

Healthy Louisiana Claims Report

*Response to R.S. 46:460.91 as amended by
Act 233 of the 2023 Regular Legislative Session*

Quarter 1 Calendar Year 2025

Prepared by:

Louisiana Department of Health

Bureau of Health Services Financing

February 2026



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Introduction

Legislation Overview

On June 1, 2018, the Louisiana State Legislature passed House Bill 734, which was subsequently enrolled and enacted as Act 710 of the 2018 Regular Legislative Session, amending R.S. 46:460.91 to require quarterly reporting on the Healthy Louisiana Medicaid Managed Care Program. In October 2023, 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 and to the House and Senate Committees on Health and Welfare.

The newly added Act 233, “Healthy Louisiana Claims Report,” initially covered the fourth quarter (Q4) of Calendar Year (CY) 2023. Medicaid submits subsequent reports quarterly; this report serves as the sixth quarterly report on the new Act 233 requirements and covers the first quarter (Q1) of CY 2025.

Provider Categories

Act 233 requires distinguishing inpatient (acute) and outpatient providers from other provider types. The two distinctions in this report are labeled “inpatient” and “outpatient & professional.” Behavioral Health providers are discreetly identified within these categories, as required by the Louisiana State Legislature. In consultation with stakeholders, LDH also agreed to further segmentation of the non-behavioral health providers for discrete reporting. 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

* MCE value-added dental services are included in the Professional Services Claim Type category.

Data Collection

There are two distinct managed care entities (MCEs) in the Healthy Louisiana Managed Care Program: Medicaid managed care organizations (MCOs) and dental benefit program managers (DBPMs). The information included in this report is collected from multiple reports submitted by MCOs and DBPMs. To allow time for the MCOs and DBPMs to accumulate data for the report, there is a lag 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: MCOs and DBPMs self-report all data to LDH. LDH conducts a validation process upon submission of reports each quarter. In some situations, LDH requests that MCOs and DBPMs verify and, if necessary, update reporting to confirm the accuracy of the initial submission, particularly 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 MCO or DBPM submits the data as a blank or zero. If the MCO or DBPM reports a value of 0 or 0.0, this report will display "0" for integer fields and "0.0" for decimal fields. If the MCO or DBPM provides no data, the report will show either "--" for integer fields or "N/A" for fields representing calculated percentages.

Report Structure

In this report, LDH presents the MCO and DBPM sections separately. LDH distinguishes between physical and behavioral health providers, categorizing these within two sections: inpatient, outpatient, and professional; pharmacy; encounters; case management; and utilization management. The table of contents provides an outline of the topics in each section to meet legislative requirements. For a complete list of acronyms used, refer to Appendix A.

In this report, each table containing unreported data is preceded by an excerpt with a clearly labeled note indicating whether the measure was to be reported by the MCO or DBPM, whether the data was not submitted, or if the Louisiana Department of Health (LDH) had not approved reporting in a timely manner. This methodology enhances transparency and supports accurate interpretation of the reported performance metrics.

Section I: Medicaid Managed Care Organization (MCO)

Effective January 1, 2023, the state began a new three-year contract for the five continuing MCOs, adding Humana Healthy Horizons (HHH) as the sixth health plan to manage the healthcare needs of enrolled Louisiana Medicaid recipients. 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 detailed in alphabetical order 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
United Healthcare 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, along with the number of claims rejected and those accepted for adjudication. As with all claim counts in this report, inpatient claims are reported at the header level which contains information for the entire stay. Detail claim lines, on the other hand, list individual services or charges provided during the stay.

Table 1.1 provides the rejection counts for inpatient hospital claims during Q1 2025, revealing variations in front-end edit processes across MCOs. A rejected claim is a claim that did not pass the standard, front-end HIPAA edits. These edits indicate that either missing or invalid data is present, resulting in insufficient information to process the claim. Pharmacy claims that are not paid, and also have a National Council for Prescription Drug Programs (NCPDP) reject code, should be denied, not rejected.

Table 1.1 Rejected Inpatient Hospital Claims, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	8,622	7,586	12,087	5,035	15,064	13,805
# Rejected	6	56	394	888	410	0

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.2 provides the count of unique inpatient header-level claims adjudicated during the current reporting period, along with 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 result in claim denials. This figure is derived by dividing the Number of Denied Inpatient Days by the Total Number of Inpatient Days and multiplying the result by 100 to express it as a percentage. Note that all claims are reported based on the status of the last adjudication decision made during 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	5,022	5,086	9,553	3,687	2,189	10,510
# Days Paid	22,292	20,476	43,242	12,081	7,869	31,547
# Days Denied	9,771	5,377	14,497	6,257	3,541	8,111
# Total Days	32,063	25,853	57,739	18,338	11,410	39,658
% Denied	30.5%	20.8%	25.1%	34.1%	31.0%	20.5%
# Adjusted	414	694	693	326	192	1,232
# Voided	95	9	0	15	0	0
# Denied as duplicate	90	5	91	37	44	279
Behavioral Hospital						
# Adjudicated	2,133	1,870	3,605	1,080	1,265	3,260
# Days Paid	12,832	11,526	21,698	6,405	7,007	19,951
# Days Denied	4,432	3,693	9,545	2,170	3,150	3,380
# Total Days	17,264	15,219	31,243	8,575	10,157	23,331
% Denied	25.7%	24.3%	30.6%	25.3%	31.0%	14.5%
# Adjusted	169	215	303	160	90	243
# Voided	18	2	0	1	0	0
# Denied as duplicate	42	1	31	30	17	92

	ABH	ACLA	HBL	HHH	LHCC	UHC
All Other Inpatient						
# Adjudicated	36	296	62	22	12,571	504
# Days Paid	276	3,004	1,548	75	45,821	1,049
# Days Denied	317	1,362	1,748	149	15,401	712
# Total Days	593	4,366	3,296	224	61,222	1,761
% Denied	53.5%	31.2%	53.0%	66.5%	25.2%	40.4%
# Adjusted	3	39	19	1	886	75
# Voided	7	0	0	0	0	0
# Denied as duplicate	0	0	1	1	150	14

Table 1.3 provides the average number of days to adjudicate inpatient claims.

Table 1.3 Average Days to Adjudicate Inpatient Claims, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	29.3	9.9	6.0	3.8	42.5	10.5
Behavioral Hospital	28.6	10.9	6.1	4.1	29.6	11.1
All Other Inpatient Hospital	17.7	10.2	5.4	8.3	32.5	22.8

Source: Report 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 categorized by hospital type with the most denied inpatient claims for each MCO. The table displays the count of denied claims for each provider and the percentage of total denied claims for that provider. Provider rankings are specific to each MCO, and the numbers do not represent a single provider across MCOs.

Table 1.4 Participating Providers with Highest Number of Denied Inpatient Claims, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	64	19.3%	101	47.0%	143	44.7%	91	31.7%	108	28.4%	127	31.1%
2	18	10.1%	89	39.2%	139	24.5%	87	64.0%	48	23.3%	111	25.6%
3	17	13.5%	64	21.1%	134	42.0%	49	16.6%	31	20.0%	95	36.4%
4	17	23.0%	26	11.5%	134	32.1%	44	65.7%	26	29.9%	92	30.1%
5	9	23.7%	23	13.4%	90	18.6%	42	18.2%	24	41.4%	74	10.2%

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health Hospital												
1	27	17.8%	28	41.2%	44	16.9%	14	22.2%	41	14.0%	36	13.0%
2	23	20.0%	14	25.9%	37	20.1%	12	41.4%	27	27.3%	22	26.2%
3	21	14.1%	12	20.0%	32	32.3%	10	55.6%	26	57.8%	15	26.3%
4	6	7.7%	12	12.0%	29	30.9%	10	21.7%	22	40.0%	12	9.8%
5	5	21.7%	11	22.9%	27	20.8%	9	52.9%	22	55.0%	10	3.5%
All Other Inpatient Hospital												
1	8	100.0%	30	100.0%	6	75.0%	3	60.0%	201	23.5%	68	100.0%
2	1	50.0%	9	32.1%	4	80.0%	2	100.0%	146	26.9%	20	87.0%
3	0	0.0%	4	100.0%	3	75.0%	1	100.0%	145	23.4%	19	100.0%
4	0	0.0%	4	50.0%	3	100.0%	1	100.0%	124	21.1%	18	100.0%
5	0	0.0%	3	60.0%	3	100.0%	1	100.0%	83	12.9%	16	88.9%

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & Arbitrations

MCOs are required to provide claim dispute procedures for providers who wish to file formal claim reconsideration requests or claim appeals. MCOs are required to provide claim dispute procedures for providers who wish to request a formal reconsideration or appeal of a denied or partially denied claim. A reconsideration is the initial review requested following a denial or partial denial by the payer. An appeal is a more formal and typically higher-level review process pursued if the reconsideration is denied or if the provider disagrees with the original determination. Providers who have exhausted the MCO's internal dispute process and remain dissatisfied with the outcome may seek further 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 arbitrations reported across the MCOs for Q1 2025.

MCOs report inpatient hospital claims in two categories: behavioral health and non-behavioral health. Acute hospital is included in the broader non-behavioral health category.

Table 1.5 below presents the total number of claims submitted for reconsideration and the percentage of inpatient denied claims overturned. The percentage of overturned denied claims that were submitted for reconsideration is calculated by dividing the total number of overturned claims by the total number of reconsiderations submitted.

Table 1.5 MCO Reconsiderations Submitted for Inpatient Denied Claims, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-Behavioral Health Hospital						
# Submitted	263	807	2,222	108	235	1,199
% Overturned	22.1%	18.7%	30.5%	28.7%	26.8%	40.8%
Behavioral Health Hospital						
# Submitted	53	-	167	54	79	-
% Overturned	24.5%	N/A	53.3%	55.6%	22.8%	N/A

Source: Report 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 submitted as an appeal is calculated by dividing the total number of overturned claims by the total number of 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-Behavioral Health Hospital						
# Submitted	71	22	188	2	71	173
% Overturned	7.0%	22.7%	21.8%	50.0%	8.5%	20.2%
Behavioral Health Hospital						
# Submitted	62	-	25	-	24	18
% Overturned	3.2%	N/A	24.0%	N/A	12.5%	11.1%

Source: Report 182, Provider Complaints Summary Report

Outpatient and Professional Service Claims

Rejected Claims

LDH requires MCOs to report the number of claims received each quarter, as well as 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 rejected by each MCO in Q1 2025.

Table 1.7 Rejected Outpatient and Professional Claims (Line Level), CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	4,000,128	3,214,773	5,781,248	1,894,768	7,610,537	7,961,050
# Rejected	6	3,788	1,396	6,009	38,277	12,181

Source: Report 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 originally received 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental - Adult						
# Adjudicated	35,216	843	9,602	11,079	0	17,272
% Denied	17.5%	5.9%	14.3%	24.9%	0.0%	5.5%
# Total Denied	6,146	50	1,375	2,761	0	947
# Adjusted	97	0	61	19	0	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	831	43	412	1,183	0	0
Home Health						
# Adjudicated	3,373	3,610	68	3,166	25,439	10,479
% Denied	17.8%	19.8%	23.5%	37.1%	9.9%	16.2%
# Total Denied	601	713	16	1,176	2,523	1,697
# Adjusted	319	399	1	499	615	492
# Voided	0	1	0	8	0	0
# Denied as Duplicate	54	1	1	23	195	221

	ABH	ACLA	HBL	HHH	LHCC	UHC
Outpatient Hospital						
# Adjudicated	630,416	561,275	189,739	364,182	284,900	1,305,255
% Denied	6.4%	8.0%	8.0%	18.0%	19.9%	14.0%
# Total Denied	40,385	44,655	15,263	65,459	56,606	182,402
# Adjusted	139,082	115,938	18,377	34,744	30,863	180,603
# Voided	7,607	2,108	0	684	0	0
# Denied as Duplicate	6,588	346	720	2,944	5,606	32,307
Outpatient – Other						
# Adjudicated	35,887	29,176	15,542	7,163	1,151,819	88,105
% Denied	16.9%	31.6%	25.2%	22.2%	16.8%	60.2%
# Total Denied	6,053	9,210	3,915	1,591	193,529	53,034
# Adjusted	2,564	5,808	1,108	498	134,466	22,745
# Voided	46	0	0	6	0	0
# Denied as Duplicate	591	9	171	46	15,696	9,273
Rehab - Facility-Based						
# Adjudicated	158	48,687	0	2,305	0	10,736
% Denied	8.2%	9.3%	0.0%	9.8%	0.0%	11.2%
# Total Denied	13	4,532	0	225	0	1,201
# Adjusted	26	2,993	0	49	0	544
# Voided	0	419	0	0	0	0
# Denied as Duplicate	0	44	0	0	0	114
Rehab – Other						
# Adjudicated	0	0	2,960	0	0	6,994
% Denied	0.0%	0.0%	10.5%	0.0%	0.0%	5.7%
# Total Denied	0	0	312	0	0	398
# Adjusted	0	0	154	0	0	295
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	6	0	0	44

	ABH	ACLA	HBL	HHH	LHCC	UHC
Hospice						
# Adjudicated	0	1,401	392	0	0	3,882
% Denied	0.0%	58.2%	21.9%	0.0%	0.0%	34.2%
# Total Denied	0	816	86	0	0	1,327
# Adjusted	0	152	86	0	0	1,179
# Voided	0	4	0	0	0	0
# Denied as Duplicate	0	0	3	0	0	37
Ambulance - EMT & NEAT						
# Adjudicated	16,854	19,871	6,182	22,625	53,007	34,548
% Denied	11.9%	11.2%	8.6%	24.8%	13.6%	19.6%
# Total Denied	2,013	2,232	530	5,611	7,205	6,776
# Adjusted	357	2,410	121	1,488	17,146	4,135
# Voided	2	57	0	14	0	0
# Denied as Duplicate	132	2	13	94	1,193	664
Non-Emergency Medical Transportation						
# Adjudicated	72,208	51,512	88,382	30,024	114,424	64,590
% Denied	0.0%	5.6%	0.0%	0.0%	2.2%	1.6%
# Total Denied	0	2,881	0	0	2,507	1,004
# Adjusted	0	2	0	0	0	273
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	0	0	0	0
DME/Supplies						
# Adjudicated	32,672	23,120	3,887	13,276	58,992	65,345
% Denied	22.2%	19.9%	27.8%	38.4%	25.1%	14.4%
# Total Denied	7,243	4,600	1,081	5,101	14,807	9,411
# Adjusted	2,401	2,805	541	1,042	1,829	5,301
# Voided	44	9	0	30	0	0
# Denied as Duplicate	471	10	11	97	992	972

	ABH	ACLA	HBL	HHH	LHCC	UHC
Therapies (PT/OT/ST)						
# Adjudicated	14,016	26,980	40,136	856	69,920	2,616
% Denied	21.9%	10.0%	12.3%	15.3%	15.9%	15.8%
# Total Denied	3,065	2,700	4,934	131	11,151	413
# Adjusted	419	939	1,144	226	2,369	164
# Voided	1	17	0	0	0	0
# Denied as Duplicate	167	6	316	2	1,780	17
Primary Care – Pediatrics						
# Adjudicated	7,882	117,666	87,308	5,374	361,617	29,002
% Denied	9.0%	8.0%	9.6%	33.1%	13.1%	20.9%
# Total Denied	711	9,430	8,401	1,780	47,418	6,054
# Adjusted	115	7,969	7,230	317	35,807	4,013
# Voided	6	500	0	0	0	0
# Denied as Duplicate	354	18	1,466	35	5,369	2,225
Primary Care – Others						
# Adjudicated	98,958	380,032	365,674	152,207	704,252	593,456
% Denied	10.4%	7.1%	15.8%	42.2%	16.9%	6.8%
# Total Denied	10,243	27,044	57,763	64,221	119,366	40,498
# Adjusted	7,534	31,931	22,785	10,909	28,141	63,488
# Voided	118	735	0	48	0	0
# Denied as Duplicate	2,376	70	5,065	888	9,412	6,419
OB-GYN & MFM						
# Adjudicated	1,558	45,210	43,482	1,928	114,147	6,833
% Denied	6.7%	5.9%	11.9%	33.1%	16.5%	13.8%
# Total Denied	104	2,683	5,161	638	18,781	946
# Adjusted	48	3,606	2,743	219	3,993	216
# Voided	0	70	0	0	0	0
# Denied as Duplicate	24	7	433	17	1,523	317

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pediatric Day Health Care						
# Adjudicated	3,091	3,594	1,895	705	4,785	7,991
% Denied	6.3%	4.0%	8.7%	60.9%	1.9%	3.8%
# Total Denied	195	144	165	429	92	301
# Adjusted	73	189	33	97	334	33
# Voided	0	1	0	0	0	0
# Denied as Duplicate	11	0	55	50	40	173
Applied Behavior Analysis						
# Adjudicated	278	13,834	16,126	96	64,593	1,552
% Denied	7.2%	2.8%	9.0%	39.6%	10.9%	16.5%
# Total Denied	20	388	1,447	38	7,025	256
# Adjusted	0	418	637	26	4,110	123
# Voided	0	3	0	0	0	0
# Denied as Duplicate	13	0	110	2	2,478	41
Radiology/Imaging						
# Adjudicated	2,768	372	119	4,075	206	363
% Denied	18.0%	55.9%	44.5%	75.4%	24.8%	45.2%
# Total Denied	497	208	53	3,074	51	164
# Adjusted	156	14	3	102	1	10
# Voided	1	0	0	1	0	0
# Denied as Duplicate	52	1	0	16	7	6

	ABH	ACLA	HBL	HHH	LHCC	UHC
Personal Care Services						
# Adjudicated	3,305	0	1,118	1,171	20,347	8,824
% Denied	7.6%	0.0%	17.1%	48.3%	20.2%	11.0%
# Total Denied	252	0	191	566	4,106	973
# Adjusted	133	0	70	515	245	212
# Voided	0	0	0	0	0	0
# Denied as Duplicate	34	0	47	42	1,379	432
All Other CMS-1500/PT04						
# Adjudicated	16,984	626,606	230,586	786,796	1,371,865	2,146,012
% Denied	13.3%	12.8%	17.5%	45.8%	22.7%	14.3%
# Total Denied	2,252	80,514	40,293	360,613	311,165	307,896
# Adjusted	0	111,659	7,737	43,221	45,746	125,557
# Voided	0	721	0	570	0	0
# Denied as Duplicate	14	304	1,897	5,838	42,304	32,499
Behavioral Health – Residential						
# Adjudicated	53,156	51,524	15,276	19,096	54,369	83,030
% Denied	7.4%	4.5%	9.6%	28.9%	8.2%	13.9%
# Total Denied	3,956	2,293	1,462	5,518	4,439	11,563
# Adjusted	2,294	12,801	1,402	2,307	1,143	7,637
# Voided	7	32	0	6	0	0
# Denied as Duplicate	384	12	79	134	626	1,493
All Other Specialized Behavioral Health						
# Adjudicated	428,400	35,198	147,546	43,334	680,564	232,678
% Denied	11.6%	10.4%	24.3%	19.6%	15.9%	10.6%
# Total Denied	49,851	3,664	35,798	8,512	108,309	24,664
# Adjusted	23,146	5,497	9,940	2,731	42,350	6,585
# Voided	286	5	0	8	0	0
# Denied as Duplicate	9,075	106	3,774	421	12,420	4,437

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Table 1.9 provides the average number of days taken by MCOs to adjudicate outpatient claims during Q1 CY2025, from claim receipt to payment or notification of non-payment.

Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental - Adult	9.9	7.5	9.4	8.3	-	5.9
Home Health	42.4	6.9	0.8	2.7	16.2	7.4
Outpatient Hospital	36.2	6.5	1.0	3.7	44.9	6.5
Outpatient - Other	41.4	5.8	0.7	4.9	48.8	7.0
Rehab - Facility-Based	9.7	8.0	-	3.8	-	5.3
Rehab - Other	-	-	3.3	-	-	3.8
Hospice	-	13.4	0.3	-	-	15.3
Ambulance - EMT & NEAT	11.4	6.3	7.8	3.7	180.7	9.8
Non-Emergency Medical Transportation	11.5	8.1	11.5	11.4	14.1	10.8
DME/Supplies	20.2	7.8	4.5	4.0	24.6	5.5
Therapies (PT/OT/ST)	13.1	11.3	3.6	3.0	23.6	5.2
Primary Care - Pediatrics	8.5	6.6	1.9	4.5	27.6	4.7
Primary Care - Others	17.5	8.5	2.1	4.1	21.1	5.6
OB-GYN & MFM	14.6	6.9	2.2	3.6	22.7	5.4
Pediatric Day Health Care	11.0	7.6	2.1	2.5	41.4	4.0
Applied Behavior Analysis	6.1	7.6	2.6	4.1	35.8	6.7
Radiology/Imaging	19.4	8.5	1.8	2.5	29.6	11.0
Personal Care Services	5.7	-	0.6	0.9	11.0	4.7
All Other CMS-1500/PT04	7.9	6.3	2.1	3.8	26.9	5.6
Behavioral Health- Residential	14.8	8.1	1.0	5.0	16.2	9.2
All Other Specialized Behavioral Health	22.8	7.3	3.6	3.8	20.7	5.8

Source: Report 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 2025-Q1

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental - Adult												
1	93	9.2%	20	33.3%	153	11.8%	147	24.5%	-	N/A	113	80.1%
2	70	8.5%	7	8.0%	108	20.6%	108	20.6%	-	N/A	76	65.0%
3	45	5.9%	7	9.5%	105	26.2%	105	26.2%	-	N/A	50	92.6%
4	73	10.4%	5	13.5%	97	32.4%	97	32.4%	-	N/A	22	71.0%
5	89	13.0%	3	33.3%	22	19.0%	22	19.0%	-	N/A	18	100.0%
Home Health												
1	50	13.7%	90	48.1%	13	44.8%	300	28.3%	337	13.4%	325	40.6%
2	34	8.6%	14	4.3%	3	16.7%	222	35.7%	128	10.2%	101	20.8%
3	27	20.0%	12	4.9%	2	6.9%	171	69.8%	121	8.5%	99	100.0%
4	16	9.1%	11	5.4%	1	9.1%	125	30.6%	110	18.8%	79	14.1%
5	16	21.1%	10	4.1%	1	100.0%	85	34.8%	103	48.6%	79	21.2%
Outpatient Hospital												
1	2,808	4.2%	1,264	2.6%	3,535	4.8%	6,260	15.1%	9,200	20.1%	8,748	12.1%
2	790	4.7%	843	2.2%	2,982	9.7%	4,194	13.6%	3,693	25.6%	7,115	7.6%
3	759	5.7%	639	3.2%	1,772	11.3%	2,806	21.1%	3,051	31.6%	6,291	11.2%
4	686	3.3%	624	4.3%	1,594	24.9%	2,792	26.0%	2,673	15.6%	5,179	21.0%
5	275	10.0%	562	4.9%	1,411	5.6%	2,303	16.2%	2,507	23.6%	4,708	14.9%
Outpatient – Other												
1	877	43.3%	138	3.0%	1,667	42.0%	289	58.5%	16,490	46.4%	2,485	88.1%
2	282	6.5%	85	3.5%	1,630	39.9%	128	27.4%	11,433	13.6%	1,658	91.1%
3	93	100.0%	81	87.1%	1,227	21.0%	115	25.8%	10,366	13.8%	1,638	84.9%
4	52	9.2%	41	3.7%	982	19.8%	98	21.0%	9,105	16.5%	1,308	89.4%
5	24	80.0%	24	5.3%	958	20.3%	95	47.7%	8,830	16.0%	1,202	90.9%

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehab - Facility-Based												
1	9	6.5%	308	20.0%	0	0.0%	58	3.4%	-	N/A	86	24.4%
2	1	5.3%	300	8.0%	0	0.0%	47	83.9%	-	N/A	51	50.5%
3	0	0.0%	207	23.4%	0	0.0%	39	30.0%	-	N/A	46	47.4%
4	0	0.0%	174	35.9%	0	0.0%	27	20.8%	-	N/A	44	27.3%
5	0	0.0%	144	9.0%	0	0.0%	13	31.0%	-	N/A	44	34.9%
Rehab – Other												
1	0	0.0%	0	0.0%	282	68.6%	0	0.0%	-	N/A	66	31.3%
2	0	0.0%	0	0.0%	46	5.4%	0	0.0%	-	N/A	51	14.8%
3	0	0.0%	0	0.0%	36	5.2%	0	0.0%	-	N/A	19	20.0%
4	0	0.0%	0	0.0%	36	28.8%	0	0.0%	-	N/A	16	21.3%
5	0	0.0%	0	0.0%	31	11.7%	0	0.0%	-	N/A	11	19.3%
Hospice												
1	0	0.0%	10	7.1%	146	54.7%	0	0.0%	-	N/A	205	29.9%
2	0	0.0%	9	6.0%	109	47.4%	0	0.0%	-	N/A	160	92.0%
3	0	0.0%	7	4.1%	62	23.0%	0	0.0%	-	N/A	95	75.4%
4	0	0.0%	6	3.9%	55	44.7%	0	0.0%	-	N/A	93	86.9%
5	0	0.0%	6	33.3%	45	100.0%	0	0.0%	-	N/A	62	27.2%
Ambulance - EMT & NEAT												
1	663	8.8%	208	15.4%	94	11.9%	2,102	33.9%	3,909	11.3%	71	9.5%
2	356	92.7%	192	2.5%	51	12.4%	1,062	11.4%	480	9.6%	7	4.4%
3	96	7.6%	119	9.2%	27	5.1%	462	98.7%	327	30.9%	6	100.0%
4	27	7.2%	107	18.6%	19	4.5%	205	26.5%	128	18.6%	6	100.0%
5	14	15.6%	105	11.1%	15	83.3%	101	59.8%	74	9.3%	2	100.0%
Non-Emergency Medical Transportation												
1	0	0.0%	219	100.0%	0	0.0%	0	0.0%	273	11.9%	437	24.2%
2	0	0.0%	182	10.3%	0	0.0%	0	0.0%	178	7.5%	62	77.5%
3	0	0.0%	166	24.1%	0	0.0%	0	0.0%	174	7.1%	61	16.9%
4	0	0.0%	97	37.7%	0	0.0%	0	0.0%	170	13.1%	51	20.6%
5	0	0.0%	96	11.4%	0	0.0%	0	0.0%	116	71.6%	11	61.1%

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
DME/Supplies												
1	802	21.6%	287	19.9%	441	98.9%	803	42.0%	2,002	40.6%	370	11.3%
2	559	28.4%	178	18.7%	68	26.0%	402	30.3%	970	27.3%	297	13.4%
3	477	28.8%	169	15.0%	55	15.1%	200	63.9%	824	19.0%	251	18.0%
4	300	27.7%	106	17.2%	47	8.9%	192	28.0%	792	28.2%	251	25.0%
5	170	14.0%	103	7.7%	28	33.3%	169	54.9%	577	23.8%	241	62.4%
Therapies (PT/OT/ST)												
1	984	98.4%	90	5.7%	524	8.2%	86	83.5%	599	30.1%	82	46.3%
2	336	20.8%	77	20.8%	429	54.5%	8	3.9%	502	7.1%	63	65.6%
3	63	22.2%	75	13.0%	331	7.5%	7	53.8%	485	51.5%	27	46.6%
4	56	24.1%	57	6.0%	223	27.0%	3	100.0%	459	26.6%	23	9.5%
5	34	19.2%	54	3.4%	173	6.2%	2	4.1%	371	56.2%	17	14.7%
Primary Care - Pediatrics												
1	170	46.8%	497	8.7%	841	8.5%	241	21.5%	3,584	17.8%	1,309	37.8%
2	162	60.0%	289	4.5%	570	77.6%	201	78.8%	2,973	16.8%	792	32.8%
3	133	3.7%	267	12.2%	522	3.8%	140	45.5%	2,926	11.7%	478	40.6%
4	59	11.2%	233	12.1%	495	14.4%	108	92.3%	2,511	10.0%	293	22.6%
5	18	1.8%	219	4.9%	394	46.6%	107	20.8%	1,979	23.4%	242	29.2%
Primary Care - Others												
1	446	16.3%	791	4.9%	4,142	11.8%	9,108	59.9%	7,112	11.9%	343	68.5%
2	314	28.1%	773	6.8%	3,167	93.1%	6,065	51.1%	3,900	12.5%	235	4.9%
3	291	35.6%	405	7.3%	3,135	8.8%	3,852	72.7%	3,514	23.5%	225	24.9%
4	178	11.4%	380	7.2%	2,815	23.0%	3,412	77.5%	3,390	11.8%	212	35.0%
5	162	3.5%	325	6.4%	2,074	7.7%	2,186	54.9%	3,333	22.2%	199	72.1%
OB-GYN & MFM												
1	22	4.3%	145	2.9%	1,405	75.9%	313	84.8%	2,481	45.9%	223	17.2%
2	19	7.1%	106	7.0%	1,122	35.8%	45	51.1%	1,598	21.8%	169	27.6%
3	4	2.6%	98	3.1%	585	11.2%	33	71.7%	1,342	8.0%	33	45.8%
4	2	1.0%	95	32.3%	570	7.0%	22	84.6%	1,260	17.7%	22	13.3%
5	1	100.0%	93	33.1%	454	41.4%	19	17.0%	1,146	11.3%	22	15.3%

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Pediatric Day Health Care												
1	12	92.3%	43	20.3%	95	18.6%	63	55.3%	23	3.8%	172	19.2%
2	10	5.8%	13	2.5%	76	23.5%	5	100.0%	19	2.8%	64	21.3%
3	1	11.1%	6	1.8%	39	5.9%	3	60.0%	17	1.3%	27	12.4%
4	0	0.0%	3	1.3%	22	6.7%	0	0.0%	14	7.1%	12	3.6%
5	0	0.0%	3	1.8%	8	1.4%	0	0.0%	12	1.5%	5	2.3%
Applied Behavioral Analysis												
1	11	9.6%	50	55.6%	643	44.3%	16	69.6%	390	17.2%	72	18.1%
2	9	9.4%	28	11.5%	148	10.1%	10	100.0%	359	22.2%	37	9.1%
3	0	0.0%	20	3.0%	144	39.6%	6	85.7%	328	41.9%	8	7.1%
4	0	0.0%	18	6.7%	123	5.2%	6	75.0%	323	24.8%	7	100.0%
5	0	0.0%	11	0.8%	120	4.2%	0	0.0%	317	10.6%	1	100.0%
Radiology/imaging												
1	97	14.1%	15	15.8%	43	30.3%	1,583	97.5%	36	21.8%	75	40.3%
2	31	9.0%	11	27.5%	34	100.0%	394	96.1%	11	47.8%	14	43.8%
3	22	13.5%	10	31.3%	15	26.3%	387	30.5%	4	22.2%	7	22.6%
4	10	2.2%	5	16.1%	12	100.0%	196	99.5%	-	N/A	4	57.1%
5	6	7.4%	3	30.0%	5	55.6%	151	92.6%	-	N/A	3	100.0%
Personal Care Services												
1	112	35.6%	0	0.0%	143	44.7%	445	61.0%	719	93.9%	198	83.2%
2	28	13.1%	0	0.0%	139	24.5%	80	47.1%	346	81.8%	161	100.0%
3	13	5.3%	0	0.0%	134	42.0%	0	0.0%	342	24.2%	157	24.0%
4	8	1.3%	0	0.0%	134	32.1%	0	0.0%	327	11.7%	99	16.9%
5	4	14.3%	0	0.0%	90	18.6%	0	0.0%	157	44.9%	75	24.2%
All Other CMS-1500/PT04												
1	74	34.9%	2,462	5.0%	6,720	9.7%	29,850	48.2%	58,543	66.4%	10,825	12.9%
2	66	38.2%	1,430	6.9%	2,551	8.1%	11,792	93.9%	18,405	18.2%	6,883	17.6%
3	56	13.5%	1,239	35.1%	2,024	15.5%	9,041	52.9%	11,533	22.1%	3,730	10.1%
4	47	28.8%	1,162	61.1%	1,885	15.4%	8,729	21.2%	8,558	38.6%	2,669	15.1%
5	90	25.4%	1,056	6.4%	1,821	10.3%	8,578	68.6%	7,158	33.9%	1,690	13.6%

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health- Residential												
1	888	15.0%	419	7.3%	233	3.4%	961	36.0%	483	30.9%	2,170	95.7%
2	366	34.6%	117	7.7%	215	8.5%	745	18.3%	420	17.6%	913	12.1%
3	136	6.7%	50	1.7%	208	17.7%	713	98.1%	385	7.8%	828	25.6%
4	68	3.2%	47	2.0%	166	4.9%	595	34.8%	349	15.5%	271	58.9%
5	10	2.7%	41	6.2%	150	7.5%	432	55.7%	289	23.4%	256	49.2%
All Other Specialized Behavioral Health												
1	1,334	44.2%	110	6.8%	1,837	61.1%	1,760	95.9%	14,573	23.4%	438	6.7%
2	822	55.7%	102	52.3%	713	26.9%	1,020	100.0%	6,610	24.0%	412	7.0%
3	547	6.2%	91	46.0%	649	94.1%	476	76.3%	5,633	27.7%	405	32.1%
4	181	13.7%	86	3.4%	638	17.1%	279	6.1%	4,604	19.9%	361	100.0%
5	86	21.2%	78	5.9%	611	100.0%	259	72.1%	4,565	12.5%	255	9.8%

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & Arbitrations

MCOs are required to 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. No outpatient arbitrations were reported across the MCOs for Q1 2025.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q1 2025. The table shows the number of reconsideration requests submitted for each service category and the percentage of reconsiderations that resulted in overturned denials. The percentage of overturned denied claims submitted for reconsideration is calculated by dividing the total number of overturned claims by the total number of 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 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	6	16.7%	-	N/A	-	N/A	10	70.0%	111	28.8%	48	25.0%
Outpatient Hospital	900	17.7%	-	N/A	-	N/A	55	38.2%	1,537	32.8%	2,429	31.9%
Hospice	3	0.0%	9	44.4%	28	25.0%	-	N/A	8	12.5%	42	54.8%
Transportation	13	7.7%	-	N/A	35	40.0%	9	0.0%	48	18.8%	226	46.5%
DME	163	12.3%	524	83.0%	704	48.4%	81	17.3%	302	32.1%	579	27.1%
PCP or Specialist	1,764	17.0%	1,160	14.1%	4,974	39.7%	368	42.9%	2,543	37.6%	1,732	33.8%
Applied Behavioral Analysis	-	N/A	-	N/A	254	56.3%	-	N/A	10	50.0%	-	N/A
Rural Health Clinics/FQHC	4	0.0%	-	N/A	29	6.9%	4	75.0%	137	24.8%	688	36.5%
Behavioral Health- Residential	1	0.0%	-	N/A	134	53.7%	-	N/A	25	44.0%	-	N/A
Behavioral Health- All Other	240	32.5%	22	0.0%	1,276	43.0%	79	57.0%	1,340	33.6%	994	41.3%
Other	283	13.1%	487	7.0%	2,201	41.8%	134	23.1%	339	25.1%	3,578	35.4%

Source: Report 182, Provider Complaints Summary

Table 1.12 presents the total number of outpatient and professional denied claims submitted to the MCO for appeal, as well as the number of denied claims 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 submitted as an appeal is calculated by dividing the total number of overturned claims by the total number of appeals submitted.

Table 1.12 MCO Appeals Submitted for Outpatient and Professional Denied Claims, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	4	0.0%	-	N/A	-	N/A	-	N/A	15	20.0%	60	18.3%
Outpatient Hospital	67	10.4%	17	5.9%	-	N/A	2	0.0%	146	9.6%	101	18.8%
Hospice	2	50.0%	-	N/A	9	55.6%	-	N/A	5	0.0%	-	N/A
Transportation	1	0.0%	34	76.5%	2	0.0%	-	N/A	21	42.9%	7	42.9%
DME	14	7.1%	1	0.0%	98	19.4%	5	80.0%	97	33.0%	46	15.2%
PCP or Specialist	184	6.5%	53	3.8%	271	35.8%	-	N/A	318	24.8%	662	6.5%
Applied Behavioral Analysis	-	N/A	-	N/A	19	52.6%	-	N/A	-	N/A	7	0.0%
Rural Health Clinics/FQHC	1	0.0%	-	N/A	5	0.0%	-	N/A	15	20.0%	-	N/A
Behavioral Health-Residential	1	0.0%	-	N/A	6	16.7%	-	N/A	6	50.0%	2	0.0%
Behavioral Health-All Other	25	8.0%	-	N/A	93	32.3%	1	0.0%	46	23.9	66	18.2%
Other	61	0.0%	28	28.6%	135	12.6%	3	33.3%	247	2.4%	21	14.3%

Source: Report 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 are required to 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 Pharmacy does not report on rejected claims, denied appeals, denied reconsiderations, or denied arbitrations.

Adjudicated Claims

Table 1.13 presents the adjudicated pharmacy claims data for Q1 2025, including the total number of adjudicated pharmacy claims, the number denied, the percentage denied, the number adjusted, the number voided, and the 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,244,503	1,033,634	2,046,237	551,323	2,665,296	2,622,323
# Total Denied	480,503	388,216	781,158	215,813	976,906	1,190,578
% Denied	38.6%	37.6%	38.2%	39.1%	36.7%	45.4%
# Adjusted	0	0	0	0	0	0
# Voided	193,573	160,763	315,991	90,700	417,857	0
# Denied as Duplicate	3,096	2,360	5,148	1,554	6,440	17,694

Source: Report 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	5.1	5.3	5.2	5.0	5.4	1.0

Source: Report 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 2025-Q1

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	2,990	2,315	4,719	1,591	6,309	322
	% Denied	39.4%	39.5%	39.0%	40.3%	40.3%	90.4%
2	Denied	2,569	2,261	4,496	1,433	5,797	300
	% Denied	43.3%	51.4%	40.0%	40.5%	40.0%	94.9%
3	Denied	2,487	2,008	4,269	1,327	5,787	198
	% Denied	50.3%	36.1%	43.0%	45.0%	37.5%	91.2%
4	Denied	2,457	2,005	4,247	1,213	5,227	152
	% Denied	39.8%	36.0%	38.9%	38.3%	36.7%	90.5%
5	Denied	2,447	1,983	3,799	1,202	5,096	111
	% Denied	37.5%	48.9%	54.4%	43.1%	42.0%	95.7%

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Encounter Submissions

The MCOs are required to send all claims that they have adjudicated — both paid and denied — to LDH so that LDH can 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 by 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 are required to submit encounters in a pre-determined 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	816,212	718,200	1,705,132	511,195	1,776,423	1,401,275
# Rejected	9,005	4,272	0	12,205	0	212,124
Outpatient and Professional Encounter Claims						
# Submitted	1,402,309	1,536,572	3,277,164	1,255,427	3,832,581	3,073,043
# Rejected	39,164	30,882	4,710	87,498	5,499	41,894
Pharmacy Encounter Claims						
# Submitted	1,179,373	917,963	1,976,958	526,437	2,603,133	2,576,883
# Rejected	30,000	2,606	57,727	17,411	60,000	76,211

Source: Report 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 high risk, unique, chronic or complex needs.

LDH monitors the identification and assessment of members who need 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 Enrollees Identified for Case Management

Tables 1.17 to 1.19 provide the total number of Medicaid enrollees 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 Q1 2025, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method, CY 2025-Q1

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	48	0	2	18	1	536
	Enrolled	35	0	2	2	0	15
	Not Enrolled	6	0	0	1	0	99
Predictive Modeling	Identified	454	3,197	2,155	3,461	9,217	8,689
	Enrolled	124	478	143	422	322	712
	Not Enrolled	79	1	695	2,312	866	3,618
Provider Referral	Identified	4	34	9	123	52	148
	Enrolled	1	2	0	23	8	31
	Not Enrolled	2	0	1	55	6	66
Self-Referral	Identified	91	105	134	0	160	441
	Enrolled	73	47	10	0	109	85
	Not Enrolled	10	0	41	0	10	199
State Referral	Identified	9	7	0	1	4	308
	Enrolled	0	0	0	0	0	26
	Not Enrolled	9	0	0	0	1	238

Source: Report PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q1 2025, 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 2025-Q1

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	32	659	1,158	657	4,548	3,246
	Enrolled	20	357	86	158	224	172
	Not Enrolled	7	0	455	318	419	1,321
SHCN-BH	Identified	123	901	486	636	3,547	1,424
	Enrolled	69	147	14	32	53	138
	Not Enrolled	20	0	128	409	226	631
SHCN-BOTH	Identified	24	41	322	248	4	281
	Enrolled	15	0	73	54	1	281
	Not Enrolled	5	0	68	153	1	0
SHCN-DOJ-AR	Identified	240	26	99	68	192	354
	Enrolled	18	4	5	3	14	25
	Not Enrolled	43	0	29	45	69	201
SHCN-421	Identified	0	16	13	3	61	13
	Enrolled	0	4	3	1	5	2
	Not Enrolled	0	0	6	2	22	6
MED non-SHCN	Identified	132	1,400	93	2,097	536	4,682
	Enrolled	91	14	5	193	111	351
	Not Enrolled	17	0	33	1,446	55	1,521
BH non-SHCN	Identified	0	349	191	32	651	742
	Enrolled	0	4	1	16	48	48
	Not Enrolled	0	1	18	12	90	341
BOTH non-SHCN	Identified	89	39	4	33	0	92
	Enrolled	54	0	4	15	0	91
	Not Enrolled	5	0	0	17	0	2

Source: Report PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q1 2025, 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 2025-Q1

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	135	705	577	769	1,072	1,836
		Enrolled	54	113	34	89	50	199
		Not Enrolled	21	1	126	465	93	740
Baton Rouge	2	Identified	71	476	388	732	1,053	1,527
		Enrolled	18	89	10	107	67	184
		Not Enrolled	9	0	110	489	93	608
Thibodaux	3	Identified	38	222	231	298	575	1,094
		Enrolled	12	40	18	28	19	109
		Not Enrolled	7	0	52	198	50	432
Lafayette	4	Identified	67	411	504	359	1,799	1,494
		Enrolled	26	67	45	44	80	180
		Not Enrolled	16	0	120	262	175	582
Lake Charles	5	Identified	32	133	181	162	1,029	387
		Enrolled	17	19	25	17	43	46
		Not Enrolled	4	0	36	110	96	159
Alexandria	6	Identified	47	230	284	165	930	695
		Enrolled	12	43	12	17	37	70
		Not Enrolled	8	0	58	117	76	276
Shreveport	7	Identified	105	421	393	394	955	1,282
		Enrolled	53	65	19	49	45	111
		Not Enrolled	17	0	83	260	87	512
Monroe	8	Identified	52	387	321	199	965	844
		Enrolled	20	49	27	25	46	83
		Not Enrolled	10	0	57	125	103	337
Mandeville	9	Identified	61	326	429	515	1,056	928
		Enrolled	28	41	41	71	53	104
		Not Enrolled	5	0	97	343	109	358
Out of State ¹		Identified	3	9	3	0	0	4
		Enrolled	1	0	0	0	0	0
		Not Enrolled	0	0	1	0	0	2

Source: Report PQ039 Case Management Report

¹ Out of State category consists of the following: recipient is listed as homeless, mailing/physical address is a border city, or pending closure based off of pending address change.

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 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 case management 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 case management 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	55	305	94	263	90	579
Tier 2 (Med)	139	225	37	150	220	423
Tier 3 (High)	48	6	24	41	133	98

Source: Report PQ039 Case Management Report

Case Management Enrollees with High-risk Pregnancy, Sickle Cell Disease, and SBH

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 (SBH) services during Q1 2025.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell, and Specialized Behavioral Health CY, 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	240	524	155	445	440	1,076
# High Risk Pregnancy	4	126	15	22	47	165
% High Risk Pregnancy	1.7%	24.0%	9.7%	4.9%	10.7%	15.3%
# Sickle Cell	1	3	4	0	3	4
% Sickle Cell	0.4%	0.6%	2.6%	0.0%	0.7%	0.4%
# Specialized Behavioral Health	24	78	0	16	67	101
% Specialized Behavioral Health	10.0%	14.9%	0.0%	3.6%	15.2%	9.4%

Source: Report PQ039 Case Management Report

Utilization Management – Prior Authorizations

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

Common services requiring prior authorization include high-cost medications, certain 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 services. These categories are further delineated between inpatient services, outpatient services and prior authorization appeals. Pharmacy only receives standard prior authorization requests.

Prior Authorization Requirements

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

Prior Authorization Requirements by Managed Care Organization

Plan Name	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.healthyluella.com/docs/gpp/LA_HBPAlist.pdf?v=202505102052
HHH	docushare-app (humana.com)
LHCC	https://urldefense.com/v3/https://www.louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx;!!CCC_mTA!5CRQF5DX1B0mHfI83JSyrgoUwe_9dv6mW2JXlzpDPDzofEIMBEpwiBGa2v9JDOfz80OFND56QDMX8PkUuvHf6Cn0UjU\$
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 presents the percentage of 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 2025-Q1

	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	76.2%	100.0%	100.0%	N/A	100.0%	100.0%
% Denied	23.8%	0.0%	0.0%	N/A	0.0%	0.0%
	ABH	ACLA	HBL	HHH	LHCC	UHC

IP – ages 0-12						
% Approved	N/A	100.0%	100.0%	N/A	N/A	100.0%
% Denied	N/A	0.0%	0.0%	N/A	N/A	0.0%
IP – ages 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 – ages 18+						
% Approved	N/A	99.1%	97.9%	100.0%	N/A	100.0%
% Denied	N/A	0.9%	2.1%	0.0%	N/A	0.0%
PRTF						
% Approved	100.0%	88.9%	99.0%	80.0%	44.1%	64.5%
% Denied	0.0%	11.1%	1.0%	20.0%	55.9%	35.5%
TGH						
% Approved	91.3%	75.0%	100.0%	N/A	N/A	100.0%
% Denied	8.7%	25.0%	0.0%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	99.3%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	0.7%	0.0%	0.0%	N/A	0.0%
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	100.0%	N/A	100.0%	N/A	100.0%
% Denied	N/A	0.0%	N/A	0.0%	N/A	0.0%
ASAM 3.5						
% Approved	N/A	99.7%	99.2%	100.0%	N/A	99.3%
% Denied	N/A	0.3%	0.8%	0.0%	N/A	0.7%
ASAM 3.7						
% Approved	N/A	100.0%	79.7%	N/A	N/A	100.0%
% Denied	N/A	0.0%	20.3%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	100.0%	96.8%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	3.2%	0.0%	N/A	0.0%

	ABH	ACLA	HBL	HHH	LHCC	UHC
ASAM 4 WM						
% Approved	N/A	100.0%	99.0%	N/A	N/A	99.4%
% Denied	N/A	0.0%	1.0%	N/A	N/A	0.6%
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: Report 188BH Specialized Behavioral Health - Service Authorizations.

Table 1.23 presents the average and median processing times (in days) between the submission of a request and the 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 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
CS – Child	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
CS – Adult	0.6	1.0	0.6	1.0	0.1	1.0	-	0.0	0.0	0.0	0.0	0.0
IP – ages 0-12	-	0.0	0.4	0.0	0.9	1.0	-	0.0	-	-	1.0	0.0
IP – ages 13-17	-	0.0	0.2	0.0	0.5	0.0	0.3	1.0	-	-	1.3	0.0
IP – ages 18+	-	0.0	0.3	0.0	0.5	0.0	0.3	1.0	-	-	1.2	0.0
PRTF	0.3	0.0	1.7	1.0	0.8	1.0	1.0	3.0	1.0	1.0	1.7	0.0
TGH	0.7	0.0	0.8	0.5	0.8	1.0	-	0.0	-	-	0.0	0.0
ASAM 3.1	-	0.0	0.6	1.0	0.7	1.0	1.0	1.0	-	-	2.0	0.0
ASAM 3.2 WM	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 3.3	-	0.0	0.0	0.0	-	0.0	1.0	1.0	-	-	3.7	4.0
ASAM 3.5	-	0.0	0.6	1.0	0.7	1.0	0.5	1.0	-	-	1.9	0.0
ASAM 3.7	-	0.0	0.8	1.0	1.0	1.0	-	0.0	-	-	2.0	0.0
ASAM 3.7 WM	-	0.0	0.6	1.0	1.0	1.0	0.5	0.5	-	-	0.2	0.0
ASAM 4 WM	-	0.0	0.4	0.0	0.4	0.0	-	0.0	-	-	0.9	0.0
Others	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0

Source: Report 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 subjected to prior authorization, categorized by inpatient health service type.

Table 1.24 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2025-Q1

	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	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
IP -ages 0-12						
% Approved	N/A	N/A	N/A	N/A	N/A	100%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
IP – ages 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 – ages 18+						
% 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%
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

	ABH	ACLA	HBL	HHH	LHCC	UHC
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	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.25 provides the average and median processing times (in days) between the submission of a request and the 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 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
CS – Child	-	-	-	0.0	-	0.0	-	0.0	-	-	-	0.0
CS – Adult	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
IP – ages 0-12	-	-	-	0.0	-	0.0	-	0.0	-	0.0	1.0	0.0
IP – ages 13-17	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.3	0.0
IP – ages 18+	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.8	0.0
PRTF	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
TGH	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.1	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
ASAM 3.2 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.3	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.5	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.7	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.7 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 4 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
Others	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Source: Report 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	90.5%	96.9%	95.0%	88.8%	76.2%	93.5%
% Denied	9.5%	3.1%	5.0%	11.2%	23.8%	6.5%
CPST						
% Approved	92.2%	98.9%	95.5%	90.7%	76.3%	94.7%
% Denied	7.8%	1.1%	4.5%	9.3%	23.7%	5.3%
ACT						
% Approved	92.2%	98.2%	100.0%	91.5%	99.2%	86.9%
% Denied	7.8%	1.8%	0.0%	8.5%	0.8%	13.1%
MST						
% Approved	100.0%	100.0%	100.0%	66.7%	95.8%	98.7%
% Denied	0.0%	0.0%	0.0%	33.3%	4.2%	1.3%

	ABH	ACLA	HBL	HHH	LHCC	UHC
FFT						
% Approved	97.6%	100.0%	91.0%	100.0%	95.1%	99.6%
% Denied	2.4%	0.0%	9.0%	0.0%	4.9%	0.4%
Homebuilders						
% Approved	95.2%	100.0%	100.0%	N/A	100.0%	100.0%
% Denied	4.8%	0.0%	0.0%	N/A	0.0%	0.0%
Crisis Intervention						
% Approved	100.0%	100.0%	98.1%	100.0%	85.7%	93.2%
% Denied	0.0%	0.0%	1.9%	0.0%	14.3%	6.8%
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	100.0%	N/A	N/A	N/A	100.0%	100.0%
% Denied	0.0%	N/A	N/A	N/A	0.0%	0.0%
Psychotherapy						
% Approved	N/A	33.3%	100.0%	100.0%	4.6%	100.0%
% Denied	N/A	66.7%	0.0%	0.0%	95.4%	0.0%
Med Management						
% Approved	N/A	0.0%	100.0%	95.5%	N/A	0.0%
% Denied	N/A	100.0%	0.0%	4.5%	N/A	100.0%
ASAM 1						
% Approved	92.9%	N/A	N/A	N/A	N/A	N/A
% Denied	7.1%	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	94.2%	90.8%	97.5%	86.2%	93.4%	97.6%
% Denied	5.8%	9.2%	2.5%	13.8%	6.6%	2.4%
ASAM 2 WM						
% Approved	66.7%	100.0%	N/A	N/A	42.9%	100.0%
% Denied	33.3%	0.0%	N/A	N/A	57.1%	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

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSS						
% 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
Psychological Testing						
% Approved	93.3%	71.1%	51.9%	98.0%	78.9%	99.4%
% Denied	6.7%	28.9%	48.1%	2.0%	21.1%	0.6%
PCS						
% Approved	80.0%	85.7%	100.0%	33.3%	70.8%	100.0%
% Denied	20.0%	14.3%	0.0%	66.7%	29.2%	0.0%
IPS						
% 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
Others						
% Approved	89.2%	100.0%	N/A	N/A	94.7%	N/A
% Denied	10.8%	0.0%	N/A	N/A	5.3%	N/A

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.27 presents the average and median processing times (in days) between the submission of a request and the determination by the MCO for standard prior authorizations of 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 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	5.0	5.0	1.0	1.0	3.5	4.0	2.6	4.0	3.2	3.0	1.2	0.0
CPST	5.0	5.0	1.0	1.0	3.5	4.0	2.5	3.0	3.2	3.0	1.2	0.0
ACT	5.7	5.0	1.0	1.0	2.6	3.0	3.3	4.0	3.3	3.0	2.1	2.0
MST	5.3	5.0	0.9	1.0	2.6	2.0	2.0	3.0	3.0	3.0	0.6	0.0
FFT	4.7	5.0	0.9	1.0	3.4	3.0	1.7	2.0	3.2	3.0	1.1	0.0
Homebuilders	4.7	5.0	1.1	1.0	4.0	5.0	-	0.0	2.7	3.0	0.3	0.0
Crisis Intervention	0.8	0.0	1.3	1.0	2.1	2.0	0.5	1.0	0.8	1.0	0.5	0.0
BHCC	-	0.0	-	0.0	-	0.0	0.7	1.0	-	0.0	-	0.0
CBCS	0.0	0.0	-	0.0	-	0.0	-	0.0	0.1	1.0	0.5	0.0

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Psychotherapy	-	0.0	1.0	1.0	2.5	2.0	0.0	0.0	1.8	1.0	3.0	3.0
Med Management	-	0.0	3.8	3.0	2.5	2.0	0.0	0.0	-	-	4.0	1.0
ASAM 1	3.0	2.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	3.5	2.0	1.0	1.0	2.0	2.0	1.8	2.0	1.9	2.0	1.0	0.0
ASAM 2 WM	3.3	2.0	1.3	1.0	-	0.0	-	0.0	1.4	1.0	0.0	0.0
OTP	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PSS	-	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0	-	3.0
Psychological Testing	3.0	2.0	1.5	1.0	2.7	3.0	2.0	1.0	2.2	2.0	0.6	0.0
PCS	3.5	2.5	0.6	1.0	4.5	2.0	5.3	4.0	6.3	6.0	1.3	1.0
IPS	-	0.0	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	3.5	2.0	2.0	2.0	-	0.0	-	0.0	2.0	2.0	-	0.0

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.28 provides the percentage 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% 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
CPST						
% 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
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

	ABH	ACLA	HBL	HHH	LHCC	UHC
FFT						
% Approved	N/A	N/A	N/A	0.0%	N/A	N/A
% Denied	N/A	N/A	N/A	100.0%	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	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	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	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% 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
ASAM 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
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

	ABH	ACLA	HBL	HHH	LHCC	UHC
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	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
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	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: Report 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 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
CPST	-	0.0	-	0.0	-	0.0	-	1.0	-	0.0	-	0.0
ACT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
MST	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
FFT	-	0.0	-	0.0	-	0.0	1.0	0.0	-	0.0	-	0.0
Homebuilders	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Crisis Intervention	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0
BHCC	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
CBCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Psychotherapy	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med Management	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
ASAM 1	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	-	0.0	-	0.0	-	0.0	0.0	0.0	0.6	0.0	-	0.0
ASAM 2 WM	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
OTP	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PSS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Psychological Testing	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
IPS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

Table 1.30 presents the percentage of standard prior authorization requests approved after 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	0.0%	20.0%	N/A	0.0%	N/A	N/A
PRTF	N/A	N/A	N/A	N/A	50.0%	N/A
TGH	N/A	0.0%	N/A	N/A	0.0%	N/A
ASAM 3.1	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.5	N/A	0.0%	0.0%	N/A	N/A	0.0%
ASAM 3.7 WM	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 4 WM	N/A	N/A	N/A	N/A	N/A	N/A

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

Table 1.31 provides the percentage of standard prior authorization requests approved after 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	0.0%	33.3%	N/A	0.0%	N/A	33.3%
ASAM 1	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2 WM	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1	N/A	0.0%	N/A	0.0%	0.0%	0.0%
CPST/PSR	N/A	50.0%	0.0%	0.0%	10.0%	0.0%
Psychological Testing	N/A	N/A	N/A	N/A	0.0%	N/A
ASAM 3.7	N/A	N/A	N/A	N/A	N/A	N/A
FFT	N/A	N/A	N/A	N/A	N/A	N/A
Homebuilders	N/A	0.0%	N/A	N/A	N/A	N/A
Medication Management	N/A	N/A	N/A	N/A	N/A	100.0%
PCS	N/A	0.0%	N/A	N/A	N/A	N/A
Psychotherapy	N/A	N/A	N/A	N/A	N/A	N/A
Other – MHO	N/A	0.0%	0.0%	N/A	0.0%	0.0%

Source: Report 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 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 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	84.3%	94.9%	91.1%	90.3%	100.0%	96.2%
% Denied	15.7%	5.1%	8.9%	9.7%	0.0%	3.8%
Rehabilitation						
% Approved	65.7%	N/A	92.7%	83.7%	88.3%	65.9%
% Denied	34.3%	N/A	7.3%	16.3%	11.7%	34.1%
Skilled Nursing Facility						
% Approved	86.8%	N/A	N/A	100.0%	72.1%	74.1%
% Denied	13.2%	N/A	N/A	0.0%	27.9%	25.9%
Long-Term Acute Care Hospital						
% Approved	61.5%	N/A	98.8%	80.0%	94.6%	68.1%
% Denied	38.5%	N/A	1.2%	20.0%	5.4%	31.9%
Hospice						
% Approved	N/A	100.0%	N/A	N/A	100.0%	N/A
% Denied	N/A	0.0%	N/A	N/A	0.0%	N/A
Others						
% Approved	N/A	N/A	94.5%	80.0%	N/A	0.0%
% Denied	N/A	N/A	5.5%	20.0%	N/A	100.0%

Source: Report 188 Physical Health - Service Authorizations

Table 1.33 provides average and median processing time (in days) for standard prior authorization requests during Q1 2025.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	1.0	1.0	0.6	0.0	0.3	0.0	0.4	1.0	1.0	0.0	1.1	1.0
Rehabilitation	1.0	1.0	-	0.0	0.5	0.0	0.3	1.0	0.7	1.0	1.1	1.0
Skilled Nursing Facility	0.8	1.0	-	0.0	-	0.0	0.5	1.0	1.3	1.0	1.4	1.0
Long-Term Acute Care Hospital	1.0	1.0	-	0.0	0.4	0.0	0.5	0.0	0.7	0.0	1.1	1.0
Hospice	-	0.0	4.8	6.0	-	0.0	-	0.0	2.4	2.0	-	0.0
Others	-	0.0	-	0.0	0.5	0.0	0.2	0.0	-	0.0	2.0	2.0

Source: Report 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.34 provides the percentage of inpatient expedited prior authorization requests approved and denied during Q1 2025.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	88.4%	97.8%	N/A	100.0%	100.0%	100.0%
% Denied	11.6%	2.2%	N/A	0.0%	0.0%	0.0%
Rehabilitation						
% Approved	N/A	84.1%	N/A	N/A	N/A	90.9%
% Denied	N/A	15.9%	N/A	N/A	N/A	9.1%
Skilled Nursing Facility						
% Approved	N/A	85.5%	N/A	N/A	N/A	66.7%
% Denied	N/A	14.5%	N/A	N/A	N/A	33.3%
Long-Term Acute Care Hospital						
% Approved	N/A	87.5%	N/A	N/A	N/A	N/A
% Denied	N/A	12.5%	N/A	N/A	N/A	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
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: Report 188 Physical Health - Service Authorizations

Table 1.35 provides the average and median processing time (in days) for expedited prior authorization requests during Q1 2025.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.8	0.0	0.7	1.0	-	0.0	1.0	2.0	0.5	0.0	0.9	1.0
Rehabilitation	-	0.0	1.2	1.0	-	0.0	-	0.0	-	0.0	0.9	1.0

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Skilled Nursing Facility	-	0.0	1.7	2.0	-	0.0	-	0.0	-	0.0	1.3	2.0
Long-Term Acute Care Hospital	-	0.0	1.3	1.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	-	0.0	0.0	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Other Medical/Physical Inpatient	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Source: Report 188 Physical Health - Service Authorizations

Outpatient Services

Standard Prior Authorization Requests

Table 1.36 provides the percentage of standard prior authorization requests approved and denied during Q1 2025.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	97.0%	80.2%	100.0%	98.9%	74.3%	100.0%
% Denied	3.0%	19.8%	0.0%	1.1%	25.7%	0.0%
Home Health Care						
% Approved	91.0%	95.8%	98.6%	96.8%	95.2%	100.0%
% Denied	9.0%	4.2%	1.4%	3.2%	4.8%	0.0%
DME, OP & Supplies						
% Approved	74.1%	93.5%	94.9%	96.6%	91.5%	92.1%
% Denied	25.9%	6.5%	5.1%	3.4%	8.5%	7.9%
PCS						
% Approved	95.2%	N/A	96.7%	50.0%	93.8%	74.2%
% Denied	4.8%	N/A	3.3%	50.0%	6.2%	25.8%
Med Proc & Dx Test						
% Approved	53.7%	73.7%	82.1%	95.2%	78.0%	95.5%
% Denied	46.3%	26.3%	17.9%	4.8%	22.0%	4.5%
	ABH	ACLA	HBL	HHH	LHCC	UHC

	%	%	%	%	%	%
Transportation						
% Approved	63.6%	100.0%	N/A	100.0%	66.7%	N/A
% Denied	36.4%	0.0%	N/A	0.0%	33.3%	N/A
Radiation Therapy						
% Approved	87.9%	N/A	N/A	N/A	100.0%	N/A
% Denied	12.1%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	81.2%	93.4%	84.3%	N/A	95.2%	97.8%
% Denied	18.8%	6.6%	15.7%	N/A	4.8%	2.2%
Transplant						
% Approved	100.0%	N/A	N/A	100.0%	97.4%	N/A
% Denied	0.0%	N/A	N/A	0.0%	2.6%	N/A
Hemodialysis						
% Approved	50.0%	N/A	100.0%	N/A	100.0%	80.0%
% Denied	50.0%	N/A	0.0%	N/A	0.0%	20.0%
Phys Admin Drugs						
% Approved	79.9%	85.7%	76.9%	100.0%	81.4%	90.2%
% Denied	20.1%	14.3%	23.1%	0.0%	18.6%	9.8%
Observation						
% Approved	N/A	N/A	N/A	95.8%	76.2%	N/A
% Denied	N/A	N/A	N/A	4.2%	23.8%	N/A
Radiology/Imaging						
% Approved	83.0%	69.1%	71.4%	99.2%	74.1%	89.2%
% Denied	17.0%	30.9%	28.6%	0.8%	25.9%	10.8%
PDHC						
% Approved	94.4%	100.0%	91.3%	100.0%	98.1%	100.0%
% Denied	5.6%	0.0%	8.7%	0.0%	1.9%	0.0%
Hospice						
% Approved	98.0%	80.0%	N/A	100.0%	95.3%	100.0%
% Denied	2.0%	20.0%	N/A	0.0%	4.7%	0.0%

	ABH	ACLA	HBL	HHH	LHCC	UHC
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	%	%	%	%	%	%
ABA						
% Approved	98.7%	94.8%	97.5%	95.9%	99.9%	98.4%
% Denied	1.3%	5.2%	2.5%	4.1%	0.1%	1.6%
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	97.2%	N/A	N/A	N/A	N/A	N/A
% Denied	2.8%	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	85.9%	76.0%	96.5%	99.3%	N/A	N/A
% Denied	14.1%	24.0%	3.5%	0.7%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.37 provides the average and median processing times (in days) for standard outpatient prior authorization requests during Q1 2025.

Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.3	0.0	4.2	3.0	1.5	1.0	2.1	2.0	1.0	0.0	0.8	1.0
Home Health Care	1.7	1.0	2.8	2.0	2.5	2.0	2.1	2.0	6.2	3.0	1.0	0.0
DME, OP & Supplies	3.0	2.0	1.2	2.0	0.5	0.0	1.0	0.0	2.9	2.0	2.0	1.0
PCS	2.5	3.0	-	0.0	2.8	3.0	1.0	2.0	3.9	2.0	8.5	8.0
Med Proc & Dx Test	2.0	2.0	1.6	2.0	0.2	0.0	0.3	0.0	4.1	3.0	1.4	1.0
	ABH		ACLA		HBL		HHH		LHCC		UHC	

	Avg	Med										
Transportation	2.4	2.0	3.9	3.0	-	0.0	1.0	1.0	5.0	4.0	-	0.0
Radiation Therapy	2.5	1.0	-	0.0	-	0.0	-	0.0	2.4	2.0	-	0.0
Surgery	2.9	2.0	2.3	2.0	0.7	0.0	-	0.0	2.4	2.0	1.7	1.0
Transplant	3.7	3.0	-	0.0	-	0.0	0.4	0.0	1.6	1.0	-	0.0
Hemodialysis	2.3	2.0	-	0.0	4.0	4.0	-	0.0	0.7	0.0	0.4	0.0
Phys Admin Drugs	1.0	0.0	0.4	0.2	0.1	0.0	0.0	0.0	3.7	1.0	0.9	1.0
Observation	-	0.0	-	0.0	-	0.0	2.8	1.0	1.2	1.0	-	0.0
Radiology/Imaging	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.0	1.0	1.0	0.0	1.0
PDHC	3.0	2.0	3.5	3.0	2.5	2.0	4.6	4.0	3.8	4.0	2.8	2.0
Hospice	2.0	2.0	2.5	2.0	-	0.0	0.0	0.0	5.0	4.0	1.4	1.0
ABA	3.2	2.0	1.2	1.0	2.8	2.0	0.0	0.0	1.7	1.0	0.9	1.0
Vision - EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Dental	2.4	2.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Vision	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Other	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	1.0	0.0	5.3	5.0	1.5	1.0	0.3	0.0	-	0.0	-	0.0

Source: Report 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 Q1 2025.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	85.5%	50.0%	N/A	100.0%	N/A	100.0%
% Denied	14.5%	50.0%	N/A	0.0%	N/A	0.0%
Home Health Care						
% Approved	64.3%	100.0%	N/A	100.0%	100.0%	100.0%
% Denied	35.7%	0.0%	N/A	0.0%	0.0%	0.0%

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
DME, OP & Supplies						
% Approved	72.1%	79.4%	N/A	100.0%	100.0%	94.1%
% Denied	27.9%	20.6%	N/A	0.0%	0.0%	5.9%
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 & Dx Test						
% Approved	52.9%	89.5%	N/A	83.3%	100.0%	99.3%
% Denied	47.1%	10.5%	N/A	16.7%	0.0%	0.7%
Transportation						
% Approved	0.0%	N/A	N/A	N/A	N/A	N/A
% Denied	100.0%	N/A	N/A	N/A	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	78.7%	80.0%	N/A	N/A	100.0%	97.3%
% Denied	21.3%	20.0%	N/A	N/A	0.0%	2.7%
Transplant						
% 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
Hemodialysis						
% 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
Phys Admin Drugs						
% Approved	78.1%	76.4%	N/A	N/A	80.5%	66.7%
% Denied	21.9%	23.6%	N/A	N/A	19.5%	33.3%
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

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Radiology/Imaging						
% Approved	51.5%	N/A	N/A	100.0%	90.9%	80.7%
% Denied	48.5%	N/A	N/A	0.0%	9.1%	19.3%
PDHC						
% 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
Hospice						
% Approved	100.0%	N/A	N/A	N/A	N/A	100.0%
% Denied	0.0%	N/A	N/A	N/A	N/A	0.0%
ABA						
% 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
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	48.8%	N/A	N/A	0.0%	N/A	N/A
% Denied	51.2%	N/A	N/A	100.0%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.39 provides the average and median processing time (in days) for expedited outpatient prior authorization requests during Q1 2025.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	0.7	1.0	0.0	0.0	-	0.0	0.0	0.0	-	0.0	1.1	1.0
Home Health Care	0.9	1.0	0.0	0.0	-	0.0	0.0	0.0	1.0	1.0	1.0	1.0
DME, OP & Supplies	1.1	1.0	0.5	0.0	-	0.0	0.6	1.0	0.3	0.0	0.9	1.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med Proc & Dx Test	0.9	1.0	0.7	1.0	-	0.0	0.0	0.0	0.2	0.0	0.6	0.0
Transportation	0.0	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Radiation Therapy	1.3	1.0	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0
Surgery	0.9	1.0	0.7	1.0	-	0.0	-	0.0	0.1	0.0	0.8	1.0
Transplant	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Hemodialysis	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Phys Admin Drugs	0.8	0.0	0.3	0.2	-	0.0	-	0.0	2.1	1.0	0.3	0.0
Observation	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Radiology/Imaging	1.1	1.0	-	0.0	-	0.0	0.3	0.5	1.0	0.0	0.0	0.0
PDHC	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0
ABA	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Vision - EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Dental	0.6	1.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Vision	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Other	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	1.2	1.0	-	0.0	-	0.0	0.0	0.0	-	0.0	-	0.0

Source: Report 188 Physical Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

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

Table 1.40 Inpatient Standard Prior Authorization Requests Submitted for Appeal and Percentage Approved, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	2	50.0%	7	0.0%	1	0.0%	4	25.0%	-	N/A	11	36.4%
Rehabilitation	5	80.0%	-	N/A	2	50.0%	1	100%	1	0.0%	7	14.3%
Surgery	-	N/A	-	N/A	4	75.0%	-	N/A	-	N/A	-	N/A
SNF	-	N/A	1	100%	1	100%	-	N/A	-	N/A	8	25.0%
LTAC	5	80.0%	-	N/A	-	N/A	-	N/A	-	N/A	2	50.0%
Hospice	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Inpatient Others	1	100.0%	-	N/A	2	50%	-	N/A	-	N/A	-	N/A

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

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

Table 1.41 Outpatient Standard Prior Authorization Requests Submitted for Appeal and Percentage Approved, CY 2025-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	2	50%	-	N/A	-	N/A	-	N/A	90	30.0%	-	N/A
Home Health	-	N/A	-	N/A	3	0.0%	-	N/A	1	100.0%	2	0.0%
DME, OP & Supplies	16	43.8%	11	27.3%	14	21.4%	1	0.0%	69	56.5%	25	20.0%
PCS	1	0.0%	-	N/A	4	0.0%	-	N/A	2	50.0%	-	N/A
Med Proc & Dx Test	5	40.0%	6	16.7%	10	20.0%	-	N/A	13	69.2%	-	N/A
Radiation Therapy	-	N/A	2	0.0%	1	0.0%	-	N/A	-	N/A	5	100.0%
Surgery	11	36.4%	3	0.0%	5	0.0%	3	0.0%	4	50.0%	4	50.0%
Phys Admin Drugs	24	8.3%	32	46.9%	56	33.9%	2	50.0%	5	60.0%	10	40.0%
Other Prescription Drugs	28	17.9%	18	27.8%	28	28.6%	4	0.0%	53	56.6%	-	N/A
Radiology/Imaging	11	45.5%	27	48.1%	14	35.7%	-	N/A	100	37.0%	37	45.9%
ABA	1	0.0%	2	0.0%	-	N/A	-	N/A	-	N/A	2	0.0%

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
PDHC	2	0.0%	-	N/A	-	N/A	-	N/A	3	33.3%	-	N/A
Dental Services	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Transplant	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Others	10	40.0%	6	33.3%	2	0.0%	0	N/A	14	35.7%	1	0.0%
Hospice	1	100%	2	0.0%	-	N/A	-	N/A	-	N/A	-	N/A

Source: Report 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 of receipt. Denials of prior authorization requests or offering of an alternative medication shall be provided to the prescriber and enrollee 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 Q1 2025. For Q1 2025, HBL data is pending due to resubmission and was not available at the time of this report's submission.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	7,173	5,799	-	3,169	15,735	16,136
% Approved	73.3%	74.9%	N/A	72.7%	74.6%	74.3%
% Denied	26.7%	25.1%	N/A	27.3%	25.4%	25.7%

Source: Report 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 Q1 2025. For Q1 2025, HBL data is pending due to resubmission and was not available at the time of this report's submission.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2025-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	1.3	1.1	-	1.3	1.3	1.3
Median Hours	0.0	0.0	-	0.0	0.0	0.0

Source: Report 055 Pharmacy Report

Section II: Dental Benefit Program Managers (DBPM)

For the calendar year 2025 reporting period, the Department contracted with two vendors to operate its dental benefit program serving Medicaid enrollees.

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 legislatively 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 by two categories, EPSDT Dental and Adult. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program provides comprehensive dental services to enrollees under the age of 21. The Adult program is for eligible enrollees aged 21 years or older. Most enrollees 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, the 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

LDH requires the DBPMs to report the number of claims received each quarter, as well as whether they were rejected or accepted for adjudication. Both DBPMs are currently not applying any front-end pre-adjudication edits, accepting all submitted claims into their adjudication system and processing them directly for payment or denial.

Table 2.1 presents the total number of DBPM claims received in Q1 2025.

Table 2.1 Claims Rejected, CY 2025-Q1

	DQ	MCNA
# Received	485,914	452,337
# Rejected	0	0

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Claims Adjudicated

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 and claims originally received 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 2.2 Claims Adjudicated, CY 2025-Q1

	DQ	MCNA
EPSDT		
# Adjudicated	441,254	398,923
# Denied	13,359	36,273
% Denied	3.0%	9.1%
# Denied as Duplicate	2,543	6,852
# Adjusted	700	2,441
# Voided	93	0
Adult		
# Adjudicated	43,677	6,578
# Denied	12,052	3,721
% Denied	27.6%	56.6%
# Denied as Duplicate	735	259
# Adjusted	14	114
# Voided	16	0

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Table 2.3 shows the average days adjudicated for claims.

Table 2.3 Average Days to Adjudicate Claims, CY 2025-Q1

	DQ	MCNA
EPSDT	16.0	7.0
Adult	9.9	7.9

Source: Report 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 total number of denied claims expressed as a ratio to all claims adjudicated for each individual provider.

Table 2.4 Claims Top 5 Denied, CY 2025-Q1

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	448	7.2%	823	42.3%
	2	274	3.5%	642	28.5%
	3	194	2.8%	618	37.2%

	4	194	2.4%	504	11.6%
	5	101	1.7%	502	25.2%
Adult	1	544	85.4%	149	90.3%
	2	436	85.3%	123	92.5%
	3	422	82.3%	105	77.2%
	4	405	56.9%	91	90.1%
	5	306	65.0%	77	82.8%

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & 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 number of claims resolved.

Table 2.5 Denied Claims Submitted and % Overturned For Reconsideration, CY 2025-Q1

	DQ	MCNA
# Submitted	-	-
% Overturned	N/A	N/A

Source: Report 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 the number of claims resolved. For Q1 2025, data is pending due to DBPM resubmission and was not available at the time of this report's submission.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2025-Q1

	DQ	MCNA
# Submitted	-	-
% Overturned	N/A	N/A

Source: Report PI182 Provider Complaints Summary Report

DBPM Utilization Management - Prior Authorization (PA)

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-lhdh-preauth-codes.pdf.coredownload.inline.pdf
MCNA	https://docs.mcna.net/guides/la-pa-claim-submissions

Standard Prior Authorization Requests

Tables 2.7 to 2.8 present the results of standard prior authorization requests, including those approved, denied, and approved after appeal. Note that the PS113 Grievance, Appeal, and Fair Hearing Log report does not provide a breakdown of dental services, including their percentage approved for standard prior authorizations after 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. The data is currently pending approval and unavailable at the time of submission.

Table 2.7 Standard Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2025-Q1

	DQ	MCNA
	%	%
EPSDT		
% Approved	N/A	N/A
% Denied	N/A	N/A
Adult		
% Approved	N/A	N/A
% Denied	N/A	N/A

Source: Report PQ188 PA Summary (Dental)

Table 2.8 presents the average and median processing time (in days) between the submission of a request and the determination by the DBPM for standard prior authorizations of all items and services subject to prior authorization, categorized by dental service. For Q1 2025, data is currently pending for approval and unavailable at the time of submission.

Table 2.8 Average and Median Time to Process Standard Prior Authorizations, CY 2025-Q1

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	-	-	-	-
Adult	-	-	-	-

Source: Report 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. For Q1 2025, data is currently pending approval and unavailable at the time of submission.

Table 2.9 Expedited Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2025-Q1

	DQ	MCNA
	%	%
EPSDT		
% Approved	N/A	N/A
% Denied	N/A	N/A
Adult		
% Approved	N/A	N/A
% Denied	N/A	N/A

Source: Report PQ188 PA Summary (Dental)

Table 2.10 presents the average and median processing times (in days) between the submission of a request and the determination by the DBPM for expedited prior authorizations of all items and services subject to prior authorization, categorized by dental service. For Q1 2025, data is currently pending approval and unavailable at the time of submission.

Table 2.10 Average and Median Time to Process Expedited Prior Authorizations, CY 2025-Q1

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	-	-	-	-
Adult	-	-	-	-

Source: Report 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 pre-determined 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, rejected, and percent rejected by each DBPM to the state or its designee.

Table 2.11 Encounters Submitted and Rejected, CY 2025-Q1

	DQ	MCNA
Submitted	477,104	407,683
Rejected	23,950	5,851
% Rejected	5.0%	1.4%

Source: Report 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 WM	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 WM	American Society of Addiction Medicine Clinically Managed Residential 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 High-Intensity (Adult)/Medium-Intensity (Adolescent) 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 Managed 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 Medical and Behavioral Health Reasons for Non-Special Healthcare Needs	Table 1.18
CBCS	Community Brief Crisis Support	Table 1.26
CMS-1500/PT04	Other Claim Type 04 or PT/PS combinations not listed under UB-04/837-I or CMS-1500/837-P	Table 1.8
CPST	Community Psychiatric Support & Treatment	Table 1.26
CS-Adult	Crisis Stabilization-Adult	Table 1.23
CS-Child	Crisis Stabilization-Child	Table 1.23
Dental - EPSDT	Dental - Early and Periodic Screening, Diagnostic, and Treatment	Table 2.2
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
FFT	Functional Family Therapy	Table 1.26
FQHC	Federally Qualified Healthcare Centers	Table 1.11
HNA	Holistic Needs Assessment	Table 1.17
IP-0-12	Psychiatric Inpatient-Child	Table 1.22

IP-13-17	Psychiatric Inpatient- Adolescent	Table 1.22
IP-18+	Psychiatric Inpatient-Adult	Table 1.22
IPS	Individual Placement and Support	Table 1.26
MCNA Dental	Managed Care of North America	Table 2.1
Med Management	American Society of Addiction Medicine Medication Management	Table 1.26
MED Non- SHCN	Medical - Non-Special Healthcare Need	Table 1.18
Med Proc & DX	Medical Procedure and Diagnosis	Table 1.36
MFM	Maternal Fetal Medicine	Table 1.8
MST	Multi-System Therapy	Table 1.26
NEAT	Non-Emergency Ambulance Transportation	Table 1.8
NEMT	Non-Emergency Medical Transportation	Table 1.8
OB-GYN	Obstetrics and Gynecology	Table 1.8
OP	Orthotics and Prosthetics	Table 1.36
OT	Occupational Therapy	Table 1.8
Other - MHO	Mental Health Outpatient	Table 1.31
OTP	Opioid Treatment Program Services	Table 1.26
PA	Standard Prior Authorization	Utilization Management - PA
PCP	Primary Care Physician	Table 1.11
PCS	Personal Care Services	Table 1.26
PDHC	Pediatric Day Health Care	Table 1.36
PRTF	Psychiatric Residential Treatment Facility	Table 1.22
PSR	Psychological Rehabilitation	Table 1.26
PSS	Peer Support Services	Table 1.26
Psychological Testing	Psychological Testing	Table 1.26
PT	Physical Therapy	Table 1.8
SBH	Specialized Behavioral Health	Table 1.21
SDOH	Social Determinants of Health	Table 1.20
SHCN-421	Special Healthcare Need - Act 421 Children's Medicaid Option	Table 1.18
SHCN-BH	Special Healthcare Need - Behavioral Health	Table 1.18
SHCN-BOTH	Special Healthcare Need - Both Medical and Behavioral Health	Table 1.18
SHCN-DOJ- AR	Special Healthcare Need - Department of Justice -At Risk for Nursing Facility Placement	Table 1.18
SHCN-MED	Special Healthcare Need - Medical	Table 1.18
ST	Speech Therapy	Table 1.8
TGH	Therapeutic Group Home	Table 1.22
VAS	Value-Added Service	Table 1.36
Vision - EPSDT	Vision - Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36

Louisiana Department of Health

628 N. 4th St., Baton Rouge, LA 70802

225-342-9500

ldh.la.gov

@ldepthealth

