

## ACT 212 - Item 7<sup>1</sup>

Number of Claims Denied or Reduced by Each Coordinated Care Network By Reason

Health Plan	Documents Provided Do Not Support Medical Necessity <sup>2</sup>	Prior Authorization Not on File	Member Has Other Insurance That Must be Billed First	Claim Submitted After Timely Filing Deadline	Not a Louisiana Medicaid Covered Service	Failure to Meet Other Health Plan Administrative Requirement(s) <sup>3</sup>
Amerigroup	1,577	183,205	68,446	5,759	33,443	To Be Reported
Amerihealth Caritas	3	216,557	43,502	4,505	50,969	To Be Reported
Louisiana Healthcare Connections	16,013	138,220	43,148	4,825	166,591	To Be Reported
Community Health Solutions	23,086	19,370	N/A	0	106,106	To Be Reported
UnitedHealthcare Community Plan	30,135	44,039	N/A	2,738	14,810	To Be Reported
Louisiana Medicaid Baseline	351,813	1,727,802	723,449	605,611	3,161,438	1,324

<sup>1</sup> Source: Bayou Health Report 173, self reported by the Bayou Health Plans.

<sup>2</sup> AmeriHealth Caritas reports lower numbers of denials for lack of documentation as current authorization process review requests prospectively for medical necessity and does not rely on the claims adjudication process to make denials retrospectively.

<sup>3</sup> The "Failure to Meet Other Health Plan Administrative Requirement(s) " column will be populated in subsequent reports, as a new reporting format is under construction to capture this data.