



LOUISIANA DEPARTMENT OF HEALTH

External Quality Review (EQR)
Validation of Encounter Data
Submission of Findings

AmeriHealth Caritas of Louisiana

May 9, 2023



**MYERS AND
STAUFFER**
LC
CERTIFIED PUBLIC ACCOUNTANTS



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Executive Summary

The Louisiana Department of Health (LDH) engaged Myers and Stauffer to perform External Quality Review (EQR) Protocol 5 to evaluate the completeness and accuracy of the encounter data submitted by AmeriHealth Caritas of Louisiana (ACLA) for members enrolled in the State's Medicaid Managed Care program. The health plan's state fiscal year (SFY) 2021 (i.e., July 1, 2020 through June 30, 2021) encounters were reviewed to determine if the encounters met the State's contract requirements for completeness, accuracy, prompt payment and encounter submission timeliness. The health plan-submitted data and encounters evaluated included the following:

- Monthly cash disbursement journals (CDJ), which included payment dates and amounts paid by the health plan to providers (i.e., the bi-monthly Encounter Data Validation Report).
- Claims sample data which included transactions with payment/adjudication dates within two selected sample months, October 2020 and March 2021.
- Encounter data provided by the fiscal agent contractor (FAC) in a standardized monthly data extract, which included encounters received and processed by the FAC and transmitted to Myers and Stauffer through July 26, 2022.
- Medical records which were randomly sampled from encounters with dates of service during the measurement period. A sample size of 150 medical records was approved by LDH for review.

A 97 percent completeness, accuracy, and validity threshold was used for comparing the encounters to the CDJs, claims sample data and medical records submitted by the health plan.

Our work was performed in accordance with the American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services. We express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

Observations and findings are based on the information provided and known at the time of the review. The findings and issues noted may reside with the health plan and/or the FAC. The health plan should work with LDH and the FAC to resolve issues noted within the encounter data.

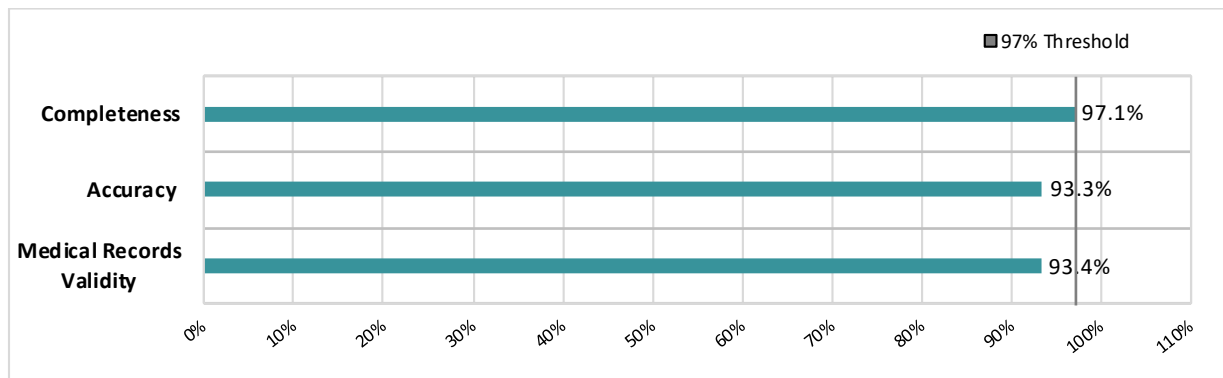
Findings

- **Completeness:** The average completion percentage for SFY 2021 was above the 97 percent threshold (98.2 percent) when compared to CDJ paid amounts. Non-emergency medical transportation (NEMT) and pharmacy encounters were at or above the 97 percent threshold when compared to sample claims counts. When compared to sample claims paid amounts, encounter completion percentages were at or below the 97 percent threshold for all encounter types. The aggregate overall completion percentage (i.e., the total based on CDJ paid amounts, sample claims counts and sample claims paid amounts) met the 97 percent threshold (97.1



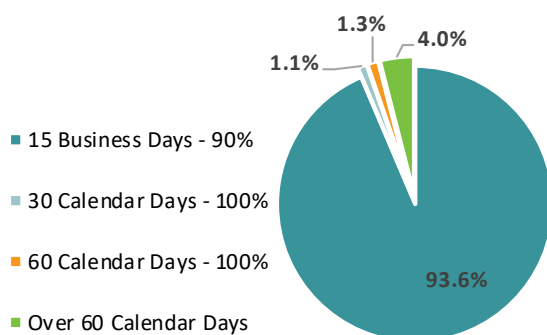
percent).

- **Accuracy:** The overall accuracy percentage was below the 97 percent threshold (93.3 percent). Accuracy issues were primarily a result of data element values that were missing from either the sample claims data or the encounter data.
- **Medical Record Validation Rates:** 100 of the 150 (66.7 percent) medical records requested were submitted and tested. The validation rate for the medical records tested was below the 97 percent threshold (93.4 percent).

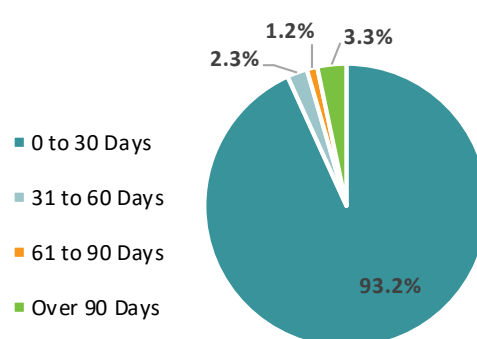


- **Timeliness:** The health plan met the 15 business day requirement for the payment of claims and did not meet the 30 and 60 calendar day requirements. The health plan submitted 95.5 percent of its encounter data within 60 days.

Timely Payment of Claims



Timely Encounter Submissions





Introduction

Louisiana's Medicaid managed care program, known as Healthy Louisiana, is the means by which most of Louisiana's Medicaid and Children's Health Insurance Program (LaCHIP) recipients receive health care services. Medicaid recipients enroll in a managed care plan for health care services. The plans differ from one another by offering diverse provider networks, referral policies, health management programs, and extra services and incentives. The overriding goal is to encourage enrollees to own their own health and the health of their families.¹

The Centers for Medicare & Medicaid Services (CMS) established requirements for states to improve the reliability of encounter data collected from managed care health plans. In 2016, the Medicaid managed care final rule, required states to conduct an independent audit of encounter data reported by each managed care health plan. Revisions to the Medicaid managed care regulations enhanced quality oversight criteria. Under the 2020 final rule, encounter data must include allowed and paid amounts and states must annually post on its website health plans that are exempt from external quality review².

CMS indicated that states could meet the independent audit requirement by conducting an encounter data validation study based on EQR Protocol 5³. Protocol 5 assesses the completeness and accuracy of the encounter data that has been adjudicated (i.e., paid or denied) by the health plan and submitted to the State's Fiscal Agent Contractor (FAC). Although Protocol 5 is a voluntary protocol, CMS strongly encourages states to contract with qualified entities to implement Protocol 5 to meet the audit requirement of the final rule. States may be at risk for loss of federal financial participation/reimbursement if the encounter data is incomplete and/or inaccurate.

Encounter data validation can assist states in reaching the goals of transparency and payment reform to support its efforts in quality measurement and improvement. The final Medicaid Managed Care Rule strengthens the requirements for state monitoring of managed care programs. Under the rule, each state Medicaid agency must have a monitoring system that addresses all aspects of the state's managed care program⁴. Additionally, states are required to provide accurate encounter data to the actuaries, as well as to CMS as part of the Transformed Medicaid Statistical Information System (T-MSIS) project. Protocol 5 enables states to meet these data validation and monitoring requirements. Protocol 5 evaluates state/department policies, as well as the policies, procedures, and systems of the health plan, assists states in gauging utilization, identifying potential gaps in services, evaluating program effectiveness, and identifying strengths and opportunities to enhance oversight.

LDH engaged Myers and Stauffer LC to perform Protocol 5 to evaluate the completeness and accuracy of the encounter data submitted by ACLA for members enrolled in the State's Medicaid Managed Care

¹ <https://ldh.la.gov/page/32>

² <https://www.cms.gov/newsroom/fact-sheets/medicaid-childrens-health-insurance-program-chip-managed-care-final-rule-cms-2408-f>

³ 81 Fed. Reg. 27,498, 27,603 (May 6, 2016).

⁴ Electronic Code of Federal Regulations: <https://www.ecfr.gov/cgi-bin/text-idx?SID=888e7bb305afac68ec3793a21b77a4ba&mc=true&node=pt42.4.438&rgn=div5>



program. EQR Protocol 5 validation analyses were performed on the health plan's SFY 2021 encounter data. CMS guidelines were followed and applied during the review.

On March 11, 2020, Louisiana's Governor, John Bel Edwards, declared a public health emergency (PHE)⁵. Federal and state responses to the PHE⁶ triggered social and economic disruptions, and periodically limited health care services to essential, emergency services. Although the public health guidelines changed to reflect the fluctuations of the PHE, it remained in effect throughout the measurement period⁷.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services. We express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

For each activity, a summary of results and observations are presented along with detailed analyses. Observations and findings are based on the information provided, interviews with subject matter experts, and known data limitations at the time of the review. The report is written specific to the health plan; however, the findings and issues noted may reside with the fiscal agent contractor (FAC). The recommendations and findings within this report provide an opportunity for the health plan to review its processes to ensure information and data submitted to the State and/or captured by the FAC is complete and accurate. The expectation is for the health plan to work with LDH and the FAC to resolve issues noted within the encounter data.

⁵ <https://content.govdelivery.com/accounts/WIGOV/bulletins/280ac92>

⁶ <https://content.govdelivery.com/accounts/WIGOV/bulletins/281127d>

⁷ The public health emergency order was in effect for 24 months and expired on March 16, 2022. <https://gov.louisiana.gov/index.cfm/newsroom/detail/3589#:~:text=expires%20this%20week.-,Gov.,remained%20in%20effect%20ever%20since.>



Activity 1: Review State Requirements

The purpose of Activity 1 is to review information about the State's requirements for collecting and submitting encounter data. This review determines if additional or updated requirements are needed to ensure encounter data is complete and accurate. LDH provided Myers and Stauffer with the State-required items (as listed in Protocol 5), as well as acceptable error rates, and accuracy and completeness thresholds.

In addition to reviewing the State requirements, LDH's contract with the health plan was reviewed in detail. Myers and Stauffer also met with LDH and FAC representatives regularly. Monthly status meetings conducted with LDH and the FAC ensured that our understanding of policies, processes and systems were accurate.

Observations made from the reviews are summarized below along with recommendations for LDH and/or the FAC.

Findings and Recommendations	
Findings	Recommendations
There were no findings related to our review of the State's requirements.	



Activity 2: Review Health Plan Capability

The health plan's information system and controls were evaluated to determine its ability to collect and submit complete and accurate encounter data. A survey was developed, requested documentation was reviewed, and interviews were conducted with health plan personnel to gain an understanding of the health plan's structure and processes. The survey and personnel interviews included questions related to claims processing, data submissions, enrollment, data systems, controls and mechanisms⁸. The requested documentation supported work flows, policies and procedures, and organizational structures.

Observations and findings related to the review and interviews are summarized below along with recommendations for LDH and the health plan.

Findings and Recommendations	
Findings	Recommendations
There were no findings related to our review of the health plan's capabilities.	

⁸ Questions found in Appendix V, Attachment B of the Validation of Encounter Data protocol were included in the survey.
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/app5-attachb-isreview.pdf>



Activity 3: Analyze Electronic Encounter Data

Activity 3 determines the validity of the encounter data submitted to the State and requires verifying its completeness and accuracy. Encounter data for the period July 1, 2020 through June 30, 2021 was used for the analyses. CDJs and claims sample data submitted by the health plan were compared to the encounter data submitted to the FAC to determine the encounter data's integrity (i.e., completeness and accuracy). Statistics and distributions were also generated on the data for validation.

The health plan contracted with third party vendors to administer its vision, dental, NEMT, and pharmacy benefits. CDJs and claims sample data were also submitted by the third party vendors. These files were separately compared to the encounter data to determine the completeness and accuracy of the data submitted to LDH, via the health plan's delegated vendors.

Completeness

Complete encounter data is dependent upon the timely submission of encounters. Encounters are a record of claims that have been adjudicated by the health plan to providers that have rendered health care services to members enrolled with the health plan. These encounters are submitted by the Medicaid managed care health plans operating in Louisiana to LDH via the FAC, Gainwell Technologies.

According to the health plan's contract with LDH, the health plan must submit complete and accurate encounter data at least monthly for all dates of service during the contract period. This includes all claims paid, denied, adjusted, and voided by the health plan and its delegated vendors. Encounters are due in accordance with the encounter reconciliation schedule published by LDH or its contracted review organization (Appendix A). Encounter data completeness is measured by comparing the encounters to cash disbursements within a three (3) percent error threshold (i.e., at least 97 percent and not more than 100 percent of cash disbursements).⁹

Cash Disbursement Journals

Under the contract with LDH, Myers and Stauffer performs a bi-monthly reconciliation of the health plan-submitted CDJs to the FAC encounter data to measure encounter data completeness (i.e., Encounter Data Reconciliation Report). On a monthly basis, Myers and Stauffer receives encounter data from the FAC in a standardized data extract, which includes both paid and denied encounters. The health plan's paid encounters are reviewed to determine if the paid encounters meet the State's contract minimum completeness requirement of 97 percent when compared to the CDJ files. The CDJ files are submitted monthly to Myers and Stauffer by the health plan and its delegated vendors. For this validation, the encounter extract included encounters received and accepted by the FAC and transmitted to Myers and Stauffer through July 26, 2022.

Figure 1, below, shows the monthly completion percentages obtained after the comparison of the CDJ paid amounts to the encounter paid amounts for SFY 2021. A 97 percent threshold was used for

⁹ Contract Amendment #2, Attachment B2, Section 17.9.3.2, effective July 1, 2020.



validation. The health plan's monthly completion percentages were at or above the 97 percent threshold for ten (10) out of the twelve (12) month measurement period.

Encounter Data and CDJ Completion Percentages

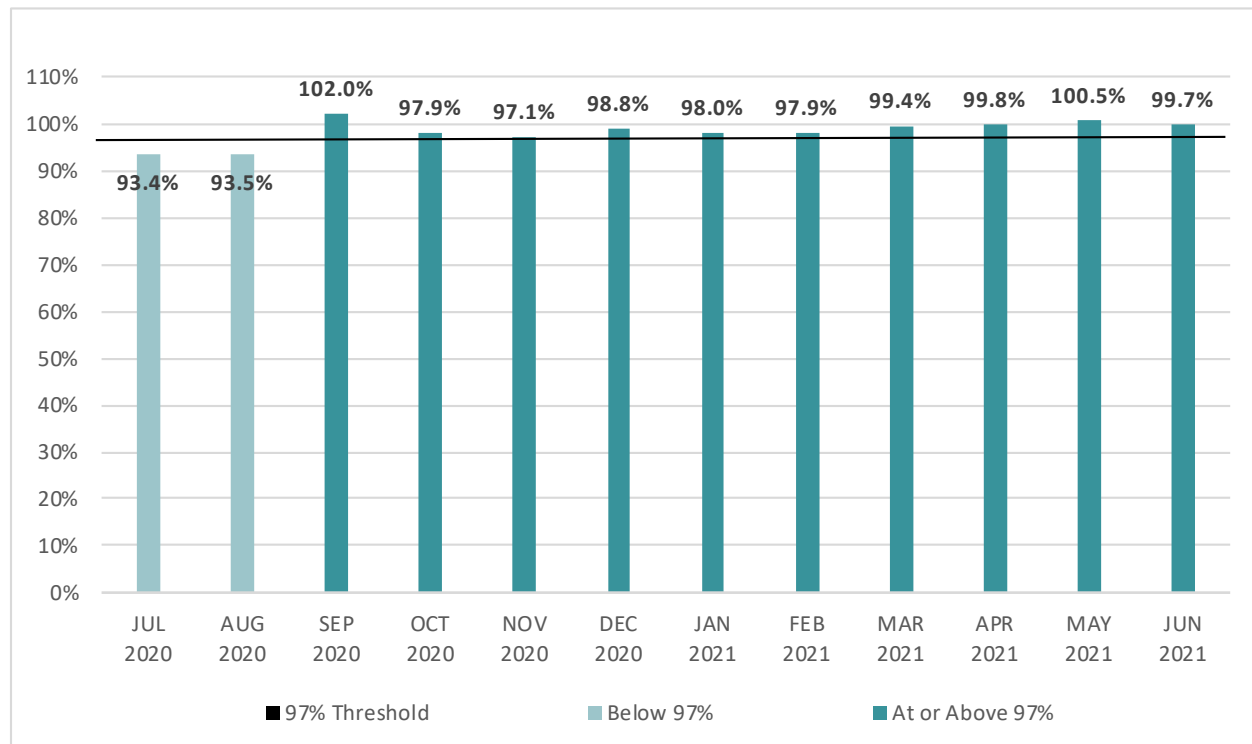


Figure 1 - Encounter Data and CDJ Completion Percentages: The health plan's average completion percentage for SFY 2021, including delegated vendors, was 98.2 percent. Detailed results can be found in the September 2022 Encounter Data Validation Report, Appendix B.

Completion percentages exceeded 100 percent during September 2020 and May 2021. Completion percentages greater than 100 percent and/or below the 97 percent threshold may be due to incomplete data, timing differences, potential duplicates, or claims, voids, replacements, adjustments and/or other transactions present or absent from the encounter data.

Sample Claims

The comparison of the sample claims data to the encounter data sought to ensure that all claims were included in the sample claims and/or encounter data. The health plan-submitted sample claims data was traced to encounter data using data elements provided in the sample claims data. The encounters were evaluated against the sample claims data based on the following criteria:

- Sample Claim Count: The number of claims from the sample that were identified in the encounters.
- Sample Claim Paid Amount: Sample claims paid amounts compared to encounter paid amounts.



Figure 2 shows the completion percentages obtained after the identification of sample claims in the encounters and the comparison of the sample claims counts and paid amounts to encounter counts and paid amounts. A 97 percent threshold was used for validation.

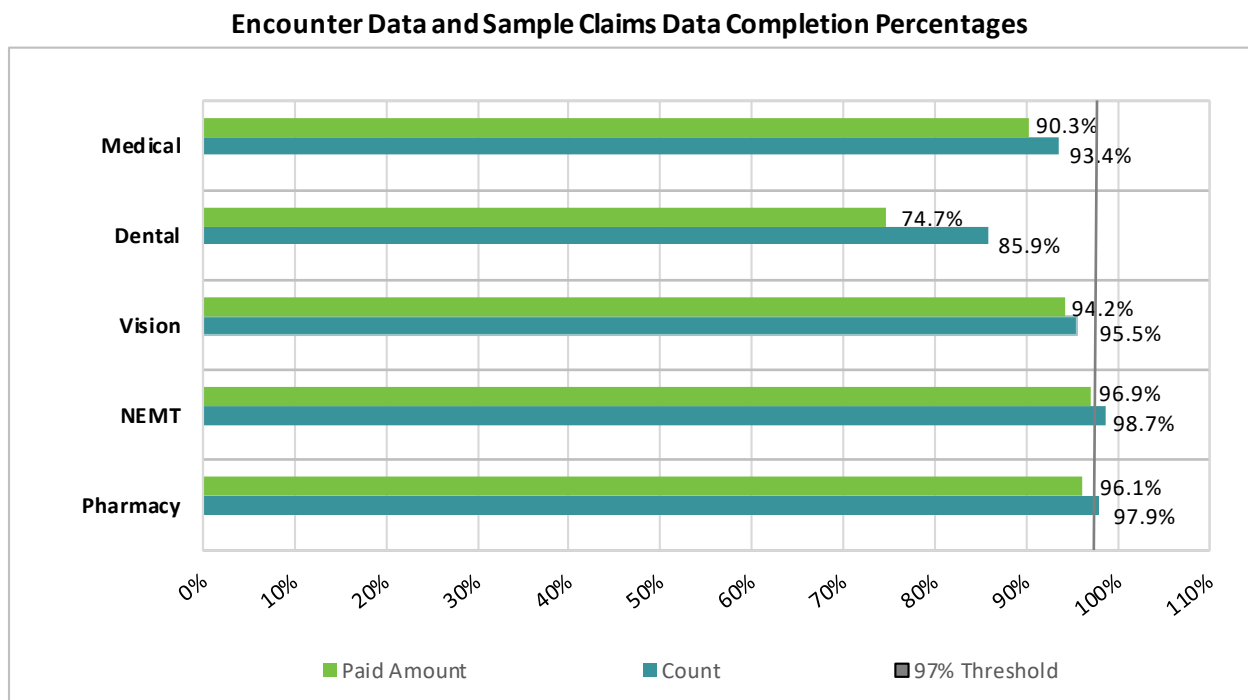


Figure 2 - Encounter data and Sample Claims Data Completion Percentages: Values reflect the two sample months combined. Detailed results can be found in Appendix C and overall completion percentages can be found in Appendix D.

Encounter completion percentages based on both sample claims counts and sample claims paid amounts were below the 97 percent threshold for medical, dental and vision encounters. When compared to sample claims counts, NEMT and pharmacy encounter counts were at or above the 97 percent threshold, and were at or below the threshold when compared to sample claims paid amounts.

Accuracy

For the purpose of validating encounter data accuracy, certain key data elements were selected for testing. The key data elements of the encounters traced to the sample claims data were compared to the corresponding key data elements on the sample claim. Consistency checks on blank or null data element values were also applied. The key data elements were evaluated based on the following criteria:

- **Valid Values:** The encounter key data element value matched the sample claim key data element value. If the encounter key data element was blank (or NULL) and the data element in the sample claim was also blank (or NULL), it was considered valid.
- **Missing Values:** The encounter key data element was blank (or NULL) and the data element in the sample was populated (i.e., had a value).



- **Erroneous Values:** The encounter key data element had a value (i.e., was populated) and the sample claim key data element value was populated, and the values were not the same.

Individual key data element validity and accuracy rates were calculated based on the total number of records in the encounter dataset. The targeted error rate was expected to be below three percent per key data element (i.e., a 97 percent accuracy threshold). Accuracy percentages are presented in **Table 1**, below. Accuracy issues were primarily a result of data element values that were missing from either the sample claims data or the encounter data.

Accuracy Percentages – Key Data Elements Analysis			
Encounter Type	Valid Values	Missing Values	Erroneous Values
Medical	95.8%	0.1%	4.1%
Dental	97.9%	0.0%	2.1%
Vision	95.7%	0.0%	4.3%
NEMT	83.3%	0.0%	16.7%
Pharmacy	88.8%	6.8%	4.4%
Total Average	93.4%	2.3%	4.3%

Table 1 - Encounter Accuracy Percentages – Key Data Elements Analysis: The key data elements evaluated and specific testing results are presented in Appendix E.

Encounter data accuracy issues were noted for health plan paid amounts and dates, and billing/service provider NPIs and taxonomy/specialty.

Findings and Recommendations

The findings from the completeness and accuracy analyses of the encounter data are summarized below, including recommendations for LDH, the FAC and/or the health plan.

Findings and Recommendations		
	Findings	Recommendations
3-A	Completeness – CDJs: The health plan's monthly completion percentages were at or above the 97 percent threshold for ten (10) out of the twelve (12) month measurement period. For SFY 2021, the health plan's completion percentage was above the 97 percent threshold (98.2 percent).	The health plan, in conjunction with the FAC, should investigate and identify the causes of surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated into the FAC encounter data. Additionally, the health plan should submit payment adjustments to ensure duplicates, voids and denied claims are accurately addressed in the encounter data.
3-B	Completeness – Sample Claims Count: NEMT and pharmacy encounter completion percentages, based on sample claims counts, were at or above the 97 percent threshold. Medical, dental and vision encounter counts were below the threshold.	
3-C	Completeness – Sample Claims Paid Amount: Encounter completion percentages, based on	



Findings and Recommendations		
	Findings	Recommendations
	sample claims paid amounts, were at or below the 97 percent threshold.	
3-D	Accuracy – Admission Date: Medical – Both the sample claim data and the encounter data reflect valid values and the values do not agree.	Valid admission dates are required for inpatient coverage and payment. The admission date should reflect the date the patient was admitted to a facility as an inpatient. The dates of service from and through identifies the span of service dates included in the claim/encounter. The health plan should ensure it is properly maintaining admission dates and data within its claims system and data warehouse and ensure the appropriate values are reflected in the encounter submissions.
3-E	Accuracy – Service/Rendering/Attending Provider NPI and/or Taxonomy: Medical – Both the sample claim data and the encounter data reflect valid values and the values do not agree. Dental, Vision, NEMT – Sample claim values were not populated for the non-matching values.	The health plan should ensure it is properly maintaining provider data within the claims system and data warehouse and be able to submit this information in the encounter submissions. Additionally, the FAC and the health plan should work together to ensure the provider regulated values are properly submitted and captured in the encounter data.
3-F	Accuracy – Amount Paid Pharmacy Benefits Manager (PBM) and Basis of Reimbursement: Pharmacy – Both the sample claims data and the encounter data reflect valid values and the values do not agree, or the sample claims data reflects a value and the encounter data does not.	The health plan/delegated vendor should ensure it is properly capturing and maintaining encounter data elements within the claims system and data warehouse and be able to submit this information in the encounter submissions and on future claim sample submissions and/or ad hoc reporting. Additionally, the FAC, the health plan and its delegated vendor should work together to ensure key data elements are properly submitted and captured in the encounter data.
3-G	Accuracy – Prescribing Provider NPI: Pharmacy - The sample claim reflects a value and the encounter value is not populated for the non-matching values.	

Statistics and Distributions

To further support the encounter data validation process, encounters with dates of service during the measurement period were analyzed for consistency among attributes such as member utilization and paid amounts, timeliness of payments, and encounter submissions timeliness. SFY 2021 encounters were used for comparison to Healthy Louisiana program data to further evaluate the encounter data.

Members, Utilization and Paid Amounts

Enrollment data was used to evaluate utilization data on a per member basis. The total number of utilized services (i.e., procedures) and total paid amounts for the SFY were divided by the average number of members for the measurement period to determine per member utilization. **Table 2** shows the resulting utilization and paid amounts per member.



Per Member Per Year ¹⁰ Utilization and Paid Amounts by Service Type						
Service Type	Healthy Louisiana		ACLA		Percentage Variance	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	4.9	\$240	5.1	\$222	4.1%	-7.5%
Dental	0.4	\$20	0.4	\$17	0.0%	-15.0%
Inpatient	1.6	\$1,024	1.7	\$1,091	6.2%	6.5%
NEMT	0.6	\$27	0.7	\$31	16.7%	14.8%
Outpatient	12.0	\$748	12.6	\$769	5.0%	2.8%
Pharmacy	17.0	\$1,302	19.0	\$1,374	11.8%	5.5%
Primary Care	10.0	\$345	10.5	\$363	5.0%	5.2%
Specialty Care	8.0	\$593	7.6	\$612	-5.0%	3.2%
Vision	1.0	\$35	1.0	\$35	0.0%	0.0%
Total Health Plan Services	55.5	\$4,334	58.6	\$4,514	5.6%	4.2%

Table 2 - Per Member Utilization and Paid Amount Statistics: Encounters with SFY 2021 dates of service were used as the criteria for comparison. Differences are due to rounding. Detailed results can be found in Appendix F.

Utilization and paid amounts were greater than Healthy Louisiana's utilization and paid amounts as a whole. Variances may be a result of the PHE. Federal and state responses to the PHE triggered social and economic disruptions, and periodically limited health care services to essential, emergency services.

Timeliness

This analysis determines compliance with the timeliness requirements of the health plan's payment of provider claims and its submission of encounters to the FAC after adjudication (i.e., payment or denial).

Timely Payment of Claims

This analysis measures the compliance of the health plan in paying or denying (adjudicating) claims submitted by providers for payment. The contract between LDH and the health plan requires the health plan to process and pay or deny at least 90 percent of all clean¹¹ claims within 15 business days of receipt, 99 percent within 30 calendar days and fully adjudicate (pay or deny) all pended claims within 60 calendar days of the date of receipt¹². On December 1, 2020, the 30 calendar day percentage requirement increased to 100 percent¹³.

The received dates and paid (adjudication) dates from the encounter data extract were used for the analysis. The number of days between these dates were used to determine the percentage of claims adjudicated (paid or denied) by the health plan within the designated timeframes. **Table 3** shows the results of the timely payment of claims analysis.

¹⁰ Counts and/or paid amount divided by the average number of members.

¹¹ A clean claim is one that can be processed without obtaining additional information from the healthcare provider or a third party. For purposes of this analysis, all claims were considered clean.

¹² Contract Attachment B, Statement of Work, Section 17.2, Claims Processing, contract effective January 1, 2020.

¹³ Contract Amendment #3, Attachment B3, Section 17.2.1.3, effective December 1, 2020.



Timely Payment of Claims				
Encounter Type	15 Business Days 90%	30 Calendar Days 100%	60 Calendar Days 100%	Average Calendar Days
Medical	91.6%	92.7%	94.3%	18
Dental	94.8%	99.1%	99.7%	7
Vision	98.1%	99.7%	99.9%	6
NEMT	94.8%	95.7%	98.7%	10
Pharmacy	97.8%	98.6%	99.2%	4
Overall Average	93.6%	94.8%	96.1%	13

Table 3 - Timely Payment of Claims: The health plan met the 15 business day requirement and did not meet the 30 and 60 day requirements. Detailed results can be found in Appendix G.

Timely Encounter Submissions

According to the health plan's contract with LDH, the health plan must submit encounter data at least monthly. Encounters are due in accordance with the encounter reconciliation schedule published by LDH or its contracted review organization (Appendix A). This allows encounter data submissions to be made in sufficient time to be extracted from the MMIS for review, analysis and inclusion in the encounter reconciliation reports prepared by Myers and Stauffer (Appendix B).

The paid dates and Julian dates (i.e., date the encounter was submitted to the FAC; digits one through four of the FAC assigned ICN number) from the encounter data extract were used for the analysis. **Table 4** shows the results of the encounter submission timeliness analysis.

Timely Encounter Submissions				
Encounter Type	30 Days	60 Days	90 Days	Average Days
Medical	91.6%	94.2%	95.8%	20
Dental	86.3%	89.9%	93.0%	28
Vision	95.3%	96.6%	97.1%	15
NEMT	58.2%	95.9%	96.9%	36
Pharmacy	98.1%	98.2%	98.5%	9
Overall Average	93.2%	95.5%	96.7%	17

Table 4 - Timely Encounter Submissions: The health plan submitted 95.5 percent of encounters within 60 days. Detailed results can be found in Appendix H.

Findings and Recommendations

The findings from the timeliness analysis are presented below, including recommendations for LDH, the FAC and/or the health plan.

Findings and Recommendations		
	Findings	Recommendations
3-H	Timely Payment of Claims: The health plan met the 15 business day level of timeliness for	The health plan should continue to regularly monitor its claims processing system and delegated vendors



Findings and Recommendations		
	Findings	Recommendations
	the payment of claims and did not meet the 30 and 60 calendar day requirements.	to ensure claims are processed promptly and within contractual timeframes.
3-I	Timely Encounter Submissions: The health plan submitted 95.5 percent of encounters (both paid and denied) with SFY 2021 dates of service within 60 days. On average, the health plan submitted encounters within 17 days.	The health plan should review its encounter submission process to ensure encounters rejected by the FAC are quickly resolved and resubmitted. Additionally, the health plan should regularly monitor its delegated vendors' encounter submission processes to ensure encounters are submitted timely.



Activity 4: Review of Medical Records

Activity 4 attempts to confirm or provide supporting information for the findings detailed in the Activity 3 analysis of encounter data. This is done by tracing certain key data elements from the encounters to the provider medical record. Encounter data with dates of service during the measurement period was used as the population for the selection of records for review. A sample size of 150 records was approved by LDH for testing. A non-statistical¹⁴, random sampling of records was selected from the encounter data for review.

The encounter records selected for review were forwarded to the health plan on September 22, 2022 for retrieval of the medical records from the rendering provider. The notification to the health plan stated that medical records were due to Myers and Stauffer by November 7, 2022. Medical records submitted after the due date, records with incorrect dates of service, and incomplete medical records were excluded from the validation.

Table 5 below summarizes the number of records requested, received, replaced or missing, and the net number of medical records tested.

Medical Records Summary					
Description	Medical	Dental	Vision	Pharmacy	Total
Requested	96	1	3	50	150
Missing	38	0	0	12	50
Medical Records Received and Tested	58	1	3	38	100
Percentage of Requested Records Tested	60.4%	100.0%	100.0%	76.0%	66.7%

Table 5 - Medical Records Summary: Medical includes inpatient, outpatient, professional and/or NEMT records. 100 of the 150 medical records requested (66.7 percent) were submitted.

For four (4) of the missing medical records, the providers informed the health plan that there were no medical records for the requested dates of service, and the upload of one (1) of the records to the Myers and Stauffer secure file protocol transfer (SFTP) website was cancelled by the health plan, as the file was too large. The 12 missing pharmacy records were a result of reversed or rejected transactions. The health plan stated that numerous attempts were made to obtain the remaining missing records. As of the date the medical records were due to Myers and Stauffer, the health plan had not received the missing records from the provider(s).

Validation

The medical records were reviewed and compared to the encounter data to validate that the tested key data elements were supported by the medical record documentation. Each key data element was independently evaluated against the medical record and deemed supported or unsupported (i.e., the

¹⁴ Non-statistical sampling is the selection of a test group, such as sample size, that is based on the examiner's judgement, rather than a formal statistical method.
<https://www.accountingtools.com/articles/non-statistical-sampling.html>



medical record supported or did not support the encounter key data element value). The validation was segregated in the following manner:

- Supported: Encounters for which the medical records supported the key data element(s).
- Unsupported: Encounters for which the medical records reflected information that was different from the encounter key data element(s) and/or encounters for which the medical records did not include the information to support the encounter key data element(s).

Table 6 reflects the validation rates from the medical record key data element review. A 97 percent threshold was used for validation. Supported validation rates were below the 97 percent threshold. Unsupported medical encounter key data elements were primarily due to diagnosis codes missing from the medical record or not supported by the medical record. Unsupported pharmacy encounter data elements were related to national drug code (NDC), quantity dispensed and days supply information missing from the pharmacy records.

Medical Records Validation Rates		
Encounter Types	Supported	Unsupported
Medical	92.1%	7.9%
Dental	100.0%	0.0%
Vision	100.0%	0.0%
Pharmacy	95.0%	5.0%
Total	93.4%	6.6%

Table 6 - Medical Record Validation Rates: The key data elements evaluated and specific testing results are presented in Appendix I.

Findings and Recommendations

The findings from the encounter data testing against medical records are presented below, including recommendations for LDH, the FAC and/or the health plan.

Findings and Recommendations		
	Findings	Recommendations
4-A	100 of the 150 (66.7 percent) medical records requested were submitted by the health plan. For four (4) of the missing records, the providers indicated that there were no medical records for the requested dates of service.	The health plan should work with its providers to ensure medical records are available and submitted within the requested time frame(s).
4-B	The validation rate for the 100 medical records tested was below the 97 percent threshold (93.4 percent).	The health plan should work with its delegated vendors and providers to ensure appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).



Activity 5: Submission of Findings

Activity 5 summarizes the findings and recommendations identified in Activity 1 through Activity 4. The table below contains finding numbers corresponding to the activity and sequential finding within each section of the report.

Findings and Recommendations		
Findings		Recommendations
Activity 1 – Review State Requirements		
There were no findings related to our review of the State’s requirements.		
Activity 2 – Review Health Plan Capability		
There were no findings related to our review of the health plan’s capabilities.		
Activity 3 – Analyze Electronic Encounter Data		
3-A	Completeness – CDJs: The health plan’s monthly completion percentages were at or above the 97 percent threshold for ten (10) out of the twelve (12) month measurement period. For SFY 2021, the health plan’s completion percentage was above the 97 percent threshold (98.2 percent).	The health plan, in conjunction with the FAC, should investigate and identify the causes of surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated into the FAC encounter data. Additionally, the health plan should submit payment adjustments to ensure duplicates, voids and denied claims are accurately addressed in the encounter data.
3-B	Completeness – Sample Claims Count: NEMT and pharmacy encounter completion percentages, based on sample claims counts, were at or above the 97 percent threshold. Medical, dental and vision encounter counts were below the threshold.	
3-C	Completeness – Sample Claims Paid Amount: Encounter completion percentages, based on sample claims paid amounts, were at or below the 97 percent threshold.	
3-D	Accuracy – Admission Date: Medical – Both the sample claim data and the encounter data reflect valid values and the values do not agree.	Valid admission dates are required for inpatient coverage and payment. The admission date should reflect the date the patient was admitted to a facility as an inpatient. The dates of service from and through identifies the span of service dates included in the claim/encounter. The health plan should ensure it is properly maintaining admission dates and data within its claims system and data warehouse and ensure the appropriate values are reflected in the encounter submissions.
3-E	Accuracy – Service/Rendering/Attending Provider NPI and/or Taxonomy: Medical – Both the sample claim data and the encounter data reflect valid values and the values do not agree.	The health plan should ensure it is properly maintaining provider data within the claims system and data warehouse and be able to submit this information in the encounter submissions. Additionally, the FAC and the health plan should work together to ensure the provider regulated



Findings and Recommendations		
	Findings	Recommendations
	Dental, Vision, NEMT – Sample claim values were not populated for the non-matching values.	values are properly submitted and captured in the encounter data.
3-F	Accuracy – Amount Paid Pharmacy Benefits Manager (PBM) and Basis of Reimbursement: Pharmacy – Both the sample claims data and the encounter data reflect valid values and the values do not agree, or the sample claims data reflects a value and the encounter data does not	The health plan/delegated vendor should ensure it is properly capturing and maintaining encounter data elements within the claims system and data warehouse and be able to submit this information in the encounter submissions and on future claim sample submissions and/or ad hoc reporting.
3-G	Accuracy – Prescribing Provider NPI: Pharmacy – The sample claim reflects a value and the encounter value is not populated for the non-matching values.	Additionally, the FAC, the health plan and its delegated vendor should work together to ensure key data elements are properly submitted and captured in the encounter data.
3-H	Timely Payment of Claims: The health plan met the 15 business day level of timeliness for the payment of claims and did not meet the 30 and 60 calendar day requirements.	The health plan should continue to regularly monitor its claims processing system and delegated vendors to ensure claims are processed promptly and within contractual timeframes.
3-I	Timely Encounter Submissions: The health plan submitted 95.5 percent of encounters (both paid and denied) with SFY 2021 dates of service within 60 days. On average, the health plan submitted encounters within 17 days.	The health plan should review its encounter submission process to ensure encounters rejected by the FAC are quickly resolved and resubmitted. Additionally, the health plan should regularly monitor its delegated vendors' encounter submission processes to ensure encounters are submitted timely.
Activity 4 – Review of Medical Records		
4-A	100 of the 150 (66.7 percent) medical records requested were submitted by the health plan. For four (4) of the missing records, the providers indicated that there were no medical records for the requested dates of service.	The health plan should work with its providers to ensure medical records are available and submitted within the requested time frame(s).
4-B	The validation rate for the 100 medical records tested was below the 97 percent threshold (93.4 percent).	The health plan should work with its delegated vendors and providers to ensure appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).



Glossary

834 file – HIPAA-compliant benefit enrollment and maintenance documentation.

835 file – HIPAA-compliant health care claim payment/advice documentation.

837 file – The standard format used by institutional providers and health care professionals and suppliers to transmit health care claims electronically.

Adjudication – The process of determining whether a claim should be paid or denied.

American Institute of Certified Public Accountants (AICPA) – The national professional organization of Certified Public Accountants.

Capitation – A payment arrangement for health care services that pays a set amount for each enrolled member assigned to a provider and/or health plan.

Ancillary Services – Supplies and equipment, laboratory and diagnostic tests, therapies (i.e., physical, occupational and speech) and home health services requested by a health care provider as a supplement to fundamental services.

Cash Disbursement Journal (CDJ) – A journal used to record and track cash payments by the health plan or other entity.

Centers for Medicare & Medicaid Services (CMS) – The agency within the United States Department of Health & Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

Centers for Medicare & Medicaid Services (CMS) Medicaid and the Children's Health Insurance Program (CHIP) Managed Care Final Rule – On April 25, 2016 CMS published the Medicaid and CHIP Managed Care Final Rule which modernizes the Medicaid managed care regulations to reflect changes in the usage of managed care delivery systems. The final rule aligns many of the rules governing Medicaid managed care with those of other major sources of coverage; implements statutory provisions; strengthens actuarial soundness payment provisions to promote the accountability of Medicaid managed care program rates; and promotes the quality of care and strengthens efforts to reform delivery systems that serve Medicaid and CHIP beneficiaries. It also ensures appropriate beneficiary protections and enhances policies related to program integrity.

Certified Public Accountant (CPA) – A designation given by the AICPA to individuals that pass the uniform CPA examination and meet the education and experience requirements. The CPA designation helps enforce professional standards in the accounting industry.

CFR – Code of Federal Regulations.

Data Warehouse (DW) – A central repository for storing, retrieving, and managing large amounts of current and historical electronic data. Data stored in the warehouse is uploaded from the operational systems and may pass through additional processing functions before it is stored in the warehouse. Also known as an enterprise data warehouse (EDW).



Delegated Vendor—A vendor to whom the health plan has contractually assigned responsibility for the provision and oversight of approval, payment, and administration of medical services to the Medicaid health plan’s members. Also known as a subcontractor.

Dental Services - Dentistry is the evaluation, diagnosis, prevention, and/or treatment (i.e., non-surgical, surgical, or related procedures) of diseases, disorders, injuries, and malformations of the teeth, gums, jaws, and mouth. Dental services include the removal, correction, and replacement of decayed, damaged, or lost parts, including the filling and crowning of teeth, the straightening of teeth, and the construction of artificial dentures.

Encounter—A health care service rendered to a member, by a unique provider, on a single date of service, whether paid or denied by a coordinated care organization. One patient encounter may result in multiple encounter records.

Encounter Data—Claims that have been adjudicated by the health plan or subcontracted vendor(s), if applicable, for providers that have rendered health care services to members enrolled with the health plan. These claims are submitted to LDH via the FAC for use in rate setting, federal reporting, program oversight and management, tracking, accountability, and other ad-hoc analyses.

External Quality Review Organization (EQRO)—An organization that meets the competence and independence requirements set forth in 42 CFR §438.354, and performs external quality review or other EQR-related activities as set forth in 42 CFR §438.358, or both.

External Quality Review (EQR)—The analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that health plans, or its contractors, furnish to Medicaid recipients.

Fiscal Agent Contractor (FAC)—A contractor selected to design, develop, and maintain the claims processing Medicaid Management Information System (MMIS). Gainwell Technologies is the current FAC for Louisiana. Also known as a fiscal intermediary (FI).

Health Plan—A private organization that has entered into a contractual arrangement with LDH to obtain and finance care for enrolled Medicaid members. Health plans receive a capitation or per member per month (PMPM) payment from LDH for each enrolled member. Also referred to as Managed Care Organization (MCO), Managed Care Plan (MCP) or Managed Care Entity (MCE).

Health Insurance Portability and Accountability Act (HIPAA)—A set of federal regulations designed to protect the privacy and maintain security of protected health information (PHI).

Information Systems Capabilities Assessment (ISCA)—A tool for collecting facts about a health plan’s information system to ensure that the health plan maintains an information system that can accurately and completely collect, analyze, integrate and report data on member and provider attributes, and services furnished to members. An ISCA is a required part of multiple mandatory External Quality Review protocols.

Internal Control Number (ICN) - A numerical mechanism used to track health care claims and encounters. Also referred to as Transaction Control Number (TCN) or a Document Control Number (DCN).



Inpatient Services - Care or treatment provided to members who are extremely ill, have severe trauma, unable to care for themselves or have physical illnesses whose condition requires admission for at least one overnight stay. Lengths of stay are generally short and patients are provided 24-hour care in a safe and secure facility.

Julian Date – A continuous count of days in a calendar year. For example, February 1 is 032.

Key Data Element – A fundamental unit of information that has a unique meaning and distinct units or values (i.e., numbers, characters, figures, symbols, a specific set of values, or range of values) defined for use in performing computerized processes.

Louisiana Children’s Health Insurance Program (LaCHIP) – The Insurance program that provides low-cost health coverage to Louisiana children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance.

Louisiana Department of Health (LDH) – The department within the state of Louisiana that oversees and administers Medicaid.

Medicaid Management Information System (MMIS) – The claims processing system used by the FAC to adjudicate Louisiana Medicaid claims. Health plan-submitted encounters are loaded into this system and assigned a unique claim identifier.

Outpatient Services - Care or treatment that can be provided in a few hours at a facility without an overnight stay. Patients continue working or attend school, interacting and living their lives while receiving treatment. Outpatient services include rehabilitation services such as counseling and/or substance abuse.

Per Member Per Month (PMPM) – The amount paid to a health plan each month for each person for whom the health plan is responsible for providing health care services under a capitation agreement.

Potential Duplicate (PDUP) – An encounter that Myers and Stauffer LC has identified as being a potential duplicate of another encounter in the FAC’s data warehouse.

Primary Care Services - Medical providers in family and general practice, obstetrics and gynecology (for preventive and maternity care), pediatrics (without other sub specialties), and internal medicine (without other sub specialties) are generally considered primary care providers. Federally qualified health clinics and rural health clinics are included, as these clinics provide comprehensive primary and preventative care to underserved areas or populations. Primary care services provide a range of preventive and restorative care over a period of time and primary care providers, generally, coordinate all of the care that a member receives.

Specialty Care Services - Specialists are medical providers who devote attention to a particular branch of medicine (i.e., any type of medical provider who is not considered a primary care provider) in which they have extensive training and education. Specialty care includes services such as cardiology, diabetes, endocrinology, and behavioral health.

Sub-Capitated Provider – A health care provider that is paid on a capitated or per member per month (PMPM) basis that has contracted with a health plan paid under a capitated system and shares a portion of the health plan’s capitated premium.



Validation – The review of information, data, and procedures to determine the extent to which encounter data is accurate, reliable, free from bias, and in accord with standards for data collection and analysis.



Appendix A: Encounter Reconciliation Schedule

Description	September 2020 Reconciliation	November 2020 Reconciliation	January 2021 Reconciliation	March 2021 Reconciliation	May 2021 Reconciliation	July 2021 Reconciliation	September 2021 Reconciliation
Overall Encounter Submission Goal (cumulative)*	95%	95%	97% - 100%	97% - 100%	97% - 100%	97% - 100%	97% - 100%
Submission Requirements for Subcontractor Encounters (for delegated vendors only)*	95%	95%	97% - 100%	97% - 100%	97% - 100%	97% - 100%	97% - 100%
Reconciliation Time Period	7/1/2018 - 06/30/2020	9/1/2018 - 08/31/2020	11/1/2018 - 10/31/2020	1/1/2019 - 12/31/2020	3/1/2019 - 2/28/2021	5/1/2019 - 04/30/2021	7/1/2019 - 06/30/2021
MCO Pharmacy Encounter MMIS Submission Cut-off Date (by 12 noon CST/CDT) ¹	6/24/2020 Encounters: May 2020	8/19/2020 Encounters: July 2020	10/21/2020 Encounters: September 2020	12/23/2020 Encounters: November 2020	2/17/2021 Encounters: January 2021	4/21/2021 Encounters: March 2021	6/23/2021 Encounters: May 2021
	7/22/2020 Encounters: June 2020	9/23/2020 Encounters: August 2020	11/18/2020 Encounters: October 2020	1/20/2021 Encounters: December 2020	3/24/2021 Encounters: February 2021	5/19/2021 Encounters: April 2021	7/21/2021 Encounters: June 2021
MCO Non-Pharmacy Encounter MMIS Submission Cut-off Date (by 12 noon CST/CDT) ¹	6/25/2020 Encounters: May 2020	8/20/2020 Encounters: July 2020	10/22/2020 Encounters: September 2020	12/24/2020 Encounters: November 2020	2/18/2021 Encounters: January 2021	4/22/2021 Encounters: March 2021	6/24/2021 Encounters: May 2021
	7/23/2020 Encounters: June 2020	9/24/2020 Encounters: August 2020	11/19/2020 Encounters: October 2020	1/21/2021 Encounters: December 2020	3/25/2021 Encounters: February 2021	5/20/2021 Encounters: April 2021	7/22/2021 Encounters: June 2021
Cash Disbursement Journal Files due to Myers and Stauffer	<i>expected: 6/15/2020, 7/15/2020</i>	<i>expected: 8/17/2020, 9/15/2020</i>	<i>expected: 10/15/2020, 11/16/2020</i>	<i>expected: 12/15/2020, 1/15/2021</i>	<i>expected: 2/15/2021, 3/15/2021</i>	<i>expected: 4/15/2021, 5/17/2021</i>	<i>expected: 6/15/2021, 7/15/2021</i>
Draft MCO Encounter Reconciliations Due to LDH	9/10/2020	11/5/2020	1/12/2021	3/11/2021	5/6/2021	7/8/2021	9/9/2021
LDH to Provide MCOs with Draft Encounter Reconciliations	9/11/2020	11/6/2020	1/13/2021	3/12/2021	5/7/2021	7/9/2021	9/10/2021
Myers and Stauffer to Post Raw Encounter Data Files and Supplemental Duplicates / Calculated Voids Files	9/11/2020	11/6/2020	1/13/2021	3/12/2021	5/7/2021	7/9/2021	9/10/2021
Due from MCOs to be Included in the Next Report: Feedback on (1) Duplicates / Voids File and (2) Encounter Reconciliation	9/18/2020	11/13/2020	1/20/2021	3/19/2021	5/14/2021	7/16/2021	9/17/2021

* LDH and Myers and Stauffer will not round encounter submission results

¹ The MMIS submission cut-off-date is set by the FAC and is subject to change per changes to the data extract frequency or data processes.

² For every day the encounter data from the FAC is delayed, the MCO Encounter Reconciliation report will be delayed by two days.

Appendix B

Louisiana Department of Health

**Comparison of
Health Plan Encounter Data to
Cash Disbursements for
AmeriHealth Caritas Louisiana
July 1, 2020 – June 30, 2022**

September 15, 2022
Draft



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Study Purpose

Louisiana Department of Health (LDH) engaged Myers and Stauffer LC to analyze Healthy Louisiana encounter data that has been submitted by the managed care organizations (MCO) to Louisiana's fiscal agent contractor (FAC), Gainwell, and complete a comparison of the encounters to cash disbursement journals provided by each MCO. For purposes of this analysis, "encounter data" are claims that have been paid by AmeriHealth Caritas Louisiana (ACLA) or delegated vendors (e.g., vision and pharmacy) to health care providers that have provided health care services to members enrolled with the MCO. Encounter data is submitted to LDH via the FAC for LDH's use in rate setting, federal reporting, program management and oversight, tracking, accounting, ad hoc analyses, and other activities.

LDH requested that, for this study, we estimate the percentage of each MCO delegated vendor paid encounters that appear to be included in the FAC's database. This analysis includes these percentages for the entire plan as well as separate vision, non-emergency medical transportation (NEMT), dental value-added service (VAS), and pharmacy delegated vendor encounters paid during the reporting period. We have also included the percentages for total non-vendor MCO paid encounters.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services; accordingly, we express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

The results of our engagement and this report are intended only for the internal use of the LDH and should not be used for any other purpose.



Summary

Entire Plan

LDH requested that, for this study, we review the plan's paid encounters to determine if the paid encounters meet the state contract completeness range of **97 percent to 100 percent** when compared to the cash disbursement journal (CDJ) files that are submitted by the MCO. The encounters and CDJ file utilized in this study met the following criteria:

- Encounter and CDJ transactions were paid within the reporting period of **July 1, 2020 through June 30, 2022**
- Encounters were received and accepted by the FAC and transmitted to Myers and Stauffer LC through **July 26, 2022**

Table A — AmeriHealth Caritas Louisiana Cumulative Completion Totals and Percentages

Description	Entire Plan	Non-Vendor	VSP (Vision)	Avesis Vision	Delegated Vendor			
					Southeasterns (NEMT)	DINA Dental	Avesis Dental	PerformRx (Pharmacy)
Encounter Total (FAC reported)	\$1,998,055,881	\$1,350,427,588	\$2,737	\$14,045,053	\$15,965,759	\$223	\$7,517,426	\$610,097,095
Total Encounter Adjustments (\$)	(\$147,284,193)	(\$97,465,271)	(\$1,099)	(\$628,861)	(\$570,066)	\$0	(\$1,429,365)	(\$47,189,532)
Total Encounter Adjustments (%)	-7.37%	-7.21%	-40.14%	-4.47%	-3.57%	0.00%	-19.01%	-7.73%
Net Encounter Total	\$1,850,771,688	\$1,252,962,317	\$1,638	\$13,416,193	\$15,395,694	\$223	\$6,088,061	\$562,907,563
CDJ Total	\$1,856,972,760	\$1,257,322,440	\$2,616	\$13,418,634	\$17,078,193	\$65	\$6,410,083	\$562,740,728
Variance	(\$6,201,072)	(\$4,360,123)	(\$978)	(\$2,442)	(\$1,682,500)	\$158	(\$322,022)	\$166,834
Completion (%)	99.66%	99.65%	62.61%	99.98%	90.14%	343.89%	94.97%	100.02%
100% Limited Completion* (%)	99.65%	N/A	N/A	N/A	N/A	100.00%	N/A	100.00%
Minimum Completeness (%)	97.00%							
Non-Compliant (%)	N/A	N/A	-34.39%	N/A	-6.86%	243.89%	-2.03%	0.02%

* To avoid overstating the Entire Plan results in situations where an individual vendor's cumulative completion percentage exceeds 100 percent, we have decreased the Entire Plan encounter totals by the total variance in comparison to the CDJ. Please see Appendix B for more information on the limited completion percentage.

Encounter Data Analysis

For this study, Myers and Stauffer analyzes the encounter data that is submitted by the MCO to the FAC and loaded into the FAC Medicaid Management Information System (MMIS). Encounters submitted by the MCO that were rejected by the FAC for errors in submission or other reasons are not transmitted to Myers and Stauffer.

Furthermore, Myers and Stauffer analyzes the encounter data from the FAC MMIS and makes the following adjustments. Table B below outlines the impact of applying these encounter analysis adjustments to the encounter paid amounts, when compared to the raw data received.

1. The payment amounts associated with denied encounters are identified as zero dollars in the encounter reconciliation analysis since they bear no impact on cash disbursements.
2. We identified potential duplicate encounters using our encounter review logic. Based on a comparison to the CDJ files, we noted some of these potential duplicates appear to be partial payments, some are actual duplicate submissions, and some are replacement encounters without a matching void. At the direction of LDH, we have attempted to adjust our totals to reflect the actual payment made and have removed duplicate payment amounts from our analysis.

Table B — Myers and Stauffer LC's Adjustments to AmeriHealth Caritas Louisiana Encounters			
Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	31,429,998	\$1,998,055,881	100.00%
Adjustment Type			
State System Denied	(1,056,434)	(\$124,272,453)	-6.21%
Health Plan Denied	(7,892,342)	(\$22,043,471)	-1.10%
Calculated Void	(3,475)	(\$195,780)	0.00%
Duplicate	(9,686)	(\$772,489)	-0.03%
Total Adjustments Made	(8,961,937)	(\$147,284,193)	-7.37%
Net Encounter Amounts	22,468,061	\$1,850,771,688	92.63%

* Due to rounding, the sum of the displayed percentages in this report may not add up to the total.



Summary Charts

Chart 1. Entire Plan CDJ and Encounter Totals by Paid Month

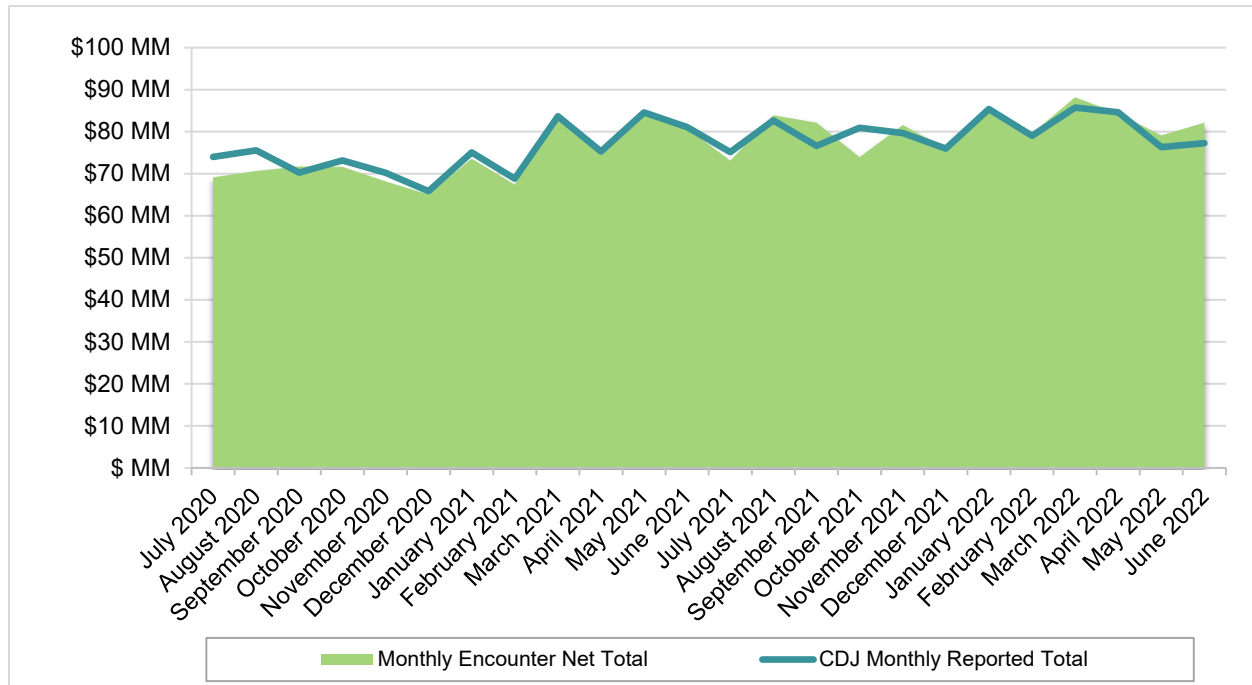
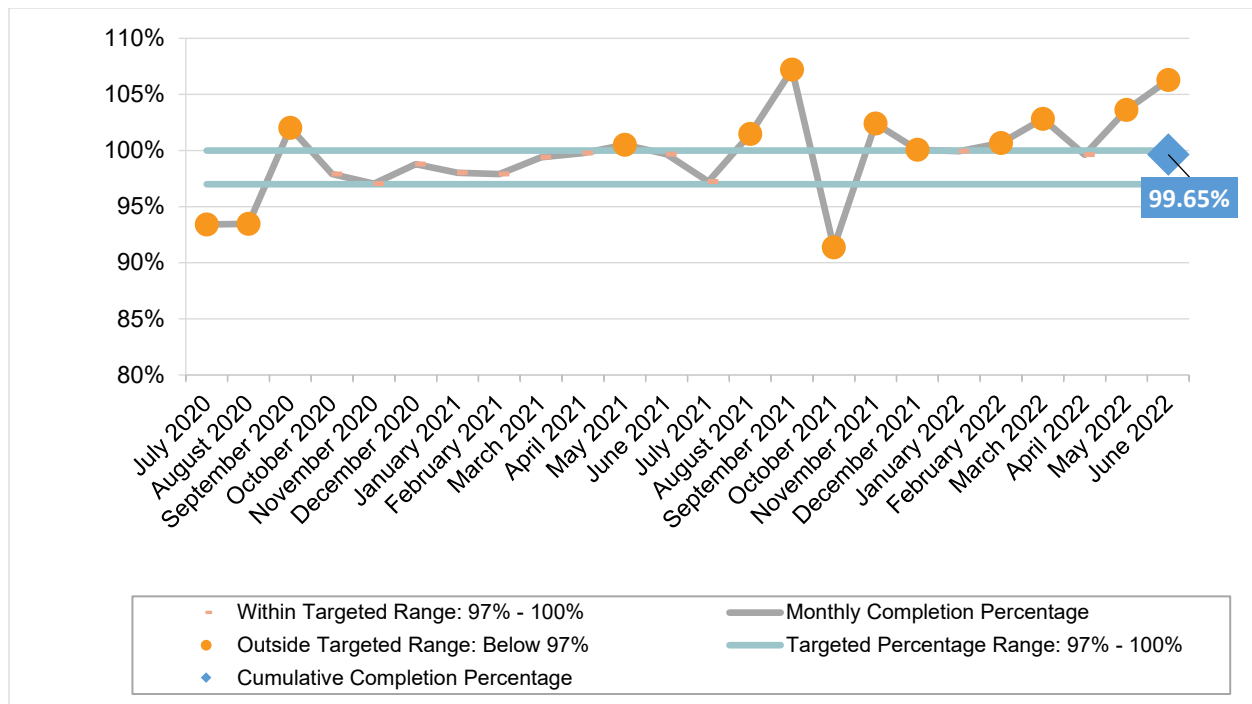


Chart 2. Entire Plan Completion Percentage by Paid Month





Data Issues and Recommendations

During this analysis, Myers and Stauffer identified potential data issues that may impact the completion percentages for ACLA. Section A details issues related to non-compliant cumulative completion percentages, while Section B notes outstanding data issues that ACLA may need to work to identify and resolve.

Please reference Tables 1 through 8 for ACLA reconciliation period tables. These tables contain detailed reconciliation totals, completion percentages, and encounter analysis adjustments.

Section A: Data issues potentially impacting compliance:

1. **Avesis Dental** (Table 5): The overall cumulative completion percentage is out of compliance at 94.97 percent. There are numerous months where there are fluctuations in the monthly completion percentages above and below the targeted range.
 - The low completion months from May 2021 through June 2022 appear to be due primarily to state system denied encounters.
 - The fluctuating completion percentages from May 2020 through April 2021, and January 2022 through June 2022 appear to be due to state system denied encounters that were later successfully submitted with paid dates that may differ from the original corresponding CDJ transactions.

We recommend ACLA work with Avesis Dental, LDH, and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

Section B: Data issues not currently impacting compliance:

2. **Southeastrans** (Table 2): Monthly completion percentages for July 2020, August 2020, October 2020 through January 2021, and April 2022 through June 2022 are all below the 97 percent threshold. Monthly completion percentages for September 2020 and May 2021 are above the 100 percent threshold.
 - The percentages above 100 percent may be explained by void encounter transactions appearing in different months from their corresponding CDJ void transactions.
 - The percentages below 97 percent may be explained by a recent request by LDH to void transportation encounters found in a permit audit. Southeastrans had approximately 2,300 encounters affected by this void request.
 - The low completion percentages for April 2022 through June 2022 appear to be due to missing encounters. LDH recently directed the MCOs to hold transportation encounters until they could submit them with A0170 for temporary mileage increase per LDH Informational Bulletin 22-10.

We recommend ACLA work with Southeastrans, LDH, and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.



3. **Avesis Vision** (Table 3): There are five months where the monthly completion percentages are below the 97 percent threshold. Additionally, there are 12 months where the monthly completion percentages are above the 100 percent threshold. These percentages may be explained by the following reasons:

- State system denied encounters and encounters that appear to be missing when compared to corresponding CDJ transactions.
- Void encounter transactions appearing in different months from their corresponding CDJ void transactions.

We recommend ACLA work with Avesis Vision, LDH, and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

4. **PerformRx** (Table 7): There are nine months where the monthly completion percentages are below the 97 percent threshold. Additionally, there are 10 months where the monthly completion percentages are above the 100 percent threshold.

- These percentages may be explained by void encounter transactions appearing in different months from their corresponding CDJ transactions.

We recommend ACLA work with PerformRx, LDH, and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

5. **Non-Vendor** (Table 8): There are three months where the monthly completion percentages are below the 97 percent threshold. Additionally, there are nine months where the monthly completion percentages are above the 100 percent threshold. These percentages may be explained by the following reasons:

- State system denied encounters and void encounter transactions appearing in different months from their corresponding CDJ transactions.

We recommend ACLA work with LDH and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

Value-Added Services (VAS)

Value-added services are included in the MCO's vision, dental, and non-vendor CDJ and encounter totals. VAS CDJ data is identified based on the activity type field of the CDJ files received from the MCO and VAS encounter data is identified based on the first two characters of the Plan ICN field.

Below is a summary of the cumulative completion percentages for all delegated vendor and non-vendor paid VAS encounters submitted to Gainwell, for the reporting period. The VAS CDJ and encounter totals in the table below are included in the entire plan, non-vendor and delegated vendor completion percentage tables as well.

Table C — AmeriHealth Caritas Louisiana VAS Cumulative Completion Totals and Percentages

Description	Entire Plan VAS	Non-Vendor VAS	Delegated Vendor				
			VSP VAS (Vision)	Avesis Vision VAS	DINA Dental VAS	Avesis Dental VAS	Southeastrans VAS (NEMT)
Encounter Total (FAC reported)	\$16,384,066	\$3,025,247	\$1,230	\$5,689,190	\$223	\$7,517,118	\$151,059
Total Encounter Adjustments (\$)	(\$2,347,008)	(\$618,968)	(\$809)	(\$297,039)	\$0	(\$1,429,081)	(\$1,110)
Total Encounter Adjustments (%)	-14.32%	-20.46%	-65.79%	-5.22%	0.00%	-19.01%	-0.73%
Net Encounter Total	\$14,037,058	\$2,406,279	\$421	\$5,392,151	\$223	\$6,088,037	\$149,949
CDJ Total	\$13,994,141	\$2,381,463	\$1,738	\$5,027,271	\$65	\$6,410,083	\$173,520
Variance	\$42,917	\$24,816	(\$1,318)	\$364,879	\$158	(\$322,047)	(\$23,571)
Completion (%)	100.30%	101.04%	24.20%	107.25%	343.89%	94.97%	86.41%
100% Limited Completion (%)	97.52%	100.00%	N/A	100.00%	100.00%	N/A	N/A
Minimum Completeness (%)	97.00%						
Non-Compliant (%)	0.30%	1.04%	-72.80%	7.25%	243.89%	-2.03%	-10.59%

* To avoid overstating the VAS Entire Plan results in situations where an individual vendor's cumulative completion percentage exceeds 100 percent, we decrease the Entire Plan encounter totals by the total variance in comparison to the CDJ. Please see Appendix B for more information on the limited completion percentage.



Potential VAS data issues:

1. **Avesis Vision VAS** (Table 2V): The cumulative completion percentage for Avesis Vision VAS is 107.25 percent. There are 12 months where the monthly completion percentages are below the 97 percent threshold and 11 months where the monthly completion percentages are above the 100 percent threshold. This appears to be due to Avesis Vision Non-VAS encounters possibly appearing as VAS instead of Non-VAS.
2. **Southeastrans VAS** (Table 6V): There are currently no VAS CDJ transactions showing for July 2020 and November 2020. There are seven months where the monthly completion percentages are below the 97 percent threshold. Additionally, there are six months where the monthly completion percentages are above the 100 percent threshold. This appears to be due to Southeastrans VAS encounters possibly showing as Non-VAS instead of VAS.
3. **ACLA's Non-Vendor VAS** (Table 7V): There are nine months where the monthly completion percentages are below the 97 percent threshold. Additionally, there are 10 months where the monthly completion percentages are above the 100 percent threshold. The low percentages appear to be due to VAS encounters that are state system denied. The high monthly percentages in March 2022 and April 2022 appear to be due to encounters having different paid amounts than the corresponding CDJ transactions.



Monthly Tables

Entire Plan

Table 1 — AmeriHealth Caritas Louisiana (Entire Plan)							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$81,052,096	(\$11,912,814)	-15%	\$69,139,282	\$74,002,751	(\$4,863,470)	93.42%
August 2020	\$80,701,228	(\$10,066,145)	-12%	\$70,635,082	\$75,566,524	(\$4,931,442)	93.47%
September 2020	\$79,981,085	(\$8,278,731)	-10%	\$71,702,353	\$70,269,564	\$1,432,789	102.03%
October 2020	\$82,643,600	(\$11,013,636)	-13%	\$71,629,964	\$73,161,698	(\$1,531,734)	97.90%
November 2020	\$76,521,952	(\$8,353,079)	-11%	\$68,168,873	\$70,234,242	(\$2,065,368)	97.05%
December 2020	\$71,469,768	(\$6,421,723)	-9%	\$65,048,045	\$65,842,124	(\$794,079)	98.79%
January 2021	\$80,057,647	(\$6,478,416)	-8%	\$73,579,231	\$75,058,188	(\$1,478,957)	98.02%
February 2021	\$75,671,313	(\$8,268,709)	-11%	\$67,402,604	\$68,837,602	(\$1,434,998)	97.91%
March 2021	\$91,044,439	(\$7,871,010)	-9%	\$83,173,429	\$83,660,976	(\$487,547)	99.41%
April 2021	\$80,948,303	(\$5,831,762)	-7%	\$75,116,542	\$75,278,016	(\$161,474)	99.78%
May 2021	\$93,716,090	(\$8,697,109)	-9%	\$85,018,981	\$84,587,364	\$431,617	100.51%
June 2021	\$85,841,120	(\$5,025,806)	-6%	\$80,815,313	\$81,070,631	(\$255,317)	99.68%
July 2021	\$76,564,953	(\$3,478,693)	-5%	\$73,086,260	\$75,158,418	(\$2,072,158)	97.24%
August 2021	\$87,875,376	(\$3,972,061)	-5%	\$83,903,315	\$82,673,241	\$1,230,074	101.48%
September 2021	\$85,764,128	(\$3,615,837)	-4%	\$82,148,292	\$76,610,410	\$5,537,881	107.22%
October 2021	\$77,506,471	(\$3,565,720)	-5%	\$73,940,751	\$80,917,763	(\$6,977,012)	91.37%
November 2021	\$84,910,501	(\$3,330,481)	-4%	\$81,580,020	\$79,658,621	\$1,921,399	102.41%
December 2021	\$79,431,575	(\$3,398,178)	-4%	\$76,033,397	\$75,980,029	\$53,368	100.07%
January 2022	\$88,622,532	(\$3,265,051)	-4%	\$85,357,481	\$85,401,577	(\$44,096)	99.94%
February 2022	\$82,952,442	(\$3,391,451)	-4%	\$79,560,991	\$79,030,800	\$530,191	100.67%
March 2022	\$91,723,091	(\$3,556,402)	-4%	\$88,166,689	\$85,738,552	\$2,428,138	102.83%
April 2022	\$94,338,524	(\$10,026,006)	-11%	\$84,312,518	\$84,619,151	(\$306,633)	99.63%
May 2022	\$83,428,253	(\$4,327,692)	-5%	\$79,100,561	\$76,327,540	\$2,773,021	103.63%
June 2022	\$85,289,395	(\$3,137,680)	-4%	\$82,151,715	\$77,286,979	\$4,864,736	106.29%
Cumulative Totals	\$1,998,055,881	(\$147,284,193)	-7%	\$1,850,771,688	\$1,856,972,760	(\$6,201,072)	99.66%
100% Limited Cumulative Total				\$1,850,604,695.91	\$1,856,972,760	(\$6,368,064)	99.65%
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Southeastern

Table 2 — AmeriHealth Caritas Louisiana Southeastern (NEMT)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$574,563	(\$2,110)	0%	\$572,453	\$627,725	(\$55,273)	91.19%
August 2020	\$451,994	(\$2,051)	0%	\$449,942	\$553,461	(\$103,519)	81.29%
September 2020	\$745,686	(\$14,904)	-2%	\$730,781	\$609,528	\$121,254	119.89%
October 2020	\$766,275	(\$66,510)	-9%	\$699,765	\$743,290	(\$43,525)	94.14%
November 2020	\$607,046	(\$34,458)	-6%	\$572,588	\$609,184	(\$36,596)	93.99%
December 2020	\$530,835	(\$31,346)	-6%	\$499,489	\$533,311	(\$33,823)	93.65%
January 2021	\$1,093,643	(\$358,438)	-33%	\$735,205	\$766,375	(\$31,170)	95.93%
February 2021	\$623,905	(\$17,640)	-3%	\$606,265	\$619,324	(\$13,059)	97.89%
March 2021	\$620,618	(\$4,203)	-1%	\$616,415	\$626,414	(\$9,999)	98.40%
April 2021	\$623,691	(\$4,964)	-1%	\$618,727	\$624,993	(\$6,265)	98.99%
May 2021	\$580,188	(\$7,522)	-1%	\$572,666	\$445,373	\$127,293	128.58%
June 2021	\$686,751	(\$2,439)	0%	\$684,313	\$690,273	(\$5,960)	99.13%
July 2021	\$707,257	(\$1,960)	0%	\$705,298	\$711,133	(\$5,835)	99.17%
August 2021	\$685,214	(\$2,478)	0%	\$682,736	\$685,575	(\$2,839)	99.58%
September 2021	\$664,957	(\$3,206)	0%	\$661,751	\$668,483	(\$6,732)	98.99%
October 2021	\$744,189	(\$2,214)	0%	\$741,974	\$743,347	(\$1,372)	99.81%
November 2021	\$753,184	(\$1,403)	0%	\$751,781	\$755,760	(\$3,979)	99.47%
December 2021	\$928,043	(\$1,874)	0%	\$926,168	\$928,907	(\$2,738)	99.70%
January 2022	\$673,644	(\$2,845)	0%	\$670,800	\$674,392	(\$3,592)	99.46%
February 2022	\$772,567	(\$1,230)	0%	\$771,336	\$769,239	\$2,097	100.27%
March 2022	\$913,152	(\$2,500)	0%	\$910,652	\$915,102	(\$4,450)	99.51%
April 2022	\$913,547	(\$1,849)	0%	\$911,697	\$1,050,636	(\$138,939)	86.77%
May 2022	\$304,809	(\$1,919)	-1%	\$302,890	\$778,537	(\$475,646)	38.90%
June 2022	\$0	\$0	N/A	\$0	\$947,831	(\$947,831)	0.00%
Cumulative Totals	\$15,965,759	(\$570,066)	-4%	\$15,395,694	\$17,078,193	(\$1,682,500)	90.14%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-6.86%



Avesis Vision

Table 3 — AmeriHealth Caritas Louisiana Avesis Vision

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$571,852	(\$18,637)	-3%	\$553,215	\$601,062	(\$47,847)	92.03%
August 2020	\$533,410	(\$21,856)	-4%	\$511,554	\$550,572	(\$39,018)	92.91%
September 2020	\$838,432	(\$200,914)	-24%	\$637,519	\$563,207	\$74,312	113.19%
October 2020	\$565,351	(\$15,750)	-3%	\$549,601	\$563,637	(\$14,035)	97.50%
November 2020	\$478,689	(\$24,535)	-5%	\$454,153	\$472,768	(\$18,615)	96.06%
December 2020	\$558,373	(\$10,223)	-2%	\$548,150	\$542,867	\$5,282	100.97%
January 2021	\$566,883	(\$17,420)	-3%	\$549,463	\$439,119	\$110,343	125.12%
February 2021	\$633,252	(\$9,930)	-2%	\$623,323	\$581,288	\$42,035	107.23%
March 2021	\$644,941	(\$17,938)	-3%	\$627,003	\$637,358	(\$10,355)	98.37%
April 2021	\$583,047	(\$30,980)	-5%	\$552,067	\$555,026	(\$2,959)	99.46%
May 2021	\$603,479	(\$98,162)	-16%	\$505,317	\$552,623	(\$47,307)	91.43%
June 2021	\$541,363	(\$30,275)	-6%	\$511,088	\$605,620	(\$94,532)	84.39%
July 2021	\$589,263	(\$27,570)	-5%	\$561,693	\$539,945	\$21,749	104.02%
August 2021	\$610,927	(\$30,548)	-5%	\$580,379	\$588,267	(\$7,888)	98.65%
September 2021	\$564,263	(\$8,567)	-2%	\$555,696	\$553,358	\$2,338	100.42%
October 2021	\$532,388	(\$7,080)	-1%	\$525,307	\$529,072	(\$3,765)	99.28%
November 2021	\$489,920	(\$7,212)	-1%	\$482,708	\$479,666	\$3,042	100.63%
December 2021	\$593,779	(\$6,883)	-1%	\$586,896	\$591,699	(\$4,803)	99.18%
January 2022	\$525,570	(\$4,601)	-1%	\$520,969	\$518,079	\$2,890	100.55%
February 2022	\$569,872	(\$7,102)	-1%	\$562,771	\$555,370	\$7,401	101.33%
March 2022	\$717,944	(\$17,647)	-2%	\$700,296	\$709,406	(\$9,110)	98.71%
April 2022	\$543,485	(\$9,877)	-2%	\$533,607	\$523,044	\$10,564	102.01%
May 2022	\$551,902	(\$3,166)	-1%	\$548,736	\$544,489	\$4,247	100.78%
June 2022	\$636,669	(\$1,986)	0%	\$634,682	\$621,093	\$13,589	102.18%
Cumulative Totals	\$14,045,053	(\$628,861)	-4%	\$13,416,193	\$13,418,634	(\$2,442)	99.98%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



VSP (Vision)

Table 4 — AmeriHealth Caritas Louisiana VSP (Vision)							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$443	(\$141)	-32%	\$303	\$428	(\$126)	70.64%
August 2020	\$151	(\$88)	-58%	\$63	\$151	(\$88)	41.70%
September 2020	\$171	\$0	0%	\$171	\$122	\$49	140.20%
October 2020	\$560	\$0	0%	\$560	\$560	\$0	100.00%
November 2020	\$498	\$0	0%	\$498	\$441	\$57	112.90%
December 2020	\$913	(\$870)	-95%	\$43	\$913	(\$870)	4.73%
January 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
July 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
November 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
Cumulative Totals	\$2,737	(\$1,099)	-40%	\$1,638	\$2,616	(\$978)	62.61%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-34.39%



Avesis Dental

Table 5 — AmeriHealth Caritas Louisiana Avesis Dental

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$229,266	(\$24,221)	-11%	\$205,045	\$247,363	(\$42,318)	82.89%
August 2020	\$222,497	(\$32,709)	-15%	\$189,788	\$233,933	(\$44,145)	81.12%
September 2020	\$320,562	(\$42,395)	-13%	\$278,167	\$234,958	\$43,209	118.39%
October 2020	\$323,883	(\$26,228)	-8%	\$297,655	\$276,429	\$21,226	107.67%
November 2020	\$226,632	(\$11,392)	-5%	\$215,240	\$205,121	\$10,119	104.93%
December 2020	\$257,110	(\$12,398)	-5%	\$244,711	\$234,373	\$10,339	104.41%
January 2021	\$239,618	(\$16,796)	-7%	\$222,822	\$217,733	\$5,089	102.33%
February 2021	\$379,345	(\$43,432)	-11%	\$335,913	\$292,298	\$43,615	114.92%
March 2021	\$339,704	(\$22,834)	-7%	\$316,870	\$315,609	\$1,260	100.39%
April 2021	\$341,895	(\$48,906)	-14%	\$292,988	\$288,678	\$4,311	101.49%
May 2021	\$272,778	(\$37,638)	-14%	\$235,141	\$248,733	(\$13,593)	94.53%
June 2021	\$519,656	(\$168,293)	-32%	\$351,363	\$366,916	(\$15,553)	95.76%
July 2021	\$502,592	(\$188,036)	-37%	\$314,556	\$330,351	(\$15,795)	95.21%
August 2021	\$550,036	(\$269,020)	-49%	\$281,017	\$300,727	(\$19,711)	93.44%
September 2021	\$384,359	(\$140,377)	-37%	\$243,982	\$273,759	(\$29,777)	89.12%
October 2021	\$263,449	(\$52,367)	-20%	\$211,082	\$239,886	(\$28,804)	87.99%
November 2021	\$232,696	(\$45,194)	-19%	\$187,502	\$223,148	(\$35,646)	84.02%
December 2021	\$302,723	(\$46,633)	-15%	\$256,090	\$283,856	(\$27,766)	90.21%
January 2022	\$241,651	(\$30,002)	-12%	\$211,649	\$237,632	(\$25,983)	89.06%
February 2022	\$251,069	(\$26,485)	-11%	\$224,584	\$251,957	(\$27,373)	89.13%
March 2022	\$304,424	(\$41,909)	-14%	\$262,515	\$299,469	(\$36,955)	87.66%
April 2022	\$266,442	(\$43,874)	-16%	\$222,568	\$262,759	(\$40,191)	84.70%
May 2022	\$251,807	(\$31,651)	-13%	\$220,157	\$251,991	(\$31,834)	87.36%
June 2022	\$293,233	(\$26,574)	-9%	\$266,659	\$292,405	(\$25,747)	91.19%
Cumulative Totals	\$7,517,426	(\$1,429,365)	-19%	\$6,088,061	\$6,410,083	(\$322,022)	94.97%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-2.03%



DINA Dental

Table 6 — AmeriHealth Caritas Louisiana DINA Dental

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2020	\$65	\$0	0%	\$65	\$65	\$0	100.00%
October 2020	\$158	\$0	0%	\$158	\$0	\$158	N/A
November 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
July 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
November 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
Cumulative Totals	\$223	\$0	0%	\$223	\$65	\$158	343.89%
100% Limited Cumulative Total				\$65	\$65	\$0	100.00%
Minimum Completeness (%)							97.00%
Non-Compliant							243.89%



PerformRx (Pharmacy)

Table 7 — AmeriHealth Caritas Louisiana PerformRx (Pharmacy)							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$25,052,906	(\$1,498,241)	-6%	\$23,554,665	\$24,626,627	(\$1,071,962)	95.64%
August 2020	\$19,414,449	(\$1,611,811)	-8%	\$17,802,638	\$20,421,467	(\$2,618,829)	87.17%
September 2020	\$21,853,678	(\$2,304,984)	-11%	\$19,548,694	\$20,553,734	(\$1,005,040)	95.11%
October 2020	\$26,450,254	(\$2,496,415)	-9%	\$23,953,839	\$24,773,951	(\$820,112)	96.68%
November 2020	\$22,453,860	(\$2,998,711)	-13%	\$19,455,149	\$20,137,669	(\$682,520)	96.61%
December 2020	\$20,190,549	(\$302,386)	-1%	\$19,888,163	\$20,184,327	(\$296,164)	98.53%
January 2021	\$26,028,576	(\$700,046)	-3%	\$25,328,531	\$26,220,948	(\$892,418)	96.59%
February 2021	\$21,248,479	(\$814,367)	-4%	\$20,434,112	\$20,718,500	(\$284,388)	98.62%
March 2021	\$23,276,551	(\$1,022,763)	-4%	\$22,253,788	\$22,502,067	(\$248,279)	98.89%
April 2021	\$29,862,508	(\$1,770,811)	-6%	\$28,091,697	\$27,900,298	\$191,399	100.68%
May 2021	\$25,200,855	(\$3,077,389)	-12%	\$22,123,466	\$21,908,713	\$214,753	100.98%
June 2021	\$23,953,053	(\$1,681,122)	-7%	\$22,271,932	\$22,609,424	(\$337,493)	98.50%
July 2021	\$28,430,506	(\$1,238,275)	-4%	\$27,192,231	\$27,378,333	(\$186,102)	99.32%
August 2021	\$23,329,182	(\$1,279,895)	-5%	\$22,049,287	\$22,854,707	(\$805,420)	96.47%
September 2021	\$27,435,759	(\$1,372,582)	-5%	\$26,063,177	\$21,359,190	\$4,703,987	122.02%
October 2021	\$22,491,785	(\$1,449,451)	-6%	\$21,042,334	\$27,176,609	(\$6,134,275)	77.42%
November 2021	\$25,859,143	(\$1,285,772)	-5%	\$24,573,372	\$21,630,473	\$2,942,898	113.60%
December 2021	\$30,856,592	(\$2,029,719)	-7%	\$28,826,874	\$28,507,554	\$319,320	101.12%
January 2022	\$25,097,695	(\$1,531,334)	-6%	\$23,566,361	\$22,454,165	\$1,112,196	104.95%
February 2022	\$25,449,146	(\$1,779,757)	-7%	\$23,669,389	\$23,514,266	\$155,123	100.65%
March 2022	\$27,213,849	(\$1,574,139)	-6%	\$25,639,711	\$22,822,254	\$2,817,456	112.34%
April 2022	\$32,488,370	(\$8,477,685)	-26%	\$24,010,685	\$28,243,362	(\$4,232,677)	85.01%
May 2022	\$28,452,997	(\$3,110,106)	-11%	\$25,342,891	\$22,993,024	\$2,349,868	110.21%
June 2022	\$28,006,353	(\$1,781,774)	-6%	\$26,224,579	\$21,249,066	\$4,975,513	123.41%
Cumulative Totals	\$610,097,095	(\$47,189,532)	-8%	\$562,907,563	\$562,740,728	\$166,834	100.02%
100% Limited Cumulative Total				\$562,740,728	\$562,740,728	\$0	100.00%
Minimum Completeness (%)							97.00%
Non-Compliant							0.02%



Non-Vendor

Table 8 — AmeriHealth Caritas Louisiana Non-Vendor							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$54,623,066	(\$10,369,464)	-19%	\$44,253,602	\$47,899,546	(\$3,645,944)	92.38%
August 2020	\$60,078,727	(\$8,397,630)	-14%	\$51,681,097	\$53,806,940	(\$2,125,843)	96.04%
September 2020	\$56,222,491	(\$5,715,534)	-10%	\$50,506,957	\$48,307,951	\$2,199,006	104.55%
October 2020	\$54,537,119	(\$8,408,733)	-15%	\$46,128,385	\$46,803,832	(\$675,447)	98.55%
November 2020	\$52,755,227	(\$5,283,982)	-10%	\$47,471,245	\$48,809,059	(\$1,337,814)	97.25%
December 2020	\$49,931,988	(\$6,064,500)	-12%	\$43,867,489	\$44,346,332	(\$478,843)	98.92%
January 2021	\$52,128,927	(\$5,385,717)	-10%	\$46,743,210	\$47,414,012	(\$670,802)	98.58%
February 2021	\$52,786,332	(\$7,383,340)	-14%	\$45,402,992	\$46,626,192	(\$1,223,200)	97.37%
March 2021	\$66,162,625	(\$6,803,272)	-10%	\$59,359,353	\$59,579,528	(\$220,175)	99.63%
April 2021	\$49,537,162	(\$3,976,100)	-8%	\$45,561,062	\$45,909,021	(\$347,959)	99.24%
May 2021	\$67,058,790	(\$5,476,398)	-8%	\$61,582,392	\$61,431,921	\$150,470	100.24%
June 2021	\$60,140,296	(\$3,143,678)	-5%	\$56,996,618	\$56,798,397	\$198,221	100.34%
July 2021	\$46,335,335	(\$2,022,853)	-4%	\$44,312,482	\$46,198,656	(\$1,886,175)	95.91%
August 2021	\$62,700,017	(\$2,390,120)	-4%	\$60,309,897	\$58,243,965	\$2,065,932	103.54%
September 2021	\$56,714,790	(\$2,091,105)	-4%	\$54,623,686	\$53,755,620	\$868,066	101.61%
October 2021	\$53,474,661	(\$2,054,607)	-4%	\$51,420,054	\$52,228,849	(\$808,795)	98.45%
November 2021	\$57,575,558	(\$1,990,900)	-3%	\$55,584,658	\$56,569,574	(\$984,916)	98.25%
December 2021	\$46,750,438	(\$1,313,069)	-3%	\$45,437,369	\$45,668,014	(\$230,645)	99.49%
January 2022	\$62,083,971	(\$1,696,269)	-3%	\$60,387,702	\$61,517,308	(\$1,129,606)	98.16%
February 2022	\$55,909,787	(\$1,576,876)	-3%	\$54,332,911	\$53,939,968	\$392,943	100.72%
March 2022	\$62,573,722	(\$1,920,207)	-3%	\$60,653,516	\$60,992,320	(\$338,804)	99.44%
April 2022	\$60,126,681	(\$1,492,721)	-2%	\$58,633,960	\$54,539,349	\$4,094,611	107.50%
May 2022	\$53,866,737	(\$1,180,850)	-2%	\$52,685,887	\$51,759,501	\$926,386	101.78%
June 2022	\$56,353,140	(\$1,327,345)	-2%	\$55,025,795	\$54,176,583	\$849,211	101.56%
Cumulative Totals	\$1,350,427,588	(\$97,465,271)	-7%	\$1,252,962,317	\$1,257,322,440	(\$4,360,123)	99.65%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Appendix A: VAS Monthly Tables

Entire Plan VAS

Table 1V — AmeriHealth Caritas Louisiana VAS (Entire Plan)							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$604,599	(\$34,895)	-6%	\$569,703	\$544,216	\$25,488	104.68%
August 2020	\$581,291	(\$57,747)	-10%	\$523,544	\$534,100	(\$10,556)	98.02%
September 2020	\$926,235	(\$210,975)	-23%	\$715,260	\$494,729	\$220,530	144.57%
October 2020	\$691,145	(\$47,843)	-7%	\$643,302	\$544,754	\$98,548	118.09%
November 2020	\$584,997	(\$42,729)	-7%	\$542,268	\$474,406	\$67,861	114.30%
December 2020	\$657,212	(\$53,493)	-8%	\$603,719	\$485,652	\$118,067	124.31%
January 2021	\$660,730	(\$50,550)	-8%	\$610,179	\$438,241	\$171,938	139.23%
February 2021	\$832,068	(\$75,867)	-9%	\$756,201	\$588,546	\$167,654	128.48%
March 2021	\$771,780	(\$51,015)	-7%	\$720,766	\$634,606	\$86,160	113.57%
April 2021	\$754,948	(\$99,212)	-13%	\$655,736	\$570,486	\$85,250	114.94%
May 2021	\$717,938	(\$118,419)	-16%	\$599,519	\$590,153	\$9,366	101.58%
June 2021	\$865,836	(\$205,317)	-24%	\$660,519	\$677,961	(\$17,442)	97.42%
July 2021	\$733,287	(\$218,096)	-30%	\$515,191	\$600,808	(\$85,617)	85.74%
August 2021	\$793,757	(\$301,300)	-38%	\$492,458	\$586,490	(\$94,032)	83.96%
September 2021	\$683,304	(\$171,127)	-25%	\$512,178	\$602,322	(\$90,144)	85.03%
October 2021	\$537,483	(\$73,256)	-14%	\$464,227	\$541,580	(\$77,353)	85.71%
November 2021	\$476,992	(\$48,794)	-10%	\$428,198	\$511,952	(\$83,755)	83.64%
December 2021	\$596,689	(\$74,217)	-12%	\$522,472	\$629,876	(\$107,405)	82.94%
January 2022	\$633,641	(\$89,022)	-14%	\$544,619	\$615,295	(\$70,676)	88.51%
February 2022	\$613,096	(\$48,996)	-8%	\$564,100	\$632,017	(\$67,917)	89.25%
March 2022	\$772,069	(\$66,939)	-9%	\$705,131	\$740,489	(\$35,359)	95.22%
April 2022	\$667,603	(\$87,955)	-13%	\$579,648	\$653,053	(\$73,405)	88.75%
May 2022	\$573,571	(\$63,245)	-11%	\$510,326	\$598,727	(\$88,401)	85.23%
June 2022	\$653,794	(\$55,997)	-9%	\$597,797	\$703,681	(\$105,884)	84.95%
Cumulative Totals	\$16,384,066	(\$2,347,008)	-14%	\$14,037,058	\$13,994,141	\$42,917	100.30%
100% Limited Cumulative Total				\$13,647,205.26	\$13,994,141	(\$346,936)	97.52%
Minimum Completeness (%)							97.00%
Non-Compliant							0.30%



Avesis Vision VAS

Table 2V — AmeriHealth Caritas Louisiana Avesis Vision VAS							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$286,662	(\$7,995)	-3%	\$278,667	\$205,408	\$73,259	135.66%
August 2020	\$245,014	(\$10,782)	-4%	\$234,232	\$172,323	\$61,909	135.92%
September 2020	\$459,477	(\$134,151)	-29%	\$325,326	\$136,498	\$188,828	238.33%
October 2020	\$250,356	(\$6,567)	-3%	\$243,790	\$156,841	\$86,949	155.43%
November 2020	\$220,398	(\$13,827)	-6%	\$206,571	\$140,023	\$66,548	147.52%
December 2020	\$263,053	(\$4,709)	-2%	\$258,344	\$170,715	\$87,630	151.33%
January 2021	\$299,999	(\$6,122)	-2%	\$293,877	\$127,034	\$166,843	231.33%
February 2021	\$331,123	(\$3,029)	-1%	\$328,094	\$202,178	\$125,916	162.28%
March 2021	\$306,831	(\$8,681)	-3%	\$298,149	\$216,012	\$82,137	138.02%
April 2021	\$284,626	(\$15,798)	-6%	\$268,828	\$187,441	\$81,387	143.41%
May 2021	\$310,077	(\$49,876)	-16%	\$260,201	\$242,097	\$18,104	107.47%
June 2021	\$216,491	(\$11,548)	-5%	\$204,944	\$207,273	(\$2,329)	98.87%
July 2021	\$117,254	(\$4,171)	-4%	\$113,083	\$182,506	(\$69,423)	61.96%
August 2021	\$105,458	(\$5,622)	-5%	\$99,836	\$176,233	(\$76,397)	56.64%
September 2021	\$172,688	(\$1,445)	-1%	\$171,242	\$234,324	(\$63,082)	73.07%
October 2021	\$169,742	(\$528)	0%	\$169,214	\$212,418	(\$43,204)	79.66%
November 2021	\$154,310	(\$903)	-1%	\$153,407	\$198,930	(\$45,523)	77.11%
December 2021	\$171,365	(\$1,163)	-1%	\$170,202	\$247,169	(\$76,967)	68.86%
January 2022	\$192,582	(\$1,535)	-1%	\$191,048	\$235,952	(\$44,905)	80.96%
February 2022	\$231,224	(\$1,164)	-1%	\$230,060	\$266,014	(\$35,953)	86.48%
March 2022	\$266,408	(\$4,036)	-2%	\$262,371	\$329,984	(\$67,613)	79.51%
April 2022	\$204,478	(\$1,636)	-1%	\$202,842	\$242,739	(\$39,898)	83.56%
May 2022	\$197,929	(\$1,035)	-1%	\$196,894	\$243,143	(\$46,250)	80.97%
June 2022	\$231,644	(\$716)	0%	\$230,928	\$294,017	(\$63,089)	78.54%
Cumulative Totals	\$5,689,190	(\$297,039)	-5%	\$5,392,151	\$5,027,271	\$364,879	107.25%
100% Limited Cumulative Total				\$5,027,271	\$5,027,271	\$0	100.00%
Minimum Completeness (%)							97.00%
Non-Compliant							7.25%



VSP (Vision) VAS

Table 3V — AmeriHealth Caritas Louisiana VSP VAS (Vision)							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$114	(\$57)	-50%	\$57	\$238	(\$181)	23.88%
August 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2020	\$102	\$0	0%	\$102	\$102	\$0	100.00%
October 2020	\$57	\$0	0%	\$57	\$441	(\$384)	12.90%
November 2020	\$205	\$0	0%	\$205	\$205	\$0	100.00%
December 2020	\$752	(\$752)	-100%	\$0	\$752	(\$752)	0.00%
January 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
July 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
November 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
Cumulative Totals	\$1,230	(\$809)	-66%	\$421	\$1,738	(\$1,318)	24.20%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-72.80%



Avesis Dental VAS

Table 4V — AmeriHealth Caritas Louisiana Avesis Dental VAS

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$228,957	(\$23,937)	-10%	\$205,020	\$247,363	(\$42,343)	82.88%
August 2020	\$222,497	(\$32,709)	-15%	\$189,788	\$233,933	(\$44,145)	81.12%
September 2020	\$320,562	(\$42,395)	-13%	\$278,167	\$234,958	\$43,209	118.39%
October 2020	\$323,883	(\$26,228)	-8%	\$297,655	\$276,429	\$21,226	107.67%
November 2020	\$226,632	(\$11,392)	-5%	\$215,240	\$205,121	\$10,119	104.93%
December 2020	\$257,110	(\$12,398)	-5%	\$244,711	\$234,373	\$10,339	104.41%
January 2021	\$239,618	(\$16,796)	-7%	\$222,822	\$217,733	\$5,089	102.33%
February 2021	\$379,345	(\$43,432)	-11%	\$335,913	\$292,298	\$43,615	114.92%
March 2021	\$339,704	(\$22,834)	-7%	\$316,870	\$315,609	\$1,260	100.39%
April 2021	\$341,895	(\$48,906)	-14%	\$292,988	\$288,678	\$4,311	101.49%
May 2021	\$272,778	(\$37,638)	-14%	\$235,141	\$248,733	(\$13,593)	94.53%
June 2021	\$519,656	(\$168,293)	-32%	\$351,363	\$366,916	(\$15,553)	95.76%
July 2021	\$502,592	(\$188,036)	-37%	\$314,556	\$330,351	(\$15,795)	95.21%
August 2021	\$550,036	(\$269,020)	-49%	\$281,017	\$300,727	(\$19,711)	93.44%
September 2021	\$384,359	(\$140,377)	-37%	\$243,982	\$273,759	(\$29,777)	89.12%
October 2021	\$263,449	(\$52,367)	-20%	\$211,082	\$239,886	(\$28,804)	87.99%
November 2021	\$232,696	(\$45,194)	-19%	\$187,502	\$223,148	(\$35,646)	84.02%
December 2021	\$302,723	(\$46,633)	-15%	\$256,090	\$283,856	(\$27,766)	90.21%
January 2022	\$241,651	(\$30,002)	-12%	\$211,649	\$237,632	(\$25,983)	89.06%
February 2022	\$251,069	(\$26,485)	-11%	\$224,584	\$251,957	(\$27,373)	89.13%
March 2022	\$304,424	(\$41,909)	-14%	\$262,515	\$299,469	(\$36,955)	87.66%
April 2022	\$266,442	(\$43,874)	-16%	\$222,568	\$262,759	(\$40,191)	84.70%
May 2022	\$251,807	(\$31,651)	-13%	\$220,157	\$251,991	(\$31,834)	87.36%
June 2022	\$293,233	(\$26,574)	-9%	\$266,659	\$292,405	(\$25,747)	91.19%
Cumulative Totals	\$7,517,118	(\$1,429,081)	-19%	\$6,088,037	\$6,410,083	(\$322,047)	94.97%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-2.03%



DINA Dental VAS

Table 5V — AmeriHealth Caritas Louisiana DINA Dental VAS							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2020	\$65	\$0	0%	\$65	\$65	\$0	100.00%
October 2020	\$158	\$0	0%	\$158	\$0	\$158	N/A
November 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
July 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
November 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
December 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
January 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
February 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
March 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
April 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
May 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
June 2022	\$0	\$0	N/A	\$0	\$0	\$0	N/A
Cumulative Totals	\$223	\$0	0%	\$223	\$65	\$158	343.89%
100% Limited Cumulative Total				\$65	\$65	\$0	100.00%
Minimum Completeness (%)							97.00%
Non-Compliant							243.89%



Southeastrans (NEMT) VAS

Table 6V— AmeriHealth Caritas Louisiana Southeastrans VAS (NEMT)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$1,189	\$0	0%	\$1,189	\$0	\$1,189	N/A
August 2020	\$683	\$0	0%	\$683	\$5,264	(\$4,581)	12.98%
September 2020	\$8,006	(\$79)	-1%	\$7,927	\$5,621	\$2,306	141.03%
October 2020	\$7,749	(\$478)	-6%	\$7,271	\$7,648	(\$377)	95.07%
November 2020	\$4,843	(\$18)	0%	\$4,825	\$0	\$4,825	N/A
December 2020	\$6,233	\$0	0%	\$6,233	\$6,571	(\$338)	94.85%
January 2021	\$4,358	(\$44)	-1%	\$4,314	\$4,344	(\$30)	99.30%
February 2021	\$3,987	(\$173)	-4%	\$3,815	\$3,815	\$0	100.00%
March 2021	\$3,054	\$0	0%	\$3,054	\$3,054	\$0	100.00%
April 2021	\$3,836	\$0	0%	\$3,836	\$3,836	\$0	100.00%
May 2021	\$4,282	\$0	0%	\$4,282	\$4,337	(\$55)	98.73%
June 2021	\$5,498	\$0	0%	\$5,498	\$5,569	(\$71)	98.72%
July 2021	\$6,342	(\$31)	0%	\$6,311	\$6,342	(\$31)	99.50%
August 2021	\$9,221	(\$286)	-3%	\$8,935	\$9,337	(\$402)	95.69%
September 2021	\$6,976	\$0	0%	\$6,976	\$7,146	(\$170)	97.61%
October 2021	\$9,515	\$0	0%	\$9,515	\$9,492	\$23	100.24%
November 2021	\$9,169	\$0	0%	\$9,169	\$9,169	\$0	100.00%
December 2021	\$11,593	\$0	0%	\$11,593	\$11,510	\$82	100.71%
January 2022	\$10,864	\$0	0%	\$10,864	\$10,838	\$26	100.23%
February 2022	\$10,436	\$0	0%	\$10,436	\$10,389	\$47	100.45%
March 2022	\$11,340	\$0	0%	\$11,340	\$11,252	\$87	100.77%
April 2022	\$8,092	\$0	0%	\$8,092	\$11,631	(\$3,540)	69.56%
May 2022	\$3,791	\$0	0%	\$3,791	\$11,645	(\$7,854)	32.55%
June 2022	\$0	\$0	N/A	\$0	\$14,708	(\$14,708)	0.00%
Cumulative Totals	\$151,059	(\$1,110)	-1%	\$149,949	\$173,520	(\$23,571)	86.41%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-10.59%



Non-Vendor VAS

Table 7V — AmeriHealth Caritas Louisiana Non-Vendor VAS							
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$87,676	(\$2,906)	-3%	\$84,770	\$91,206	(\$6,436)	92.94%
August 2020	\$113,096	(\$14,255)	-13%	\$98,841	\$122,580	(\$23,739)	80.63%
September 2020	\$138,023	(\$34,350)	-25%	\$103,673	\$117,486	(\$13,813)	88.24%
October 2020	\$108,940	(\$14,570)	-13%	\$94,371	\$103,395	(\$9,025)	91.27%
November 2020	\$132,920	(\$17,492)	-13%	\$115,427	\$129,058	(\$13,631)	89.43%
December 2020	\$130,063	(\$35,633)	-27%	\$94,430	\$73,241	\$21,189	128.93%
January 2021	\$116,755	(\$27,589)	-24%	\$89,166	\$89,130	\$36	100.04%
February 2021	\$117,613	(\$29,233)	-25%	\$88,379	\$90,256	(\$1,877)	97.92%
March 2021	\$122,191	(\$19,499)	-16%	\$102,692	\$99,930	\$2,762	102.76%
April 2021	\$124,591	(\$34,508)	-28%	\$90,083	\$90,530	(\$448)	99.50%
May 2021	\$130,801	(\$30,905)	-24%	\$99,896	\$94,986	\$4,910	105.16%
June 2021	\$124,190	(\$25,476)	-21%	\$98,714	\$98,203	\$512	100.52%
July 2021	\$107,098	(\$25,858)	-24%	\$81,240	\$81,608	(\$368)	99.54%
August 2021	\$129,042	(\$26,372)	-20%	\$102,670	\$100,193	\$2,477	102.47%
September 2021	\$119,282	(\$29,304)	-25%	\$89,978	\$87,093	\$2,885	103.31%
October 2021	\$94,777	(\$20,361)	-21%	\$74,417	\$79,784	(\$5,367)	93.27%
November 2021	\$80,816	(\$2,697)	-3%	\$78,119	\$80,705	(\$2,586)	96.79%
December 2021	\$111,008	(\$26,421)	-24%	\$84,587	\$87,342	(\$2,755)	96.84%
January 2022	\$188,545	(\$57,486)	-30%	\$131,059	\$130,873	\$186	100.14%
February 2022	\$120,366	(\$21,347)	-18%	\$99,019	\$103,657	(\$4,638)	95.52%
March 2022	\$189,898	(\$20,993)	-11%	\$168,905	\$99,783	\$69,121	169.27%
April 2022	\$188,592	(\$42,445)	-23%	\$146,146	\$135,923	\$10,223	107.52%
May 2022	\$120,044	(\$30,559)	-25%	\$89,485	\$91,949	(\$2,463)	97.32%
June 2022	\$128,917	(\$28,707)	-22%	\$100,210	\$102,550	(\$2,340)	97.71%
Cumulative Totals	\$3,025,247	(\$618,968)	-20%	\$2,406,279	\$2,381,463	\$24,816	101.04%
100% Limited Cumulative Total				\$2,381,463	\$2,381,463	\$0	100.00%
						Minimum Completeness (%)	97.00%
						Non-Compliant	1.04%



Appendix B: Definitions and Acronyms

The following terms are used throughout this document:

- **Cash Disbursement Journal (CDJ)** – A record of payments from an MCO or delegated vendor to service providers for a given month as reported by the MCO to the Louisiana Department of Health (LDH).
- **DXC Technology (DXC)** – State fiscal agent contractor prior to October 1, 2020. In 2020, DXC was sold to Veritas Capital and ultimately formed a new company, Gainwell Technologies.
- **Fiscal Agent Contractor (FAC)** – A contractor selected to design, develop and maintain the Medicaid Management Information System (MMIS); Gainwell is the current FAC.
- **Gainwell Technologies (Gainwell)** – Current State fiscal agent contractor. Formerly known as DXC Technology.
- **Healthy Louisiana** – The name of Louisiana’s Medicaid managed care program as of May 2016.
- **Louisiana Department of Health (LDH)** – The agency in charge of overseeing the health services for the citizens of the state of Louisiana.
- **Managed Care Organization (MCO)** – A private organization that has entered into a risk-based contractual arrangement with LDH to obtain and finance care for enrolled Medicaid or Louisiana Children’s Health Insurance Program (LaCHIP) members. MCOs receive a capitation, or per member per month (PMPM), payment from LDH for each enrolled member. During the reporting period, five MCOs were operating in Louisiana. They are Healthy Blue – formerly Amerigroup Louisiana, Inc., AmeriHealth Caritas Louisiana (ACLA), Louisiana Healthcare Connections (LHCC), Aetna Better Health of Louisiana (Aetna), and UnitedHealthcare Community Plan (UHC).
- **Medicaid Management Information System (MMIS)** – The claims and encounter processing system used by the FAC. MCO submitted encounters are loaded into this system and assigned a unique claim identifier.
- **Value-Added Services (VAS)** – A covered service provided by the MCO to its members that is currently a non-covered service in the state’s fee-for-service plan, for which the MCO received no additional capitated payment. Also known as Expanded Services.



The following terms are used in the monthly tables throughout this document:

- **100% Limited Completion** - When an individual vendor's cumulative completion percentage exceeds 100 percent, the encounter total is decreased by the variance between the encounter and cash disbursement journal payment amounts. This results in a limited cumulative completion percentage of 100%. For the entire plan, (Tables 1 and 1V), the limited cumulative completion percentage is calculated using the adjusted encounter amounts of all limited vendor and non-vendor results. This adjustment is to ensure that the entire plan completion percentage is not over-stated.
- **CDJ Monthly Reported Total** – The sum of all payments from an MCO or delegated vendor to service providers for the reconciliation period reported in the Cash Disbursement Journal (CDJ).
- **Monthly Completion Percentage** – The “Monthly Encounter Net Total” divided by “CDJ Monthly Reported Total”
- **Monthly Encounter Net Total** – The difference between the “Monthly Encounter Total (FAC Reported)” and “Monthly Encounter Total (Adjustments)”
- **Monthly Encounter Total (Adjustments)** – Total paid amount of encounters identified as denied, calculated void or potential duplicate.
 - **State System Denied Encounter** – A submitted encounter that is paid by the plan but is denied by the Fiscal Agent Contractor (FAC) due to MMIS Claims Subsystem edits.
 - **Health Plan Denied Encounter** – A submitted encounter that is denied by the plan. This denied encounter is indicated by a value of ‘D’ in the second position of the MCO ICN submitted by the plan.
 - **Calculated Voids** – A pair of paid encounters having the same base patient account number or plan internal control number (ICN) if applicable. One of the encounters may appear to be a replacement of the other without a corresponding void encounter transaction being present. In this case, an adjustment is made to account for the missing void transaction. The magnitude of this adjustment depends upon the plans’ response to a listing of potential calculated void encounters.
 - **Duplicate Encounters** – A pair of paid encounters having identically-billed fields that appear to be duplicates of one another. One of these encounters may be excluded from the analysis depending upon the plans’ response to a listing of potential duplicate encounters.
- **Monthly Encounter Total (FAC Reported)** – The sum of all paid amounts on encounters submitted to the MMIS.
- **Monthly Variance** – The difference between the “Monthly Encounter Net Total” and the “CDJ Monthly Reported Total”.
- **Percentage of Encounters Adjusted** – The “Monthly Encounter Total (Adjustments)” divided by “Monthly Encounter Total (FAC Reported)”

Appendix C: Analysis

Encounters from institutional, medical and pharmacy claim types were combined on like data fields. We analyzed the line reported information of each encounter to capture the amount paid on the entire claim. Encounter totals were calculated by summarizing the data by the MCO paid date, MCO identification number (ID) and specific delegated vendor criteria. MCO submitted cash disbursements were summarized by paid date, MCO ID and specific delegated vendor criteria to create a matching table. These matching tables were combined using common fields between the tables and were used to produce the results.

Based on criteria provided by the MCO, we identified ACLA encounters as follows:

Active Vendors			
Vendor Type	Vendor Name	Identified By	Notes
Non-Emergency Medical Transportation (NEMT)	Southeastrans	Characters 3 and 4 of Plan ICN contain "SE"	
Vision Services	Avesis Vision	Characters 3 and 4 of Plan ICN contain "AV"	
Dental Services	Avesis Dental	Characters 3 and 4 of Plan ICN contain "AD"	
Pharmacy Benefits	PerformRx	Claim type code of '12'	
Non-Vendor	ACLA	All other plan submitted encounters	

Inactive Vendors			
Vendor Type	Vendor Name	Identified By	Notes
Vision Services	VSP	Characters 2 and 3 of Plan ICN contain "VV" Characters 3 and 4 of Plan ICN contain "VV"	Replaced by Avesis Vision – Effective January 1, 2020
Dental Services	DINA Dental	Characters 3 and 4 of Plan ICN contain "DD"	Replaced by Avesis Dental – Effective January 1, 2020



Appendix D: Data Analysis Assumptions

1. This analysis is performed on encounter data that was submitted by the MCOs to the FAC and loaded into the FAC MMIS. Encounters submitted by any MCO that were rejected by the FAC for errors in submission or other reasons are not transmitted to Myers and Stauffer LC.
2. For the purposes of this study, the payment amounts associated with denied encounters are identified as zero dollars in the encounter reconciliation analysis since they bear no impact on cash disbursements.
3. A voiding encounter has the same paid date as the original/voided encounter, which may differ from when the void or adjustment occurred. Therefore, the voiding encounters were coded to match the adjustment claim's paid date to allow for the proper matching of cash disbursements that occurred due to these void transactions. However, we were unable to reallocate the void encounters in which there was not an associated adjustment claim.
4. CDJ and encounter payments are analyzed to ensure that positive and negative payments correspond to the record's transaction type. For example, a void should have a negative amount. Additionally, the payment's amount on void and back-out encounters should match the amount on the encounter being adjusted. If detected, the payment is adjusted to the appropriate sign or amount.
5. We instructed the MCOs to exclude referral fees, management fees, and other non-encounter related fees from the CDJ data that is submitted to Myers and Stauffer LC. We reviewed the CDJs for these payments and removed them from the analysis when they were identified.
6. Separately itemized interest expenses are excluded from the CDJ and encounter totals when the interest amounts are included in the MCO paid amounts on the encounters and/or CDJ transactions.
7. Due to rounding, the sum of the displayed percentages in this report may not add up to the total.
8. The short run-out period for encounter submissions may not allow sufficient time for the MCOs to resolve encounter submission issues noted in previous reconciliation reports. This may result in lower completion percentages when reconciling the encounters to CDJ totals.
9. Opportunities for improving the encounter reconciliation process have been identified during analysis of the encounter data and cash disbursement journals, as well as frequent interactions with the MCOs, their delegated vendors, LDH, and the FAC. While we have attempted to account for these situations, other potential issues within the data may exist that have not yet been identified which may require us to restate a report or modify reconciliation processes in the future.



Appendix C: Claims Sample Completeness

Description	Medical						Dental					
	October 2020		April 2021		Total		October 2020		April 2021		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	1,093,216	\$83,050,662	728,253	\$57,192,911	1,821,469	\$140,243,573	11,234	\$481,403	11,821	\$487,476	23,055	\$968,879
Reconciling Adjustment	(49,322)	\$0	(28,441)	\$0	(77,763)	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	1,043,894	\$83,050,662	699,812	\$57,192,911	1,743,706	\$140,243,573	11,234	\$481,403	11,821	\$487,476	23,055	\$968,879
Encounter Data												
Total Matched Encounters	959,406	\$72,063,009	668,375	\$54,286,235	1,627,781	\$126,349,244	9,596	\$355,568	10,202	\$362,415	19,798	\$717,983
Less Surplus Encounters	(1)	\$0	(15)	\$0	(16)	\$0	0	\$0	0	\$0	0	\$0
Payment Adjustments	0	\$348,108	0	\$0	0	\$348,108	0	\$2,778	0	\$2,604	0	\$5,382
Net Matched Encounters	959,405	\$72,411,117	668,360	\$54,286,235	1,627,765	\$126,697,353	9,596	\$358,346	10,202	\$365,019	19,798	\$723,365
Encounter Completeness Percentage	91.9%	87.2%	95.5%	94.9%	93.4%	90.3%	85.4%	74.4%	86.3%	74.9%	85.9%	74.7%



Description	Vision						NEMT					
	October 2020		April 2021		Total		October 2020		April 2021		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	18,503	\$638,029	20,760	\$664,005	39,263	\$1,302,034	17,918	\$887,429	15,358	\$597,898	33,276	\$1,485,327
Reconciling Adjustment	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	18,503	\$638,029	20,760	\$664,005	39,263	\$1,302,034	17,918	\$887,429	15,358	\$597,898	33,276	\$1,485,327
Encounter Data												
Total Matched Encounters	17,702	\$604,944	19,813	\$618,506	37,515	\$1,223,451	17,499	\$843,510	15,347	\$595,537	32,846	\$1,439,047
Less Surplus Encounters	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Payment Adjustments	0	\$0	0	\$3,069	0	\$3,069	0	\$0	0	\$0	0	\$0
Net Matched Encounters	17,702	\$604,944	19,813	\$621,575	37,515	\$1,226,519	17,499	\$843,510	15,347	\$595,537	32,846	\$1,439,047
Encounter Completeness Percentage	95.7%	94.8%	95.4%	93.6%	95.5%	94.2%	97.7%	95.1%	99.9%	99.6%	98.7%	96.9%



Description	Pharmacy					
	October 2020		April 2021		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	412,965	\$27,181,939	463,594	\$33,761,304	876,559	\$60,943,243
Reconciling Adjustment	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	412,965	\$27,181,939	463,594	\$33,761,304	876,559	\$60,943,243
Encounter Data						
Total Matched Encounters	412,035	\$27,101,050	446,333	\$31,481,120	858,368	\$58,582,170
Less Surplus Encounters	0	\$0	(23)	\$824	(23)	\$824
Payment Adjustments	0	\$0	0	\$87	0	\$87
Net Matched Encounters	412,035	\$27,101,050	446,310	\$31,482,031	858,345	\$58,583,081
Encounter Completeness Percentage	99.8%	99.7%	96.3%	93.2%	97.9%	96.1%



Appendix D: Overall Completeness

	CDJs	Sample Claims										Total		
Description	Total Paid Amount	Medical		Dental		Vision		NEMT		Pharmacy		Total Count	Total Paid Amount	Overall Average ¹
		Total Count	Total Paid Amount	Total Count	Total Paid Amount	Total Count	Total Paid Amount	Total Count	Total Paid Amount	Total Count	Total Paid Amount			
Health Plan-Submitted Data														
Total Health Plan Data	897,569,680	1,821,469	\$140,243,573	23,055	\$968,879	39,263	\$1,302,034	33,276	\$1,485,327	876,559	\$60,943,243	2,793,622	\$1,102,512,734	\$1,105,306,356
Reconciling Adjustment	\$0	(77,763)	\$0	0	\$0	0	\$0	0	\$0	0	\$0	(77,763)	\$0	(\$77,763)
Net Health Plan Data	\$897,569,680	1,743,706	\$140,243,573	23,055	\$968,879	39,263	\$1,302,034	33,276	\$1,485,327	876,559	\$60,943,243	2,715,859	\$1,102,512,734	\$1,105,228,593
Encounter Data														
Total Matched Encounters	\$979,648,641	1,627,781	\$126,349,244	19,798	\$717,983	37,515	\$1,223,451	32,846	\$1,439,047	858,368	\$58,582,170	2,576,308	\$1,167,960,536	\$1,170,536,844
Surplus/Duplicative Adjustments	(\$98,218,940)	(16)	\$0	0	\$0	0	\$0	0	\$0	(23)	\$824	(39)	-\$98,218,116	(\$98,218,155)
Payment Adjustments	\$0	0	\$348,108	0	\$5,382	0	\$3,069	0	\$0	0	\$87	0	\$356,646	\$356,646
Net Matched Encounters	\$881,429,701	1,627,765	\$126,697,353	19,798	\$723,365	37,515	\$1,226,519	32,846	\$1,439,047	858,345	\$58,583,081	2,576,269	\$1,070,099,066	\$1,072,675,335
Encounter Completeness Percentage	98.2%	93.4%	90.3%	85.9%	74.7%	95.5%	94.2%	98.7%	96.9%	97.9%	96.1%	94.9%	97.1%	97.1%

¹ Overall Average equals Total Count plus Total Paid Amount



Appendix E: Key Data Element Matching

Key Data Element	Medical																				
	October 2020							April 2021							Total						
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent
Admission Date	4,358	3,615	83.0%	131	3.0%	612	14.0%	2,804	2,798	99.8%	6	0.2%	0	0.0%	7,162	6,413	89.5%	137	1.9%	612	8.5%
Bill Type (digits 1 and 2)	427,960	427,861	100.0%	0	0.0%	99	0.0%	233,460	233,460	100.0%	0	0.0%	0	0.0%	661,420	661,321	100.0%	0	0.0%	99	0.0%
Billed Charges	959,406	941,010	98.1%	0	0.0%	18,396	1.9%	668,375	668,286	100.0%	0	0.0%	89	0.0%	1,627,781	1,609,296	98.9%	0	0.0%	18,485	1.1%
Billing Provider NPI/Number	959,406	959,406	100.0%	0	0.0%	0	0.0%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,627,781	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	959,406	959,334	100.0%	72	0.0%	0	0.0%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,627,709	100.0%	72	0.0%	0	0.0%
First Date of Service	959,406	959,376	100.0%	0	0.0%	30	0.0%	668,375	668,365	100.0%	0	0.0%	10	0.0%	1,627,781	1,627,741	100.0%	0	0.0%	40	0.0%
Former/Original Claim ICN	959,406	956,041	99.6%	0	0.0%	3,365	0.4%	668,375	668,360	100.0%	0	0.0%	15	0.0%	1,627,781	1,624,401	99.8%	0	0.0%	3,380	0.2%
Health Plan Paid Amount	959,406	951,572	99.2%	0	0.0%	7,834	0.8%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,619,947	99.5%	0	0.0%	7,834	0.5%
Health Plan Paid Date	959,406	959,406	100.0%	0	0.0%	0	0.0%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,627,781	100.0%	0	0.0%	0	0.0%
ICN	959,406	959,406	100.0%	0	0.0%	0	0.0%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,627,781	100.0%	0	0.0%	0	0.0%
Last Date of Service	4,358	4,340	99.6%	0	0.0%	18	0.4%	2,804	2,803	100.0%	0	0.0%	1	0.0%	7,162	7,143	99.7%	0	0.0%	19	0.3%
Member ID (Medicaid ID)	959,406	959,072	100.0%	0	0.0%	334	0.0%	668,375	668,375	100.0%	0	0.0%	0	0.0%	1,627,781	1,627,447	100.0%	0	0.0%	334	0.0%
Place of Service	531,446	529,976	99.7%	0	0.0%	1,470	0.3%	434,915	433,974	99.8%	0	0.0%	941	0.2%	966,361	963,950	99.8%	0	0.0%	2,411	0.2%
Procedure Code	955,048	928,045	97.2%	27,001	2.8%	2	0.0%	665,571	665,571	100.0%	0	0.0%	0	0.0%	1,620,619	1,593,616	98.3%	27,001	1.7%	2	0.0%
Procedure Modifiers	955,048	928,047	97.2%	0	0.0%	27,001	2.8%	665,571	665,571	100.0%	0	0.0%	0	0.0%	1,620,619	1,593,618	98.3%	0	0.0%	27,001	1.7%
Revenue Code	469,374	467,356	99.6%	1,818	0.4%	200	0.0%	261,474	260,189	99.5%	1,285	0.5%	0	0.0%	730,848	727,545	99.5%	3,103	0.4%	200	0.0%
Service Provider NPI	959,406	531,378	55.4%	0	0.0%	428,028	44.6%	668,375	667,613	99.9%	0	0.0%	762	0.1%	1,627,781	1,198,991	73.7%	0	0.0%	428,790	26.3%
Service Provider Taxonomy	959,406	532,812	55.5%	0	0.0%	426,594	44.5%	668,375	626,102	93.7%	0	0.0%	42,273	6.3%	1,627,781	1,158,914	71.2%	0	0.0%	468,867	28.8%
Surgical Procedure Codes	4,358	4,358	100.0%	0	0.0%	0	0.0%	2,804	2,804	100.0%	0	0.0%	0	0.0%	7,162	7,162	100.0%	0	0.0%	0	0.0%
Total	13,905,416	12,962,411	93.2%	29,022	0.2%	913,983	6.6%	9,621,528	9,576,146	99.5%	1,291	0.0%	44,091	0.5%	23,526,944	22,538,557	95.8%	30,313	0.1%	958,074	4.1%



Dental																					
Key Data Element	October 2020							April 2021							Total						
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent		
Billed Charges	9,596	9,558	99.6%	0	0.0%	38	0.4%	10,202	10,165	99.6%	0	0.0%	37	0.4%	19,798	19,723	99.6%	0	0.0%	75	0.4%
Billing Provider NPI/Number	9,596	9,512	99.1%	0	0.0%	84	0.9%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,714	99.6%	0	0.0%	84	0.4%
First Date of Service	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,798	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	9,596	9,557	99.6%	N/A		39	0.4%	10,202	10,175	99.7%	N/A		27	0.3%	19,798	19,732	99.7%	N/A		66	0.3%
Health Plan Paid Amount	9,596	9,557	99.6%	0	0.0%	39	0.4%	10,202	10,165	99.6%	0	0.0%	37	0.4%	19,798	19,722	99.6%	0	0.0%	76	0.4%
Health Plan Paid Date	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,200	100.0%	0	0.0%	2	0.0%	19,798	19,796	100.0%	0	0.0%	2	0.0%
ICN	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,798	100.0%	0	0.0%	0	0.0%
Member ID (Medicaid ID)	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,200	100.0%	0	0.0%	2	0.0%	19,798	19,796	100.0%	0	0.0%	2	0.0%
Place of Service	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,798	100.0%	0	0.0%	0	0.0%
Procedure Code	9,596	9,594	100.0%	0	0.0%	2	0.0%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,796	100.0%	0	0.0%	2	0.0%
Service Provider NPI	9,596	9,596	100.0%	0	0.0%	0	0.0%	10,202	10,202	100.0%	0	0.0%	0	0.0%	19,798	19,798	100.0%	0	0.0%	0	0.0%
Service Provider Taxonomy	9,596	6,931	72.2%	0	0.0%	2,665	27.8%	10,202	7,450	73.0%	0	0.0%	2,752	27.0%	19,798	14,381	72.6%	0	0.0%	5,417	27.4%
Tooth Number	9,596	9,584	99.9%	N/A		12	0.1%	10,202	10,185	99.8%	N/A		17	0.2%	19,798	19,769	99.9%	N/A		29	0.1%
Tooth Surface ¹	11,038	11,038	100.0%	N/A		0	0.0%	11,939	11,939	100.0%	N/A		0	0.0%	22,977	22,977	100.0%	N/A		0	0.0%
Total	135,786	132,907	97.9%	0	0.0%	2,879	2.1%	144,565	141,691	98.0%	0	0.0%	2,874	2.0%	280,351	274,598	97.9%	0	0.0%	5,753	2.1%

¹ Up to five (5) tooth surfaces may be reported on each detail line. For those encounters with more than one tooth surface, each tooth surface was evaluated separately.



Key Data Element	Vision																	
	October 2020						April 2021						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	17,702	100.0%	0	0.0%	0	0.0%	19,774	99.8%	0	0.0%	39	0.2%	37,476	99.9%	0	0.0%	39	0.1%
Billing Provider NPI/Number	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
First Date of Service	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	17,702	100.0%	N/A		0	0.0%	19,813	100.0%	N/A		0	0.0%	37,515	100.0%	N/A		0	0.0%
Health Plan Paid Amount	17,702	100.0%	0	0.0%	0	0.0%	19,774	99.8%	0	0.0%	39	0.2%	37,476	99.9%	0	0.0%	39	0.1%
Health Plan Paid Date	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
ICN	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Member ID (Medicaid ID)	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Place of Service	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Procedure Code	17,701	100.0%	0	0.0%	1	0.0%	19,811	100.0%	0	0.0%	2	0.0%	37,512	100.0%	0	0.0%	3	0.0%
Procedure Modifiers	17,702	100.0%	N/A		0	0.0%	19,813	100.0%	N/A		0	0.0%	37,515	100.0%	N/A		0	0.0%
Service Provider NPI	17,702	100.0%	0	0.0%	0	0.0%	19,813	100.0%	0	0.0%	0	0.0%	37,515	100.0%	0	0.0%	0	0.0%
Service Provider Taxonomy	5,410	30.6%	0	0.0%	12,292	69.4%	9,698	48.9%	0	0.0%	10,115	51.1%	15,108	40.3%	0	0.0%	22,407	59.7%
Total	235,535	95.0%	0	0.0%	12,293	5.0%	267,187	96.3%	0	0.0%	10,195	3.7%	502,722	95.7%	0	0.0%	22,488	4.3%
Total Records in the Encounter Dataset	17,702						19,813						37,515					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	247,828	100.0%						277,382	100.0%						525,210	100.0%		



Key Data Element	NEMT																	
	October 2020						April 2021						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
First Date of Service	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	17,499	100.0%	N/A		0	0.0%	15,347	100.0%	N/A		0	0.0%	32,846	100.0%	N/A		0	0.0%
Health Plan Paid Amount	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Health Plan Paid Date	17,428	99.6%	0	0.0%	71	0.4%	15,310	99.8%	0	0.0%	37	0.2%	32,738	99.7%	0	0.0%	108	0.3%
ICN	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Member ID (Medicaid ID)	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Procedure Code	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	17,499	100.0%	N/A		0	0.0%	15,347	100.0%	N/A		0	0.0%	32,846	100.0%	N/A		0	0.0%
Service Provider NPI	0	0.0%	0	0.0%	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%
Service Provider Taxonomy	0	0.0%	0	0.0%	17,499	100.0%	0	0.0%	0	0.0%	15,347	100.0%	0	0.0%	0	0.0%	32,846	100.0%
Total	174,919	83.3%	0	0.0%	35,069	16.7%	153,433	83.3%	0	0.0%	30,731	16.7%	328,352	83.3%	0	0.0%	65,800	16.7%
Total Records in the Encounter Dataset	17,499						15,347						32,846					
Number of Key Data Element Evaluated	12						12						12					
Maximum Count	209,988	100.0%					184,164	100.0%					394,152	100.0%				

Key Data Element	Pharmacy																	
	October 2020						April 2021						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Amount Paid Pharmacy Benefits Manager	344,777	83.7%	0	0.0%	67,258	16.3%	382,474	85.7%	0	0.0%	63,859	14.3%	727,251	84.7%	0	0.0%	131,117	15.3%
Basis of Reimbursement	127	0.0%	214,660	52.1%	197,248	47.9%	910	0.2%	224,655	50.3%	220,768	49.5%	1,037	0.1%	439,315	51.2%	418,016	48.7%
Billed Charges	412,033	100.0%	0	0.0%	2	0.0%	445,083	99.7%	0	0.0%	1,250	0.3%	857,116	99.9%	0	0.0%	1,252	0.1%
Days Supply	412,035	100.0%	0	0.0%	0	0.0%	446,310	100.0%	0	0.0%	23	0.0%	858,345	100.0%	0	0.0%	23	0.0%
First Date of Service	412,035	100.0%	0	0.0%	0	0.0%	446,333	100.0%	0	0.0%	0	0.0%	858,368	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	412,035	100.0%	N/A		0	0.0%	446,308	100.0%	N/A		25	0.0%	858,343	100.0%	N/A		25	0.0%
Health Plan Paid Amount	412,035	100.0%	0	0.0%	0	0.0%	446,299	100.0%	0	0.0%	34	0.0%	858,334	100.0%	0	0.0%	34	0.0%
Health Plan Paid Date	410,763	99.7%	0	0.0%	1,272	0.3%	426,389	95.5%	0	0.0%	19,944	4.5%	837,152	97.5%	0	0.0%	21,216	2.5%
ICN	412,035	100.0%	0	0.0%	0	0.0%	446,333	100.0%	0	0.0%	0	0.0%	858,368	100.0%	0	0.0%	0	0.0%
Member ID (Medicaid ID)	412,007	100.0%	2	0.0%	26	0.0%	446,254	100.0%	4	0.0%	75	0.0%	858,261	100.0%	6	0.0%	101	0.0%
National Drug Code (NDC)	411,859	100.0%	0	0.0%	176	0.0%	446,161	100.0%	0	0.0%	172	0.0%	858,020	100.0%	0	0.0%	348	0.0%
Prescribing Provider NPI	197,789	48.0%	214,246	52.0%	0	0.0%	222,188	49.8%	224,143	50.2%	2	0.0%	419,977	48.9%	438,389	51.1%	2	0.0%
Prescription Number	412,035	100.0%	0	0.0%	0	0.0%	446,333	100.0%	0	0.0%	0	0.0%	858,368	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	411,950	100.0%	0	0.0%	85	0.0%	446,247	100.0%	0	0.0%	86	0.0%	858,197	100.0%	0	0.0%	171	0.0%
Refill Number	411,806	99.9%	229	0.1%	0	0.0%	446,205	100.0%	128	0.0%	0	0.0%	858,011	100.0%	357	0.0%	0	0.0%
Total	5,485,321	88.8%	429,137	6.9%	266,067	4.3%	5,939,827	88.7%	448,930	6.7%	306,238	4.6%	11,425,148	88.8%	878,067	6.8%	572,305	4.4%
Total Records in the Encounter Dataset	412,035						446,333						858,368					
Number of Key Data Element Evaluated	15						15						15					
Maximum Count	6,180,525	100.0%					6,694,995	100.0%					12,875,520	100.0%				



Key Data Element	Total																				
	October 2020								April 2021								Total				
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent
Admission Date	4,358	3,615	83.0%	131	3.0%	612	14.0%	2,804	2,798	99.8%	6	0.2%	0	0.0%	7,162	6,413	89.5%	137	1.9%	612	8.5%
Amount Paid Pharmacy Benefits Manager	412,035	344,777	83.7%	0	0.0%	67,258	16.3%	446,333	382,474	85.7%	0	0.0%	63,859	14.3%	858,368	727,251	84.7%	0	0.0%	131,117	15.3%
Basis of Reimbursement	412,035	127	0.0%	214,660	52.1%	197,248	47.9%	446,333	910	0.2%	224,655	50.3%	220,768	49.5%	858,368	1,037	0.1%	439,315	51.2%	418,016	48.7%
Bill Type (digits 1 and 2)	427,960	427,861	100.0%	0	0.0%	99	0.0%	233,460	233,460	100.0%	0	0.0%	0	0.0%	661,420	661,321	100.0%	0	0.0%	99	0.0%
Billed Charges	1,416,238	1,397,802	98.7%	0	0.0%	18,436	1.3%	1,160,070	1,158,655	99.9%	0	0.0%	1,415	0.1%	2,576,308	2,556,457	99.2%	0	0.0%	19,851	0.8%
Billing Provider NPI/Number	1,004,203	1,004,119	100.0%	0	0.0%	84	0.0%	713,737	713,737	100.0%	0	0.0%	0	0.0%	1,717,940	1,717,856	100.0%	0	0.0%	84	0.0%
Days Supply	412,035	412,035	100.0%	0	0.0%	0	0.0%	446,333	446,310	100.0%	0	0.0%	23	0.0%	858,368	858,345	100.0%	0	0.0%	23	0.0%
Diagnosis Codes	977,108	977,036	100.0%	72	0.0%	0	0.0%	688,188	688,188	100.0%	0	0.0%	0	0.0%	1,665,296	1,665,224	100.0%	72	0.0%	0	0.0%
First Date of Service	1,416,238	1,416,208	100.0%	0	0.0%	30	0.0%	1,160,070	1,160,060	100.0%	0	0.0%	10	0.0%	2,576,308	2,576,268	100.0%	0	0.0%	40	0.0%
Former/Original Claim ICN	1,416,238	1,412,834	99.8%	0	0.0%	3,404	0.2%	1,160,070	1,160,003	100.0%	0	0.0%	67	0.0%	2,576,308	2,572,837	99.9%	0	0.0%	3,471	0.1%
Health Plan Paid Amount	1,416,238	1,408,365	99.4%	0	0.0%	7,873	0.6%	1,160,070	1,159,960	100.0%	0	0.0%	110	0.0%	2,576,308	2,568,325	99.7%	0	0.0%	7,983	0.3%
Health Plan Paid Date	1,416,238	1,414,895	99.9%	0	0.0%	1,343	0.1%	1,160,070	1,140,087	98.3%	0	0.0%	19,983	1.7%	2,576,308	2,554,982	99.2%	0	0.0%	21,326	0.8%
ICN	1,416,238	1,416,238	100.0%	0	0.0%	0	0.0%	1,160,070	1,160,070	100.0%	0	0.0%	0	0.0%	2,576,308	2,576,308	100.0%	0	0.0%	0	0.0%
Last Date of Service	4,358	4,340	99.6%	0	0.0%	18	0.4%	2,804	2,803	100.0%	0	0.0%	1	0.0%	7,162	7,143	99.7%	0	0.0%	19	0.3%
Member ID (Medicaid ID)	1,416,238	1,415,876	100.0%	2	0.0%	360	0.0%	1,160,070	1,159,989	100.0%	4	0.0%	77	0.0%	2,576,308	2,575,865	100.0%	6	0.0%	437	0.0%
National Drug Code (NDC)	412,035	411,859	100.0%	0	0.0%	176	0.0%	446,333	446,161	100.0%	0	0.0%	172	0.0%	858,368	858,020	100.0%	0	0.0%	348	0.0%
Place of Service	558,744	557,274	99.7%	0	0.0%	1,470	0.3%	464,930	463,989	99.8%	0	0.0%	941	0.2%	1,023,674	1,021,263	99.8%	0	0.0%	2,411	0.2%
Prescribing Provider NPI	412,035	197,789	48.0%	214,246	52.0%	0	0.0%	446,333	222,188	49.8%	224,143	50.2%	2	0.0%	858,368	419,977	48.9%	438,389	51.1%	2	0.0%
Prescription Number	412,035	412,035	100.0%	0	0.0%	0	0.0%	446,333	446,333	100.0%	0	0.0%	0	0.0%	858,368	858,368	100.0%	0	0.0%	0	0.0%
Procedure Code	999,845	972,839	97.3%	27,001	2.7%	5	0.0%	710,933	710,931	100.0%	0	0.0%	2	0.0%	1,710,778	1,683,770	98.4%	27,001	1.6%	7	0.0%
Procedure Modifiers	990,249	963,248	97.3%	0	0.0%	27,001	2.7%	700,731	700,731	100.0%	0	0.0%	0	0.0%	1,690,980	1,663,979	98.4%	0	0.0%	27,001	1.6%
Quantity Dispensed	412,035	411,950	100.0%	0	0.0%	85	0.0%	446,333	446,247	100.0%	0	0.0%	86	0.0%	858,368	858,197	100.0%	0	0.0%	171	0.0%
Refill Number	412,035	411,806	99.9%	229	0.1%	0	0.0%	446,333	446,205	100.0%	128	0.0%	0	0.0%	858,368	858,011	100.0%	357	0.0%	0	0.0%
Revenue Code	469,374	467,356	99.6%	1,818	0.4%	200	0.0%	261,474	260,189	99.5%	1,285	0.5%	0	0.0%	730,848	727,545	99.5%	3,103	0.4%	200	0.0%
Service Provider NPI	1,004,203	558,676	55.6%	0	0.0%	445,527	44.4%	713,737	697,628	97.7%	0	0.0%	16,109	2.3%	1,717,940	1,256,304	73.1%	0	0.0%	461,636	26.9%
Service Provider Taxonomy	1,004,203	545,153	54.3%	0	0.0%	459,050	45.7%	713,737	643,250	90.1%	0	0.0%	70,487	9.9%	1,717,940	1,188,403	69.2%	0	0.0%	529,537	30.8%
Surgical Procedure Codes	4,358	4,358	100.0%	0	0.0%	0	0.0%	2,804	2,804	100.0%	0	0.0%	0	0.0%	7,162	7,162	100.0%	0	0.0%	0	0.0%
Tooth Number	9,596	9,584	99.9%	0	0.0%	12	0.1%	10,202	10,185	99.8%	0	0.0%	17	0.2%	19,798	19,769	99.9%	0	0.0%	29	0.1%
Tooth Surface	11,038	11,038	100.0%	0	0.0%	0	0.0%	11,939	11,939	100.0%	0	0.0%	0	0.0%	22,977	22,977	100.0%	0	0.0%	0	0.0%
Total	20,679,543	18,991,093	91.8%	458,159	2.2%	1,230,291	5.9%	16,922,634	16,078,284	95.0%	450,221	2.7%	394,129	2.3%	37,602,177	35,069,377	93.4%	908,380	2.3%	1,624,420	4.3%



Appendix F: Per Member Utilization and Paid Amounts

SFY 2021										
Description	Healthy Louisiana				ACLA				Percentage of Healthy Louisiana	
Members										
Total member Months	18,643,240				2,381,699				12.8%	
Average Number of Members ¹	1,553,603				198,475					
Service Type	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Percentage Variance	
									Count	Amount
Ancillary	7,581,728	4.9	\$372,286,331	\$240	1,004,906	5.1	\$43,976,497	\$222	4.1%	-7.5%
Dental	682,468	0.4	\$30,598,844	\$20	85,237	0.4	\$3,443,172	\$17	0.0%	-15.0%
Inpatient	2,492,771	1.6	\$1,591,091,198	\$1,024	338,583	1.7	\$216,574,154	\$1,091	6.2%	6.5%
NEMT	955,188	0.6	\$42,246,297	\$27	144,322	0.7	\$6,195,161	\$31	16.7%	14.8%
Outpatient	18,692,115	12.0	\$1,162,312,174	\$748	2,506,989	12.6	\$152,705,619	\$769	5.0%	2.8%
Pharmacy	26,390,029	17.0	\$2,023,471,285	\$1,302	3,777,957	19.0	\$272,768,857	\$1,374	11.8%	5.5%
Primary Care	15,499,565	10.0	\$536,281,269	\$345	2,077,610	10.5	\$72,074,199	\$363	5.0%	5.2%
Specialty	12,423,567	8.0	\$920,683,657	\$593	1,509,420	7.6	\$121,551,515	\$612	-5.0%	3.2%
Vision	1,543,458	1.0	\$54,507,039	\$35	201,484	1.0	\$6,922,236	\$35	0.0%	0.0%
Total Services ³	86,260,889	55.5	\$6,733,478,093	\$4,334	11,646,508	58.6	\$896,211,411	\$4,514	5.6%	4.2%

¹ Total member months divided by the number of months in the measurement period.

² Per member per year counts and/or paid amount divided by the average number of members.

³ Differences are due to rounding.



Appendix G: Timely Payment of Claims

SFY 2021													
Encounter Type	15 Business Days 90%		30 Calendar Days 100%			60 Calendar Days 100%			Over 60 Calendar Days			Total Count	Average Calendar Days
		Percentage		Percentage			Percentage			Percentage			
		Count		Absolute	Count		Absolute	Cumulative		Count	Absolute		
Medical	9,186,910	91.6%	109,914	1.1%	92.7%	162,500	1.6%	94.3%	574,322	5.7%	100.0%	10,033,646	18
Dental	116,954	94.8%	5,325	4.3%	99.1%	741	0.6%	99.7%	341	0.3%	100.0%	123,361	7
Vision	239,751	98.1%	3,835	1.6%	99.7%	540	0.2%	99.9%	295	0.1%	100.0%	244,421	6
NEMT	183,290	94.8%	1,900	1.0%	95.7%	5,726	3.0%	98.7%	2,505	1.3%	100.0%	193,421	10
Pharmacy	4,584,705	97.8%	38,148	0.8%	98.6%	28,410	0.6%	99.2%	37,135	0.8%	100.0%	4,688,398	4
Total	14,311,610	93.6%	159,122	1.1%	94.8%	197,917	1.3%	96.1%	614,598	4.0%	100.0%	15,283,247	13



Appendix H: Timely Encounter Submissions

SFY 2021													
Encounter Type	30 Days		60 Days			90 Days			Over 90 Days			Total Count	Average Days
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Cumulative	Absolute		Cumulative	Absolute		Cumulative			
Medical	9,191,740	91.6%	264,300	2.6%	94.2%	159,953	1.6%	95.8%	417,654	4.2%	100.0%	10,033,647	20
Dental	106,475	86.3%	4,432	3.6%	89.9%	3,823	3.1%	93.0%	8,679	7.0%	100.0%	123,409	28
Vision	232,865	95.3%	3,198	1.3%	96.6%	1,152	0.5%	97.1%	7,206	2.9%	100.0%	244,421	15
NEMT	112,621	58.2%	72,815	37.6%	95.9%	2,067	1.1%	96.9%	5,925	3.1%	100.0%	193,428	36
Pharmacy	4,599,539	98.1%	3,728	0.1%	98.2%	14,376	0.3%	98.5%	70,755	1.5%	100.0%	4,688,398	9
Total	14,243,240	93.2%	348,473	2.3%	95.5%	181,371	1.2%	96.7%	510,219	3.3%	100.0%	15,283,303	17



Appendix I: Medical Records Validity Rate

Key Data Element	Medical					Dental					Vision				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	57	57	100.0%	0	0.0%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Member DOB	57	57	100.0%	0	0.0%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Admit Date	0	0	0.0%	0	0.0%	N/A					N/A				
Date of Service - First	57	56	98.2%	1	1.8%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Date of Service - Last	20	20	100.0%	0	0.0%	N/A					N/A				
Diagnosis Codes	133	110	82.7%	23	17.3%	N/A					1	1	100.0%	0	0.0%
Billing Provider	57	55	96.5%	2	3.5%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Type of Bill Code	20	19	95.0%	1	5.0%	N/A					N/A				
Revenue Code	20	19	95.0%	1	5.0%	N/A					N/A				
Place of Service	37	34	91.9%	3	8.1%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Procedure Code	57	51	89.5%	6	10.5%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Procedure Modifiers	26	21	80.8%	5	19.2%	N/A					0	0	0.0%	0	0.0%
Servicing Provider	57	52	91.2%	5	8.8%	1	1	100.0%	0	0.0%	3	3	100.0%	0	0.0%
Surgical Procedure Codes	0	0	0.0%	0	0.0%	N/A					N/A				
Tooth Number	N/A					0	0	0.0%	0	0.0%	N/A				
Tooth Surfaces	N/A					0	0	0.0%	0	0.0%	N/A				
Prescription Number	N/A					N/A					N/A				
National Drug Code (NDC)	N/A					N/A					N/A				
Quantity Dispensed	N/A					N/A					N/A				
Days Supply	N/A					N/A					N/A				
Prescribing Provider	N/A					N/A					N/A				
Total	598	551	92.1%	47	7.9%	7	7	100.0%	0	0.0%	22	22	100.0%	0	0.0%

Note: 100 of the 150 medical records requested were submitted and tested.



Key Data Element	Pharmacy					Total				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	38	37	97.4%	1	2.6%	99	98	99.0%	1	1.0%
Member DOB	38	37	97.4%	1	2.6%	99	98	99.0%	1	1.0%
Admit Date	N/A					0	0	0.0%	0	0.0%
Date of Service - First	38	37	97.4%	1	2.6%	99	97	98.0%	2	2.0%
Date of Service - Last	N/A					20	20	100.0%	0	0.0%
Diagnosis Codes	N/A					134	111	82.8%	23	17.2%
Billing Provider	38	37	97.4%	1	2.6%	99	96	97.0%	3	3.0%
Type of Bill Code	N/A					20	19	95.0%	1	5.0%
Revenue Code	N/A					20	19	95.0%	1	5.0%
Place of Service	N/A					41	38	92.7%	3	7.3%
Procedure Code	N/A					61	55	90.2%	6	9.8%
Procedure Modifiers	N/A					26	21	80.8%	5	19.2%
Servicing Provider	N/A					61	56	91.8%	5	8.2%
Surgical Procedure Codes	N/A					0	0	0.0%	0	0.0%
Tooth Number	N/A					0	0	0.0%	0	0.0%
Tooth Surfaces	N/A					0	0	0.0%	0	0.0%
Prescription Number	38	38	100.0%	0	0.0%	38	38	100.0%	0	0.0%
National Drug Code (NDC)	38	34	89.5%	4	10.5%	38	34	89.5%	4	10.5%
Quantity Dispensed	38	36	94.7%	2	5.3%	38	36	94.7%	2	5.3%
Days Supply	38	31	81.6%	7	18.4%	38	31	81.6%	7	18.4%
Prescribing Provider	38	38	100.0%	0	0.0%	38	38	100.0%	0	0.0%
Total	342	325	95.0%	17	5.0%	969	905	93.4%	64	6.6%

Note: 100 of the 150 medical records requested were submitted and tested.



HEALTHY LOUISIANA
EQR Validation of Encounter Data

SUBMISSION OF FINDINGS
AmeriHealth Caritas of Louisiana

The health plan stated it would not
be submitting a response.