	25.0%	8	5.1%

All Other Inpatient Hospital												
1	29	55.8%	5	31.3%	7	100.0%	10	66.7%	308	37.2%	223	34.5%
2	0	0.0%	3	100.0%	6	75.0%	4	100.0%	276	36.8%	23	54.8%
3	0	0.0%	2	50.0%	2	100.0%	3	100.0%	185	20.1%	15	7.4%
4	0	0.0%	2	100.0%	2	100.0%	3	30.0%	108	19.0%	11	20.8%
5	0	0.0%	2	66.7%	1	100.0%	2	100.0%	74	58.7%	7	46.7%

Source: 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & Arbitrations

MCOs must provide claim dispute procedures for providers who wish to file formal claim reconsideration requests or claim appeals. In addition, providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may seek resolution through arbitration.

As an alternative to arbitration, a provider may submit a request to LDH for independent review by La.R.S. 46:460.81.; as specified in requesting legislation, requests for independent reviews are excluded from this quarterly report. There were no arbitrations reported across the MCOs for Q4 of CY 2023.

Note that inpatient hospital claims are reported by MCOs in two categories: behavioral health and non-behavioral health. Acute hospital claims are included in the broader nonbehavioral health category.

Table 1.5 below provides the total number of claims submitted for reconsideration and percentage overturned for inpatient denied claims. The percentage of overturned denied claims is the result of total overturned claims divided by total reconsiderations submitted.

Table 1.5 MCO Reconsiderations Submitted for Inpatient Denied Claims CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and NonBehavioral Health Hospital						
# Submitted	96	965	1,383	107	100	806
% Overturned	10.4%	9.0%	38.7%	0.0%	18.0%	32.4%
Behavioral Health Hospital						
# Submitted	21	12	125	5	26	0
% Overturned	19.0%	91.7%	52.8%	0.0%	15.4%	0.0%

Source: 182 Provider Complaints Summary Report

Table 1.6 provides the total number of behavioral health denied claims submitted to an MCO for appeal of the claim denial. The percentage of overturned denied claims is the result of total overturned claims divided by total appeals submitted. Note that the data below includes the total number submitted for appeals and the percentage of overturned denied claims submitted for appeal to the MCO of the denied claim.

Table 1.6 MCO Appeals Submitted for Inpatient Denied Claims CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and NonBehavioral Health Hospital						
# Submitted	36	38	163	3	104	185
% Overturned	22.2%	15.8%	6.1%	0.0%	19.2%	12.4%
Behavioral Health Hospital						
# Submitted	29	13	16	0	3	5
% Overturned	0.0%	92.3%	18.8%	0.0%	33.3%	20.0%

Source: 182 Provider Complaints Summary Report

Outpatient and Professional Service Claims

Rejected Claims

LDH requires the MCOs to report the number of claims received each quarter and whether they were rejected or accepted for adjudication. Outpatient and professional service claims are reported at the detail line level. Current MCO reporting for rejected claims includes pharmacy claims.

Table 1.7 presents the total number of claims received and the results of front end edits applied by each MCO in Q4 of CY 2023. Note that HHH has not reported rejected outpatient and professional service claims for Q4 of CY 2023.

Table 1.7 Rejected Outpatient and Professional Claims (Line Level) CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	2,991,014	3,906,017	5,745,530	-	8,034,208	7,225,382
# Rejected	3	5,558	1,829	-	43,988	14,021

Source: 152 Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.8 provides the count of unique outpatient and professional line level claims adjudicated within the current reporting period. It includes original claims received in the reporting period and claims received initially in prior quarters that were adjusted or voided in the current reporting period. All claims are reported based on the status of the last adjudication decision made in the current reporting period. This may not be the final determination, as claims may be adjusted in future reporting periods. Those adjustments and voids will be reported in the quarter of determination.

Table 1.8 Outpatient and Professional Claims Adjudicated CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult						
# Adjudicated	30,781	91	30,195	9,756	51,778	24,641
% Denied	27.9%	38.5%	22.0%	27.3%	22.3%	15.0%
# Total Denied	8,589	35	6,655	2,668	11,570	3,689
# Adjusted	1,817	0	1,613	816	2,344	4,000
# Voided	0	0	0	0	0	0
# Denied as Duplicate	688	0	701	297	0	0
Home Health						
# Adjudicated	4,133	4,281	148	2,592	33,419	17,544
% Denied	25.4%	16.4%	16.2%	41.2%	25.6%	14.9%
# Total Denied	1,050	703	46	1,067	8,547	2,607
# Adjusted	360	379	5	86	2,971	8,188
# Voided	24	0	0	10	0	0
# Denied as Duplicate	607	0	1	7	233	337
Outpatient Hospital						
# Adjudicated	584,417	636,144	235,652	328,538	364,519	1,350,600
% Denied	6.3%	8.8%	19.1%	12.7%	18.7%	9.5%
# Total Denied	36,780	55,843	15,825	41,575	68,242	128,547
# Adjusted	94,340	67,749	26,750	17,468	24,496	103,773
# Voided	23,890	754	0	283	0	0
# Denied as Duplicate	6,031	172	700	1,782	9,637	17,267
Outpatient – Other						
# Adjudicated	36,896	59,758	16,076	3,796	1,340,478	126,809
% Denied	21.2%	7.7%	11.3%	45.7%	14.2%	41.3%
# Total Denied	7,827	4,581	3,944	1,736	190,514	52,420
# Adjusted	3,037	32,970	1,507	241	93,703	7,724
# Voided	1,655	432	0	0	0	0
# Denied as Duplicate	1,063	0	282	75	14,356	1,791
Rehab - Facility-Based						
# Adjudicated	204	64,773	1	2,277	0	19,686
% Denied	13.2%	15.1%	0.0%	14.1%	0	10.3%
# Total Denied	27	9,799	0	321	0	2,024
# Adjusted	0	7,516	1	89	0	928
# Voided	6	7	0	10	0	0
# Denied as Duplicate	0	62	0	66	0	548

Rehab – Other						
# Adjudicated	0	0	1,910	0	0	110
% Denied	0	0	9.8%	0	0	12.7%
# Total Denied	0	0	286	0	0	14
# Adjusted	0	0	167	0	0	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	20	0	0	0
Hospice						
# Adjudicated	0	3,115	433	0	0	4,270
% Denied	0	63.6%	33.0%	0	0	17.2%
# Total Denied	0	1,982	143	0	0	735
# Adjusted	0	429	50	0	0	2,322
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	28	6	0	0	54
Ambulance - EMT and NEAT						
# Adjudicated	16,399	14,152	10,999	19,934	40,805	33,112
% Denied	9.8%	15.9%	8.7%	16.4%	14.7%	11.5%
# Total Denied	1,612	2,256	956	3,263	5,997	3,804
# Adjusted	378	842	590	838	1,031	2,321
# Voided	306	14	0	0	0	0
# Denied as Duplicate	0	28	6	0	0	54
Non-Emergency Medical Transportation (NEMT)						
# Adjudicated	60,446	54,921	84,355	14,086	87,562	35,164
% Denied	0.0%	8.0%	0.0%	0.0%	0.0%	0.6%
# Total Denied	0	4,399	0	0	0	221
# Adjusted	0	14	70	0	0	248
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	0	0	0	0
DME/Supplies						
# Adjudicated	32,711	31,396	4,542	9,916	72,803	78,592
% Denied	18.7%	14.2%	20.3%	37.7%	21.8%	19.6%
# Total Denied	6,128	4,448	923	3,743	15,855	15,405
# Adjusted	2,224	2,280	466	644	4,280	8,280
# Voided	874	73	0	7	0	0
# Denied as Duplicate	644	28	45	109	1,440	1,253
Therapy (PT/OT/ST)						
# Adjudicated	10,609	33,419	38,163	469	88,758	2,936
% Denied	23.1%	12.1%	11.2%	55.7%	23.8%	18.3%
# Total Denied	2,447	4,032	4,262	261	21,119	536
# Adjusted	1,616	3,383	928	3	1,428	35
# Voided	99	6	0	0	0	0
# Denied as Duplicate	166	19	463	0	1,562	73

Primary Care – Pediatrics						
# Adjudicated	5,363	155,435	91,998	6,535	457,868	33,769
% Denied	5.9%	6.5%	7.7%	29.0%	13.1%	11.7%
# Total Denied	319	10,110	7,125	1,896	59,778	3,952
# Adjusted	666	13,046	5,577	173	13,440	1,051
# Voided	208	54	0	6	0	0
# Denied as Duplicate	60	51	944	46	6,880	722
Primary Care – Others						
# Adjudicated	90,246	495,210	435,136	125,321	868,855	692,393
% Denied	13.2%	6.6%	12.9%	46.9%	18.2%	4.8%
# Total Denied	11,885	32,847	56,279	58,729	158,031	33,575
# Adjusted	22,931	69,399	28,706	12,019	44,966	109,336
# Voided	2,097	202	0	22	0	0
# Denied as Duplicate	2,810	90	5,240	1,291	12,368	3,506
OB-GYN and MFM						
# Adjudicated	1,356	57,358	51,023	2,420	143,865	6,927
% Denied	19.7%	4.7%	10.3%	30.1%	15.5%	12.2%
# Total Denied	267	2,690	5,232	728	22,288	843
# Adjusted	89	7,020	3,482	86	4,773	467
# Voided	37	126	0	3	0	0
# Denied as Duplicate	78	19	523	15	2,003	112
Pediatric Day Health Care						
# Adjudicated	2,340	3,937	2,008	41	5,687	11,245
% Denied	4.9%	7.6%	1.9%	39.0%	12.4%	8.7%
# Total Denied	115	299	39	16	705	979
# Adjusted	29	65	34	0	169	577
# Voided	62	16	0	0	0	0
# Denied as Duplicate	6	0	22	0	399	429
Applied Behavior Analysis						
# Adjudicated	165	12,932	13,781	143	61,254	810
% Denied	0.6%	5.6%	7.4%	23.1%	8.6%	4.7%
# Total Denied	1	729	1,013	33	5,275	38
# Adjusted	5	753	743	4	1,991	43
# Voided	2	3	0	0	0	0
# Denied as Duplicate	1	39	187	9	1,689	2
Radiology/Imaging						
# Adjudicated	3,762	343	154	2,428	229	302
% Denied	15.7%	32.9%	35.7%	50.5%	67.7%	43.0%
# Total Denied	590	113	55	1,226	155	130
# Adjusted	143	7	19	7	1	23
# Voided	120	0	0	0	0	0
# Denied as Duplicate	47	0	4	17	4	11

Personal Care Services						
# Adjudicated	3,920	0	759	0	15,616	6,738
% Denied	6.7%	N/A	16.3%	N/A	33.0%	36.4%
# Total Denied	262	0	124	0	5,149	2,456
# Adjusted	675	0	15	0	279	697
# Voided	96	0	0	0	0	0
# Denied as Duplicate	176	0	24	0	1,326	1,576
All Other CMS-1500/PT04						
# Adjudicated	9,294	650,930	278,399	621,156	1,798,403	2,348,981
% Denied	12.0%	13.3%	16.8%	35.8%	25.1%	11.9%
# Total Denied	1,115	86,256	46,687	222,340	451,190	278,532
# Adjusted	0	43,367	12,742	26,190	88,234	156,465
# Voided	0	191	0	214	0	0
# Denied as Duplicate	14	127	2,652	3,339	35,951	24,351
Behavioral Health – Residential						
# Adjudicated	44,995	31,406	14,450	20,049	57,910	76,659
% Denied	7.4%	5.2%	8.9%	13.4%	7.2%	6.4%
# Total Denied	3,314	1,643	1,828	2,691	4,178	4,912
# Adjusted	4,066	1,115	502	5,533	447	5,959
# Voided	1,726	20	0	0	0	0
# Denied as Duplicate	305	0	50	145	510	347
All Other Specialized Behavioral Health						
# Adjudicated	377,094	45,113	165,070	25,523	800,685	308,245
% Denied	13.1%	14.3%	25.2%	13.3%	18.1%	10.5%
# Total Denied	49,243	6,443	41,555	3,406	144,968	32,289
# Adjusted	50,181	6,877	13,569	1,534	73,174	51,158
# Voided	8,111	29	0	2	0	0
# Denied as Duplicate	8,206	1	3,783	117	10,608	5,418

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 1.9 provides the average number of days MCOs took to adjudicate outpatient claims during Q4 of CY 2023, from claim receipt to payment or notification of nonpayment. Analysis reveals substantial variation in adjudication times across different service categories, such as "Home Health" and "Outpatient Hospital" claims, which often take considerably longer to process than other claim types. Conversely, services like "Rehab - Other" and "Hospice" show much shorter processing times.

Table 1.9 Average Days to Adjudicate Outpatient Claims CY 2023-Q4

	ABH	ACLA	HBL	HUM	LHCC	UHC
Dental - Adult	8.3	5.1	8.3	8.2	4.6	1.6
Home Health	36.7	8.5	2.4	1.2	52.6	5.5

Outpatient Hospital	31.1	7.9	1.1	3.4	42.2	6
Outpatient - Other	34.1	5.6	1	4.4	35	5.2
Rehab - Facility-Based	5.3	7.9	2	6.5	0	5.5
Rehab - Other	0	0	3.1	0	0	7
Hospice	0	12.8	0.5	0	0	8.2
Ambulance - EMT & NEAT	12.9	6.8	9.9	3.3	50.3	6.9
Non-Emergency Medical Transportation	11.5	8.3	11.4	11.5	7.5	11
DME/Supplies	13.9	7.8	5.1	4.9	33.7	5.4
Therapy (PT/OT/ST)	22.4	9.3	3.7	2.2	14.4	6.5
Primary Care - Pediatrics	14.2	6.7	1.9	4.7	17	5.5
Primary Care - Others	26.6	6.7	2.2	4.8	19.4	5.5
OB-GYN and MFM	13	6.6	2.4	3.6	19.5	5.5
Pediatric Day Health Care	7.2	7.1	2	4.1	29.9	5.8
Applied Behavior Analysis	8.8	8.2	0.8	4.2	30.3	5.6
Radiology/Imaging	12.1	8.8	2.3	5	11.5	5.9
Personal Care Services	19.4	0	2.2	0	17.1	6.6
All Other CMS-1500/PT04	8.9	6.9	2.2	4.5	27.7	5.4
Behavioral Health- Residential	19.2	7.4	1.5	2.8	12.2	6.6
All Other Specialized Behavioral Health	20.2	7.7	3.5	3.7	29.8	4.9

Source: 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.10 provides data on the top five participating providers with the highest number of denied outpatient claims for each MCO, categorized by hospital type. The table displays the count of denied claims for each provider and the percentage of total denied claims for that provider.

Table 1.10 Participating Providers with Highest Number of Denied Outpatient Claims CY 2023-Q4

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental – Adult												
1	167	23.4%	11	26.8%	172	24.2%	37	17.4%	911	48.4%	1,430	39.5%
2	122	17.9%	9	39.1%	121	17.4%	29	14.7%	858	35.3%	546	41.3%
3	101	19.3%	7	50.0%	99	18.6%	21	19.8%	808	33.0%	282	14.1%
4	99	24.0%	5	50.0%	87	20.7%	14	15.2%	652	36.3%	100	8.2%
5	78	23.6%	2	100.0%	74	21.6%	9	16.7%	585	44.5%	94	12.6%
Home Health												
1	625	39.3%	30	26.1%	18	100.0%	186	94.9%	1,565	45.8%	573	65.5%
2	95	38.3%	16	5.0%	14	27.5%	85	78.7%	926	47.5%	226	19.9%
3	34	11.3%	15	4.0%	13	72.2%	64	20.2%	573	38.7%	212	14.4%
4	34	22.8%	14	19.2%	9	27.3%	54	100.0%	445	46.4%	175	41.4%
5	34	36.2%	10	5.1%	7	20.0%	48	100.0%	439	33.4%	174	26.9%
Outpatient Hospital												
1	4,311	4.5%	1,197	2.3%	3,662	4.1%	4,662	12.5%	11,098	19.7%	10,208	8.8%
2	3,150	5.6%	1,170	3.5%	3,253	10.1%	2,578	8.7%	3,802	15.4%	7,889	12.4%
3	1,247	4.6%	856	4.0%	2,983	4.9%	2,120	29.3%	3,289	20.9%	7,014	8.9%
4	647	3.0%	818	5.6%	2,447	8.1%	2,095	13.2%	3,241	20.0%	4,553	9.1%
5	524	5.3%	771	3.0%	2,112	6.3%	1,923	13.1%	3,137	16.1%	3,760	9.6%
Outpatient – Other												
1	726	99.0%	113	100.0%	4,359	54.6%	1,096	94.4%	12,337	38.8%	6,060	15.6%
2	372	9.9%	68	2.5%	1,958	45.0%	138	100.0%	11,578	11.6%	1,950	7.6%
3	84	50.6%	66	4.7%	1,511	36.5%	76	88.4%	11,515	11.5%	1,875	98.0%
4	83	13.4%	56	2.7%	924	22.4%	58	85.3%	10,370	15.0%	1,173	99.8%
5	77	100.0%	26	23.0%	779	12.7%	48	100.0%	7,143	15.4%	1,091	26.9%
Rehab -Facility-Based												
1	0	0.0%	457	13.1%	0	0.0%	261	14.6%	0	0.0%	122	44.9%
2	0	0.0%	393	25.1%	0	0.0%	33	35.5%	0	0.0%	82	70.7%
3	0	0.0%	350	11.9%	0	0.0%	26	29.2%	0	0.0%	74	12.3%
4	0	0.0%	306	17.2%	0	0.0%	7	3.8%	0	0.0%	71	14.2%
5	0	0.0%	247	10.4%	0	0.0%	0	0.0%	0	0.0%	54	20.6%
Rehab – Other												
1	0	0.0%	0	0.0%	217	43.3%	0	0.0%	0	0.0%	4	36.4%
2	0	0.0%	0	0.0%	30	9.0%	0	0.0%	0	0.0%	4	100.0%
3	0	0.0%	0	0.0%	24	2.4%	0	0.0%	0	0.0%	1	16.7%
4	0	0.0%	0	0.0%	24	61.5%	0	0.0%	0	0.0%	1	20.0%
5	0	0.0%	0	0.0%	22	6.5%	0	0.0%	0	0.0%	0	0.0%

Hospice												
1	0	0.0%	28	4.1%	408	44.0%	0	0.0%	0	0.0%	104	6.4%
2	0	0.0%	15	3.9%	274	90.7%	0	0.0%	0	0.0%	94	60.6%
3	0	0.0%	14	26.4%	193	46.4%	0	0.0%	0	0.0%	53	100.0%
4	0	0.0%	13	6.7%	135	99.3%	0	0.0%	0	0.0%	34	24.3%
5	0	0.0%	9	69.2%	130	49.8%	0	0.0%	0	0.0%	31	25.6%
Ambulance - EMT and NEAT												
1	692	9.1%	206	24.8%	108	12.8%	1,189	24.8%	1,359	6.2%	59	6.9%
2	56	5.5%	127	10.9%	108	23.9%	1,005	10.0%	159	21.1%	13	100.0%
3	0	0.0%	126	3.9%	91	38.4%	138	19.0%	156	20.8%	4	100.0%
4	0	0.0%	106	18.6%	33	5.6%	88	100.0%	126	6.4%	0	0.0%
5	0	0.0%	58	14.7%	23	53.5%	34	100.0%	109	17.3%	0	0.0%
Non-Emergency Medical Transportation												
1	0	0.0%	309	53.2%	0	0.0%	0	0.0%	2	0.6%	47	1.7%
2	0	0.0%	169	58.5%	0	0.0%	0	0.0%	0	0.0%	24	4.5%
3	0	0.0%	164	24.5%	0	0.0%	0	0.0%	0	0.0%	22	11.7%
4	0	0.0%	146	30.3%	0	0.0%	0	0.0%	0	0.0%	21	12.5%
5	0	0.0%	146	10.0%	0	0.0%	0	0.0%	0	0.0%	16	1.9%
DME/Supplies												
1	855	98.8%	388	26.5%	310	97.2%	526	42.1%	2,067	36.4%	1,807	98.9%
2	658	30.9%	202	19.5%	65	41.7%	363	52.2%	1,350	32.2%	246	16.8%
3	320	86.5%	117	11.8%	62	7.8%	283	37.9%	960	30.2%	561	13.8%
4	227	22.8%	94	28.1%	57	18.9%	203	34.1%	598	14.0%	428	13.4%
5	167	11.4%	84	10.5%	24	13.3%	149	40.7%	596	15.3%	319	8.5%
Therapy (PT/OT/ST)												
1	497	37.4%	140	6.3%	522	21.5%	48	96.0%	9,021	60.4%	124	61.7%
2	206	27.0%	110	5.0%	451	27.0%	40	100.0%	641	67.8%	28	100.0%
3	68	24.4%	99	4.0%	213	42.7%	23	100.0%	549	70.7%	28	6.2%
4	40	15.7%	86	16.9%	183	2.4%	4	40.0%	445	30.4%	24	100.0%
5	24	8.4%	79	9.0%	168	22.7%	3	15.8%	401	15.7%	19	24.4%
Primary Care – Pediatrics												
1	272	23.2%	335	11.0%	1,258	6.3%	252	23.7%	4,403	14.3%	469	21.5%
2	33	7.8%	299	15.1%	929	59.1%	143	39.4%	3,965	17.7%	321	17.9%
3	19	7.3%	284	4.0%	848	84.1%	140	33.5%	3,411	13.4%	186	26.5%
4	17	1.4%	260	11.8%	644	10.9%	119	71.3%	3,352	9.4%	165	17.6%
5	12	7.0%	255	5.7%	575	3.5%	102	87.9%	2,453	17.6%	158	21.2%

Primary Care – Others												
1	1,085	41.4%	624	10.1%	4,940	10.3%	16,897	77.1%	15,545	23.2%	383	90.8%
2	616	46.6%	577	6.2%	3,941	8.4%	4,448	41.8%	7,961	18.4%	302	12.8%
3	613	38.9%	468	3.2%	2,584	100.0%	3,760	69.7%	4,317	13.9%	276	7.5%
4	263	46.4%	468	7.2%	2,487	99.7%	3,535	76.5%	3,410	7.8%	245	87.5%
5	228	19.3%	442	3.2%	2,439	17.8%	1,812	36.2%	3,391	8.5%	234	16.3%
OB-GYN and MFM												
1	119	39.5%	145	2.2%	1,158	29.7%	97	90.7%	2,255	24.3%	195	52.3%
2	40	22.6%	99	4.2%	729	7.2%	52	75.4%	1,541	6.8%	76	27.0%
3	28	8.8%	94	1.6%	720	8.3%	48	78.7%	1,289	47.6%	70	14.6%
4	11	32.4%	80	9.3%	456	6.8%	46	93.9%	1,255	10.3%	41	24.0%
5	0	0.0%	71	2.7%	440	7.0%	41	85.4%	968	15.0%	32	34.8%
Pediatric Day Health Care												
1	4	1.3%	58	19.5%	129	15.6%	15	46.9%	390	29.3%	285	23.5%
2	0	0.0%	26	21.5%	16	9.8%	1	11.1%	113	9.6%	156	31.1%
3	0	0.0%	10	9.4%	14	4.5%	0	0.0%	23	1.8%	147	52.1%
4	0	0.0%	9	4.0%	4	1.5%	0	0.0%	16	5.5%	43	10.6%
5	0	0.0%	7	8.3%	3	0.5%	0	0.0%	4	1.9%	37	4.3%
Applied Behavioral Analysis												
1	0	0.0%	71	42.5%	534	10.4%	17	14.5%	895	40.2%	9	10.1%
2	0	0.0%	57	3.6%	147	11.5%	13	100.0%	464	18.0%	4	1.4%
3	0	0.0%	43	8.9%	130	38.9%	0	0.0%	336	13.1%	1	1.6%
4	0	0.0%	31	33.0%	120	8.0%	0	0.0%	322	9.0%	1	11.1%
5	0	0.0%	23	27.4%	114	30.7%	0	0.0%	275	8.5%	0	0.0%
Radiology/Imaging												
1	94	37.6%	12	31.6%	61	29.6%	413	95.6%	99	72.8%	50	44.2%
2	76	30.3%	8	16.7%	19	50.0%	270	27.1%	43	75.4%	10	58.8%
3	65	17.8%	7	11.7%	19	29.7%	217	96.4%	13	36.1%	6	31.6%
4	57	7.4%	7	11.7%	12	60.0%	91	98.9%	0	0.0%	4	40.0%
5	43	5.0%	6	17.1%	11	100.0%	76	97.4%	0	0.0%	3	50.0%
Personal Care Services												
1	47	34.1%	0	0.0%	290	50.3%	0	0.0%	2,161	79.4%	984	87.2%
2	36	12.3%	0	0.0%	155	44.0%	0	0.0%	964	66.4%	342	65.1%
3	28	4.7%	0	0.0%	135	41.4%	0	0.0%	512	47.2%	205	36.8%
4	22	10.2%	0	0.0%	100	26.4%	0	0.0%	201	41.6%	84	65.1%
5	14	6.1%	0	0.0%	58	16.6%	0	0.0%	151	8.6%	82	38.5%

All Other CMS-1500/PT04												
1	122	50.8%	2,544	5.2%	25,525	96.1%	24,762	47.0%	86,987	47.5%	8,788	9.7%
2	66	36.1%	1,574	5.9%	5,263	7.5%	10,899	70.2%	26,959	21.8%	7,635	26.5%
3	62	31.2%	1,483	6.2%	3,277	18.8%	7,357	59.8%	18,201	63.8%	4,069	11.6%
4	57	24.2%	1,449	7.1%	2,844	9.2%	7,338	52.5%	16,843	44.4%	3,878	9.0%
5	48	49.5%	1,444	9.0%	2,682	6.2%	6,827	65.7%	11,875	25.0%	3,787	15.3%
Behavioral Health- Residential												
1	864	14.1%	618	14.1%	641	7.50%	490	14.5%	614	16.3%	903	13.2%
2	275	10.8%	193	32.3%	203	5.10%	385	38.3%	498	5.8%	190	4.9%
3	77	2.9%	42	7.8%	198	7.20%	146	54.9%	294	8.9%	172	10.9%
4	71	18.2%	41	7.9%	186	27.90%	129	8.7%	290	9.5%	154	4.0%
5	18	7.9%	29	1.2%	123	11.10%	114	39.4%	276	13.2%	150	10.3%
All Other Specialized Behavioral Health												
1	1,412	26.3%	823	19.8%	2,026	92.1%	629	11.7%	18,532	27.2%	2,833	21.4%
2	1,124	58.8%	194	44.2%	2,412	73.7%	354	32.8%	13,764	32.0%	1,772	10.3%
3	701	8.9%	183	26.1%	1,726	65.2%	341	58.7%	6,760	15.6%	845	22.8%
4	546	46.4%	174	11.1%	3,708	27.5%	199	55.1%	5,750	18.9%	601	14.1%
5	248	49.3%	156	39.7%	3,377	25.9%	191	35.7%	5,224	13.7%	465	77.4%

Source: 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals and Arbitrations

MCOs must provide claim dispute procedures for providers who wish to file formal claim reconsideration requests or claim appeals. In addition, providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may seek resolution through arbitration.

As an alternative to arbitration, a provider may submit a request to LDH for independent review in accordance with La.R.S. 46:460.81.; as specified in requesting legislation, requests for independent reviews are excluded from this quarterly report. There were no outpatient arbitrations reported across the MCOs for Q4 of CY 2023.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q4 of CY 2023. The table shows the number of reconsideration requests submitted for each service category and the percentage of those reconsiderations that resulted in overturned denials. The percentage of overturned denied claims is the result of total overturned claims divided by total reconsiderations submitted. Note that outpatient and professional claims are reported by MCOs by the type of provider listed below.

Table 1.11 MCO Reconsiderations Submitted for Outpatient and Professional Denied Claims CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	2	50.0%	52	5.8%	0	0.0%	9	0.0%	19	47.4%	83	26.5%

Outpatient Hospital	205	12.2%	1	0.0%	0	0.0%	57	0.0%	261	33.3%	2,195	34.6%
Hospice	2	0.0%	4	25.0%	31	32.3%	0	0.0%	9	0.0%	23	26.1%
Transportation	26	7.7%	0	0	30	56.7%	22	0.0%	22	36.4%	203	33.5%
DME	30	13.3%	251	61.4%	719	56.1%	18	0.0%	284	46.1%	279	24.7%
PCP or Specialist	454	11.5%	1,214	14.4%	5,333	45.1%	191	0.0%	1,605	20.3%	3,802	35.0%
Applied Behavioral Analysis	0	0.0%	0	0.0%	123	40.7%	0	0.0%	0	0.0%	0	0.0%
Rural Health Clinics/FQHC	11	0.0%	0	0.0%	20	0.0%	1	0.0%	1	0.0%	362	34.5%
Other	198	9.1%	408	11.5%	3,111	58.4%	75	0.0%	598	54.2%	1,804	34.9%

Source: 182 Provider Complaints Summary

Table 1.12 presents the total number of outpatient and professional denied claims submitted to the MCO for appeal and the number of denied claims that were overturned. The data includes the total number of submitted appeals and the percentage of reversed denials after the appeal process. The percentage of overturned denied claims is the result of total overturned claims divided by total appeals submitted.

Table 1.12 MCO Appeals Submitted for Outpatient and Professional Denied Claims CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	2	0.0%	0	0.0%	0	0.0%	0	0.0%	12	0.0%	92	15.2%
Outpatient Hospital	32	3.1%	20	10.0%	0	0.0	6	0.0%	152	14.5%	1,078	5.6%
Hospice	0	0.0%	0	0.0%	5	20.0%	0	0.0%	0	0.0%	0	0.0%
Transportation	1	100.0%	8	12.5%	1	0.0%	1	0.0%	0	0.0%	25	20.0%
DME	4	0.0%	6	0.0%	35	20.0%	0	0.0%	28	28.6%	67	6.0%
PCP or Specialist	26	0.0%	25	8.0%	326	22.4%	2	0.0%	460	18.3%	318	17.0%
Applied Behavioral Analysis	0	0.0%	0	0.0%	38	18.4%	0	0.0%	0.0	0.0%	2	0.0%
Rural Health Clinics/FQHC	0	0.0%	0	0.0%	1	0.0%	0	0.0%	18	11.1%	0	0.0%
Other	11	18.2%	10	0.0%	161	43.5%	0	0.0%	393	28.5%	219	10.5%

Source: 182 Provider Complaints Summary Report

Pharmacy

As of October 28, 2023, all MCOs provide pharmacy benefits for members enrolled with full benefits coverage. Members enrolled in a partial-benefit plan receive pharmacy services under the fee-for-service (FFS) program and are not included in this report. Per the contract with the Department, MCOs must individually contract with Prime Therapeutics State Government Solutions, LLC (Prime) to provide Pharmacy Benefit Management (PBM) services for its Louisiana Medicaid full-benefit members. Note that from October 1 through October 28, Humana members received pharmacy benefits under FFS and that data is not included in this report. Note that pharmacy does not report on rejected claims, denied appeals, denied reconsiderations, and denied arbitrations.

Adjudicated Claims

Table 1.13 shows the adjudicated pharmacy claims data for Q4 of CY 2023, including the total number of adjudicated pharmacy claims, number denied, percentage denied, number adjusted, number voided, and number denied as duplicates for each MCO. It includes original claims received in the reporting period and claims originally received in a prior quarter that were adjusted or voided in the current reporting period. All claims are reported based on the status of the last adjudication decision made in the current reporting period. Note that this may not be the final determination, as the claim may be adjusted in a future reporting period. Those adjustments and voids will be reported in the quarter of determination.

Table 1.13 Pharmacy Claims Adjudicated CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,167,302	1,268,841	1,587,426	266,582	2,245,027	2,123,562
# Total Denied	475,027	456,466	596,936	100,715	793,273	836,519
% Denied	40.7%	36.0%	0.0%	37.8%	35.3%	39.4%
# Adjusted	31,872	0	0	0	0	0
# Voided	214,345	209,563	2,590	76,718	541,023	485,337
# Denied as Duplicate	1,588	1,998	2,590	502	4,121	4,658

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 1.14 provides the average number of days from receipt of the claim by the MCO to the date on which the provider is paid or is notified that no payment will be made.

Table 1.14 Average Days to Adjudicate Pharmacy Claims, CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	2.9	5.1	4.8	4.7	5.0	4.0

Source: 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.15 presents the top five de-identified participating providers with the highest number of total denied pharmacy claims, including the total number of denied pharmacy claims expressed as a percentage of the total adjudicated pharmacy claims.

Table 1.15 Participating Providers with Highest Number of Denied Pharmacy Claims CY 2023-Q4

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	2,448	2,901	4,044	966	4,594	5,016
	% Denied	64.2%	66.3%	65.2%	36.8%	30.7%	36.4%
2	Denied	2,264	2,044	3,579	687	4,223	4,858
	% Denied	37.7%	37.4%	36.3%	32.5%	34.7%	36.8%
3	Denied	2,094	1,863	3,086	651	4,134	4,772
	% Denied	38.6%	35.1%	35.8%	32.8%	65.5%	38.6%
4	Denied	1,856	1,741	2,876	625	3,985	4,697
	% Denied	39.1%	37.6%	74.9%	32.5%	32.7%	41.8%
5	Denied	1,852	1,643	2,786	602	3,582	4,428
	% Denied	40.6%	35.5%	39.3%	35.7%	31.8%	38.8%

Source: 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals and Arbitrations

The Louisiana Revised Statutes 46:460.81 et seq. mandate the reporting of certain pharmacy data by MCOs. However, a review of the data submitted by MCOs reveals a concerning trend: incomplete reporting of crucial information regarding claim denials. Specifically, MCOs fail to provide data on the following for Q4 of CY 2023:

- The total number of denied claims submitted for reconsideration.
- The percentage of denied claims overturned on reconsideration.
- The number of denied claims submitted for appeal.
- The percentage of denied claims overturned on appeal.
- The total number of denied claims submitted for arbitration.

Encounter Submissions

The MCOs must send all claims that they have adjudicated — both paid and denied — to LDH for LDH to capture all information about MCO medical expenditures and track utilization related to outcome measures. This legislation mandates the collection of detailed encounter submission data, specifically the total number of encounters submitted to each MCO, the number of rejected encounters per MCO, and the corresponding rejection rate for each.

Encounter acceptance rates vary depending on the type of claim. The MCOs must submit encounters in a predetermined format based on the claim type. They submit encounters separately for each of the following claim types:

- Institutional encounters (837I)
- Professional encounters (837P)
- Pharmacy encounters

Table 1.16 Encounter Submissions CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	1,119,025	981,247	1,388,957	342,748	1,660,841	2,339,837
# Rejected	89,610	8,375	0	22,507	0	0
Outpatient and Professional Encounter Claims						
# Submitted	1,471,138	1,814,019	3,537,374	760,782	3,910,200	4,339,968
# Rejected	61,034	41,875	0	37,340	3,108	3
Pharmacy Encounter Claims						
# Submitted	758,887	610,547	2,940,853	86,737	1,924,819	715,476
# Rejected	39,123	7,456	205,954	6,000	126,000	213,525

Source: 152 Act 710 Healthy Louisiana Claims Report

Case Management

In addition to claims adjudication and encounter submission statistics, the legislation requires the Department to report certain measures on case management in the Medicaid managed care program.

Each MCO is contractually required to develop and implement a case management program through a process that provides appropriate and medically related services, social services, and/or basic and specialized behavioral health services for members who are identified as having special healthcare needs (SHCN) or who have a high risk, unique, chronic, or complex needs.

LDH currently monitors the identification and assessment of members needing case management services, and those receiving case management (CM) services through MCO self-reported data provided quarterly. While specific contractual standards require MCOs to complete an assessment within 90 days of identification, each MCO has its policies and procedures for identification and assessment. As such, the reporting for case management has shown some variation across MCOs.

Medicaid Members Identified for Case Management

Tables 1.17 to 1.19 provide the total number of Medicaid members identified for case management delineated by all of the following:

- The method of identification used by the MCO.
- The reason identified for case management.
- The LDH region.

Table 1.17 shows the total number of individuals identified for case management in Q4 of CY 2023, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method CY 2023-Q4

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	115	0	1,221	0	8	1,020
	Enrolled	19	0	91	0	8	1
	Not Enrolled	41	0	513	0	0	9
Predictive Modeling	Identified	524	3,146	455	2,088	7,426	7,776
	Enrolled	91	328	27	233	214	658
	Not Enrolled	81	33	191	1,219	661	2,997
Provider Referral	Identified	13	37	2	0	30	62
	Enrolled	1	3	1	0	8	12
	Not Enrolled	2	1	1	0	0	18
Self-Referral	Identified	61	106	35	6	98	2,922
	Enrolled	17	32	7	1	54	69
	Not Enrolled	11	2	10	3	0	267
State Referral	Identified	19	12	281	0	5	309
	Enrolled	6	0	4	0	0	234
	Not Enrolled	0	0	59	0	0	3

Source: PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q4 of CY 2023, broken down by the reason for identification and the MCO. The data shows a range of needs, including Special Health Care Needs (SHCN) for medical, behavioral health, and both, as well as medical and behavioral health needs for individuals not designated as SHCN. This table provides insight into the volume and types of case management services required across different entities.

Table 1.18 Case Management by Identification Reason CY 2023-Q4

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	52	512	458	952	3,975	3,019
	Enrolled	12	224	54	142	117	176
	Not Enrolled	13	8	240	499	309	895
SHCN-BH	Identified	58	863	5	686	1,805	170
	Enrolled	12	112	0	24	32	31
	Not Enrolled	11	8	1	482	258	61
SHCN-BOTH	Identified	38	49	589	65	94	359
	Enrolled	9	4	51	45	4	285
	Not Enrolled	1	0	167	9	10	3

SHCN-DOJ-AR	Identified	63	6	283	2	285	175
	Enrolled	2	0	4	0	29	19
	Not Enrolled	14	0	60	0	79	76
SHCN-421	Identified	0	13	24	14	34	20
	Enrolled	0	1	0	0	2	3
	Not Enrolled	0	4	21	10	5	3
MED non-SHCN	Identified	485	1,496	477	404	865	6,778
	Enrolled	94	18	15	22	73	264
	Not Enrolled	92	14	222	230	0	1,461
BH non-SHCN	Identified	32	338	0	4	510	1,900
	Enrolled	2	4	0	0	27	143
	Not Enrolled	4	2	0	3	0	842
BOTH non-SHCN	Identified	4	40	153	7	0	58
	Enrolled	3	0	6	2	0	57
	Not Enrolled	0	0	60	4	0	0

Source: PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q4 of CY 2023, categorized by LDH region. This data highlights regional variations in case management needs and service utilization.

Table 1.19 Case Management by LDH Region, CY 2023-Q4

	Region	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	173	709	299	517	1,062	1,967
		Enrolled	36	80	15	52	29	223
		Not Enrolled	30	12	116	284	84	510
Baton Rouge	2	Identified	78	412	310	414	908	1,711
		Enrolled	8	57	20	62	52	172
		Not Enrolled	20	5	121	225	69	461
Thibodaux	3	Identified	70	193	158	177	503	1,440
		Enrolled	11	18	6	16	19	91
		Not Enrolled	11	2	67	124	44	289
Lafayette	4	Identified	101	404	300	246	1,220	1,529
		Enrolled	26	39	19	26	44	127
		Not Enrolled	19	3	127	145	122	490
Lake Charles	5	Identified	31	149	109	87	761	435
		Enrolled	4	15	5	12	30	38
		Not Enrolled	7	1	44	52	83	146
Alexandria	6	Identified	53	303	162	89	593	812
		Enrolled	7	28	8	18	22	51
		Not Enrolled	10	2	69	53	56	232
Shreveport	7	Identified	88	479	213	179	777	1,457
		Enrolled	15	54	16	18	26	83
		Not Enrolled	16	6	75	102	56	520

Monroe	8	Identified	47	374	178	100	751	1,126
		Enrolled	12	40	15	5	29	79
		Not Enrolled	7	3	74	58	59	286
Mandeville	9	Identified	83	272	244	284	992	1,354
		Enrolled	15	32	25	25	33	111
		Not Enrolled	11	2	74	178	88	339
Out of State		Identified	8	6	6	0	0	2
		Enrolled	0	0	1	0	0	0
		Not Enrolled	4	0	1	0	0	2

Source: PQ039 Case Management Report

Table 1.20 presents the total enrollment in case management by tier assignment. The tier assignment is defined by the following:

- Tier 1 (Low) - Members engaged in this level of case management (CM) are of the lowest risk within the CM Program and typically require support in CM and in addressing Social Determinants of Health (SDOH).
- Tier 2 (Med) - Members engaged in the medium level of CM are typically of rising risk and need focused attention to support their clinical care needs and to address SDOH.
- Tier 3 (High) - Members engaged in Intensive CM are of the highest need and require the most focused attention to support their clinical care needs and to address SDOH.

Table 1.20 Total Enrollment in Case Management by Tier Assignment CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	8	326	57	69	43	697
Tier 2 (Med)	108	33	65	121	158	178
Tier 3 (High)	19	4	12	44	83	103

Source: PQ039 Case Management Report

Case Management Members with High-Risk Pregnancy, Sickle Cell Disease, Specialized Behavioral Health

Table 1.21 provides the total case management enrollment counts and the percentage of those enrolled with high-risk pregnancies, sickle cell disease, and those who received specialized behavioral health services during Q4 of CY 2023.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell Disease or Specialized Behavioral Health CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	134	363	130	234	284	974
# High-Risk Pregnancy	2	78	17	12	12	174

% High-Risk Pregnancy	1.5%	21.5%	13.1%	5.1%	4.2%	17.9%
# Sickle Cell Disease	0	1	0	0	0	4
% Sickle Cell Disease	0.0%	0.3%	0.0%	0.0%	0.0%	0.4%
# Specialized Behavioral Health	23	95	40	57	12	182
% Specialized Behavioral Health	17.2%	26.2%	30.8%	24.4%	4.2%	18.7%

Source: PQ039 Case Management Report

Utilization Management – Prior Authorizations

Prior authorization (PA) requests ensure that specific services, treatments, or medications are covered by a member's MCO before they are provided. This process aims to confirm the medical necessity of proposed services and align them with the MCO's coverage policies, helping to control costs and ensure appropriate care.

Common services requiring prior authorization include high-cost medications, specific diagnostic tests, specialty care, inpatient hospital stays, and elective procedures. Healthcare providers usually submit these requests on behalf of patients, providing necessary information such as patient details, service descriptions, clinical justifications, and relevant medical histories.

This section presents information on prior authorization requests, both standard and expedited, received by MCOs. Per the legislation, the prior authorization requirements are divided into three categories: specialized behavioral health services, physical health services, and pharmacy. These categories are further delineated to inpatient, outpatient, and prior authorization appeals. Pharmacy only receives standard prior authorization requests.

Prior Authorization Requirements

The table provides links to the list of all items and services that require prior authorization from each MCO.

Prior Authorization Requirements by Managed Care Organization

MCO	Link
ABH	https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/ABHLA_Prior_Authorization_Requirements.pdf
ACLA	https://www.amerihealthcaritasla.com/provider/resources/priorauth/index.aspx
HBL	https://provider.healthybluelula.com/docs/gpp/LA_HBPAlist.pdf?v=202405102052
HHH	docushare-app (humana.com)
LHCC	https://urldefense.com/v3/_https://www.louisianahealthconnect.com/content/dam/cen_tene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx_!!CCC_mTA!5CRQF5DX1BOMHfI83JSyrgoUwe_9dv6mW2JXlzpDPDzofEIMBEpwiBGa2v9JD0Fz80OFND56QDMX8PkUuvHf6Cn0UjU\$
UHC	UnitedHealthcare Community Plan Prior Authorization Requirements for Louisiana Medicaid - Effective October 1, 2023 (uhcprovider.com)

Specialized Behavioral Health Services

Inpatient Services

Standard Prior Authorization Requests

Table 1.22 provides the percentage of the standard prior authorization requests approved and denied for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.22 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
CS-Child						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CS-Adult						
% Approved	88.9%	93.3%	96.9%	100.0%	97.6%	100.0%
% Denied	11.1%	6.7%	3.1%	0.0%	2.4%	0.0%
IP - 0-12						
% Approved	N/A	100.0%	100.0%	100.0%	N/A	99.3%
% Denied	N/A	0.0%	0.0%	0.0%	N/A	0.7%
IP - 13-17						
% Approved	N/A	100.0%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	0.0%	0.0%	N/A	0.0%
IP - 18+						
% Approved	N/A	97.2%	98.9%	96.0%	N/A	99.8%
% Denied	N/A	2.8%	1.1%	4.0%	N/A	0.2%
PRTF						
% Approved	100.0%	100.0%	99.0%	100.0%	30.3%	46.7%
% Denied	0.0%	0.0%	1.0%	0.0%	69.7%	53.3%
TGH						
% Approved	95.0%	83.3%	100.0%	N/A	N/A	100.0%
% Denied	5.0%	16.7%	0.0%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	96.8%	99.6%	100.0%	N/A	98.9%

% Denied	N/A	3.2%	0.4%	0.0%	N/A	1.1%
ASAM 3.2 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.3						
% Approved	N/A	N/A	100.0%	N/A	N/A	50.0%
% Denied	N/A	N/A	0.0%	N/A	N/A	50.0%
ASAM 3.5						
% Approved	N/A	98.1%	99.5%	97.2%	N/A	99.8%
% Denied	N/A	1.9%	0.5%	2.8%	N/A	0.2%
ASAM 3.7						
% Approved	N/A	96.3%	97.5%	N/A	N/A	100.0%
% Denied	N/A	3.7%	2.5%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	100.0%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	0.0%	0.0%	N/A	0.0%
ASAM 4 WM						
% Approved	N/A	N/A	98.3%	94.7%	N/A	99.5%
% Denied	N/A	N/A	1.7%	5.3%	N/A	0.5%
Others						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Source: 188BH Specialized Behavioral Health - Service Authorizations.

Table 1.23 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO, for standard prior authorizations for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.23 Average and Median Time to Process Inpatient Standard Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med

CS – Child	-	0	-	0	-	0	-	0	-	-	-	0
CS – Adult	0.7	1	0.1	0	0.1	1	0.4	1	0.2	0	0.1	0
IP - 0-12	-	0	0	0	0	0	0.9	1	-	-	0.6	0
IP - 13-17	-	0	0.1	0	0.1	0	0.7	1	-	-	1.0	0
IP - 18+	-	0	0.2	0	0.2	0	0.8	1	-	-	0.9	0
PRTF	0.8	1	0.6	1	0.4	0	1.5	1.5	1.0	1	1.1	0
TGH	2.5	1	0.5	1.5	0.4	0	-	0	-	-	1.5	0
ASAM 3.1	-	0	1.0	1	0.4	0	0.8	1	-	-	0.7	0
ASAM 3.2 WM	-	0	-	0	-	0	-	0	-	-	-	0
ASAM 3.3	-	0	-	0	0.3	0	-	0	-	-	0.5	0.5
ASAM 3.5	-	0	0.5	0	0.3	0	1.0	1	-	-	1.3	0
ASAM 3.7	-	0	0.5	0	0.4	0	-	0	-	-	0	0
ASAM 3.7 WM	-	0	0.4	0	0.3	0	0.8	1	-	-	0.1	0
ASAM 4 WM	-	0	-	0	0.3	0	1.1	1	-	-	0.7	0
Others	-	0	-	0	-	0	-	0	-	-	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.24 provides the percentage of expedited prior authorization requests approved and denied for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.24 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
CS-Child						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CS-Adult						
% Approved	N/A	N/A	N/A	N/A	N/A	0.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
IP - 0-12						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%

% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
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IP - 13-17						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
IP - 18+						
% Approved	N/A	N/A	N/A	N/A	N/A	97.8%
% Denied	N/A	N/A	N/A	N/A	N/A	2.2%
PRTF						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
TGH						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.2 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.3						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.5						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.7						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.7 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 4 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
Others						
% Approved	N/A	N/A	N/A	N/A	N/A	0.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.25 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO for expedited prior authorizations for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.25 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
CS – Child	-	-	-	0	-	0	-	0	-	-	-	0
CS – Adult	-	-	-	0	-	0	-	0	-	0	-	0
IP - 0-12	-	-	-	0	-	0	-	0	-	0	0	0
IP - 13-17	-	-	-	0	-	0	-	0	-	0	0.5	0
IP - 18+	-	-	-	0	-	0	-	0	-	0	0.6	0
PRTF	-	-	-	0	-	0	-	0	-	0	-	0
TGH	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.1	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.2 WM	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.3	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.5	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.7	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.7 WM	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 4 WM	-	-	-	0	-	0	-	0	-	0	0	0
Others	-	-	-	0	-	0	-	0	-	0	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Outpatient Services

Standard Prior Authorization Requests

Table 1.26 provides the percentage of the standard prior authorization requests approved and denied for all items and services subject to prior authorization categorized by outpatient health service type. Outpatient services are medical procedures or diagnostic tests performed in a medical facility without an overnight stay.

Table 1.26 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	89.2%	96.8%	98.6%	98.2%	70.4%	95.0%
% Denied	10.8%	3.2%	1.4%	1.8%	29.6%	5.0%
CPST						
% Approved	90.6%	98.4%	98.8%	99.6%	71.1%	96.9%
% Denied	9.4%	1.6%	1.2%	0.4%	28.9%	3.1%
ACT						
% Approved	94.3%	98.9%	98.4%	100.0%	95.7%	90.4%
% Denied	5.7%	1.1%	1.6%	0.0%	4.3%	9.6%
MST						
% Approved	94.4%	100.0%	93.2%	75.0%	95.5%	100.0%
% Denied	5.6%	0.0%	6.8%	25.0%	4.5%	0.0%
FFT						
% Approved	100.0%	99.2%	100.0%	100.0%	97.1%	99.1%
% Denied	0.0%	0.8%	0.0%	0.0%	2.9%	0.9%
Homebuilders						
% Approved	100.0%	68.2%	100.0%	N/A	97.6%	91.3%
% Denied	0.0%	31.8%	0.0%	N/A	2.4%	8.7%
Crisis Intervention						
% Approved	93.3%	95.9%	89.8%	91.7%	82.4%	83.7%
% Denied	6.7%	4.1%	10.2%	8.3%	17.6%	16.3%
BHCC						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A
CBCS						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%

Psychotherapy						
% Approved	N/A	15.4%	85.0%	100.0%	95.2%	81.8%
% Denied	N/A	84.6%	15.0%	0.0%	4.8%	18.2%
Med Management						
% Approved	100.0%	N/A	100.0%	N/A	N/A	N/A
% Denied	0.0%	N/A	0.0%	N/A	N/A	N/A
ASAM 1						
% Approved	42.9%	N/A	N/A	N/A	N/A	N/A
% Denied	57.1%	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	94.5%	65.5%	99.2%	97.9%	91.9%	98.4%
% Denied	5.5%	34.5%	0.8%	2.1%	8.1%	1.6%
ASAM 2						
% Approved	100.0%	100.0%	N/A	N/A	100.0%	100.0%
% Denied	0.0%	0.0%	N/A	N/A	0.0%	0.0%
OTP						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
PSS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Psychological Testing						
% Approved	96.4%	N/A	33.3%	96.4%	100.0%	99.5%
% Denied	3.6%	N/A	66.7%	3.6%	0.0%	0.5%
PCS						
% Approved	100.0%	N/A	60.0%	100.0%	100.0%	61.5%
% Denied	0.0%	N/A	40.0%	0.0%	0.0%	38.5%
IPS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Others						
% Approved	93.7%	N/A	100.0%	N/A	95.2%	50.0%
% Denied	6.3%	N/A	N/A	N/A	4.8%	50.0%

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.27 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO, for standard prior authorizations for all items and services subject to prior authorization categorized by outpatient health service type.

Table 1.27 Average and Median Time to Process Outpatient Standard Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	5.2	5	0.3	0	4.5	5	4.5	5	4.3	5	0.8	0
CPST	5.7	5	0.3	0	4.7	5	4.5	5	4.3	5	0.8	0
ACT	5.6	5	0.4	0	2.2	2	4.1	4	2.8	2	1.5	1
MST	5.6	4.5	0.4	0	2.4	2	4.1	4.5	3.0	3	0.5	0
FFT	5.5	5	0.3	0	3.0	5	2.9	2	2.5	2	0.8	0
Homebuilders	5.8	5	1.2	1	3.2	5	-	0	3.0	2	1.0	1
Crisis Intervention	1.9	1	0.3	0	0.7	1	2.3	1	1.0	1	0.1	0
BHCC	-	0	-	0	-	0	1.0	1	-	0	-	0
CBCS	-	0	-	0	-	0	-	0	-	0	0	0
Psychotherapy	-	0	0.9	1	2.5	2	0.8	0	2.6	2	0.4	0
Med Management	18.0	3.5	-	0	2.0	2	-	0	-	-	-	0
ASAM 1	16.4	4	-	0	-	0	-	0	-	-	-	0
ASAM 2.1	4.5	4	0.5	0	1.6	1	3.6	2	2.8	2	0.5	0
ASAM 2	4.9	2	0	0	-	0	-	0	2.3	2	1.2	0
OTP	-	0	-	0	-	0	-	0	-	0	-	0
PSS	-	0	-	0	-	0	-	0	-	0	-	0

Psychological Testing	3.1	2	-	0	1.2	1	2.8	2	2.5	2	0.7	0
PCS	7.6	7	-	0	51.0	6	3.0	2	4.9	5	2.6	2
IPS	-	-	-	0	-	0	-	0	-	0	-	0
Others	4.1	4	-	0	3.5	3	-	4	2.8	2	0.5	0.5

Source: 188BH Specialized Behavioral Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.28 provides the percentages of expedited prior authorization requests approved and denied for all items and services subject to prior authorizations categorized by outpatient health service type.

Table 1.28 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	60.0%	N/A	N/A	N/A	N/A	N/A
% Denied	40.0%	N/A	N/A	N/A	N/A	N/A
CPST						
% Approved	60.0%	N/A	N/A	100.0%	N/A	N/A
% Denied	40.0%	N/A	N/A	0.0%	N/A	N/A
ACT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
MST						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
FFT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Homebuilders						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Crisis Intervention						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A
BHCC						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CBCS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Psychotherapy						
% Approved	N/A	N/A	N/A	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	N/A
Med Management						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 1						
% Approved	N/A	N/A	N/A	N/A	0.0%	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	100.0%	N/A	N/A	N/A	0.0%	N/A
% Denied	0.0%	N/A	N/A	N/A	100.0%	N/A
ASAM 2						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
OTP						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
PSS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Psychological Testing						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
PCS						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A
IPS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.29 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO, for expedited prior authorizations for all items and services subject to prior authorization categorized by outpatient health service type.

Table 1.29 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	3.8	0	-	0	-	0	-	0	-	0	-	0
CPST	6.2	9	-	0	-	0	0	0	-	0	-	0
ACT	-	0	-	0	-	0	-	0	-	0	-	0
MST	-	0	-	0	-	0	-	0	-	0	-	0
FFT	-	0	-	0	-	0	-	0	-	0	-	0
Homebuilders	-	0	-	0	-	0	-	0	-	0	-	0
Crisis Intervention	-	0	-	0	-	0	1	1	-	0	-	0
BHCC	-	0	-	0	-	0	-	0	-	0	-	0
CBCS	-	0	-	0	-	0	-	0	-	0	-	0
Psychotherapy	-	0	-	0	-	0	-	0	1.7	2	-	0

Med Management	-	0	-	0	-	0	-	0	-	-	-	0
ASAM 1	-	0	-	0	-	0	-	0	-	-	-	0
ASAM 2.1	2.0	2	-	0	-	0	-	0	4.0	4	-	0
ASAM 2	-	0	-	0	-	0	-	0	-	0	-	0
OTP	-	0	-	0	-	0	-	0	-	0	-	0
PSS	-	0	-	0	-	0	-	0	-	0	-	0
Psychological Testing	-	0	-	0	-	0	-	0	-	0	-	0
PCS	3.3	3.5	-	0	-	0	-	0	-	0	-	0
IPS	-	0	-	0	-	0	-	0	-	0	-	0
Others	1.5	1.5	-	0	-	0	-	0	-	0	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

Table 1.30 presents the percentage of the standard prior authorization requests approved after an appeal for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.30 Percentage of Inpatient Standard Prior Authorization Requests Approved Post Appeal CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	N/A	0.0%	11.8%	0.0%	N/A	N/A
PRTF	N/A	N/A	0.0%	N/A	41.2%	0.0%
TGH	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1	N/A	33.3%	N/A	N/A	N/A	N/A
ASAM 3.5	0.0%	0.0%	0.0%	N/A	N/A	0.0%
ASAM 3.7 WM	N/A	N/A	0.0%	N/A	N/A	N/A
ASAM 4 WM	N/A	N/A	0.0%	N/A	N/A	N/A

Source: 409 Behavioral Health Grievance, Appeal, and State Fair Hearing Logs

Table 1.31 provides the percentage of standard prior authorization requests that were approved after an appeal for all items and services subject to prior authorization categorized by outpatient health service type.

Table 1.31 Percentage of Outpatient Standard Prior Authorization Requests Approved Post Appeal CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	N/A	N/A	100.0%	N/A	N/A	33.3%
ASAM 2	N/A	0.0%	N/A	N/A	N/A	N/A
ASAM 2.1	N/A	100.0%	0.0%	N/A	N/A	N/A
CPST/PSR	N/A	40.0%	N/A	N/A	22.2%	0.0%
Psychological Testing	N/A	50.0%	N/A	N/A	N/A	N/A
Other – MHO	0.0%	N/A	20.0%	N/A	N/A	N/A

Source: 409 Behavioral Health Grievance, Appeal, and State Fair Hearing Logs

Physical Health Services

Inpatient Services

Standard Prior Authorization Requests

Table 1.32 provides the percentage of the standard prior authorization requests approved and denied for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.32 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	81.2%	99.6%	94.2%	86.8%	96.8%	97.7%
% Denied	18.8%	0.4%	5.8%	13.2%	3.2%	2.3%
Rehabilitation						
% Approved	53.7%	N/A	92.8%	75.0%	83.9%	68.5%
% Denied	46.3%	N/A	7.2%	25.0%	16.1%	31.5%
Skilled Nursing Facility						
% Approved	82.4%	66.7%	N/A	96.0%	55.6%	76.0%
% Denied	17.6%	33.3%	N/A	4.0%	44.4%	24.0%

Long-Term Acute Care Hospital						
% Approved	38.0%	100.0%	93.7%	65.2%	87.8%	66.3%
% Denied	62.0%	0.0%	6.3%	34.8%	12.2%	33.7%
Hospice						
% Approved	N/A	100.0%	N/A	100.0%	100.0%	N/A
% Denied	N/A	0.0%	N/A	0.0%	0.0%	N/A
Others						
% Approved	N/A	N/A	95.3%	99.1%	N/A	N/A
% Denied	N/A	N/A	4.7%	0.9%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.33 provides average and median processing days for standard prior authorization requests during Q4 of CY 2023. Across most inpatient service types and entities with available data, processing times are under two days, often around one day or less. However, some exceptions, such as "Hospice" requests at LHCC, have a notably higher average processing time of four days.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.9	1	0.3	0	1.1	0	0.7	1	1.1	1	2.3	2
Rehabilitation	1.3	1	-	0	0.3	0	0.8	1	0.8	1	1.0	1
Skilled Nursing Facility	1.0	1	1.7	0	-	0	0.7	1	1.0	1	1.0	1
Long-Term Acute Care Hospital	0.7	1	1.5	0	0.2	0	0.8	1	1.1	1	1.0	1
Hospice	-	0	0.5	1	-	0	0.3	0	4.0	4	-	0
Others	-	0	-	0	0.3	0	0.6	1	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.34 provides the percentage of inpatient expedited prior authorization requests that were approved and denied during Q4 of CY 2023.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	89.4%	100.0%	N/A	100.0%	100.0%	91.5%
% Denied	10.6%	0.0%	N/A	0.0%	0.0%	8.5%
Rehabilitation						
% Approved	N/A	N/A	N/A	N/A	100.0%	66.7%
% Denied	N/A	N/A	N/A	N/A	0.0%	33.3%
Skilled Nursing Facility						
% Approved	N/A	93.5%	N/A	N/A	0.0%	100.0%
% Denied	N/A	6.5%	N/A	N/A	100.0%	0.0%
Long-Term Acute Care Hospital						
% Approved	N/A	86.5%	N/A	N/A	100.0%	100.0%
% Denied	N/A	13.5%	N/A	N/A	0.0%	0.0%
Hospice						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.35 provides the average and median processing time (in days) for expedited prior authorization requests during Q4 of CY 2023.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.8	1	0.4	0	-	0	0.1	1	0.7	1	1.3	1
Rehabilitation	-	0	-	0	-	0	-	0	0.7	1	0.8	1
Skilled Nursing Facility	-	0	1.2	0	-	0	-	0	1	1	0.7	1

Long-Term Acute Care Hospital	-	0	1	1	-	0	-	0	0	0	1	1
Hospice	-	0	-	0	-	0	-	0	-	0	-	0
Others	-	0	-	0	-	0	0	0	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Outpatient Services

Standard Prior Authorization Requests

Tables 1.36 to 1.37 present the percentages of standard prior authorization requests that were approved, denied, and approved after appeal, as well as the average and median processing time.

Table 1.36 provides the percentage of standard prior authorization requests that were approved and denied during Q4 of CY 2023.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests % Approved and % Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	97.8%	99.0%	0.0%	97.2%	73.0%	98.5%
% Denied	2.2%	1.0%	0.0%	2.8%	27.0%	1.5%
Home Health Care						
% Approved	91.9%	95.8%	99.1%	95.0%	97.7%	99.7%
% Denied	8.1%	4.2%	0.9%	5.0%	2.3%	0.3%
DME, OP and Supplies						
% Approved	85.0%	97.0%	91.5%	97.5%	89.0%	94.1%
% Denied	15.0%	3.0%	8.5%	2.5%	11.0%	5.9%
PCS						
% Approved	86.4%	N/A	87.3%	0.0%	90.9%	68.8%
% Denied	13.6%	N/A	12.7%	100.0%	9.1%	31.3%

Med Proc and Dx Test						
% Approved	82.0%	84.1%	84.6%	98.9%	87.9%	95.6%
% Denied	18.0%	15.9%	15.4%	1.1%	12.1%	4.4%
Transportation						
% Approved	100.0%	98.6%	0.0%	100.0%	100.0%	100.0%
% Denied	0.0%	1.4%	N/A	0.0%	0.0%	0.0%
Radiation Therapy						
% Approved	93.0%	N/A	N/A	N/A	100.0%	N/A
% Denied	7.0%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	81.7%	96.4%	88.8%	N/A	97.6%	98.6%
% Denied	18.3%	3.6%	11.2%	N/A	2.4%	1.4%
Transplant						
% Approved	50.0%	100.0%	N/A	100.0%	98.5%	N/A
% Denied	50.0%	0.0%	N/A	0.0%	1.5%	N/A
Hemodialysis						
% Approved	89.1%	N/A	100.0%	N/A	55.6%	100.0%
% Denied	10.9%	N/A	0.0%	N/A	44.4%	0.0%
Phys Admin Drugs						
% Approved	83.4%	N/A	71.1%	100.0%	94.9%	100.0%
% Denied	16.6%	N/A	28.9%	0.0%	5.1%	0.0%
Observation						
% Approved	N/A	N/A	N/A	93.8%	76.7%	N/A
% Denied	N/A	N/A	N/A	6.3%	23.3%	N/A

Radiology/Imaging						
% Approved	83.7%	71.0%	N/A	99.2%	74.8%	87.3%
% Denied	16.3%	29.0%	N/A	0.8%	25.2%	12.7%
PDHC						
% Approved	93.8%	98.3%	99.0%	66.7%	94.8%	100.0%
% Denied	6.3%	1.7%	1.0%	33.3%	5.2%	0.0%
Hospice						
% Approved	92.4%	92.3%	50.0%	85.7%	97.5%	100.0%
% Denied	7.6%	7.7%	50.0%	14.3%	2.5%	0.0%
ABA						
% Approved	97.9%	81.4%	98.0%	100.0%	98.5%	97.8%
% Denied	2.1%	18.6%	2.0%	0.0%	1.5%	2.2%
Vision – EPSDT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS - Adult Dental						
% Approved	99.3%	N/A	N/A	N/A	N/A	100.0%
% Denied	0.7%	N/A	N/A	N/A	N/A	0.0%
VAS - Adult Vision						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS – Other						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Others						
% Approved	86.6%	82.8%	95.9%	98.9%	N/A	N/A
% Denied	13.4%	17.2%	4.1%	1.1%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.37 provides the average and median processing time (in days) for standard outpatient prior authorization requests during Q4 of CY 2023.

**Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests
CY 2023-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.1	0	2.7	2	-	0	3.2	2	1	0	0.9	1
Home Health Care	1.4	0	3	2	1.7	1	2.9	2	2.9	2	1	1
DME, OP and Supplies	2.2	2	3	2	0.6	0	1.2	0	0.1	1	2.7	2
PCS	3.5	3	-	0	2	1	6.5	6.5	0.1	2	7.5	6
Med Proc and Dx Test	2.2	2	2.7	2	0.2	0	0.5	0	0.1	2	1.4	1
Transportation	2.9	2	2.8	2	-	0	1.2	1	5.5	5.5	0	0
Radiation Therapy	2.8	1	-	0	-	0	-	0	2.7	2	-	0
Surgery	3.1	2	2.5	2	0.5	0	-	0	1.2	0	1.8	1
Transplant	3.3	3	6.5	6.5	-	0	1.2	1	2.7	2	-	0
Hemodialysis	3.9	2.5	-	0	2.1	1	-	0	5.4	6	1	0
Phys Admin Drugs	1.5	1	-	0	0.6	0	0.3	0	0	1	1.2	0
Observation	-	0	-	0	-	0	0.6	1	0	1.5	-	0
Radiology/Imaging	0.1	0	2.6	2	-	0	0.3	0	1.9	1	0	1
PDHC	3.1	2	2.6	2	2	2	1.7	1	0.2	2	2.8	1
Hospice	2.3	2	2.8	2	2.5	2	1.6	0	0.1	4	1.3	1
ABA	5.6	4	0.7	0	2.6	2	0	0	0.1	2	1.9	1

Vision - EPSDT	-	0	-	0	-	0	-	0	-	0	-	0
VAS - Adult Dental	2.1	2	-	0	-	0	-	0	-	0	1	1
VAS - Adult Vision	-	0	-	0	-	0	-	0	-	0	-	0
VAS - Other	-	0	-	0	-	0	-	0	-	0	-	0
Others	0.6	0	4.1	3	1.3	1	0.3	0	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.38 provides the percentage of outpatient expedited prior authorization requests approved and denied during Q4 of CY 2023.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests % Approved and % Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	92.3%	100.0%	N/A	88.9%	N/A	N/A
% Denied	7.7%	0.0%	N/A	11.1%	N/A	N/A
Home Health Care						
% Approved	78.6%	N/A	N/A	100.0%	100.0%	100.0%
% Denied	21.4%	N/A	N/A	0.0%	0.0%	0.0%
DME, OP and Supplies						
% Approved	91.3%	97.7%	N/A	100.0%	91.5%	88.3%
% Denied	8.7%	2.3%	N/A	0.0%	8.5%	11.7%
PCS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Med Proc and Dx Test						
% Approved	96.7%	92.9%	N/A	84.6%	100.0%	83.7%
% Denied	3.3%	7.1%	N/A	15.4%	0.0%	16.3%
Transportation						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A
Radiation Therapy						
% Approved	100.0%	N/A	N/A	N/A	100.0%	N/A
% Denied	0.0%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	59.6%	100.0%	N/A	N/A	100.0%	98.6%
% Denied	40.4%	0.0%	N/A	N/A	0.0%	1.4%
Transplant						
% Approved	N/A	N/A	N/A	100.0%	100.0%	N/A
% Denied	N/A	N/A	N/A	0.0%	0.0%	N/A
Hemodialysis						
% Approved	66.7%	N/A	N/A	N/A	N/A	100.0%
% Denied	33.3%	N/A	N/A	N/A	N/A	0.0%
Phys Admin Drugs						
% Approved	90.5%	N/A	N/A	100.0%	98.4%	N/A
% Denied	9.5%	N/A	N/A	0.0%	1.6%	N/A
Observation						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Radiology/Imaging						
% Approved	78.3%	100.0%	N/A	100.0%	99.8%	82.7%
% Denied	21.7%	0.0%	N/A	0.0%	0.2%	17.3%
PDHC						
% Approved	N/A	N/A	N/A	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	N/A
Hospice						
% Approved	N/A	100.0%	N/A	N/A	N/A	N/A
% Denied	N/A	0.0%	N/A	N/A	N/A	N/A
ABA						
% Approved	N/A	N/A	N/A	100.0%	100.0%	N/A
% Denied	N/A	N/A	N/A	100.0%	100.0%	N/A
Vision – EPSDT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS - Adult Dental						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A
VAS - Adult Vision						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS – Other						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Others						
% Approved	84.0%	N/A	N/A	100.0%	N/A	N/A
% Denied	0.0%	N/A	N/A	0.0%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.39 provides the average and median processing time (in days) for expedited outpatient prior authorization requests during Q4 of CY 2023.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.2	1	0.6	1	-	0	0.9	1	-	0	-	0
Home Health Care	1.5	1	-	-	-	-	0.3	0	1.3	0.5	0	0
DME, OP and Supplies	0.5	0	0.7	2	-	-	0.3	0	4.1	1	0.8	1
PCS	-	0	-	0	-	0	-	0	-	2	-	0
Med Proc and Dx Test	0.1	0	0.9	2	-	-	0.4	0	6.6	2	1.1	1
Transportation	-	-	-	-	-	-	1	1	-	-	-	-
Radiation Therapy	1.1	0	-	0	-	0	-	0	1.3	1	-	0
Surgery	1.1	1	0.3	2	-	0	-	0	1.3	0	0.8	1
Transplant	-	0	-	0	-	0	0.5	0.5	46	92	-	0
Hemodialysis	2.7	2	-	0	-	0	-	0	-	0	0	0
Phys Admin Drugs	0.5	0	-	0	-	0	0	0	0.4	1	-	0
Observation	-	0	-	0	-	0	-	0	-	2	-	0
Radiology/Imaging	0.9	1	1	1	-	0	0.3	0	0	0	0.1	1
PDHC	-	0	-	0	-	0	-	0	22	2	-	0
Hospice	-	0	2	0	-	0	-	0	-	4	-	0
ABA	-	0	-	0	-	0	0	0	15.1	2	-	0

Vision - EPSDT	-	0	-	0	-	0	-	0	-	0	-	0
VAS - Adult Dental	1	1	-	0	-	0	-	0	-	0	-	0
VAS - Adult Vision	-	0	-	0	-	0	-	0	-	0	-	0
VAS - Other	-	0	-	0	-	0	-	0	-	0	-	0
Others	0.9	0	-	0	-	0	2	2	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

Table 1.40 provides the percentage of inpatient standard prior authorization requests approved and total submitted post appeal for all items and services subject to prior authorization categorized by inpatient physical health service type.

Table 1.40 Percentage of Inpatient Standard Prior Authorization Requests Approved Post Appeal for Physical Health Service CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	-	N/A	3	0.0%	1	0.0%	1	0.0%	-	N/A	1	0.0%
Rehabilitation	2	0.0%	-	N/A	3	0.0%	1	0.0%	1	0.0%	8	12.5%
Surgery	-	N/A	-	N/A	9	22.2%	-	N/A	-	N/A	-	N/A
SNF	1	0.0%	1	0.0%	-	N/A	-	N/A	-	N/A	6	33.3%
LTAC	5	40.0%	-	N/A	-	N/A	-	N/A	-	N/A	2	0.0%
Inpatient Others	1	0.0%	7	0.0%	4	25.0%	-	N/A	1	0.0%	-	N/A

Source: 010 Grievance, Appeal, and State Fair Hearing Logs

Table 1.41 provides the percentage of the outpatient standard prior authorization requests approved and total submitted post appeal for all items and services subject to prior authorization categorized by outpatient health service type.

Table 1.41 Percentage of Outpatient Standard Prior Authorization Requests Approved Post Appeal for Physical Health Service CY 2023-Q4

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	-	N/A	-	N/A	-	N/A	-	N/A	87	32.2%	-	N/A
Home Health	-	N/A	1	0.0%	-	N/A	-	N/A	-	N/A	-	N/A

DME, OP and Supplies	10	60.0%	4	25.0%	37	13.5%	-	N/A	105	51.4%	32	15.6%
PCS	-	N/A	-	N/A	1	0.0%	-	N/A	-	N/A	4	25.0%
Med Proc and Dx Test	10	50.0%	-	N/A	3	0.0%	-	N/A	3	66.7%	-	N/A
Radiation Therapy	-	N/A	-	N/A	1	0.0%	-	N/A	-	N/A	10	40.0%
Surgery	4	50.0%	4	0.0%	3	0.0%	-	N/A	1	0.0%	7	28.6%
Phys Admin Drugs	15	60.0%	21	19.0%	21	19.0%	-	N/A	3	33.3%	11	45.5%
Other Prescription Drugs	15	26.7%	41	29.3%	90	5.6%	-	N/A	53	58.5%	52	75.0%
Radiology/Imaging	8	50.0%	15	66.7%	24	20.8%	-	N/A	87	42.5%	45	24.4%
ABA	-	N/A	3	33.3%	-	N/A	-	N/A	-	N/A	1	0.0%
Dental Services	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Others	7	28.6%	10	80.0%	39	7.7%	1	0.0%	9	77.8%	5	60.0%

Source: 010 Grievance, Appeal, and State Fair Hearing Logs

Pharmacy Services

Prior Authorization Requests Approved and Denied

Per the LDH contract with each MCO, prior authorization requests shall be approved or denied within 24 hours of receipt, seven days a week. The MCO shall notify the requesting practitioner of the approval or disapproval of the request within 24 hours. Denials of prior authorization requests or offering of an alternative medication shall be provided to the prescriber and member in writing.

The percentage of expedited prior authorization requests for pharmacy data is not available. Likewise, the average and median time between request submission and decision for appeals is also unavailable for pharmacy data.

Table 1.42 provides the volume of pharmacy prior authorization requests submitted and their approval percentages for Q4 of CY 2023.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	6,093	7,797	4,436	1,576	21,084	17,445
% Approved	70.2%	76.0%	79.2%	81.0%	84.6%	81.4%
% Denied	29.8%	24.0%	20.8%	19.0%	15.4%	18.6%

Source: 055 Pharmacy Report

Prior Authorization Requests-Average and Median Time

Table 1.43 provides the average and median processing times in hours for pharmacy prior authorization requests during Q4 of CY 2023.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests CY 2023-Q4

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	4.8	3.2	0.9	2.9	2	2.2
Median Hours	1	0.9	0	0.1	0.2	0.2

Source: 055 Pharmacy Report

Section II: Dental Benefit Program Managers (DBPM)

For the CY 2023 reporting period, the Department contracted with two vendors to operate its dental benefit program serving Medicaid members.

Contracted Dental Benefit Program Managers

Plan Name	Plan Type	Common Abbreviation
DentaQuest, Inc.	Dental Benefit Program Manager	DQ
MCNA, Inc.	Dental Benefit Program Manager	MCNA

This section includes the legislative required data on provider claims, provider appeals, encounter submissions, and prior authorizations. It does not include data for case management as it does not apply to DBPMs.

The data for DBPM is currently presented in two categories: EPSDT dental and adult. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive dental services to members under 21. The adult program includes eligible members 21 years or older. Most members in the adult program receive coverage for adult dentures and related services only. In 2022 and 2023, the Department expanded coverage to adults with developmental or intellectual disabilities (DD/ID) who are enrolled in the New Opportunities Waiver, Residential Options Waiver, the Supports Waiver or who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). These individuals are eligible for more comprehensive dental services.

Provider Claims

Rejected Claims

Both DBPMs are currently not applying any front-end preadjudication edits, accepting all submitted claims into their adjudication system and processing directly for payment or denial.

Table 2.1 presents the total number of DBPM claims received in Q4 of CY 2023.

Table 2.1 Claims Rejected CY 2023-Q4

	DQ	MCNA
# Received	430,333	423,826
# Rejected	0	0

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 2.2 provides the count of unique DBPM line level claims adjudicated within the current reporting period. It includes original claims received in the reporting period, as well as claims originally received in prior quarters that were adjusted or voided in the current reporting period. All claims are reported by the status of the last adjudication decision made in the current reporting period. Note that this may not be

the final determination, as claims may be adjusted in future reporting periods. Those adjustments and voids will be reported in the quarter of determination.

Claims Adjudicated

Table 2.2 Claims Adjudicated CY 2023-Q4

	DQ	MCNA
EPSDT		
# Adjudicated	388,229	390,175
# Denied	21,744	38,497
% Denied	5.6%	9.9%
# Denied as Duplicate	8,136	6,306
# Adjusted	6,937	2,951
# Voided	0	0
Adult		
# Adjudicated	42,100	7,128
# Denied	9,742	3,947
% Denied	23.1%	49.1%
# Denied as Duplicate	730	303
# Adjusted	2,001	155
# Voided	0	0

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 2.3 shows the average days adjudicated for claims. The average days are below 15% for Q4, varying between 8.0 and 13.0 days.

Table 2.3 Average Days to Adjudicate Claims CY 2023-Q4

	DQ	MCNA
EPSDT	13.0	8.0
Adult	8.0	12.8

Source: 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 2.4 lists the top five network participating providers with the highest number of total denied claims, including the number of total denied claims expressed as a ratio to all claims adjudicated for the individual provider.

Table 2.4 Claims Top 5 Denied CY 2023-Q4

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	410	4.3%	1,033	28.0%
	2	276	2.8%	657	22.6%
	3	178	1.9%	606	47.3%
	4	90	1.2%	597	31.8%
	5	72	0.9%	543	17.4%
Adult	1	217	36.8%	138	97.9%
	2	149	19.2%	104	99.0%
	3	107	12.8%	96	46.4%
	4	106	17.9%	79	84.0%
	5	106	17.9%	76	76.0%

Source: 152 Act 710 Healthy Louisiana Claims Report

Claims for Reconsiderations, Appeals and Arbitrations

The results are presented in Table 2.5 and Table 2.6. No arbitrations were reported in the current quarter.

Table 2.5 provides the total number and percentage of overturned denied claims submitted to the DBPM for reconsideration of the claim denial. Note: The percentage of overturned denied claims is the result of total overturned claims divided by total reconsiderations submitted.

Table 2.5 Denied Claims Submitted and % Overturned For Reconsideration CY 2023-Q4

	DQ	MCNA
# Submitted	146	0
% Overturned	0.0%	N/A

Source: PI182 Provider Complaints Summary Report

Table 2.6 provides the total number and percentage of overturned denied claims submitted to the DBPM for appeal of the claim denial. Note: The percentage of overturned denied claims is the result of total overturned claims divided by total appeals submitted.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal CY 2023-Q4

	DQ	MCNA
# Submitted	251	6
% Overturned	57.8%	50.0%

Source: PI182 Provider Complaints Summary Report

DBPM Utilization Management - Prior Authorization

Prior Authorization Requirements

The table below presents the links for the list of all items and services that require prior authorization by DBPM.

Prior Authorization Requirements by Dental Benefit Program Managers

Plan Name	Link
DQ	https://www.dentaquest.com/content/dam/dentaquest/en/providers/louisiana/la-ldh-preauth-codes.pdf.coredownload.inline.pdf
MCNA	MCNA Dental: Pre-Authorization and Claim Submission Guide

Standard Prior Authorization Requests

Tables 2.7 to 2.8 present the results of standard prior authorization requests, including those that were approved, denied, and approved after an appeal. Note that the PS113 Grievance, Appeal, and Fair Hearing Log report does not provide a breakout of the dental services with their percentage approved for standard prior authorizations post-appeal.

Table 2.7 provides the percentage of standard prior authorization requests approved for all items and services subject to prior authorization categorized by dental service type.

Table 2.7 Standard Prior Authorizations Submitted and the Percentage Approved and Denied CY 2023-Q4

	DQ	MCNA
	%	%
EPSDT		
% Approved	85.8%	87.0%
% Denied	14.2%	13.0%
Adult		
% Approved	78.3%	70.8%
% Denied	21.7%	29.2%

Source: PQ188 PA Summary (Dental)

Table 2.8 provides the average and median processing time (in days) between the submission of a request and a determination by the DBPM for standard prior authorizations for all items and services subject to prior authorization categorized by dental service type.

Table 2.8 Average and Median Time to Process Standard Prior Authorizations CY 2023-Q4

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	0.3	0.0	0.9	1.0
Adult	0.3	0.0	1.0	1.0

Source: PQ188 PA Summary (Dental)

Expedited Prior Authorization Requests

Table 2.9 provides the percentage of expedited prior authorization requests approved and denied for all items and services subject to prior authorization categorized by dental service. Expedited prior authorizations submitted and approved vary between 67.9% and 92.6% for EPSDT and adult dental service type.

Table 2.9 Expedited Prior Authorization Percentage Approved and Denied CY 2023-Q4

	DQ	MCNA
	%	%
EPSDT		
% Approved	92.6%	89.3%
% Denied	7.4%	10.7%
Adult		
% Approved	67.9%	78.7%
% Denied	32.1%	21.3%

Source: PQ188 PA Summary (Dental)

Table 2.10 provides the average and median processing time (in days) between the submission of a request and a determination by the DBPM for expedited prior authorizations for all items and services subject to prior authorization categorized by dental service. The DBPMs have averages between 0.0 and 0.6 for EPSDT and adult dental, with median processing days at 0.0 for expedited prior authorizations.

Table 2.10 Average and Median Time to Process Expedited Prior Authorizations CY 2023-Q4

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	0.2	0.0	0.4	0.0
Adult	0.0	0.0	0.6	0.0

Source: PQ188 PA Summary (Dental)

Encounter Submissions

The DBPMs must send all claims that they have adjudicated — both paid and denied — to LDH for LDH to capture all information about DBPM dental expenditures and track utilization related to outcome measures. The legislation requested specific information on encounter submissions, including the number accepted by LDH and the number rejected.

Encounter acceptance rates vary depending on the type of claim. The DBPMs must submit encounters in a predetermined format based on the claim type. They submit encounters separately for dental claim types: Dental encounters (837D).

Table 2.11 provides the total number of dental encounters-837D submitted and rejected by each DBPM to the state or its designee.

Table 2.11 Encounters Submitted and Rejected CY 2023-Q4

	DQ	MCNA
Submitted	917,458	414,867
Rejected	239,365	4,374

Source: 152 Act 710 Healthy Louisiana Claims Report

Appendix A: Acronyms

Abbreviation	Description	Section
ABA	Applied Behavior Analysis	Table 1.36
ACT	Assertive Community Treatment	Table 1.26
ASAM 1	American Society of Addiction Medicine Outpatient	Table 1.26
ASAM 2	American Society of Addiction Medicine Ambulatory Withdrawal Management	Table 1.26
ASAM 2.1	American Society of Addiction Medicine Intensive Outpatient Treatment	Table 1.26
ASAM 3.1	American Society of Addiction Medicine Clinically Managed Low-Intensity Residential Treatment	Table 1.22
ASAM 3.2	American Society of Addiction Medicine Clinically Managed Social Withdrawal Management	Table 1.22
ASAM 3.3	American Society of Addiction Medicine Clinically Managed Population-specific High-intensity Residential Treatment	Table 1.22
ASAM 3.5	American Society of Addiction Medicine Clinically Managed Medium-intensity Residential Treatment	Table 1.22
ASAM 3.7	American Society of Addiction Medicine Medically Monitored High-intensity Inpatient Treatment	Table 1.22
ASAM 3.7 WM	American Society of Addiction Medicine Medically Monitored Inpatient Withdrawal Management	Table 1.22
ASAM 4 WM	American Society of Addiction Medicine Medically Monitored Intensive Inpatient Withdrawal Management	Table 1.22
BH non-SHCN	Behavioral Health Non-Special Healthcare Need	Table 1.18
BHCC	Behavioral Health Crisis Care	Table 1.26
BOTH non-SHCN	Both Non-Special Healthcare Need	Table 1.18
CBCS	Community Brief Crisis Support	Table 1.26
CMS-1500/PT04	Physical Therapy Claims Form	Table 1.8
CPST	Community Psychiatric Support and Treatment	Table 1.26
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DME	Durable Medical Equipment	Table 1.8
DQ	DentaQuest	Table 2.1
EMT	Emergency Medical Transportation	Table 1.8
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36
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NEAT	Non-Emergency Ambulance Transportation	Table 1.8
NEMT	Non-Emergency Medical Transportation	Table 1.8
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PCP	Primary Care Physician	Table 1.11
PCS	Personal Care Services	Table 1.26
PDHC	Pediatric Day Health Care	Table 1.36
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