

Healthy Louisiana Claims Report

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

Quarter 2 Calendar Year 2025

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Bureau of Health Services Financing

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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 (Q2) of Calendar Year (CY) 2023. Medicaid submits subsequent reports quarterly; this report serves as the fifth quarterly report on the new Act 233 requirements and covers the fourth quarter (Q2) 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

The information included in this report is collected from multiple reports submitted by managed care entities (MCEs). To allow time for the MCEs 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: MCEs self-report all data to LDH. LDH conducts a validation process upon submission of reports each quarter. In some situations, LDH requests that MCEs 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, MCO submits the data as a blank or zero.

The Q2-2025 Healthy Louisiana Claims Report reflects all data approved by LDH as of the publication deadline. The following reports were not approved by LDH by the publication deadline and are therefore not included in this quarter's report:

Report Name	Plan	Month(s)
Report 113 Dental Grievance, Appeal and Fair Hearing Log	DentaQuest	Apr & May - 2025
	MCNA	Apr - 2025
Report 182 Provider Complaints Summary Report	MCNA	Apr & May - 2025
Report 188 PA Summary (Dental)	MCNA	Apr, May & Jun - 2025
	DentaQuest	Apr, May & Jun - 2025

Report Structure

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). 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.

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

Section I: Medicaid Managed Care Organization (MCO)

Effective January 1, 2023, 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 MCOs 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
UnitedHealthcare of Louisiana, Inc.	Managed Care Organization	UHC

Provider Claims

Inpatient Hospital

Rejected Claims—Pre-adjudication

LDH requires each MCO to report the number of claims received each quarter, 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 Q2 2025, revealing variations in front-end edit processes across MCOs. A rejected claim is a claim that did not pass the standard, front-end Health Insurance Portability and Accountability Act (HIPAA) edits. These edits indicate that 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 categorized as denied, not rejected.

Table 1.1 Rejected Inpatient Hospital Claims, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	8,877	7,353	12,450	5,237	14,614	13,960
# Rejected	2	37	601	1,115	475	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 initially received in a prior quarter that were adjusted or voided in the current reporting period. This report utilizes a key metric, the Percentage of Denied Inpatient Days, to determine the proportion of inpatient hospital stays that encounter claim denials. This figure is derived by dividing the Number of Denied Inpatient Days by the Total Number of Inpatient Days and 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	5,182	4,673	9,147	3,454	2,006	9,759
# Days Paid	21,954	17,996	N/A	13,116	6,883	28,965
# Days Denied	8,143	5,920	16,220	5,900	2,580	8,344
# Total Days	30,097	23,916	61,306	19,016	9,463	37,309
% Denied	27.1%	24.8%	26.5%	31.0%	27.3%	22.4%
# Adjusted	273	481	497	360	139	854

# Voided	41	5	0	6	0	0
# Denied as duplicate	87	5	99	38	56	246
Behavioral Hospital						
# Adjudicated	2,319	1,995	4,335	1,150	1,371	3,100
# Days Paid	13,758	11,427	28,321	6,364	8,059	19,362
# Days Denied	5,680	3,356	9,244	2,735	2,517	3,407
# Total Days	19,438	14,783	37,565	9,099	10,576	22,769
% Denied	29.2%	22.7%	24.6%	30.1%	23.8%	15.0%
# Adjusted	141	245	759	184	89	179
# Voided	15	3	1	1	0	0
# Denied as duplicate	58	1	45	41	23	118

All Other Inpatient						
# Adjudicated	23	215	31	21	12,325	931
# Days Paid	412	2,617	1,851	14	43,783	2,630
# Days Denied	126	868	1,631	121	13,346	1,359
# Total Days	538	3,485	3,482	135	57,129	3,989
% Denied	23.4%	24.9%	46.8%	89.6%	23.4%	34.1%
# Adjusted	6	25	14	2	890	76
# Voided	1	1	0	0	0	0
# Denied as duplicate	1	0	0	3	149	21

Source: Report 152, Act 710 Healthy Louisiana Claims Report

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

Table 1.3 Average Days to Adjudicate Inpatient Claims, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	21.5	8.4	6.1	3.8	34.7	8.0
Behavioral Hospital	22.1	8.9	5.8	2.9	29.8	7.7
All Other Inpatient Hospital	12.8	9.1	5.0	4.2	33.6	8.8

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.

Table 1.4 Participating Providers with Highest Number of Denied Inpatient Claims, CY 2025-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	85	25.2%	92	43.8%	148	55.0%	76	24.8%	115	27.3%	163	32.6%
2	34	16.8%	86	29.9%	136	26.5%	73	48.0%	44	21.5%	125	30.7%
3	20	17.2%	65	20.8%	123	42.4%	56	19.4%	27	21.8%	113	41.5%
4	11	7.7%	47	12.3%	120	41.5%	35	34.7%	26	20.0%	96	12.5%
5	5	13.5%	31	20.0%	96	20.2%	35	40.7%	17	37.8%	87	31.1%

Behavioral Health Hospital												
1	22	13.8%	19	12.0%	56	20.1%	20	54.1%	51	16.7%	23	8.3%
2	18	29.5%	19	11.0%	31	32.3%	16	28.6%	23	29.1%	20	14.2%
3	17	12.4%	12	12.8%	30	11.6%	9	15.3%	21	77.8%	18	7.4%
4	14	20.6%	11	10.6%	30	100.0%	9	12.3%	21	16.5%	12	6.8%
5	7	7.7%	9	24.3%	29	41.4%	9	13.0%	18	39.1%	12	9.7%
All Other Inpatient Hospital												
1	1	100.0%	3	15.0%	5	100.0%	3	100.0%	198	22.6%	29	100.0%
2	1	100.0%	3	60.0%	3	100.0%	3	100.0%	174	27.7%	20	100.0%
3	1	100.0%	3	100.0%	2	100.0%	1	33.3%	143	20.8%	16	100.0%
4	1	100.0%	2	33.3%	2	100.0%	1	100.0%	130	25.7%	8	100.0%
5	0	0.0%	2	100.0%	2	100.0%	1	100.0%	113	40.5%	8	100.0%

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. There were no arbitrations reported across the MCOs for Q2 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 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-Behavioral Health Hospital						
# Submitted	498	1,111	2,013	110	237	1,126
% Overturned	6.8%	12.4%	38.0%	38.2%	30.4%	35.1%
Behavioral Health Hospital						
# Submitted	58	3	185	32	93	2
% Overturned	6.9%	33.3%	47.6%	31.3%	21.5%	50.0%

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 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-Behavioral Health Hospital						
# Submitted	81	54	190	3	53	279
% Overturned	12.3%	24.1%	19.5%	33.3%	18.9%	19.7%
Behavioral Health Hospital						
# Submitted	87	-	11	2	31	40
% Overturned	3.4%	N/A	27.3%	0.0%	6.5%	7.5%

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 the results of front-end edits applied by each MCO in Q2 2025.

Table 1.7 Rejected Outpatient and Professional Claims (Line Level), CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	4,083,878	3,329,686	5,795,522	1,909,624	7,348,521	7,547,010
# Rejected	2	2,408	2,710	6,799	40,844	11,871

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 in which they are determined.

Table 1.8 Outpatient and Professional Claims Adjudicated, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental - Adult						
# Adjudicated	31,223	3,241	9,918	9,701	0	18,048
% Denied	19.6%	4.4%	13.3%	14.8%	0.0%	4.9%
# Total Denied	6,133	144	1,321	1,438	0	879
# Adjusted	242	0	78	59	0	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	878	71	399	415	0	0
Home Health						
# Adjudicated	4,495	3,688	82	3,499	31,677	18,881
% Denied	26.2%	23.2%	N/A	24.9%	8.9%	16.3%
# Total Denied	1,176	856	18	873	2,829	3,078
# Adjusted	558	358	3	678	5,948	3,157
# Voided	0	3	0	29	0	0
# Denied as Duplicate	92	0	1	128	264	316
Outpatient Hospital						
# Adjudicated	668,484	540,788	199,929	386,253	295,464	1,231,177
% Denied	6.7%	10.0%	8.1%	21.9%	19.0%	13.3%
# Total Denied	45,041	54,253	16,101	84,653	56,212	164,014
# Adjusted	110,557	58,521	13,798	52,233	44,075	109,115
# Voided	5	882	8	815	0	0
# Denied as Duplicate	8,144	1,589	851	5,781	5,980	28,964
Outpatient - Other						
# Adjudicated	39,288	172,893	16,678	7,936	1,311,855	111,880
% Denied	17.7%	3.8%	24.7%	21.4%	16.6%	52.0%
# Total Denied	6,939	6,646	4,123	1,699	217,212	58,191
# Adjusted	4,121	149,104	1,027	419	193,465	11,809
# Voided	0	0	1	101	0	0
# Denied as Duplicate	500	0	213	121	23,098	10,468

Rehab - Facility-Based						
# Adjudicated	305	51,529	1	2,439	0	12,510
% Denied	8.2%	13.4%	100.0%	7.5%	0.0%	12.6%
# Total Denied	25	6,913	1	184	0	1,581
# Adjusted	0	4,885	0	109	0	443
# Voided	0	28	0	2	0	0
# Denied as Duplicate	21	232	0	6	0	216
Rehab – Other						
# Adjudicated	0	0	3,810	0	0	9,741
% Denied	0.0%	0.0%	11.2%	0.0%	0.0%	6.0%
# Total Denied	0	0	428	0	0	587
# Adjusted	0	0	302	0	0	292
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	23	0	0	98
Hospice						
# Adjudicated	0	1,563	466	0	0	3,975
% Denied	0.0%	31.0%	25.1%	0.0%	0.0%	25.9%
# Total Denied	0	485	117	0	0	1,031
# Adjusted	0	656	136	0	0	493
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	4	0	0	68
Ambulance - EMT & NEAT						
# Adjudicated	19,439	18,767	6,101	23,362	39,146	31,330
% Denied	21.5%	10.6%	7.6%	23.6%	20.4%	17.6%
# Total Denied	4,178	1,989	464	5,524	7,976	5,499
# Adjusted	557	810	187	1,523	2,350	1,748
# Voided	0	402	0	15	0	0
# Denied as Duplicate	145	20	21	111	426	609
Non-Emergency Medical Transportation						
# Adjudicated	77,519	53,844	91,149	35,735	54,100	71,535
% Denied	0.0%	4.7%	0.0%	0.0%	2.2%	0.9%
# Total Denied	0	2,509	0	0	1,207	638
# Adjusted	0	0	0	0	0	42
# Voided	0	0	33	0	0	0
# Denied as Duplicate	0	0	0	0	0	0

DME/Supplies						
# Adjudicated	36,692	26,172	3,784	14,013	65,104	66,317
% Denied	17.7%	16.3%	28.1%	47.2%	21.0%	18.0%
# Total Denied	6,502	4,270	1,064	6,611	13,682	11,967
# Adjusted	2,611	3,489	323	1,390	2,441	3,857
# Voided	0	20	0	8	0	0
# Denied as Duplicate	438	21	14	70	766	1,014
Therapies (PT/OT/ST)						
# Adjudicated	16,976	31,821	48,212	2,339	76,587	3,064
% Denied	18.9%	9.9%	11.6%	34.6%	14.4%	13.4%
# Total Denied	3,201	3,158	5,570	810	11,058	410
# Adjusted	1,804	2,108	1,589	694	3,421	73
# Voided	0	2	6	3	0	0
# Denied as Duplicate	242	14	285	46	1,430	26
Primary Care - Pediatrics						
# Adjudicated	8,254	128,218	86,309	7,606	347,433	25,009
% Denied	5.6%	10.6%	9.2%	32.8%	15.3%	14.3%
# Total Denied	465	13,579	7,911	2,492	53,295	3,580
# Adjusted	292	28,867	6,599	915	18,033	2,106
# Voided	0	48	0	0	0	0
# Denied as Duplicate	197	137	1,147	35	7,547	542
Primary Care - Others						
# Adjudicated	110,088	426,901	401,866	151,487	787,888	542,019
% Denied	13.5%	8.7%	16.1%	44.4%	17.9%	6.6%
# Total Denied	14,840	37,301	64,852	67,334	141,018	35,565
# Adjusted	13,438	87,858	38,110	9,766	44,662	34,787
# Voided	0	162	3	105	0	0
# Denied as Duplicate	2,928	768	6,405	1,198	10,799	4,277
OB-GYN & MFM						
# Adjudicated	1,556	53,380	49,979	6,330	127,385	7,394
% Denied	7.3%	6.0%	11.1%	59.6%	14.4%	7.8%
# Total Denied	114	3,228	5,547	3,774	18,297	580
# Adjusted	63	11,068	5,804	1,142	6,625	348
# Voided	0	266	0	0	0	0
# Denied as Duplicate	18	13	515	98	1,786	151

Pediatric Day Health Care						
# Adjudicated	3,668	3,205	2,176	500	7,213	8,843
% Denied	5.3%	1.4%	9.7%	38.0%	8.7%	6.9%
# Total Denied	196	45	211	190	625	607
# Adjusted	93	71	42	109	313	10
# Voided	0	0	0	0	0	0
# Denied as Duplicate	14	0	107	43	570	404
Applied Behavior Analysis						
# Adjudicated	454	15,843	20,183	838	70,564	2,109
% Denied	11.0%	5.0%	11.4%	34.7%	8.6%	35.9%
# Total Denied	50	792	2,293	291	6,057	758
# Adjusted	40	734	1,195	127	2,373	220
# Voided	0	9	0	0	0	0
# Denied as Duplicate	9	6	204	64	1,244	79
Radiology/Imaging						
# Adjudicated	3,368	336	123	4,018	223	374
% Denied	16.5%	37.5%	51.2%	68.4%	21.1%	52.9%
# Total Denied	557	126	63	2,748	47	198
# Adjusted	119	10	4	360	12	7
# Voided	0	0	0	0	0	0
# Denied as Duplicate	27	0	8	0	3	2
Personal Care Services						
# Adjudicated	5,107	0	1,215	940	22,516	9,326
% Denied	6.3%	0.0%	41.3%	32.2%	17.1%	8.1%
# Total Denied	322	0	502	303	3,848	751
# Adjusted	1,004	0	10	460	562	45
# Voided	0	0	0	4	0	0
# Denied as Duplicate	40	0	65	169	1,154	605
All Other CMS-1500/PT04						
# Adjudicated	17,350	609,685	258,247	811,337	1,497,776	2,183,437
% Denied	14.0%	15.3%	16.5%	44.8%	24.8%	13.3%
# Total Denied	2,436	93,164	42,574	363,801	370,912	289,339
# Adjusted	0	90,802	18,023	71,641	55,792	213,991
# Voided	0	370	0	541	0	0
# Denied as Duplicate	12	163	2,589	5,357	44,443	30,869

Behavioral Health - Residential						
# Adjudicated	70,199	41,678	13,398	19,903	59,210	80,329
% Denied	5.5%	4.1%	8.3%	21.7%	6.9%	13.6%
# Total Denied	3,849	1,704	1,108	4,325	4,105	10,885
# Adjusted	11,160	2,460	402	2,202	5,183	6,478
# Voided	0	10	1	1	0	0
# Denied as Duplicate	338	1	53	114	400	904
All Other Specialized Behavioral Health						
# Adjudicated	474,180	34,785	156,473	50,163	704,681	230,479
% Denied	13.4%	14.0%	22.4%	20.9%	16.5%	10.4%
# Total Denied	63,663	4,879	35,085	10,478	115,950	23,865
# Adjusted	40,349	3,025	10,047	6,252	49,894	9,312
# Voided	4	33	51	12	0	0
# Denied as Duplicate	7,640	8	3,501	555	8,921	5,750

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 Q2 CY2025, from claim receipt to payment or notification of non-payment.

Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental - Adult	9.6	8.1	9.2	9.2	-	6.0
Home Health	107.1	6.6	1.2	1.3	20.6	4.2
Outpatient Hospital	30.0	7.1	1.1	3.2	61.7	4.6
Outpatient - Other	35.4	2.1	0.7	4.6	59.8	4.7
Rehab - Facility-Based	6.3	7.3	13.0	3.4	-	4.5
Rehab - Other	-	-	3.4	-	-	3.9
Hospice	-	9.1	0.3	-	-	9.7
Ambulance - EMT & NEAT	26.9	6.9	8.3	-	41.4	6.4
Non-Emergency Medical Transportation	10.7	8.1	10.6	10.7	13.6	10.6
DME/Supplies	17.0	7.4	5.1	3.4	25.7	4.6
Therapies (PT/OT/ST)	33.9	8.1	3.9	1.8	27.1	5.3
Primary Care - Pediatrics	19.5	5.6	2.1	3.4	21.6	4.5
Primary Care - Others	25.0	6.1	2.2	3.4	30.6	4.6
OB-GYN & MFM	14.7	6.0	2.3	1.3	19.9	4.3

Pediatric Day Health Care	20.1	6.8	2.4	3.0	30.6	4.4
Applied Behavior Analysis	54.5	7.2	3.1	2.7	19.5	7.7
Radiology/imaging	18.6	8.3	2.0	1.9	29.8	4.1
Personal Care Services	67.8	-	0.8	2.0	16.9	4.3
All Other CMS-1500/PT04	8.2	6.4	2.1	3.4	27.0	4.3
Behavioral Health - Residential	21.9	7.0	1.1	5.3	20.0	8.6
All Other Specialized Behavioral Health	20.4	7.6	4.1	2.8	27.9	4.6

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-Q2

	ABH		ACLA		HBL		HUM		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental - Adult												
1	39	5.6%	21	45.7%	149	11.5%	136	11.3%	-	N/A	180	17.4%
2	147	27.8%	13	16.0%	111	21.3%	99	19.8%	-	N/A	44	21.8%
3	76	19.1%	13	8.6%	102	25.4%	97	24.4%	-	N/A	30	26.3%
4	42	10.8%	9	37.5%	96	35.4%	78	28.0%	-	N/A	9	75.0%
5	35	10.3%	9	81.8%	21	18.8%	19	16.5%	-	N/A	6	28.6%
Home Health												
1	277	19.0%	120	81.1%	53	100.0%	263	29.2%	211	29.8%	368	96.3%
2	135	61.6%	-	7.4%	21	26.9%	146	19.4%	178	14.6%	326	17.6%
3	92	39.5%	19	5.9%	10	45.5%	90	22.1%	156	7.0%	187	16.1%
4	72	90.0%	13	4.6%	5	55.6%	82	19.2%	134	7.3%	184	24.8%
5	37	18.6%	12	3.6%	3	5.3%	44	23.8%	134	16.2%	165	11.3%
Outpatient Hospital												
1	3,139	5.9%	949	2.4%	8,949	96.9%	8,614	19.7%	7,828	19.5%	7,514	11.0%
2	983	4.1%	880	3.5%	3,510	4.4%	5,443	31.4%	4,022	27.7%	6,502	13.0%
3	936	6.3%	812	3.9%	2,609	14.2%	4,545	15.6%	3,547	22.4%	6,059	6.6%
4	904	5.8%	655	5.8%	2,072	7.3%	3,332	20.4%	3,516	14.7%	4,810	13.8%
5	520	4.2%	482	2.7%	1,625	5.6%	3,328	21.4%	3,033	30.4%	4,482	8.8%

Outpatient – Other												
1	604	44.8%	93	1.9%	1,866	50.2%	239	44.8%	21,006	25.2%	2,016	96.3%
2	153	100.0%	50	61.0%	1,483	38.9%	212	24.5%	16,146	48.8%	1,695	89.7%
3	105	2.7%	23	13.7%	1,285	36.3%	195	31.6%	12,262	13.5%	1,512	86.7%
4	63	4.9%	22	13.8%	1,200	21.7%	129	22.7%	8,901	15.6%	1,448	91.8%
5	32	100.0%	22	8.5%	1,120	21.3%	97	21.5%	8,874	10.7%	1,373	91.2%
Rehab - Facility-Based												
1	22	8.1%	295	45.5%	1	100.0%	63	3.5%	-	N/A	114	48.5%
2	1	7.7%	292	17.1%	0	0.0%	53	45.3%	-	N/A	96	19.4%
3	0	0.0%	268	26.5%	0	0.0%	12	11.5%	-	N/A	57	48.7%
4	0	0.0%	254	7.1%	0	0.0%	12	12.8%	-	N/A	57	100.0%
5	0	0.0%	192	13.3%	0	0.0%	10	12.3%	-	N/A	56	33.9%
Rehab – Other												
1	0	0.0%	0	0.0%	172	38.9%	0	0.0%	-	N/A	193	97.5%
2	0	0.0%	0	0.0%	52	16.0%	0	0.0%	-	N/A	64	100.0%
3	0	0.0%	0	0.0%	45	5.9%	0	0.0%	-	N/A	34	100.0%
4	0	0.0%	0	0.0%	40	6.9%	0	0.0%	-	N/A	25	67.6%
5	0	0.0%	0	0.0%	37	13.8%	0	0.0%	-	N/A	22	13.1%
Hospice												
1	0	0.0%	8	19.5%	737	96.0%	0	0.0%	-	N/A	162	42.3%
2	0	0.0%	8	29.6%	293	52.7%	0	0.0%	-	N/A	153	74.6%
3	0	0.0%	7	3.0%	130	54.4%	0	0.0%	-	N/A	33	16.8%
4	0	0.0%	4	2.1%	127	67.6%	0	0.0%	-	N/A	32	100.0%
5	0	0.0%	4	3.7%	122	100.0%	0	0.0%	-	N/A	30	32.3%
Ambulance - EMT & NEAT												
1	1,060	11.0%	161	14.0%	86	10.8%	1,947	31.9%	4,363	18.1%	90	12.0%
2	504	91.1%	157	1.9%	46	10.5%	1,556	14.9%	560	26.0%	24	100.0%
3	154	10.1%	81	9.7%	22	6.3%	349	98.0%	211	28.5%	15	13.2%
4	41	8.7%	77	6.0%	20	4.6%	224	25.7%	141	17.8%	6	100.0%
5	25	22.5%	75	16.4%	15	78.9%	75	54.0%	86	19.4%	2	100.0%

Non-Emergency Medical Transportation												
1	0	0.0%	150	34.2%	0	0.0%	0	0.0%	155	44.4%	76	26.6%
2	0	0.0%	114	55.1%	0	0.0%	0	0.0%	106	100.0%	72	17.0%
3	0	0.0%	106	24.0%	0	0.0%	0	0.0%	103	12.2%	44	100.0%
4	0	0.0%	98	26.7%	0	0.0%	0	0.0%	92	62.6%	38	40.9%
5	0	0.0%	98	6.4%	0	0.0%	0	0.0%	68	4.1%	16	18.4%
DME/Supplies												
1	559	15.2%	286	18.2%	438	96.5%	1,081	66.3%	2,230	38.9%	614	18.8%
2	385	20.2%	195	14.3%	70	21.5%	395	61.0%	1,248	28.1%	612	33.9%
3	373	27.6%	168	13.4%	67	10.0%	283	31.2%	940	26.9%	465	14.0%
4	356	20.1%	111	16.6%	36	16.7%	235	33.9%	536	18.4%	442	17.4%
5	185	9.1%	103	11.8%	24	35.8%	224	64.4%	521	12.5%	405	13.0%
Therapies (PT/OT/ST)												
1	568	14.6%	276	13.1%	1,897	22.5%	146	82.0%	753	30.5%	118	40.7%
2	166	41.6%	154	46.4%	482	45.5%	94	27.3%	627	8.1%	22	28.6%
3	139	25.1%	110	5.2%	282	24.7%	43	100.0%	343	86.6%	19	27.5%
4	61	23.2%	105	23.1%	266	65.0%	38	18.6%	301	37.6%	18	20.0%
5	30	11.2%	61	18.6%	252	22.0%	38	44.7%	276	16.3%	12	21.8%
Primary Care - Pediatrics												
1	145	3.8%	675	11.8%	1,403	92.9%	450	67.9%	4,687	16.7%	500	34.6%
2	74	50.7%	634	10.3%	847	86.6%	266	20.4%	3,467	15.3%	358	16.7%
3	33	6.8%	466	16.0%	657	4.4%	216	56.5%	3,347	13.4%	248	37.1%
4	17	1.9%	358	14.5%	603	5.3%	193	59.9%	2,947	16.2%	246	18.3%
5	14	4.5%	299	3.5%	533	3.7%	145	31.5%	1,678	32.6%	178	16.7%
Primary Care - Others												
1	914	46.8%	1,299	4.6%	5,325	12.8%	8,497	60.7%	10,248	18.0%	912	54.9%
2	508	23.1%	1,049	7.9%	4,734	85.7%	6,210	52.4%	9,976	22.7%	616	50.2%
3	290	13.9%	882	3.8%	4,427	35.4%	3,684	71.3%	8,002	19.8%	360	96.0%
4	264	23.9%	712	18.5%	2,708	7.0%	2,842	60.8%	4,092	13.5%	289	48.5%
5	128	2.6%	514	7.2%	2,674	87.1%	2,313	56.6%	3,569	10.8%	201	16.5%

OB-GYN & MFM												
1	30	7.1%	184	5.0%	1,263	36.6%	1,924	83.7%	1,769	9.0%	179	19.0%
2	19	7.8%	171	2.2%	929	10.4%	1,106	67.1%	1,618	30.8%	34	27.4%
3	14	5.6%	159	3.0%	441	7.5%	130	52.4%	1,233	20.9%	27	4.8%
4	6	4.8%	129	9.4%	403	32.0%	60	49.6%	1,197	14.4%	18	5.8%
5	2	22.2%	108	19.7%	361	100.0%	41	61.2%	987	9.3%	18	6.9%
Pediatric Day Health Care												
1	142	89.3%	2	1.4%	115	26.4%	28	33.7%	381	28.6%	424	33.7%
2	39	9.0%	1	0.8%	81	14.0%	3	60.0%	190	21.2%	58	9.0%
3	2	1.4%	1	1.1%	59	20.1%	0	0.0%	18	0.9%	50	17.7%
4	1	1.5%	1	0.3%	54	13.6%	0	0.0%	13	1.2%	4	1.7%
5	0	0.0%	1	1.0%	36	4.3%	0	0.0%	12	4.1%	2	0.8%
Applied Behavioral Analysis												
1	39	100.0%	90	41.1%	1,589	97.3%	90	52.3%	654	50.1%	436	91.2%
2	7	3.9%	70	63.6%	336	10.2%	75	52.1%	328	41.7%	95	14.6%
3	4	1.9%	49	18.8%	251	21.0%	52	15.2%	322	9.8%	76	100.0%
4	0	0.0%	33	8.6%	211	38.2%	20	87.0%	299	6.8%	10	16.1%
5	0	0.0%	31	11.2%	156	100.0%	15	60.0%	277	33.5%	8	8.8%
Radiology/imaging												
1	108	15.0%	17	24.3%	46	34.8%	1,309	98.7%	39	21.4%	57	42.9%
2	30	55.6%	12	13.3%	16	100.0%	578	36.5%	8	22.9%	32	40.5%
3	22	3.1%	11	27.5%	10	22.7%	255	96.6%	0	0.0%	6	37.5%
4	20	37.0%	8	17.8%	8	25.0%	108	100.0%	-	-	5	100.0%
5	19	3.8%	5	23.8%	4	100.0%	104	98.1%	-	-	1	33.3%
Personal Care Services												
1	153	29.5%	0	0.0%	148	55.0%	199	36.2%	420	11.9%	463	82.1%
2	110	10.8%	0	0.0%	136	26.5%	94	32.4%	348	90.6%	60	34.9%
3	29	100.0%	0	0.0%	123	42.4%	14	100.0%	331	80.7%	19	10.9%
4	10	100.0%	0	0.0%	120	41.5%	0	0.0%	286	25.3%	15	5.3%
5	9	6.2%	0	0.0%	96	20.2%	0	0.0%	229	54.9%	14	5.3%

All Other CMS-1500/PT04												
1	102	32.4%	2,768	5.7%	7,568	9.5%	36,742	51.5%	88,447	65.8%	13,171	13.4%
2	84	21.8%	1,992	7.8%	3,107	15.1%	21,413	65.4%	24,553	19.3%	6,966	18.9%
3	71	89.9%	1,413	36.6%	2,955	7.9%	11,647	61.9%	13,912	22.7%	4,173	10.3%
4	62	11.4%	1,352	7.1%	1,761	11.3%	7,551	95.5%	13,194	59.5%	2,100	13.4%
5	62	27.1%	1,328	61.5%	1,755	9.5%	7,128	27.7%	7,958	17.3%	1,746	6.7%
Behavioral Health - Residential												
1	770	8.4%	157	5.2%	327	5.2%	1,264	61.7%	566	11.3%	2,215	96.8%
2	479	7.0%	59	3.3%	301	11.9%	999	30.4%	403	25.8%	513	17.1%
3	195	7.6%	58	6.8%	188	12.6%	274	20.0%	297	7.3%	486	13.4%
4	63	2.6%	55	1.7%	164	12.6%	238	35.7%	240	19.1%	359	14.7%
5	8	3.7%	41	1.4%	146	5.3%	170	47.2%	206	18.8%	253	10.5%
All Other Specialized Behavioral Health												
1	934	25.0%	281	21.2%	1,152	71.9%	2,615	99.7%	13,136	25.1%	2,209	31.8%
2	886	8.6%	179	12.0%	916	24.1%	517	93.2%	7,002	23.0%	528	58.1%
3	210	5.0%	166	7.2%	802	67.4%	369	94.1%	5,256	26.0%	509	42.5%
4	166	41.6%	163	58.2%	766	22.8%	243	59.1%	5,212	16.1%	401	53.8%
5	139	28.8%	128	21.9%	747	22.4%	241	5.4%	3,456	9.8%	368	14.0%

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 Q2 2025.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q2 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 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	27	0.0%	10	10.0%	-	N/A	24	41.7%	59	35.6%	87	36.8%
Outpatient Hospital	1,236	6.3%	-	N/A	1	0.0%	107	37.4%	989	33.6%	2,632	30.0%
Hospice	7	0.0%	14	7.1%	19	21.1%	-	N/A	22	13.6%	26	46.2%
Transportation	31	6.5%	-	N/A	90	38.9%	10	30.0%	92	42.4%	198	43.4%
DME	164	3.0%	454	24.2%	655	54.7%	95	42.1%	292	34.6%	548	23.4%
PCP or Specialist	2,319	7.8%	1,701	29.1%	5,204	42.5%	394	50.3%	2,627	42.3%	796	33.8%
Applied Behavioral Analysis	-	N/A	-	N/A	426	49.1%	-	N/A	64	53.1%	-	N/A
Rural Health Clinics/FQHC	19	5.3%	-	N/A	28	3.6%	2	0.0%	115	16.5%	789	41.6%
Behavioral Health - Residential	11	0.0%	-	N/A	134	58.2%	-	N/A	100	35.0%	-	N/A
Behavioral Health- All Other	106	3.8%	157	15.9%	1,538	43.5%	12	50.0%	614	41.0%	1,259	38.8%
Other	415	9.2%	760	5.7%	2,273	38.8%	254	20.1%	371	26.4%	4,196	31.7%

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 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	5	20.0%	1	0.0%	-	N/A	-	N/A	10	30.0%	7	14.3%
Outpatient Hospital	83	8.4%	38	2.6%	-	N/A	3	33.3%	437	15.3%	63	19.0%
Hospice	-	N/A	3	33.3%	3	33.3%	-	N/A	3	33.3%	1	0.0%
Transportation	3	0.0%	11	45.5%	4	25.0%	1	0.0%	4	25.0%	4	25.0%
DME	41	14.6%	2	0.0%	55	32.7%	4	25.0%	34	17.6%	38	31.6%
PCP or Specialist	297	9.1%	82	8.5%	227	33.0%	2	0.0%	280	21.8%	1,474	6.3%
Applied Behavioral Analysis	-	N/A	-	N/A	23	30.4%	-	N/A	1	0.0%	3	33.3%
Rural Health Clinics/FQHC	2	0.0%	1	0.0%	1	0.0%	1	0.0%	17	29.4%	-	N/A
Behavioral Health - Residential	11	0.0%	-	N/A	6	16.7%	-	N/A	10	10.0%	1	0.0%
Behavioral Health- All Other	22	22.7%	-	N/A	87	29.9%	-	N/A	30	10.0%	31	25.8%
Other	99	2.0%	-	N/A	214	22.0%	8	0.0%	679	1.8%	-	N/A

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 Q2 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 during the reporting period and claims initially 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 in which they are determined.

Table 1.13 Pharmacy Claims Adjudicated, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,188,442	963,060	1,917,514	536,632	2,452,640	2,464,987
# Total Denied	453,568	355,117	716,778	207,685	877,927	897,762
% Denied	38.2%	36.9%	37.4%	38.7%	35.8%	36.4%
# Adjusted	0	0	0	0	0	0
# Voided	178,570	146,377	288,474	85,424	373,538	382,709
# Denied as Duplicate	2,594	1,997	4,142	1,417	5,704	6,517

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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	5.9	6.1	6.0	5.8	6.2	6.1

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 the Highest Number of Denied Pharmacy Claims, CY 2025-Q2

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	2,931	2,271	4,690	1,661	5,749	336
	% Denied	45.9%	51.2%	39.6%	40.3%	38.7%	100.0%
2	Denied	2,901	1,898	4,618	1,481	5,582	251
	% Denied	39.4%	39.2%	40.6%	46.9%	38.5%	96.2%
3	Denied	2,618	1,854	3,829	1,331	5,180	229
	% Denied	45.0%	35.3%	41.3%	37.1%	48.0%	89.8%
4	Denied	2,499	1,852	3,556	1,090	4,877	226
	% Denied	48.2%	49.3%	53.0%	39.1%	40.3%	91.9%
5	Denied	2,444	1,794	3,474	1,035	4,628	140
	% Denied	51.3%	47.1%	48.7%	43.1%	41.5%	92.7%

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 to each MCO, the number of rejected encounters per MCO, and the corresponding rejection rate for each.

Encounter acceptance rates vary depending on the type of claim. The MCOs 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	956,582	825,528	1,369,365	504,991	1,816,431	1,530,519
# Rejected	6,206	6,651	0	13,108	0	212,156
Outpatient and Professional Encounter Claims						
# Submitted	1,757,872	1,670,056	3,526,004	958,769	3,794,647	3,349,496
# Rejected	38,119	31,948	544	44,740	20,154	41,890
Pharmacy Encounter Claims						
# Submitted	1,128,026	913,916	1,832,642	508,624	2,331,929	2,344,555
# Rejected	0	1,513	0	0	0	0

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 specific measures related to case management in the Medicaid managed care program.

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

LDH 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 own 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 Q2 2025, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method, CY 2025-Q2

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment	Identified	73	0	4	0	3	848
	Enrolled	51	0	2	0	2	40
	Not Enrolled	11	0	0	0	1	254
Predictive Modeling	Identified	697	4,693	2,603	3,445	11,323	11,147
	Enrolled	222	678	187	469	383	1,120
	Not Enrolled	198	49	1,266	2,082	3,647	5,432
Provider Referral	Identified	32	59	13	213	83	244
	Enrolled	20	4	4	44	19	47
	Not Enrolled	8	0	6	101	23	95
Self-Referral	Identified	53	155	156	0	327	480
	Enrolled	41	75	17	0	227	122
	Not Enrolled	6	0	62	0	21	201
State Referral	Identified	5	14	0	0	3	415
	Enrolled	5	1	0	0	1	328
	Not Enrolled	0	0	0	0	0	31

Source: Report PQ039 Case Management Report

Table 1.18 presents the total number of individuals identified for case management during Q2 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-Q2

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	45	671	1,437	874	5,731	4,335
	Enrolled	31	358	106	219	316	227
	Not Enrolled	6	10	689	432	1,860	1,886
SHCN-BH	Identified	157	1,461	960	760	4,469	1,760
	Enrolled	97	245	7	34	89	197
	Not Enrolled	28	13	443	500	1,303	921
SHCN-BOTH	Identified	35	57	220	287	20	371
	Enrolled	24	3	99	71	0	369
	Not Enrolled	4	1	102	165	2	1
SHCN-DOJ-AR	Identified	331	22	97	29	242	421
	Enrolled	44	4	3	5	24	23
	Not Enrolled	104	3	40	21	104	275
SHCN-421	Identified	1	10	7	6	52	39
	Enrolled	1	1	2	0	3	10
	Not Enrolled	0	0	2	4	20	16
MED non-SHCN	Identified	137	2,257	25	1,775	557	5,981
	Enrolled	107	129	1	165	144	587
	Not Enrolled	19	20	18	1,069	151	2,480
BH non-SHCN	Identified	0	472	97	33	781	984
	Enrolled	0	22	0	18	67	81
	Not Enrolled	0	2	49	9	254	486
BOTH non-SHCN	Identified	210	32	4	24	0	222
	Enrolled	77	2	3	14	0	221
	Not Enrolled	62	0	0	4	0	0

Source: Report PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q2 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-Q2

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	190	1,260	483	847	1,494	2,338
		Enrolled	83	208	44	115	67	293
		Not Enrolled	39	11	241	524	458	1,075
Baton Rouge	2	Identified	114	760	331	761	1,244	2,000
		Enrolled	41	161	16	134	78	290
		Not Enrolled	33	6	149	445	348	863
Thibodaux	3	Identified	47	351	175	312	761	1,332
		Enrolled	22	68	14	34	33	158
		Not Enrolled	13	2	86	187	216	627
Lafayette	4	Identified	99	812	484	381	2,137	1,919
		Enrolled	31	137	54	59	120	259
		Not Enrolled	32	12	213	234	665	869
Lake Charles	5	Identified	101	286	183	189	1,305	489
		Enrolled	31	39	23	18	69	51
		Not Enrolled	34	7	102	102	406	224
Alexandria	6	Identified	59	390	192	156	1,030	828
		Enrolled	25	66	10	18	60	87
		Not Enrolled	16	0	83	89	416	411
Shreveport	7	Identified	127	862	294	350	1,150	1,682
		Enrolled	62	178	15	48	65	225
		Not Enrolled	24	4	153	225	371	770
Monroe	8	Identified	54	639	293	181	1,210	1,168
		Enrolled	21	111	16	20	76	127
		Not Enrolled	8	4	141	104	425	571
Mandeville	9	Identified	77	532	351	476	1,402	1,263
		Enrolled	25	94	18	67	64	171
		Not Enrolled	24	3	163	272	387	592
Out of State ¹		Identified	0	12	11	0	0	5

¹ The out-of-state category consists of the following: the recipient is listed as homeless, the mailing/physical address is located in a border city, or the address is pending closure due to an address change.

	Enrolled	0	1	0	0	0	0
	Not Enrolled	0	0	3	0	0	1

Source: Report PQ039 Case Management Report

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

- Tier 1 (Low) - Members engaged in this level of case management are of the lowest risk within the CM Program and typically require support in CM and in addressing 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	60	449	116	251	114	846
Tier 2 (Med)	188	323	74	177	327	704
Tier 3 (High)	92	5	22	97	196	132

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 Q2 2025.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell, and Specialized Behavioral Health CY, 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	339	758	210	513	632	1,653
# High Risk Pregnancy	8	147	35	45	45	235
% High Risk Pregnancy	2.4%	19.4%	16.7%	8.8%	7.1%	14.2%
# Sickle Cell	2	0	5	1	1	14
% Sickle Cell	0.6%	0.0%	2.4%	0.2%	0.2%	0.8%
# Specialized Behavioral Health	49	128	0	1	144	161
% Specialized Behavioral Health	14.5%	16.9%	0.0%	0.2%	22.8%	9.7%

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.healthybluela.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!5CRQF5DX1B0mHfl83JSyrgoUwe_9dv6mW2JXlzpDPDzofEIMBEpwiBGa2v9JD0Fz800FND56QDMX8PkUuvHf6Cn0UjU\$
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-Q2

	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	83.1%	100.0%	90.5%	N/A	97.6%	100.0%
% Denied	16.9%	0.0%	9.5%	N/A	2.4%	0.0%

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	93.9%	97.1%	87.5%	N/A	99.8%
% Denied	N/A	6.1%	2.9%	12.5%	N/A	0.2%
PRTF						
% Approved	100.0%	80.0%	99.2%	100.0%	41.5%	56.1%
% Denied	0.0%	20.0%	0.8%	0.0%	58.5%	43.9%
TGH						
% Approved	81.2%	N/A	97.1%	N/A	N/A	100.0%
% Denied	18.8%	N/A	2.9%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	95.1%	96.3%	100.0%	N/A	100.0%
% Denied	N/A	4.9%	3.7%	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%	50.0%	N/A	N/A	100.0%
% Denied	N/A	0.0%	50.0%	N/A	N/A	0.0%
ASAM 3.5						
% Approved	N/A	97.8%	97.1%	100.0%	N/A	99.7%
% Denied	N/A	2.2%	2.9%	0.0%	N/A	0.3%
ASAM 3.7						
% Approved	N/A	100.0%	79.1%	N/A	N/A	100.0%
% Denied	N/A	0.0%	20.9%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	100.0%	98.6%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	1.4%	0.0%	N/A	0.0%
ASAM 4 WM						
% Approved	N/A	N/A	95.7%	N/A	N/A	99.3%
% Denied	N/A	N/A	4.3%	N/A	N/A	0.7%

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

Source: 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-Q2

	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	1.0	1.0	1.5	1.0	-	0.0	0.0	0.0	0.3	0.0
IP – ages 0-12	-	0.0	0.5	1.0	0.5	1.0	-	0.0	-	-	1.1	0.0
IP – ages 13-17	-	0.0	0.3	0.0	0.4	0.0	0.7	1.0	-	-	1.1	0.0
IP – ages 18+	-	0.0	0.7	0.0	0.5	0.0	0.3	1.0	-	-	1.1	0.0
PRTF	0.1	0.0	1.0	1.0	0.7	0.0	0.1	1.0	0.8	1.0	3.1	0.0
TGH	0.5	0.0	-	0.0	0.5	0.0	-	0.0	-	-	0.0	0.0
ASAM 3.1	-	0.0	0.8	1.0	0.7	1.0	0.3	1.0	-	-	2.6	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	4.0	4.0	-	0.0	-	-	1.3	0.0
ASAM 3.5	-	0.0	0.8	1.0	0.7	1.0	0.4	1.0	-	-	1.9	0.0
ASAM 3.7	-	0.0	0.0	0.0	1.0	1.0	-	0.0	-	-	1.7	0.0
ASAM 3.7 WM	-	0.0	0.7	1.0	1.1	1.0	0.3	1.0	-	-	0.4	0.0
ASAM 4 WM	-	0.0	-	0.0	0.6	1.0	-	0.0	-	-	1.1	0.0
Others	-	0.0	-	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-Q2

	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	100.0%	N/A	N/A	N/A	N/A
% Denied	N/A	0.0%	N/A	N/A	N/A	N/A
ASAM 3.2 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.3						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

ASAM 3.5						
% Approved	N/A	100.0%	N/A	N/A	N/A	N/A
% Denied	N/A	0.0%	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-Q2

	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	0.0	0.0
IP – ages 13-17	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.9	0.0
IP – ages 18+	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.5	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	-	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	-	0.0
ASAM 3.5	-	-	0.5	0.5	-	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 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	88.9%	99.9%	95.4%	93.8%	83.8%	92.3%
% Denied	11.1%	0.1%	4.6%	6.2%	16.2%	7.7%
CPST						
% Approved	90.5%	99.9%	95.7%	94.1%	84.0%	93.0%
% Denied	9.5%	0.1%	4.3%	5.9%	16.0%	7.0%
ACT						
% Approved	93.3%	100.0%	100.0%	89.5%	98.1%	85.2%
% Denied	6.7%	0.0%	0.0%	10.5%	1.9%	14.8%
MST						
% Approved	100.0%	100.0%	100.0%	91.7%	95.6%	100.0%
% Denied	0.0%	0.0%	0.0%	8.3%	4.4%	0.0%
FFT						
% Approved	100.0%	100.0%	91.5%	100.0%	89.8%	99.6%
% Denied	0.0%	0.0%	8.5%	0.0%	10.2%	0.4%

Homebuilders						
% Approved	100.0%	100.0%	100.0%	N/A	100.0%	100.0%
% Denied	0.0%	0.0%	0.0%	N/A	0.0%	0.0%
Crisis Intervention						
% Approved	100.0%	100.0%	98.6%	100.0%	85.7%	90.7%
% Denied	0.0%	0.0%	1.4%	0.0%	14.3%	9.3%
BHCC						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A
CBCS						
% Approved	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	36.4%	99.3%	100.0%	65.1%	37.5%
% Denied	N/A	63.6%	0.7%	0.0%	34.9%	62.5%
Med Management						
% Approved	N/A	57.1%	100.0%	45.0%	N/A	0.0%
% Denied	N/A	42.9%	0.0%	55.0%	N/A	100.0%
ASAM 1						
% Approved	70.0%	0.0%	N/A	N/A	N/A	N/A
% Denied	30.0%	100.0%	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	90.9%	90.5%	96.3%	80.4%	93.5%	99.8%
% Denied	9.1%	9.5%	3.7%	19.6%	6.5%	0.2%
ASAM 2 WM						
% Approved	100.0%	100.0%	N/A	N/A	100.0%	100.0%
% Denied	0.0%	0.0%	N/A	N/A	0.0%	0.0%
OTP						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
PSS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Psychological Testing						
% Approved	95.3%	19.6%	57.1%	96.7%	81.2%	99.3%
% Denied	4.7%	80.4%	42.9%	3.3%	18.8%	0.7%
PCS						
% Approved	25.0%	40.0%	100.0%	50.0%	72.3%	93.3%
% Denied	75.0%	60.0%	0.0%	50.0%	27.7%	6.7%
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	92.9%	0.0%	N/A	100.0%	90.8%	33.3%
% Denied	7.1%	100.0%	N/A	0.0%	9.2%	66.7%

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.27 presents the average and median processing time (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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	5.0	5.0	1.3	1.0	3.5	4.0	2.3	2.0	2.2	2.0	1.0	0.0
CPST	5.0	5.0	1.3	1.0	3.5	4.0	2.1	2.0	2.2	2.0	1.0	0.0
ACT	6.2	5.0	1.4	1.0	2.4	3.0	2.6	2.0	2.7	2.0	1.8	1.0
MST	4.8	4.0	1.2	1.0	2.7	2.0	1.2	2.0	3.0	3.0	0.4	0.0
FFT	4.2	4.0	1.2	1.0	3.2	3.0	1.8	2.0	2.4	2.0	0.9	0.0
Homebuilders	4.8	5.0	1.8	1.0	3.3	3.0	-	0.0	1.7	1.0	0.8	0.5
Crisis Intervention	0.1	0.0	1.3	1.0	1.6	1.0	0.2	0.5	0.9	1.0	0.3	0.0
BHCC	-	0.0	-	0.0	-	0.0	0.3	0.5	-	0.0	-	0.0
CBCS	0.0	0.0	-	0.0	-	0.0	-	0.0	0.3	0.0	0.1	0.0
Psychotherapy	-	0.0	2.5	3.0	2.6	2.0	0.0	0.0	1.7	1.0	0.4	0.0
Med Management	-	0.0	2.0	2.0	2.0	2.0	0.0	0.0	-	-	10.0	14.0
ASAM 1	3.5	0.0	0.0	0.0	-	0.0	-	0.0	-	-	-	0.0

ASAM 2.1	3.7	2.0	1.4	1.0	1.5	1.0	1.6	1.0	1.9	1.0	0.9	0.0
ASAM 2 WM	2.5	2.0	2.5	1.0	-	0.0	-	0.0	3.5	4.0	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	3.1	2.0	1.5	1.0	2.8	2.0	1.6	1.0	2.2	2.0	0.5	0.0
PCS	4.1	2.0	2.4	1.0	3.5	3.0	1.0	1.0	6.6	5.0	1.5	1.0
IPS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	3.8	3.0	5.0	2.0	-	0.0	0.0	0.0	1.8	1.0	0.0	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-Q2

	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
FFT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Homebuilders						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Crisis Intervention						
% Approved	N/A	N/A	N/A	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	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	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
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						
% Denied	N/A						
Others							
% Approved	N/A						
% Denied	N/A						

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.29 presents 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-Q2

	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	-	0.0	-	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	-	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	-	0.0	-	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
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	0.0	-	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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	0.0%	20.0%	N/A	0.0%	N/A	0.0%
PRTF	N/A	N/A	N/A	N/A	57.1%	0.0%
TGH	N/A	0.0%	N/A	N/A	N/A	N/A
ASAM 3.1	N/A	100.0%	N/A	N/A	N/A	0.0%
ASAM 3.5	N/A	0.0%	N/A	0.0%	N/A	0.0%
ASAM 3.7 WM	N/A	N/A	N/A	N/A	N/A	0.0%
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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	0.0%	N/A	N/A	N/A	N/A	7.7%
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	0.0%	28.6%	N/A	0.0%	N/A	0.0%

CPST/PSR	N/A	20.0%	0.0%	16.7%	50.0%	0.0%
Psychological Testing	N/A	0.0%	N/A	N/A	N/A	N/A
ASAM 3.7	N/A	N/A	N/A	N/A	N/A	N/A
FFT	N/A	N/A	0.0%	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	16.7 %
PCS	N/A	0.0%	N/A	N/A	N/A	N/A
Psychotherapy	N/A	N/A	N/A	N/A	N/A	0.0%
MST	N/A	0.0%	N/A	N/A	0.0%	N/A
Other – MHO	N/A	0.0%	N/A	0.0%	N/A	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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	84.5%	98.4%	92.0%	89.3%	90.3%	96.4%
% Denied	15.5%	1.6%	8.0%	10.7%	9.7%	3.6%
Rehabilitation						
% Approved	63.5%	N/A	89.7%	94.3%	93.2%	68.0%
% Denied	36.5%	N/A	10.3%	5.7%	6.8%	32.0%
Skilled Nursing Facility						
% Approved	78.8%	N/A	N/A	95.2%	90.6%	72.7%
% Denied	21.2%	N/A	N/A	4.8%	9.4%	27.3%
Long-Term Acute Care Hospital						
% Approved	58.0%	N/A	95.3%	91.7%	98.9%	73.3%
% Denied	42.0%	N/A	4.7%	8.3%	1.1%	26.7%

Hospice						
% Approved	N/A	N/A	N/A	100.0%	85.7%	N/A
% Denied	N/A	N/A	N/A	0.0%	14.3%	N/A
Others						
% Approved	N/A	N/A	88.9%	100.0%	N/A	N/A
% Denied	N/A	N/A	11.1%	0.0%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.33 presents the average and median processing time (in days) for standard prior authorization requests during Q2 2025.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2025-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	1.4	1.0	0.4	0.0	0.4	0.0	0.3	0.0	0.9	0.0	1.6	1.0
Rehabilitation	0.9	1.0	-	0.0	0.4	0.0	0.5	1.0	0.8	1.0	1.0	1.0
Skilled Nursing Facility	0.9	1.0	-	0.0	-	0.0	0.3	1.0	1.0	1.0	1.1	1.0
Long-Term Acute Care Hospital	1.0	1.0	-	0.0	0.4	0.0	0.5	1.0	0.8	1.0	1.2	1.0
Hospice	-	0.0	-	0.0	-	0.0	0.0	0.0	2.3	2.0	-	0.0
Others	-	0.0	-	0.0	0.4	0.0	1.0	1.0	-	0.0	-	0.0

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 Q2 2025.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	86.0%	98.5%	N/A	100.0%	100.0%	98.2%
% Denied	14.0%	1.5%	N/A	0.0%	0.0%	1.8%
Rehabilitation						
% Approved	N/A	77.5%	N/A	N/A	N/A	77.8%
% Denied	N/A	22.5%	N/A	N/A	N/A	22.2%
Skilled Nursing Facility						
% Approved	N/A	66.7%	N/A	N/A	N/A	50.0%
% Denied	N/A	33.3%	N/A	N/A	N/A	50.0%
Long-Term Acute Care Hospital						
% Approved	N/A	54.5%	N/A	N/A	N/A	N/A
% Denied	N/A	45.5%	N/A	N/A	N/A	N/A
Hospice						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	N/A	N/A	N/A	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 Q2 2025.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2025-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.6	0.0	0.5	0.0	-	0.0	0.0	0.0	0.7	1.0	1.2	1.0
Rehabilitation	-	0.0	1.3	1.0	-	0.0	-	0.0	-	0.0	1.0	1.0
Skilled Nursing Facility	-	0.0	1.4	2.0	-	0.0	-	0.0	-	0.0	2.0	2.0
Long-Term Acute Care Hospital	-	0.0	1.3	2.0	-	0.0	-	0.0	-	0.0	-	0.0

Hospice	-	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 Q2 2025.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	96.7%	88.9%	N/A	97.8%	72.2%	100.0%
% Denied	3.3%	11.1%	N/A	2.2%	27.8%	0.0%
Home Health Care						
% Approved	81.6%	97.8%	98.6%	94.2%	92.8%	100.0%
% Denied	18.4%	2.2%	1.4%	5.8%	7.2%	0.0%
DME, OP & Supplies						
% Approved	75.0%	89.6%	93.7%	96.7%	91.1%	93.7%
% Denied	25.0%	10.4%	6.3%	3.3%	8.9%	6.3%
PCS						
% Approved	85.0%	N/A	85.9%	50.0%	91.0%	62.3%
% Denied	15.0%	N/A	14.1%	50.0%	9.0%	37.7%
Med Proc & Dx Test						
% Approved	14.4%	80.1%	82.3%	93.9%	81.9%	90.6%
% Denied	85.6%	19.9%	17.7%	6.1%	18.1%	9.4%
Transportation						
% Approved	75.0%	100.0%	N/A	100.0%	100.0%	N/A
% Denied	25.0%	0.0%	N/A	0.0%	0.0%	N/A
Radiation Therapy						
% Approved	99.0%	N/A	50.0%	N/A	100.0%	N/A
% Denied	1.0%	N/A	50.0%	N/A	0.0%	N/A

Surgery						
% Approved	73.4%	93.8%	81.4%	N/A	95.1%	99.2%
% Denied	26.6%	6.2%	18.6%	N/A	4.9%	0.8%
Transplant						
% Approved	50.0%	50.0%	N/A	100.0%	100.0%	N/A
% Denied	50.0%	50.0%	N/A	0.0%	0.0%	N/A
Hemodialysis						
% Approved	0.0%	N/A	100.0%	N/A	88.9%	100.0%
% Denied	100.0%	N/A	0.0%	N/A	11.1%	0.0%
Phys Admin Drugs						
% Approved	78.0%	86.3%	73.8%	100.0%	80.5%	81.2%
% Denied	22.0%	13.7%	26.2%	0.0%	19.5%	18.8%
Observation						
% Approved	N/A	N/A	N/A	97.3%	82.9%	N/A
% Denied	N/A	N/A	N/A	2.7%	17.1%	N/A
Radiology/Imaging						
% Approved	82.3%	68.2%	100.0%	99.0%	73.9%	90.2%
% Denied	17.7%	31.8%	0.0%	1.0%	26.1%	9.8%
PDHC						
% Approved	88.0%	100.0%	93.9%	100.0%	96.8%	99.2%
% Denied	12.0%	0.0%	6.1%	0.0%	3.2%	0.8%
Hospice						
% Approved	90.4%	88.7%	50.0%	100.0%	91.2%	100.0%
% Denied	9.6%	11.3%	50.0%	0.0%	8.8%	0.0%
ABA						
% Approved	97.1%	98.5%	97.1%	96.6%	100.0%	99.1%
% Denied	2.9%	1.5%	2.9%	3.4%	0.0%	0.9%
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	97.3%	N/A	N/A	N/A	N/A	N/A
% Denied	2.7%	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	85.8%	91.3%	95.3%	99.0%	N/A	N/A
% Denied	14.2%	8.7%	4.7%	1.0%	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 Q2 2025.

Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2025-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.7	2.0	3.6	2.0	-	0.0	1.1	1.0	0.6	0.0	0.8	1.0
Home Health Care	1.9	1.0	2.5	1.0	2.5	2.0	1.4	1.0	3.6	2.0	0.9	1.0
DME, OP & Supplies	2.9	2.0	3.2	2.0	0.8	0.0	0.8	0.0	2.2	1.0	2.1	1.0
PCS	3.1	3.0	-	0.0	3.3	3.0	4.3	7.0	3.1	2.0	6.7	6.0
Med Proc & Dx Test	2.7	2.0	2.6	2.0	0.2	0.0	0.5	0.0	3.6	2.0	1.5	1.0
Transportation	2.5	2.0	3.7	2.0	-	0.0	0.0	0.0	1.8	1.0	-	0.0
Radiation Therapy	1.8	1.0	-	0.0	1.5	1.0	-	0.0	1.3	1.0	-	0.0
Surgery	3.0	2.0	2.0	1.0	0.7	0.0	-	0.0	2.2	1.0	1.5	1.0
Transplant	2.0	2.0	5.5	5.5	-	0.0	0.5	0.0	1.6	1.0	-	0.0
Hemodialysis	4.0	0.0	-	0.0	1.0	1.0	-	0.0	1.3	0.0	0.3	0.0
Phys Admin Drugs	1.0	0.0	0.3	0.0	0.0	0.0	0.2	0.0	2.1	1.0	2.4	1.0
Observation	-	0.0	-	0.0	-	0.0	1.5	1.0	1.1	1.0	-	0.0
Radiology/Imaging	0.0	0.0	1.0	1.0	0.0	0.0	0.1	0.0	4.2	0.0	0.0	1.0
PDHC	4.3	4.0	3.5	2.0	2.8	3.0	3.0	2.0	3.1	0.0	2.7	2.0
Hospice	2.0	2.0	1.8	1.0	3.0	3.0	0.4	0.0	3.7	2.0	1.4	1.0

ABA	3.5	2.0	1.5	1.0	2.6	2.0	0.0	0.0	0.6	0.0	1.0	1.0
Vision - EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Dental	2.5	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	1.1	0.0	3.5	2.0	1.5	2.0	0.1	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 Q2 2025.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	92.9%	N/A	N/A	50.0%	N/A	100.0%
% Denied	7.1%	N/A	N/A	50.0%	N/A	0.0%
Home Health Care						
% Approved	70.0%	N/A	N/A	100.0%	100.0%	100.0%
% Denied	30.0%	N/A	N/A	0.0%	0.0%	0.0%
DME, OP & Supplies						
% Approved	79.8%	88.6%	N/A	100.0%	100.0%	98.5%
% Denied	20.2%	11.4%	N/A	0.0%	0.0%	1.5%
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	59.1%	89.4%	N/A	100.0%	100.0%	93.3%
% Denied	40.9%	10.6%	N/A	0.0%	0.0%	6.7%
Transportation						
% Approved	100.0%	100.0%	N/A	N/A	N/A	N/A
% Denied	0.0%	0.0%	N/A	N/A	N/A	N/A

Radiation Therapy						
% Approved	97.8%	N/A	N/A	N/A	100.0%	N/A
% Denied	2.2%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	64.7%	100.0%	N/A	N/A	100.0%	100.0%
% Denied	35.3%	0.0%	N/A	N/A	0.0%	0.0%
Transplant						
% 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
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	81.2%	83.2%	N/A	N/A	72.2%	100.0%
% Denied	18.8%	16.8%	N/A	N/A	27.8%	0.0%
Observation						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Radiology/Imaging						
% Approved	28.6%	100.0%	N/A	100.0%	76.9%	86.7%
% Denied	71.4%	0.0%	N/A	0.0%	23.1%	13.3%
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	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
ABA						
% 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
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	47.2%	100.0%	N/A	100.0%	N/A	N/A
% Denied	52.8%	0.0%	N/A	0.0%	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 Q2 2025.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2025-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	0.7	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0	1.0	1.0
Home Health Care	2.5	1.0	-	0.0	-	0.0	0.0	0.0	0.0	0.0	0.7	1.0
DME, OP & Supplies	1.0	1.0	0.5	0.0	-	0.0	1.5	1.5	0.0	1.0	0.7	0.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med Proc & Dx Test	1.5	2.0	1.1	0.0	-	0.0	0.0	0.0	1.0	0.0	0.7	0.0
Transportation	1.0	1.0	0.0	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Radiation Therapy	2.0	3.0	-	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0
Surgery	0.7	0.0	0.6	0.0	-	0.0	-	0.0	0.1	0.0	0.9	1.0
Transplant	-	0.0	-	0.0	-	0.0	-	0.0	0.8	1.0	-	0.0
Hemodialysis	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Phys Admin Drugs	0.8	0.0	0.3	0.0	-	0.0	-	0.0	1.2	1.0	0.4	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	-	0.0	0.0	0.0	0.8	1.0	0.1	1.0
PDHC	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ABA	1.8	1.5	-	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	0.5	0.0	-	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	0.7	1.0	2.6	2.0	-	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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	3	0.0%	11	9.1%	4	0.0%	2	50.0%	-	N/A	8	25.0%
Rehabilitation	5	40.0%	-	N/A	3	66.7%	-	N/A	-	N/A	6	0.0%
Surgery	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
SNF	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	9	0.0%
LTAC	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A	4	0.0%
Hospice	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Inpatient Others	4	50.0%	-	N/A	2	0.0%	-	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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	-	N/A	-	N/A	-	N/A	-	N/A	102	20.6%	-	N/A
Home Health	-	N/A	1	0.0%	1	100.0%	-	N/A	-	N/A	-	N/A
DME, OP & Supplies	8	62.5%	9	22.2%	11	27.3 %	2	100.0%	79	62.0%	33	6.1%
PCS	1	100.0%	-	N/A	2	0.0%	-	N/A	1	0.0%	4	25.0%
Med Proc & Dx Test	6	16.7%	6	0.0%	9	22.2%	1	0.0%	51	39.2%	-	N/A
Radiation Therapy	-	N/A	-	N/A	2	0.0%	-	N/A	-	N/A	7	85.7%
Surgery	8	37.5%	1	0.0%	7	14.3%	-	N/A	5	80.0%	7	28.6%
Phys Admin Drugs	29	6.9%	23	43.5%	-	N/A	8	12.5%	5	100.0%	23	39.1%
Other Prescription Drugs	27	14.8%	19	47.4%	55	29.1%	2	0.0%	59	59.3%	-	N/A
Radiology/Imaging	5	60.0%	43	37.2%	18	33.3%	-	N/A	60	43.3%	86	30.2%
ABA	-	N/A	4	75.0%	2	0.0%	-	N/A	-	N/A	4	0.0%
PDHC	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Dental Services	-	N/A	-	N/A	-	N/A	1	0.0%	-	N/A	-	N/A
Transplant	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Others	37	54.1%	7	0.0%	3	0.0%	-	N/A	7	57.1%	1	0.0%
Hospice	-	N/A	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A
Observation	-	N/A	1	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 Q2 2025.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	6,066	4,616	-	2,799	12,807	13,252
% Approved	72.0%	74.7%	N/A	71.9%	73.5%	74.1%
% Denied	28.0%	25.3%	N/A	28.1%	26.5%	25.9%

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 Q2 2025.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2025-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	2.1	2.0	-	1.9	1.9	1.9
Median Hours	0.1	0.1	-	0.1	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 Q2 2025.

Table 2.1 Claims Rejected, CY 2025-Q2

	DQ	MCNA
# Received	488,733	456,960
# 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 in which they are determined.

Table 2.2 Claims Adjudicated, CY 2025-Q2

	DQ	MCNA
EPSDT		
# Adjudicated	445,361	400,993
# Denied	12,949	34,929
% Denied	2.9%	8.7%
# Denied as Duplicate	2,148	5,131
# Adjusted	358	2,817
# Voided	134	0
Adult		
# Adjudicated	44,010	7,439
# Denied	12,487	4,413
% Denied	28.4%	59.3%
# Denied as Duplicate	958	357
# Adjusted	20	210
# Voided	28	0

Source: Report 152, Act 710 Healthy Louisiana Claims Report

Table 2.3 presents the average number of days adjudicated for claims.

Table 2.3 Average Days to Adjudicate Claims, CY 2025-Q2

	DQ	MCNA
EPSDT	14.0	7.5
Adult	9.3	8.9

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-Q2

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	599	10.8%	1,182	42.4%
	2	189	3.2%	1,069	44.3%
	3	176	2.2%	604	23.1%
	4	149	1.7%	571	27.8%
	5	107	1.2%	550	13.7%
Adult	1	864	79.9%	312	100.0%
	2	598	88.7%	167	65.0%
	3	482	78.0%	138	80.2%
	4	264	47.6%	119	47.8%
	5	333	61.0%	113	82.5%

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 reconsiderations submitted.

Table 2.5 Denied Claims Submitted and % Overturned For Reconsideration, CY 2025-Q2

	DQ	MCNA
# Submitted	124	7
% Overturned	0.0%	100.0%

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 total appeals submitted.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2025-Q2

	DQ	MCNA
# Submitted	41	0
% Overturned	100.0%	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-lbh-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.

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.

As stated in the Data Collections section within the Introduction, the Q2 2025 Healthy Louisiana Claims Report reflects all data approved by LDH as of the publication deadline. Reports were either not received or not approved by the publication deadline and are therefore not included in this quarter's report for tables 2.7 through 2.10.

Table 2.7 Standard Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2025-Q2

	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.

Table 2.8 Average and Median Time to Process Standard Prior Authorizations, CY 2025-Q2

	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.

Table 2.9 Expedited Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2025-Q2

	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.

Table 2.10 Average and Median Time to Process Expedited Prior Authorizations, CY 2025-Q2

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

Source: Report PQ188 PA Summary (Dental)

Table 2.11 presents the total standard prior authorization requests submitted and the percentage approved after appeal. Note that the PS113 Grievance, Appeal, and Fair Hearing Log report does not provide a breakdown of dental services with their percentage approved for standard prior authorizations post-appeal.

Table 2.11 Standard Prior Authorization Requests Submitted for Appeal and Percentage Approved, CY 2025-Q2

	DQ	MCNA
# Submitted	18	8
% Approved	5.6%	0.0%

Source: Report 113 Dental Grievance, Appeal and Fair Hearing Log

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

Table 2.12 Encounters Submitted and Rejected, CY 2025-Q2

	DQ	MCNA
Submitted	463,488	434,304
Rejected	22,333	30,485

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

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