

The background of the slide is a blurred medical scene, possibly a patient in a hospital bed, overlaid with a green geometric pattern of lines and hexagons. Various medical icons are scattered throughout: a syringe in the top right, a pill in the middle left, a virus particle in the center, a stethoscope in the bottom left, and a group of three people in the center. A large white cross is centered over the patient's chest.

LOUISIANA DEPARTMENT OF HEALTH

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

Louisiana Healthcare Connections

May 24, 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 Louisiana Healthcare Connections (LHCC) 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.

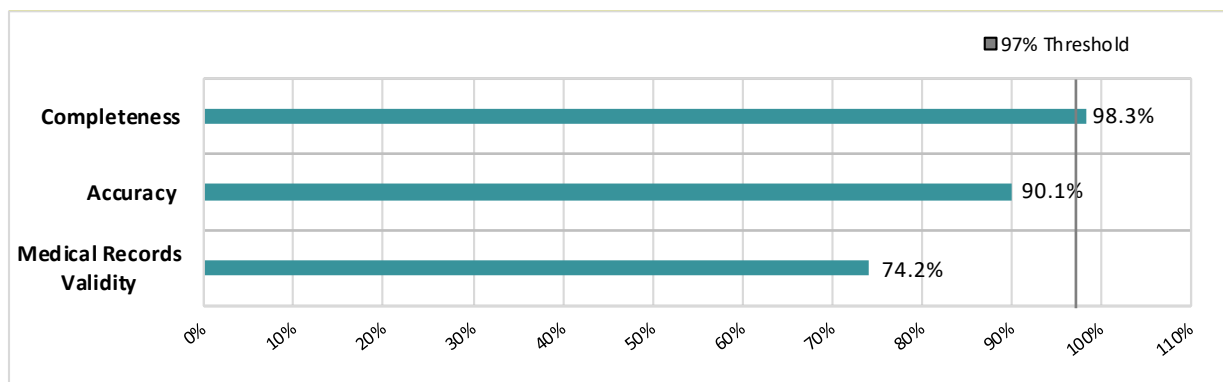
Findings

- **Completeness:** The average completion percentage for SFY 2021 was above the 97 percent threshold (97.9 percent) when compared to CDJ paid amounts. Encounter paid amounts were at or above 100 percent when compared to sample claims paid amounts. When compared to sample claims counts, encounter completion percentages were below the 97 percent threshold for medical, non-emergency medical transportation (NEMT) and pharmacy encounters. The aggregate overall completion percentage (i.e., the total based on CDJ paid amounts, sample



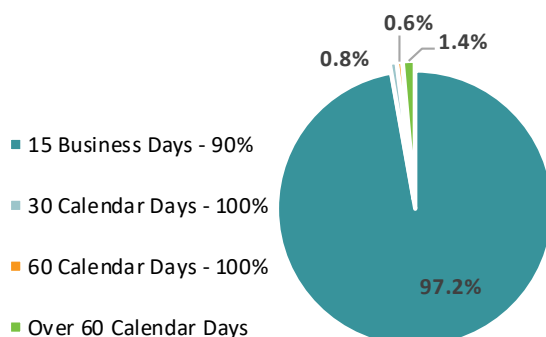
claims counts and sample claims paid amounts) was above the 97 percent threshold (98.3 percent).

- **Accuracy:** The overall accuracy percentage was below the 97 percent threshold (90.1 percent). Accuracy issues were primarily related to the health plan's delegated vendors' (i.e., NEMT and pharmacy) encounter data.
- **Medical Record Validation Rates:** 26 of the 150 (17.3 percent) medical records requested were submitted and tested. The health plan's oversight of the request for medical records appears to have impacted the number of records submitted for review. The validation rate for the medical records tested was below the 97 percent threshold (74.2 percent).

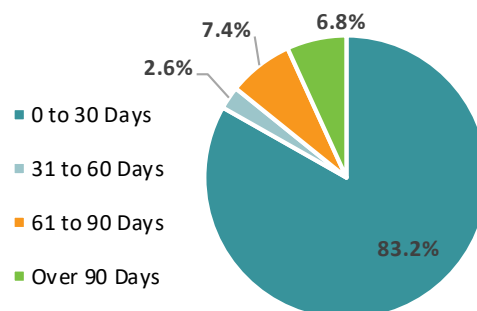


- **Timeliness:** The health plan met the 15 business day requirement for the payment of claims and did not meet the 30 and 60 calendar day requirements. The health plan submitted 85.8 percent of its encounter data within 60 days.

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 LHCC 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 above the 97 percent threshold for ten (10) out of the twelve (12) month measurement period.

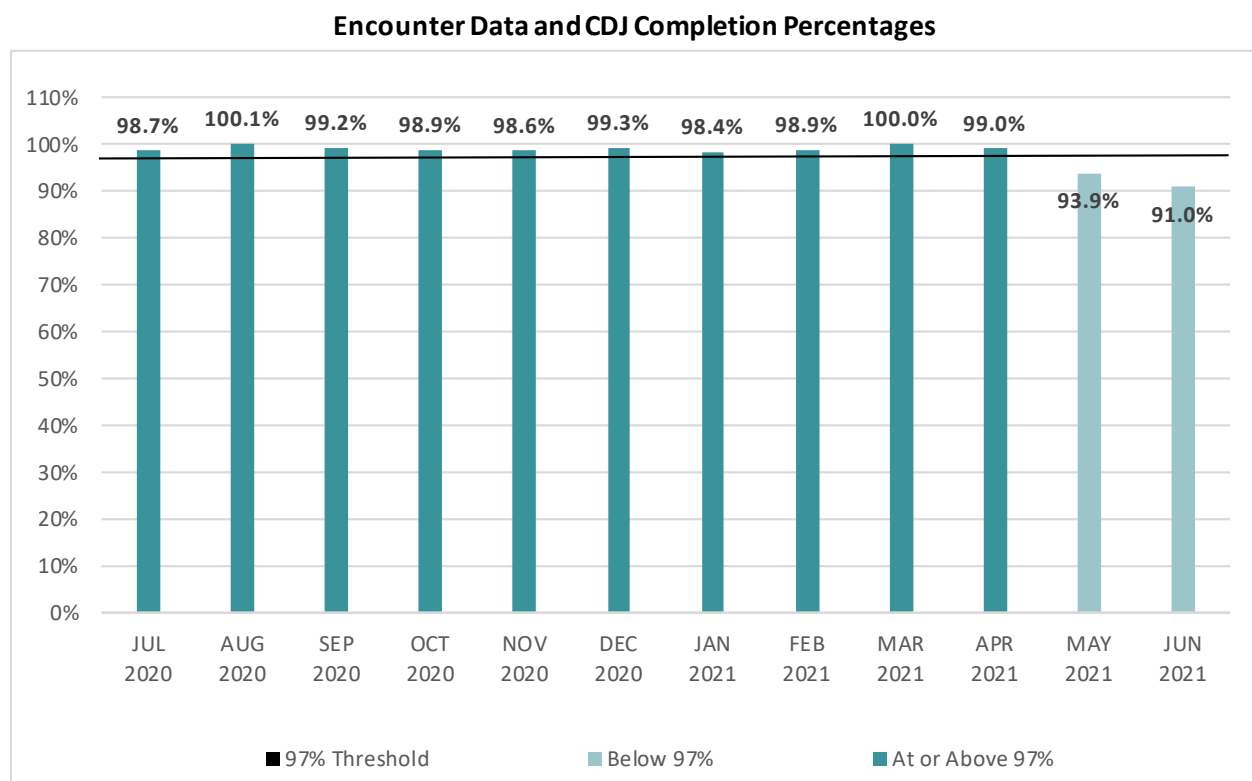


Figure 1 - Encounter Data and CDJ Completion Percentages: The health plan's average completion percentage for SFY 2021, including delegated vendors, was 97.9 percent. Detailed results can be found in the September 2022 Encounter Data Validation Report, Appendix B.

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.

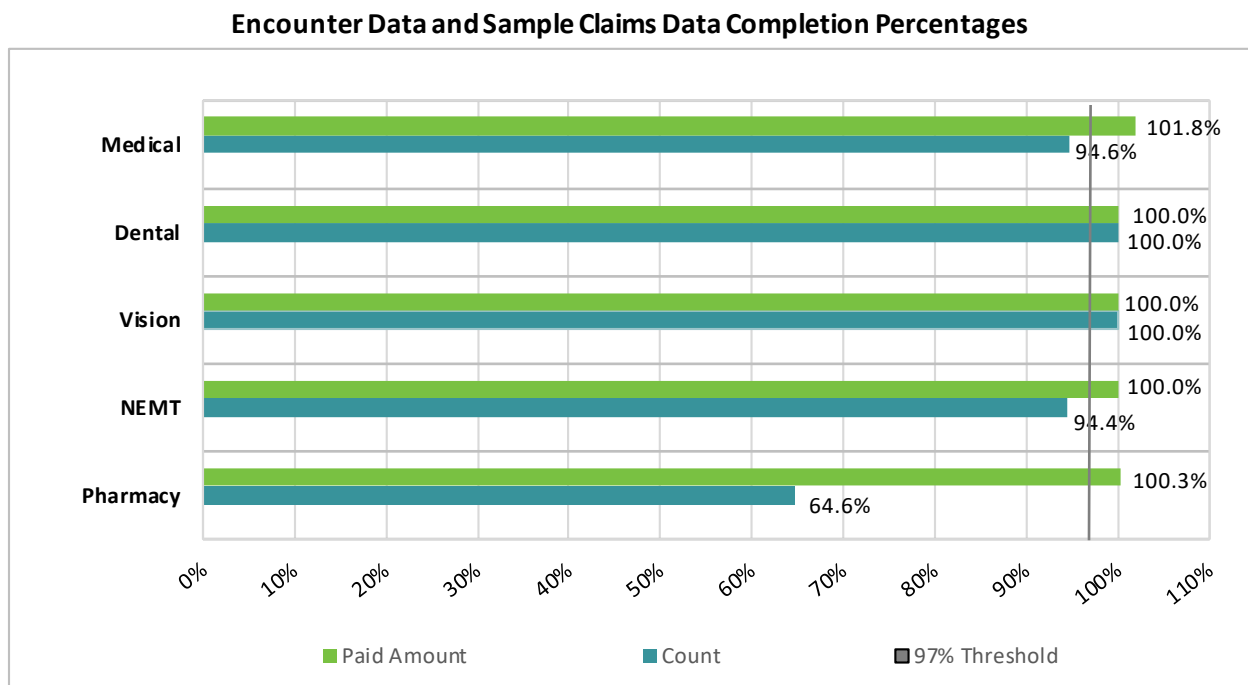


Figure 2 - Encounter data and Sample Claims Data Completion Percentages: Values reflect the two sample months combined. Detailed results can be found in Appendix C and overall completion percentages can be found in Appendix D.

Encounter completion percentages, based on sample claim counts, were below the 97 percent threshold for medical, NEMT and pharmacy encounters. When compared to sample claim paid amounts, encounter paid amounts were at or above 100 percent for all encounter types. 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.

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 related to the health plan's delegated vendor (i.e., NEMT and pharmacy) data.

Accuracy Percentages – Key Data Elements Analysis			
Encounter Type	Valid Values	Missing Values	Erroneous Values
Medical	94.0%	0.0%	6.0%
Dental	98.4%	0.0%	1.6%
Vision	98.8%	0.0%	1.2%
NEMT	68.8%	0.0%	31.2%
Pharmacy	79.2%	3.8%	17.0%
Total Average	90.1%	1.0%	8.9%

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

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: Dental and vision completion percentages, based on sample claims counts, were above the 97 percent threshold. Medical, NEMT and pharmacy 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 above 100 percent.	
3-D	Accuracy: – Billed Charges: Medical, NEMT and Pharmacy – Billing Provider NPI: NEMT – Health Plan Paid Amount: Medical and NEMT	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



Findings and Recommendations		
	Findings	Recommendations
	<p>– Health Plan Paid Date: Medical, NEMT and Pharmacy</p> <p>– Service/Rendering/Attending Provider Taxonomy: Medical, Vision and Dental</p> <p>Both the sample claim data and the encounter data reflect valid values and the values do not agree.</p>	<p>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.</p>
3-E	<p>Accuracy:</p> <p>– Basis of Reimbursement: Pharmacy</p> <p>– Procedure Code: Medical</p> <p>– Revenue Code: Medical</p> <p>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 or vice versa.</p>	
3-F	<p>Accuracy - Prescribing Provider NPI: Pharmacy</p> <p>The sample claim value is populated and the encounter value is not or vice versa.</p>	
3-G	<p>Accuracy – Service/Rendering/Attending Provider NPI and Taxonomy: NEMT – Sample claim values are not populated.</p>	
3-H	<p>Accuracy - Former/Original Claim ICN: Medical and NEMT - The sample claim value is populated and the encounter value is not or vice versa, or the encounter adjustment ICN reflects the sample claim MMIS ICN.</p>	<p>The health plan should ensure that appropriate audit trails are in place for all adjusted, replaced and void claims. The original ICN should be linked to the replacement, adjustment and/or void claim and the original ICN information is available to trace the replacement/adjustment back to the original claim.</p>
3-I	<p>Accuracy – MMIS_ICN: Medical, NEMT and Pharmacy – The sample claim value appears to reflect an original claim MMIS ICN and the encounter ICN reflects an adjustment or replacement encounter ICN or vice versa. For example the claim reflects a MMIS ICN of 03161***** and the encounter reflects an ICN with a Julian date of 03641*****.</p>	<p>The health plan/delegated vendor should that appropriate audit trails are in place and ensure it is properly capturing and storing all ICN(s) assigned by the FAC and returned to the health plan on the response file(s).</p>

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		LHCC		Percentage of Healthy Louisiana	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	4.9	\$240	4.6	\$224	-6.1%	-6.7%
Dental	0.4	\$20	0.4	\$19	0.0%	-5.0%
Inpatient	1.6	\$1,024	1.5	\$936	-6.3%	-8.6%
NEMT	0.6	\$27	0.5	\$25	-16.7%	-7.4%
Outpatient	12.0	\$748	10.9	\$674	-9.2%	-9.9%
Pharmacy	17.0	\$1,302	15.0	\$1,133	-11.8%	-13.0%
Primary Care	10.0	\$345	10.0	\$333	0.0%	-3.5%
SpecialtyCare	8.0	\$593	7.7	\$580	-3.8%	-2.2%
Vision	1.0	\$35	1.1	\$38	10.0%	8.6%
Total Services	55.5	\$4,334	51.7	\$3,962	-6.8%	-8.6%

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.

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.

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.



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.

Timely Payment of Claims				
Encounter Type	15 Business Days 90%	30 Calendar Days 100%	60 Calendar Days 100%	Average Days
Medical	88.9%	90.4%	93.0%	22
Dental	100.0%	100.0%	100.0%	4
Vision	99.8%	100.0%	100.0%	10
NEMT	57.7%	60.3%	70.4%	45
Pharmacy	97.2%	98.0%	98.6%	10
Overall Average	90.6%	91.9%	94.1%	19

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	86.8%	89.2%	91.0%	35
Dental	90.4%	92.5%	96.4%	20
Vision	93.8%	95.2%	96.7%	20
NEMT	37.5%	67.7%	83.2%	70
Pharmacy	75.6%	76.4%	99.7%	21
Overall Average	83.2%	85.8%	93.2%	32

Table 4 - Timely Encounter Submissions: The health plan submitted 85.8 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-J	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-K	Timely Encounter Submissions: The health plan submitted 85.8 percent of encounters (both paid and denied) with SFY 2021 dates of service within 60 days. NEMT and pharmacy encounters impacted the overall average with 67.7 percent and 76.4 percent, respectively, submitted within 60 days. NEMT encounters were submitted, on average, within 70 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 to Myers and Stauffer by November 7, 2022. On October 28, 2022 an email was sent to the health plan as a reminder of the due date and that none of the medical records had been submitted to date. The health plan responded requesting that the list of medical records selected for review be resent. The list was resent and the due date was extended to November 21, 2022. On November 21, 2022, the health plan notified Myers and Stauffer it had received only 33 of the records requested and that it would continue to submit medical records as they were received. Seven (7) of the records submitted were duplicates of other records. The health plan was informed of the duplication and that due to timelines and deliverables required by the contract with LDH for this engagement, we were unable to further extend the deadline for submitting the requested medical records. Additionally, the health plan was informed that medical records submitted after the November 21, 2022 due date would not be included in 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	71	1	2	50	124
Medical Records Received and Tested	25	0	1	0	26
Percentage of Requested Records Tested	26.0%	0.0%	33.3%	0.0%	17.3%

Table 5 - Medical Records Summary: Medical includes inpatient, outpatient, professional and/or NEMT records. 26 of the 150 medical records requested (17.3 percent) were submitted.

The low response rate appears to be related to the health plan's oversight of the request for medical records. Thirty-six (36) of the 46 days allotted for medical record retrieval had expired before the health plan acknowledged the notification and/or requested that the list of records selected for review be resent. The health plan was allotted an additional 14 days for medical record retrieval and was only able

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>



to provide 26 of the 150 medical records requested within a 60 day timeframe (the original 46 days plus a 14 day extension).

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 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 records were primarily due to incomplete medical records and/or data supporting the encounter key data elements missing from the medical records.

Medical Records Validation Rates		
Encounter Types	Supported Validation Rate	Unsupported Validation Rate
Medical	73.3%	26.7%
Dental	N/A	N/A
Vision	100.0%	0.0%
Pharmacy	N/A	N/A
Total	74.2%	25.8%

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	The health plan's oversight of the request for medical records appears to have impacted the number of records submitted for review. Of the 150 medical records requested, 26 were submitted for review (17.3 percent).	The health plan should clearly identify and communicate with all appropriate parties, the key individuals and back-up personnel responsible for oversight to ensure requests are addressed and submitted timely and are in compliance with contractual requirements.



Findings and Recommendations		
	Findings	Recommendations
4-B	The validation rate for the 26 medical records tested was below the 97 percent threshold (74.2 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		
3-B		
3-C		
3-D		
3-E		
3-F		
3-G		
3-H		
Activity 4 – Review of Medical Records		
4-A		
4-B		



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 7/22/2020 Encounters: June 2020	8/19/2020 Encounters: July 2020 9/23/2020 Encounters: August 2020	10/21/2020 Encounters: September 2020 11/18/2020 Encounters: October 2020	12/23/2020 Encounters: November 2020 1/20/2021 Encounters: December 2020	2/17/2021 Encounters: January 2021 3/24/2021 Encounters: February 2021	4/21/2021 Encounters: March 2021 5/19/2021 Encounters: April 2021	6/23/2021 Encounters: May 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 7/23/2020 Encounters: June 2020	8/20/2020 Encounters: July 2020 9/24/2020 Encounters: August 2020	10/22/2020 Encounters: September 2020 11/19/2020 Encounters: October 2020	12/24/2020 Encounters: November 2020 1/21/2021 Encounters: December 2020	2/18/2021 Encounters: January 2021 3/25/2021 Encounters: February 2021	4/22/2021 Encounters: March 2021 5/20/2021 Encounters: April 2021	6/24/2021 Encounters: May 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.

Louisiana Department of Health

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

September 15, 2022



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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 Louisiana Healthcare Connections (LHCC) 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 — LHCC Cumulative Completion Totals and Percentages

Description	Delegated Vendor						
	Entire Plan	Non-Vendor	Envolve Vision	Envolve Dental	ModivCare (NEMT)	Veyo (NEMT)	CVS Health (Pharmacy)
Encounter Total (FAC reported)	\$4,439,062,404	\$3,101,541,714	\$38,442,197	\$19,998,691	\$20,430,334	\$29,545,063	\$1,229,104,404
Total Encounter Adjustments (\$)	(\$427,937,522)	(\$375,140,610)	(\$1,575,392)	(\$1,965,218)	(\$10,450,238)	(\$3,911,436)	(\$34,894,627)
Total Encounter Adjustments (%)	-9.64%	-12.09%	-4.09%	-9.82%	-51.15%	-13.23%	-2.83%
Net Encounter Total	\$4,011,124,882	\$2,726,401,105	\$36,866,805	\$18,033,472	\$9,980,095	\$25,633,627	\$1,194,209,777
CDJ Total	\$4,055,491,925	\$2,760,760,490	\$37,216,065	\$18,265,664	\$9,980,019	\$26,297,906	\$1,202,971,780
Variance	(\$44,367,043)	(\$34,359,386)	(\$349,260)	(\$232,192)	\$77	(\$664,278)	(\$8,762,004)
Completion (%)	98.90%	98.75%	99.06%	98.72%	100.00%	97.47%	99.27%
100% Limited Completion* (%)	98.90%	N/A	N/A	N/A	N/A	N/A	N/A
Minimum Completeness (%)	97.00%						
Non-Compliant (%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* To avoid overstating the 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 data analysis assumption number 8 on page 26 for further explanation.



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 LHCC Encounters			
Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	72,045,602	\$4,439,062,404	100.00%
Adjustment Type			
State System Denied	(4,945,206)	(\$385,094,444)	-8.67%
Health Plan Denied	(11,214,273)	(\$38,385,131)	-0.86%
Calculated Void	(333)	(\$46,211)	0.00%
Duplicate	(68,278)	(\$4,411,736)	-0.09%
Total Adjustments Made	(16,228,090)	(\$427,937,522)	-9.64%
Net Encounter Amounts	55,817,512	\$4,011,124,882	90.36%

* 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

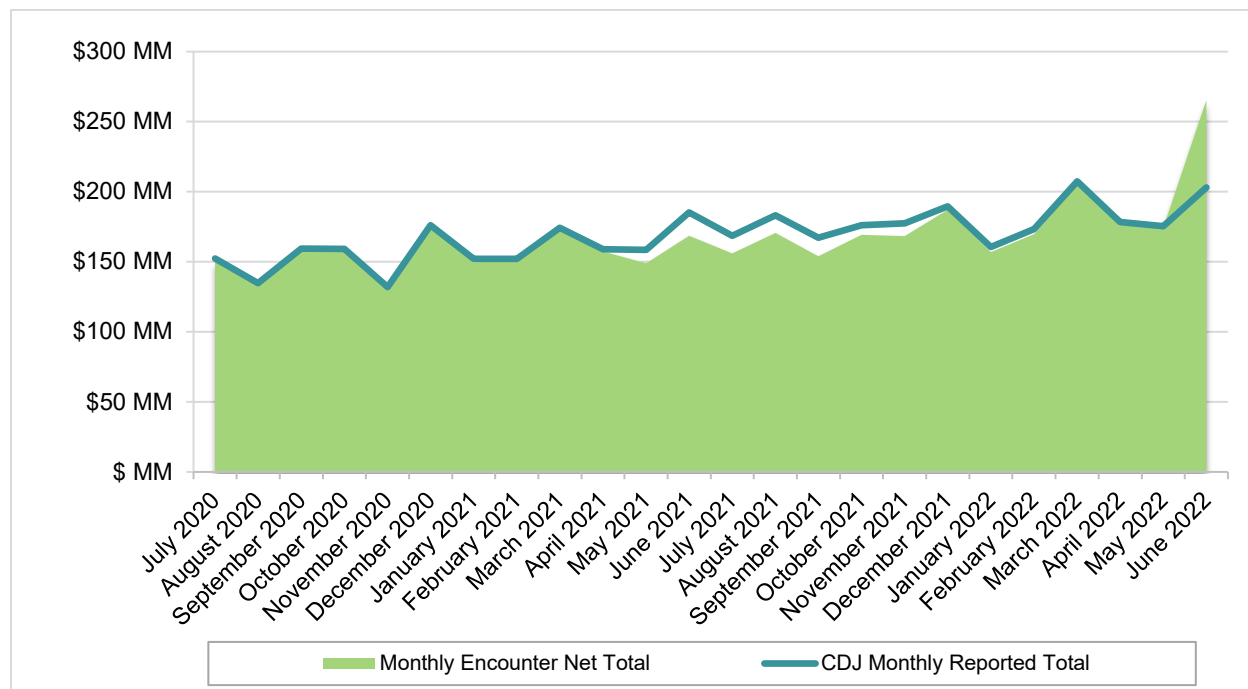
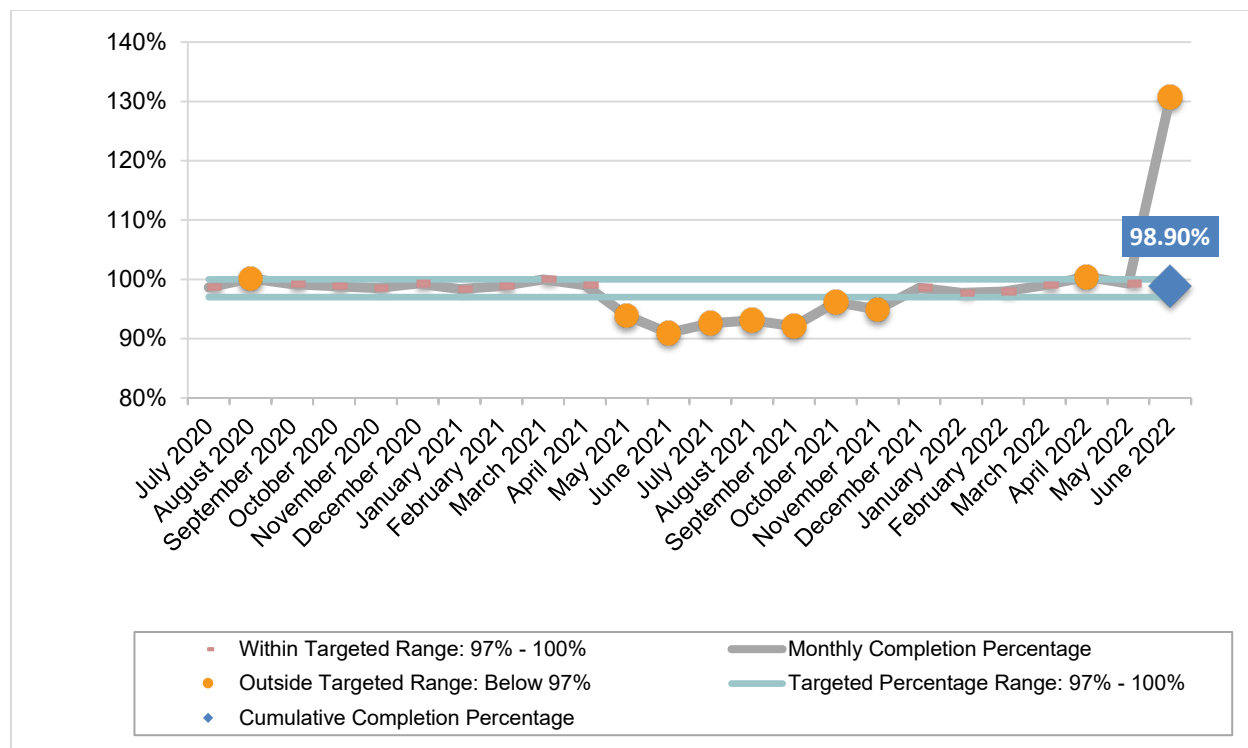


Chart 2. Entire Plan Completion Percentage by Paid Month





Data Issues and Recommendations

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

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

Section A: Data issues potentially impacting compliance:

No issues currently impacting compliance.

Section B: Data issues not currently impacting compliance:

1. **ModivCare** (Table 2): The overall cumulative completion percentage is currently in compliance at 100.00 percent. There are currently 10 months below the 97 percent threshold and 3 months above the 100 percent threshold.
 - These monthly fluctuations appear to be due to state system denied encounters and paid amount differences between encounter transactions and the corresponding CDJ transactions.

We recommend LHCC work with ModivCare, LDH and Gainwell to identify and correct any potential issues with CDJ and/or encounter data submissions.

2. **Envolve Dental** (Table 4): Monthly completion percentages for November 2020 and September 2021 are below the 97 percent threshold.
 - The low percentages appear to be due to state system denied encounters.

We recommend LHCC work with Envolve Dental, LDH and Gainwell to identify and correct any potential issues with CDJ and/or encounter data submissions.



3. **Veyo** (Table 5): The overall cumulative completion percentage is currently in compliance at 97.47 percent. The monthly completion percentages for December 2021, January 2022, May 2022 and June 2022 are below the 97 percent threshold. The monthly completion percentage for April 2022 is above the 100 percent threshold.
- The low percentages appear to be due to a combination of missing encounters and state system denied encounters.
 - April 2022 may be due to void transactions in the CDJ transactions appearing in later months than the corresponding encounter void transactions.
 - 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 LHCC work with Veyo, LDH and Gainwell to identify and correct any potential issues with CDJ and/or encounter submissions.

4. **CVS Health** (Table 6): Monthly completion percentages for May 2021 through November 2021 are below the 97 percent threshold. March 2022 (101.07%) and June 2022 (196.00%) are above the 100 percent threshold.
- This may be due to void transactions in the CDJ transactions appearing in later months than the corresponding encounter void transactions.

We recommend LHCC work with LDH and Gainwell to identify and correct any potential issues with CDJ and/or encounter submissions.

5. **Non-Vendor** (Table 7): Monthly completion percentages for August 2020 (101.14%) and October 2021 (102.71%) are above the 100 percent threshold.
- These monthly fluctuations may be due to void transactions in the CDJ transactions appearing in later months than the corresponding encounter void transactions.

We recommend LHCC work with LDH and Gainwell to identify and correct any potential issues with CDJ and/or encounter submissions.

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 — LHCC VAS Cumulative Completion Totals and Percentages						
Description	Entire Plan VAS	Non-Vendor VAS	Delegated Vendor			
			Enville Vision VAS	Enville Dental VAS	ModivCare VAS (NEMT)	Veyo VAS (NEMT)
Encounter Total (FAC reported)	\$35,802,396	\$2,596,000	\$11,502,498	\$19,998,691	\$545,194	\$1,160,013
Total Encounter Adjustments (\$)	(\$3,124,657)	(\$308,143)	(\$427,752)	(\$1,965,218)	(\$358,626)	(\$64,918)
Total Encounter Adjustments (%)	-8.72%	-11.86%	-3.71%	-9.82%	-65.77%	-5.59%
Net Encounter Total	\$32,677,739	\$2,287,856	\$11,074,747	\$18,033,472	\$186,569	\$1,095,096
CDJ Total	\$33,114,409	\$2,248,486	\$11,084,314	\$18,265,664	\$335,823	\$1,180,123
Variance	(\$436,670)	\$39,370	(\$9,567)	(\$232,192)	(\$149,254)	(\$85,027)
Completion (%)	98.68%	101.75%	99.91%	98.72%	55.55%	92.79%
100% Limited Completion (%)	98.56%	100.00%	N/A	N/A	N/A	N/A
Minimum Completeness (%)	97.00%					
Non-Compliant (%)	N/A	1.75%	N/A	N/A	-41.45%	-4.21%

* 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. **ModivCare VAS** (Table 2V): The monthly completion percentages for July 2020 through January 2021, June 2021 through August 2021, and November 2021 are all below the 97 percent threshold. This appears to be due to state system denied encounters or VAS encounters being misidentified as Non-VAS encounters.
2. **Envolve Vision VAS** (Table 3V): The monthly completion percentage for November 2020 (108.64%) is above the 100 percent threshold. This high percentage may be due to encounter voids showing in different months than the corresponding CDJ transactions.
3. **Veyo VAS** (Table 5V): The overall cumulative completion percentage is currently out of compliance at 92.79 percent. The monthly completion percentages for May 2022 and June 2022 are below the 97 percent threshold. The low percentages appear to be due to a combination of missing encounters and state system denied 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.
4. **Non-Vendor VAS** (Table 6V): The overall cumulative completion percentage is currently out of compliance at 101.75 percent. The monthly completion percentages for numerous months are out of compliance. These percentages appear to be caused by combination of VAS encounters misidentified as Non-VAS encounters and encounter voids showing in different months than the corresponding CDJ transactions.

Monthly Tables

Entire Plan

Table 1 — LHCC (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	\$198,515,208	(\$48,339,701)	-24%	\$150,175,507	\$152,224,997	(\$2,049,489)	98.65%
August 2020	\$163,145,891	(\$28,133,809)	-17%	\$135,012,082	\$134,815,489	\$196,593	100.14%
September 2020	\$185,784,264	(\$27,615,123)	-15%	\$158,169,141	\$159,520,576	(\$1,351,435)	99.15%
October 2020	\$173,023,825	(\$15,646,874)	-9%	\$157,376,950	\$159,190,811	(\$1,813,860)	98.86%
November 2020	\$143,586,853	(\$13,519,906)	-9%	\$130,066,947	\$131,970,888	(\$1,903,941)	98.55%
December 2020	\$192,572,681	(\$17,636,752)	-9%	\$174,935,929	\$176,167,806	(\$1,231,877)	99.30%
January 2021	\$179,016,799	(\$29,328,134)	-16%	\$149,688,665	\$152,173,051	(\$2,484,385)	98.36%
February 2021	\$173,154,343	(\$22,757,648)	-13%	\$150,396,695	\$152,118,349	(\$1,721,654)	98.86%
March 2021	\$188,787,491	(\$14,460,565)	-8%	\$174,326,926	\$174,328,614	(\$1,688)	99.99%
April 2021	\$168,495,003	(\$11,161,869)	-7%	\$157,333,133	\$158,922,004	(\$1,588,871)	99.00%
May 2021	\$155,767,732	(\$6,847,511)	-4%	\$148,920,220	\$158,568,106	(\$9,647,885)	93.91%
June 2021	\$181,060,851	(\$12,455,049)	-7%	\$168,605,802	\$185,322,236	(\$16,716,434)	90.97%
July 2021	\$196,186,455	(\$40,123,604)	-20%	\$156,062,851	\$168,585,016	(\$12,522,165)	92.57%
August 2021	\$200,496,591	(\$29,859,665)	-15%	\$170,636,926	\$183,286,690	(\$12,649,764)	93.09%
September 2021	\$166,619,400	(\$12,675,502)	-8%	\$153,943,899	\$167,106,014	(\$13,162,115)	92.12%
October 2021	\$184,247,301	(\$14,936,381)	-8%	\$169,310,920	\$176,084,201	(\$6,773,281)	96.15%
November 2021	\$180,687,865	(\$12,258,274)	-7%	\$168,429,591	\$177,397,798	(\$8,968,207)	94.94%
December 2021	\$222,592,766	(\$35,608,697)	-16%	\$186,984,069	\$189,629,671	(\$2,645,602)	98.60%
January 2022	\$162,424,401	(\$5,559,504)	-3%	\$156,864,897	\$160,494,130	(\$3,629,233)	97.73%
February 2022	\$174,589,434	(\$4,812,453)	-3%	\$169,776,981	\$173,331,959	(\$3,554,978)	97.94%
March 2022	\$210,135,953	(\$4,750,677)	-2%	\$205,385,275	\$207,415,929	(\$2,030,653)	99.02%
April 2022	\$184,596,958	(\$5,496,558)	-3%	\$179,100,400	\$178,351,269	\$749,131	100.42%
May 2022	\$178,667,810	(\$4,479,999)	-3%	\$174,187,810	\$175,473,980	(\$1,286,170)	99.26%
June 2022	\$274,906,233	(\$9,472,967)	-3%	\$265,433,266	\$203,012,341	\$62,420,924	130.74%
Cumulative Totals	\$4,439,062,106	(\$427,937,224)	-10%	\$4,011,124,882	\$4,055,491,925	(\$44,367,043)	98.90%
100% Limited Cumulative Total				\$4,011,124,805	\$4,055,491,925	(\$44,367,119)	98.90%
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



ModivCare (NEMT)

Table 2 — LHCC ModivCare (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	\$992,094	(\$70,382)	-7%	\$921,712	\$958,268	(\$36,556)	96.18%
August 2020	\$790,419	(\$65,616)	-8%	\$724,802	\$783,567	(\$58,764)	92.50%
September 2020	\$702,277	(\$48,088)	-7%	\$654,189	\$684,787	(\$30,599)	95.53%
October 2020	\$1,102,405	(\$247,049)	-22%	\$855,356	\$868,292	(\$12,936)	98.51%
November 2020	\$551,854	(\$166,369)	-30%	\$385,485	\$395,911	(\$10,426)	97.36%
December 2020	\$2,500,260	(\$1,173,971)	-47%	\$1,326,289	\$1,298,776	\$27,513	102.11%
January 2021	\$9,547,973	(\$7,966,449)	-83%	\$1,581,524	\$1,353,901	\$227,622	116.81%
February 2021	\$1,364,178	(\$584,838)	-43%	\$779,339	\$791,599	(\$12,259)	98.45%
March 2021	\$956,335	(\$35,006)	-4%	\$921,328	\$940,377	(\$19,049)	97.97%
April 2021	\$1,234,591	(\$17,938)	-1%	\$1,216,653	\$1,235,589	(\$18,936)	98.46%
May 2021	\$532,662	(\$18,260)	-3%	\$514,402	\$506,473	\$7,929	101.56%
June 2021	\$83,609	(\$19,971)	-24%	\$63,639	\$83,609	(\$19,971)	76.11%
July 2021	\$17,240	(\$2,572)	-15%	\$14,668	\$26,634	(\$11,967)	55.07%
August 2021	\$17,879	(\$11,762)	-66%	\$6,117	\$17,879	(\$11,762)	34.21%
September 2021	\$4,936	\$0	0%	\$4,936	\$4,936	\$0	100.00%
October 2021	\$0	\$0	N/A	\$0	\$1,805	(\$1,805)	0.00%
November 2021	\$17,759	(\$15,104)	-85%	\$2,655	\$17,759	(\$15,104)	14.95%
December 2021	\$6,475	(\$2,054)	-32%	\$4,421	\$6,367	(\$1,946)	69.43%
January 2022	\$1,220	\$0	0%	\$1,220	\$1,220	\$0	100.00%
February 2022	\$3,899	(\$2,541)	-65%	\$1,358	\$0	\$1,358	N/A
March 2022	\$2,267	(\$2,267)	-100%	\$0	\$2,267	(\$2,267)	0.00%
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	\$20,430,334	(\$10,450,238)	-51%	\$9,980,095	\$9,980,019	\$77	100.00%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Engolve Vision

Table 3 — LHCC Engolve 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	\$1,536,190	(\$88,765)	-6%	\$1,447,426	\$1,468,824	(\$21,399)	98.54%
August 2020	\$1,467,506	(\$101,015)	-7%	\$1,366,490	\$1,387,241	(\$20,750)	98.50%
September 2020	\$1,247,077	(\$71,372)	-6%	\$1,175,705	\$1,194,841	(\$19,136)	98.39%
October 2020	\$1,886,824	(\$120,385)	-6%	\$1,766,439	\$1,796,819	(\$30,380)	98.30%
November 2020	\$1,382,973	(\$71,004)	-5%	\$1,311,970	\$1,342,039	(\$30,069)	97.75%
December 2020	\$1,607,537	(\$64,355)	-4%	\$1,543,182	\$1,567,082	(\$23,900)	98.47%
January 2021	\$1,648,466	(\$357,685)	-22%	\$1,290,781	\$1,298,968	(\$8,187)	99.36%
February 2021	\$1,582,883	(\$84,958)	-5%	\$1,497,925	\$1,516,540	(\$18,615)	98.77%
March 2021	\$1,525,064	(\$22,760)	-1%	\$1,502,303	\$1,511,002	(\$8,699)	99.42%
April 2021	\$1,935,405	(\$30,822)	-2%	\$1,904,583	\$1,930,419	(\$25,836)	98.66%
May 2021	\$1,444,528	(\$17,029)	-1%	\$1,427,499	\$1,431,343	(\$3,844)	99.73%
June 2021	\$1,564,470	(\$179,458)	-11%	\$1,385,012	\$1,405,399	(\$20,387)	98.54%
July 2021	\$2,098,975	(\$229,000)	-11%	\$1,869,975	\$1,897,611	(\$27,636)	98.54%
August 2021	\$1,544,795	(\$11,953)	-1%	\$1,532,842	\$1,537,704	(\$4,862)	99.68%
September 2021	\$1,486,395	(\$11,585)	-1%	\$1,474,810	\$1,482,275	(\$7,465)	99.49%
October 2021	\$1,471,590	(\$8,544)	-1%	\$1,463,047	\$1,468,937	(\$5,890)	99.59%
November 2021	\$1,471,846	(\$10,729)	-1%	\$1,461,117	\$1,469,220	(\$8,103)	99.44%
December 2021	\$1,669,200	(\$11,382)	-1%	\$1,657,819	\$1,668,436	(\$10,617)	99.36%
January 2022	\$1,386,114	(\$15,226)	-1%	\$1,370,888	\$1,381,585	(\$10,697)	99.22%
February 2022	\$1,677,366	(\$8,420)	-1%	\$1,668,946	\$1,678,667	(\$9,720)	99.42%
March 2022	\$1,963,049	(\$11,849)	-1%	\$1,951,201	\$1,961,091	(\$9,891)	99.49%
April 2022	\$1,536,218	(\$7,981)	-1%	\$1,528,236	\$1,537,645	(\$9,409)	99.38%
May 2022	\$1,555,770	(\$25,425)	-2%	\$1,530,345	\$1,538,578	(\$8,233)	99.46%
June 2022	\$1,751,956	(\$13,693)	-1%	\$1,738,263	\$1,743,797	(\$5,534)	99.68%
Cumulative Totals	\$38,442,197	(\$1,575,392)	-4%	\$36,866,805	\$37,216,065	(\$349,260)	99.06%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Engolve Dental

Table 4 — LHCC Engolve 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	\$545,095	(\$62,641)	-11%	\$482,454	\$485,490	(\$3,036)	99.37%
August 2020	\$816,678	(\$231,702)	-28%	\$584,976	\$594,129	(\$9,153)	98.45%
September 2020	\$735,661	(\$154,488)	-21%	\$581,173	\$593,591	(\$12,418)	97.90%
October 2020	\$808,635	(\$54,171)	-7%	\$754,464	\$766,917	(\$12,453)	98.37%
November 2020	\$700,527	(\$51,821)	-7%	\$648,706	\$670,710	(\$22,004)	96.71%
December 2020	\$727,511	(\$44,744)	-6%	\$682,767	\$691,397	(\$8,629)	98.75%
January 2021	\$801,312	(\$56,041)	-7%	\$745,272	\$747,081	(\$1,809)	99.75%
February 2021	\$785,961	(\$62,007)	-8%	\$723,955	\$725,261	(\$1,307)	99.81%
March 2021	\$939,646	(\$45,908)	-5%	\$893,738	\$895,765	(\$2,026)	99.77%
April 2021	\$1,005,158	(\$89,434)	-9%	\$915,724	\$928,440	(\$12,716)	98.63%
May 2021	\$885,711	(\$109,939)	-12%	\$775,772	\$791,127	(\$15,355)	98.05%
June 2021	\$1,274,725	(\$486,896)	-38%	\$787,829	\$809,363	(\$21,534)	97.33%
July 2021	\$1,152,058	(\$309,666)	-27%	\$842,392	\$843,420	(\$1,028)	99.87%
August 2021	\$856,185	(\$37,505)	-4%	\$818,680	\$840,436	(\$21,757)	97.41%
September 2021	\$578,331	(\$22,661)	-4%	\$555,670	\$576,698	(\$21,028)	96.35%
October 2021	\$834,282	(\$84,858)	-10%	\$749,425	\$765,573	(\$16,148)	97.89%
November 2021	\$749,062	(\$7,613)	-1%	\$741,449	\$748,300	(\$6,851)	99.08%
December 2021	\$774,719	(\$5,016)	-1%	\$769,703	\$772,593	(\$2,890)	99.62%
January 2022	\$764,359	(\$4,715)	-1%	\$759,645	\$763,959	(\$4,315)	99.43%
February 2022	\$877,475	(\$10,897)	-1%	\$866,578	\$872,151	(\$5,573)	99.36%
March 2022	\$896,681	(\$5,912)	-1%	\$890,769	\$896,247	(\$5,478)	99.38%
April 2022	\$780,622	(\$7,837)	-1%	\$772,786	\$780,120	(\$7,334)	99.05%
May 2022	\$834,832	(\$7,962)	-1%	\$826,870	\$834,091	(\$7,221)	99.13%
June 2022	\$873,465	(\$10,788)	-1%	\$862,677	\$872,807	(\$10,130)	98.83%
Cumulative Totals	\$19,998,691	(\$1,965,218)	-10%	\$18,033,472	\$18,265,664	(\$232,192)	98.72%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Veyo (NEMT)

Table 5 — LHCC Veyo (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	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2020	\$0	\$0	N/A	\$0	\$0	\$0	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	\$355,187	(\$4,088)	-1%	\$351,098	\$350,456	\$643	100.18%
June 2021	\$1,337,782	(\$35,983)	-3%	\$1,301,798	\$1,312,587	(\$10,789)	99.17%
July 2021	\$1,512,635	(\$17,789)	-1%	\$1,494,846	\$1,501,602	(\$6,756)	99.55%
August 2021	\$1,427,654	(\$59,236)	-4%	\$1,368,419	\$1,411,487	(\$43,068)	96.94%
September 2021	\$1,270,864	(\$33,724)	-3%	\$1,237,140	\$1,256,505	(\$19,365)	98.45%
October 2021	\$1,571,452	(\$117,013)	-7%	\$1,454,439	\$1,477,317	(\$22,878)	98.45%
November 2021	\$1,496,637	(\$120,722)	-8%	\$1,375,915	\$1,395,562	(\$19,647)	98.59%
December 2021	\$2,035,531	(\$279,558)	-14%	\$1,755,973	\$1,828,440	(\$72,468)	96.03%
January 2022	\$2,905,395	(\$929,220)	-32%	\$1,976,175	\$2,065,346	(\$89,171)	95.68%
February 2022	\$3,339,046	(\$98,680)	-3%	\$3,240,366	\$3,337,684	(\$97,318)	97.08%
March 2022	\$2,054,814	(\$16,359)	-1%	\$2,038,454	\$2,060,748	(\$22,294)	98.91%
April 2022	\$5,008,900	(\$1,343,032)	-27%	\$3,665,868	\$2,326,898	\$1,338,970	157.54%
May 2022	\$2,212,858	(\$267,209)	-12%	\$1,945,648	\$2,267,521	(\$321,872)	85.80%
June 2022	\$3,016,311	(\$588,823)	-20%	\$2,427,487	\$3,705,752	(\$1,278,265)	65.50%
Cumulative Totals	\$29,545,063	(\$3,911,436)	-13%	\$25,633,627	\$26,297,906	(\$664,278)	97.47%
100% Limited Cumulative Total							N/A
						Minimum Completeness (%)	97.00%
						Non-Compliant	N/A



CVS Health (Pharmacy)

Table 6 — LHCC CVS Health (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	\$51,585,693	(\$2,728,207)	-5%	\$48,857,486	\$49,429,248	(\$571,761)	98.84%
August 2020	\$40,742,351	(\$2,151,190)	-5%	\$38,591,162	\$39,375,520	(\$784,358)	98.00%
September 2020	\$47,557,018	(\$1,739,485)	-4%	\$45,817,534	\$46,157,706	(\$340,172)	99.26%
October 2020	\$41,710,209	(\$2,582,715)	-6%	\$39,127,494	\$39,907,064	(\$779,570)	98.04%
November 2020	\$42,127,468	(\$2,154,131)	-5%	\$39,973,337	\$40,690,851	(\$717,514)	98.23%
December 2020	\$51,770,350	(\$1,189,040)	-2%	\$50,581,310	\$51,256,953	(\$675,642)	98.68%
January 2021	\$39,879,943	(\$1,001,049)	-3%	\$38,878,894	\$40,059,999	(\$1,181,105)	97.05%
February 2021	\$52,879,357	(\$12,433,712)	-24%	\$40,445,645	\$41,117,569	(\$671,924)	98.36%
March 2021	\$56,833,216	(\$421,723)	-1%	\$56,411,494	\$56,410,361	\$1,133	100.00%
April 2021	\$45,744,731	(\$351,534)	-1%	\$45,393,197	\$45,312,185	\$81,012	100.17%
May 2021	\$39,661,770	(\$356,602)	-1%	\$39,305,168	\$45,823,964	(\$6,518,795)	85.77%
June 2021	\$44,958,218	(\$404,453)	-1%	\$44,553,765	\$57,349,917	(\$12,796,152)	77.68%
July 2021	\$36,515,620	(\$301,029)	-1%	\$36,214,590	\$46,201,900	(\$9,987,309)	78.38%
August 2021	\$37,817,962	(\$406,875)	-1%	\$37,411,088	\$47,331,407	(\$9,920,319)	79.04%
September 2021	\$43,657,691	(\$508,050)	-1%	\$43,149,642	\$54,689,712	(\$11,540,070)	78.89%
October 2021	\$37,780,460	(\$274,262)	-1%	\$37,506,197	\$47,546,805	(\$10,040,608)	78.88%
November 2021	\$40,687,339	(\$334,582)	-1%	\$40,352,757	\$48,613,059	(\$8,260,302)	83.00%
December 2021	\$61,105,339	(\$215,784)	0%	\$60,889,555	\$60,909,052	(\$19,497)	99.96%
January 2022	\$47,786,744	(\$183,514)	0%	\$47,603,230	\$48,675,089	(\$1,071,859)	97.79%
February 2022	\$52,245,566	(\$237,769)	0%	\$52,007,796	\$51,801,250	\$206,546	100.39%
March 2022	\$67,728,522	(\$212,012)	0%	\$67,516,510	\$66,801,748	\$714,762	101.06%
April 2022	\$54,468,240	(\$164,124)	0%	\$54,304,116	\$54,474,425	(\$170,310)	99.68%
May 2022	\$54,037,764	(\$227,183)	0%	\$53,810,582	\$53,900,980	(\$90,398)	99.83%
June 2022	\$139,822,832	(\$4,315,604)	-3%	\$135,507,228	\$69,135,016	\$66,372,211	196.00%
Cumulative Totals	\$1,229,104,404	(\$34,894,627)	-3%	\$1,194,209,777	\$1,202,971,780	(\$8,762,004)	99.27%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Non-Vendor

Table 7 — LHCC 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	\$143,856,136	(\$45,389,707)	-32%	\$98,466,429	\$99,883,167	(\$1,416,738)	98.58%
August 2020	\$119,328,937	(\$25,584,286)	-21%	\$93,744,651	\$92,675,033	\$1,069,618	101.15%
September 2020	\$135,542,231	(\$25,601,690)	-19%	\$109,940,541	\$110,889,650	(\$949,109)	99.14%
October 2020	\$127,515,752	(\$12,642,554)	-10%	\$114,873,197	\$115,851,719	(\$978,522)	99.15%
November 2020	\$98,824,030	(\$11,076,581)	-11%	\$87,747,449	\$88,871,376	(\$1,123,928)	98.73%
December 2020	\$135,967,023	(\$15,164,642)	-11%	\$120,802,380	\$121,353,599	(\$551,219)	99.54%
January 2021	\$127,139,105	(\$19,946,910)	-16%	\$107,192,195	\$108,713,101	(\$1,520,906)	98.60%
February 2021	\$116,541,964	(\$9,592,134)	-8%	\$106,949,831	\$107,967,380	(\$1,017,549)	99.05%
March 2021	\$128,533,231	(\$13,935,168)	-11%	\$114,598,063	\$114,571,109	\$26,953	100.02%
April 2021	\$118,575,118	(\$10,672,141)	-9%	\$107,902,977	\$109,515,371	(\$1,612,394)	98.52%
May 2021	\$112,887,873	(\$6,341,593)	-6%	\$106,546,280	\$109,664,743	(\$3,118,463)	97.15%
June 2021	\$131,842,048	(\$11,328,288)	-9%	\$120,513,759	\$124,361,361	(\$3,847,602)	96.90%
July 2021	\$154,889,927	(\$39,263,548)	-25%	\$115,626,379	\$118,113,849	(\$2,487,470)	97.89%
August 2021	\$158,832,116	(\$29,332,335)	-18%	\$129,499,781	\$132,147,777	(\$2,647,996)	97.99%
September 2021	\$119,621,184	(\$12,099,483)	-10%	\$107,521,701	\$109,095,888	(\$1,574,187)	98.55%
October 2021	\$142,589,517	(\$14,451,704)	-10%	\$128,137,813	\$124,823,764	\$3,314,049	102.65%
November 2021	\$136,265,222	(\$11,769,525)	-9%	\$124,495,697	\$125,153,897	(\$658,200)	99.47%
December 2021	\$157,001,502	(\$35,094,903)	-22%	\$121,906,598	\$124,444,782	(\$2,538,184)	97.96%
January 2022	\$109,580,569	(\$4,426,830)	-4%	\$105,153,738	\$107,606,929	(\$2,453,191)	97.72%
February 2022	\$116,446,082	(\$4,454,147)	-4%	\$111,991,935	\$115,642,207	(\$3,650,272)	96.84%
March 2022	\$137,490,619	(\$4,502,278)	-3%	\$132,988,341	\$135,693,827	(\$2,705,486)	98.00%
April 2022	\$122,802,978	(\$3,973,584)	-3%	\$118,829,394	\$119,232,180	(\$402,786)	99.66%
May 2022	\$120,026,586	(\$3,952,221)	-3%	\$116,074,365	\$116,932,811	(\$858,446)	99.26%
June 2022	\$129,441,670	(\$4,544,059)	-4%	\$124,897,610	\$127,554,969	(\$2,657,359)	97.91%
Cumulative Totals	\$3,101,541,416	(\$375,140,312)	-12%	\$2,726,401,105	\$2,760,760,490	(\$34,359,386)	98.75%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Appendix A: VAS Monthly Tables

Entire Plan VAS

Table 1V — LHCC VAS (Entire Plan)							
Paid Month	VAS Monthly Encounter Total (FAC Reported)	VAS Monthly Encounter Total (Adjustments)	VAS Percentage of Encounters Adjusted	VAS Monthly Encounter Net Total	VAS CDJ Monthly Reported Total	VAS Monthly Variance	VAS Monthly Completion Percentage
July 2020	\$1,209,736	(\$182,842)	-15%	\$1,026,894	\$1,034,688	(\$7,795)	99.24%
August 2020	\$1,315,799	(\$262,098)	-20%	\$1,053,701	\$1,069,474	(\$15,773)	98.52%
September 2020	\$1,288,148	(\$242,794)	-19%	\$1,045,354	\$1,043,313	\$2,041	100.19%
October 2020	\$1,478,762	(\$105,115)	-7%	\$1,373,646	\$1,392,365	(\$18,718)	98.65%
November 2020	\$1,223,647	(\$80,323)	-7%	\$1,143,325	\$1,168,500	(\$25,175)	97.84%
December 2020	\$1,365,545	(\$109,921)	-8%	\$1,255,624	\$1,273,316	(\$17,692)	98.61%
January 2021	\$1,925,970	(\$592,213)	-31%	\$1,333,757	\$1,408,731	(\$74,974)	94.67%
February 2021	\$1,443,692	(\$97,864)	-7%	\$1,345,828	\$1,347,293	(\$1,464)	99.89%
March 2021	\$1,624,209	(\$60,631)	-4%	\$1,563,578	\$1,556,716	\$6,862	100.44%
April 2021	\$1,756,626	(\$104,099)	-6%	\$1,652,527	\$1,667,520	(\$14,993)	99.10%
May 2021	\$1,539,259	(\$124,042)	-8%	\$1,415,218	\$1,427,049	(\$11,831)	99.17%
June 2021	\$1,951,554	(\$499,405)	-26%	\$1,452,148	\$1,469,613	(\$17,465)	98.81%
July 2021	\$1,803,049	(\$325,178)	-18%	\$1,477,871	\$1,544,718	(\$66,847)	95.67%
August 2021	\$1,399,377	(\$46,777)	-3%	\$1,352,600	\$1,403,974	(\$51,374)	96.34%
September 2021	\$1,133,438	(\$30,060)	-3%	\$1,103,377	\$1,118,175	(\$14,797)	98.67%
October 2021	\$1,426,438	(\$95,669)	-7%	\$1,330,769	\$1,340,794	(\$10,025)	99.25%
November 2021	\$1,300,792	(\$15,293)	-1%	\$1,285,499	\$1,287,213	(\$1,714)	99.86%
December 2021	\$1,413,748	(\$37,569)	-3%	\$1,376,179	\$1,375,080	\$1,099	100.07%
January 2022	\$1,341,001	(\$11,508)	-1%	\$1,329,493	\$1,330,192	(\$698)	99.94%
February 2022	\$1,603,059	(\$17,670)	-1%	\$1,585,389	\$1,591,174	(\$5,785)	99.63%
March 2022	\$1,742,480	(\$8,992)	-1%	\$1,733,488	\$1,737,774	(\$4,286)	99.75%
April 2022	\$1,429,785	(\$8,806)	-1%	\$1,420,978	\$1,424,686	(\$3,708)	99.73%
May 2022	\$1,500,744	(\$27,194)	-2%	\$1,473,550	\$1,494,237	(\$20,688)	98.61%
June 2022	\$1,585,539	(\$38,593)	-2%	\$1,546,946	\$1,607,816	(\$60,870)	96.21%
Cumulative Totals	\$35,802,396	(\$3,124,657)	-9%	\$32,677,739	\$33,114,409	(\$436,670)	98.68%
100% Limited Cumulative Total				\$32,638,369	\$33,114,409	(\$476,040)	98.56%
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



ModivCare (NEMT) VAS

Table 2V — LHCC ModivCare 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	\$38,123	(\$33,892)	-89%	\$4,230	\$19,311	(\$15,081)	21.90%
August 2020	\$8,310	(\$7,501)	-90%	\$809	\$6,821	(\$6,012)	11.85%
September 2020	\$10,497	(\$9,164)	-87%	\$1,334	\$5,830	(\$4,497)	22.87%
October 2020	\$20,028	(\$16,825)	-84%	\$3,204	\$7,624	(\$4,421)	42.01%
November 2020	\$11,834	(\$9,930)	-84%	\$1,904	\$39,826	(\$37,922)	4.78%
December 2020	\$46,709	(\$36,664)	-78%	\$10,045	\$20,661	(\$10,616)	48.61%
January 2021	\$293,571	(\$224,976)	-77%	\$68,595	\$136,231	(\$67,636)	50.35%
February 2021	\$37,220	(\$16,162)	-43%	\$21,058	\$21,258	(\$200)	99.06%
March 2021	\$26,837	(\$273)	-1%	\$26,564	\$26,837	(\$273)	98.98%
April 2021	\$32,315	(\$577)	-2%	\$31,737	\$32,315	(\$577)	98.21%
May 2021	\$15,291	(\$442)	-3%	\$14,849	\$14,649	\$200	101.36%
June 2021	\$1,754	(\$686)	-39%	\$1,069	\$1,754	(\$686)	60.91%
July 2021	\$421	(\$57)	-14%	\$364	\$421	(\$57)	86.40%
August 2021	\$478	(\$443)	-93%	\$35	\$478	(\$443)	7.41%
September 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2021	\$0	\$0	N/A	\$0	\$0	\$0	N/A
November 2021	\$1,109	(\$1,034)	-93%	\$76	\$1,109	(\$1,034)	6.82%
December 2021	\$106	\$0	0%	\$106	\$106	\$0	100.00%
January 2022	\$590	\$0	0%	\$590	\$590	\$0	100.00%
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	\$545,194	(\$358,626)	-66%	\$186,569	\$335,823	(\$149,254)	55.55%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-41.45%



Enville Vision VAS

Table 3V — LHCC Enville 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	\$454,292	(\$10,919)	-2%	\$443,373	\$446,562	(\$3,189)	99.28%
August 2020	\$397,223	(\$8,285)	-2%	\$388,937	\$391,078	(\$2,140)	99.45%
September 2020	\$341,188	(\$7,449)	-2%	\$333,739	\$337,563	(\$3,824)	98.86%
October 2020	\$529,785	(\$15,899)	-3%	\$513,886	\$518,645	(\$4,758)	99.08%
November 2020	\$414,334	(\$7,599)	-2%	\$406,735	\$374,356	\$32,379	108.64%
December 2020	\$465,304	(\$10,258)	-2%	\$455,046	\$459,333	(\$4,287)	99.06%
January 2021	\$733,760	(\$304,288)	-41%	\$429,472	\$430,271	(\$800)	99.81%
February 2021	\$522,927	(\$17,975)	-3%	\$504,953	\$508,852	(\$3,899)	99.23%
March 2021	\$519,963	(\$2,299)	0%	\$517,664	\$519,307	(\$1,643)	99.68%
April 2021	\$618,684	(\$5,312)	-1%	\$613,372	\$617,202	(\$3,829)	99.37%
May 2021	\$470,940	(\$6,669)	-1%	\$464,271	\$465,339	(\$1,068)	99.77%
June 2021	\$401,451	(\$3,392)	-1%	\$398,059	\$399,795	(\$1,736)	99.56%
July 2021	\$513,204	(\$6,361)	-1%	\$506,843	\$510,564	(\$3,721)	99.27%
August 2021	\$386,242	(\$2,866)	-1%	\$383,376	\$383,751	(\$375)	99.90%
September 2021	\$401,268	(\$1,452)	0%	\$399,816	\$400,377	(\$561)	99.85%
October 2021	\$407,381	(\$877)	0%	\$406,504	\$406,817	(\$313)	99.92%
November 2021	\$382,828	(\$1,743)	0%	\$381,085	\$382,125	(\$1,040)	99.72%
December 2021	\$439,525	(\$1,945)	0%	\$437,579	\$437,791	(\$211)	99.95%
January 2022	\$426,798	(\$1,227)	0%	\$425,571	\$425,880	(\$309)	99.92%
February 2022	\$548,775	(\$1,151)	0%	\$547,624	\$548,677	(\$1,053)	99.80%
March 2022	\$633,784	(\$2,035)	0%	\$631,749	\$632,528	(\$779)	99.87%
April 2022	\$482,411	(\$719)	0%	\$481,692	\$482,642	(\$950)	99.80%
May 2022	\$487,108	(\$5,501)	-1%	\$481,606	\$483,583	(\$1,977)	99.59%
June 2022	\$523,323	(\$1,528)	0%	\$521,795	\$521,277	\$518	100.09%
Cumulative Totals	\$11,502,498	(\$427,752)	-4%	\$11,074,747	\$11,084,314	(\$9,567)	99.91%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Envolve Dental VAS

Table 4V — LHCC Envolve 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	\$545,095	(\$62,641)	-11%	\$482,454	\$485,490	(\$3,036)	99.37%
August 2020	\$816,678	(\$231,702)	-28%	\$584,976	\$594,129	(\$9,153)	98.45%
September 2020	\$735,661	(\$154,488)	-21%	\$581,173	\$593,591	(\$12,418)	97.90%
October 2020	\$808,635	(\$54,171)	-7%	\$754,464	\$766,917	(\$12,453)	98.37%
November 2020	\$700,527	(\$51,821)	-7%	\$648,706	\$670,710	(\$22,004)	96.71%
December 2020	\$727,511	(\$44,744)	-6%	\$682,767	\$691,397	(\$8,629)	98.75%
January 2021	\$801,312	(\$56,041)	-7%	\$745,272	\$747,081	(\$1,809)	99.75%
February 2021	\$785,961	(\$62,007)	-8%	\$723,955	\$725,261	(\$1,307)	99.81%
March 2021	\$939,646	(\$45,908)	-5%	\$893,738	\$895,765	(\$2,026)	99.77%
April 2021	\$1,005,158	(\$89,434)	-9%	\$915,724	\$928,440	(\$12,716)	98.63%
May 2021	\$885,711	(\$109,939)	-12%	\$775,772	\$791,127	(\$15,355)	98.05%
June 2021	\$1,274,725	(\$486,896)	-38%	\$787,829	\$809,363	(\$21,534)	97.33%
July 2021	\$1,152,058	(\$309,666)	-27%	\$842,392	\$843,420	(\$1,028)	99.87%
August 2021	\$856,185	(\$37,505)	-4%	\$818,680	\$840,436	(\$21,757)	97.41%
September 2021	\$578,331	(\$22,661)	-4%	\$555,670	\$576,698	(\$21,028)	96.35%
October 2021	\$834,282	(\$84,858)	-10%	\$749,425	\$765,573	(\$16,148)	97.89%
November 2021	\$749,062	(\$7,613)	-1%	\$741,449	\$748,300	(\$6,851)	99.08%
December 2021	\$774,719	(\$5,016)	-1%	\$769,703	\$772,593	(\$2,890)	99.62%
January 2022	\$764,359	(\$4,715)	-1%	\$759,645	\$763,959	(\$4,315)	99.43%
February 2022	\$877,475	(\$10,897)	-1%	\$866,578	\$872,151	(\$5,573)	99.36%
March 2022	\$896,681	(\$5,912)	-1%	\$890,769	\$896,247	(\$5,478)	99.38%
April 2022	\$780,622	(\$7,837)	-1%	\$772,786	\$780,120	(\$7,334)	99.05%
May 2022	\$834,832	(\$7,962)	-1%	\$826,870	\$834,091	(\$7,221)	99.13%
June 2022	\$873,465	(\$10,788)	-1%	\$862,677	\$872,807	(\$10,130)	98.83%
Cumulative Totals	\$19,998,691	(\$1,965,218)	-10%	\$18,033,472	\$18,265,664	(\$232,192)	98.72%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							N/A



Veyo (NEMT) VAS

Table 5V — LHCC Veyo 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	\$0	\$0	N/A	\$0	\$0	\$0	N/A
August 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
September 2020	\$0	\$0	N/A	\$0	\$0	\$0	N/A
October 2020	\$0	\$0	N/A	\$0	\$0	\$0	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	\$71,579	(\$309)	0%	\$71,270	\$71,606	(\$336)	99.53%
June 2021	\$151,008	(\$1,119)	-1%	\$149,889	\$151,714	(\$1,826)	98.79%
July 2021	\$91,828	(\$189)	0%	\$91,639	\$92,419	(\$780)	99.15%
August 2021	\$75,375	(\$678)	-1%	\$74,697	\$75,275	(\$577)	99.23%
September 2021	\$59,878	(\$1,751)	-3%	\$58,126	\$58,514	(\$388)	99.33%
October 2021	\$76,053	(\$6,155)	-8%	\$69,899	\$71,138	(\$1,239)	98.25%
November 2021	\$59,500	(\$2,979)	-5%	\$56,521	\$56,724	(\$202)	99.64%
December 2021	\$76,603	(\$2,519)	-3%	\$74,084	\$74,325	(\$241)	99.67%
January 2022	\$63,993	(\$4,387)	-7%	\$59,606	\$60,119	(\$513)	99.14%
February 2022	\$85,147	(\$5,431)	-6%	\$79,716	\$82,801	(\$3,085)	96.27%
March 2022	\$103,981	(\$200)	0%	\$103,781	\$104,603	(\$821)	99.21%
April 2022	\$68,353	(\$82)	0%	\$68,272	\$68,303	(\$32)	99.95%
May 2022	\$84,133	(\$13,139)	-16%	\$70,994	\$88,625	(\$17,631)	80.10%
June 2022	\$92,581	(\$25,981)	-28%	\$66,601	\$123,957	(\$57,356)	53.72%
Cumulative Totals	\$1,160,013	(\$64,918)	-6%	\$1,095,096	\$1,180,123	(\$85,027)	92.79%
100% Limited Cumulative Total							N/A
Minimum Completeness (%)							97.00%
Non-Compliant							-4.21%



Non-Vendor VAS

Table 6V — LHCC 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	\$172,227	(\$75,390)	-44%	\$96,836	\$83,326	\$13,511	116.21%
August 2020	\$93,588	(\$14,610)	-16%	\$78,979	\$77,446	\$1,532	101.97%
September 2020	\$200,802	(\$71,693)	-36%	\$129,108	\$106,329	\$22,780	121.42%
October 2020	\$120,312	(\$18,220)	-15%	\$102,092	\$99,179	\$2,913	102.93%
November 2020	\$96,953	(\$10,973)	-11%	\$85,979	\$83,608	\$2,371	102.83%
December 2020	\$126,020	(\$18,255)	-14%	\$107,765	\$101,925	\$5,840	105.72%
January 2021	\$97,327	(\$6,908)	-7%	\$90,419	\$95,148	(\$4,729)	95.02%
February 2021	\$97,583	(\$1,720)	-2%	\$95,863	\$91,922	\$3,941	104.28%
March 2021	\$137,763	(\$12,151)	-9%	\$125,612	\$114,807	\$10,805	109.41%
April 2021	\$100,469	(\$8,776)	-9%	\$91,693	\$89,563	\$2,130	102.37%
May 2021	\$95,738	(\$6,682)	-7%	\$89,056	\$84,328	\$4,728	105.60%
June 2021	\$122,616	(\$7,313)	-6%	\$115,304	\$106,987	\$8,317	107.77%
July 2021	\$45,538	(\$8,904)	-20%	\$36,633	\$97,894	(\$61,261)	37.42%
August 2021	\$81,097	(\$5,285)	-7%	\$75,812	\$104,034	(\$28,222)	72.87%
September 2021	\$93,961	(\$4,196)	-4%	\$89,765	\$82,586	\$7,180	108.69%
October 2021	\$108,722	(\$3,780)	-3%	\$104,942	\$97,265	\$7,677	107.89%
November 2021	\$108,292	(\$1,924)	-2%	\$106,368	\$98,955	\$7,413	107.49%
December 2021	\$122,795	(\$28,089)	-23%	\$94,706	\$90,264	\$4,442	104.92%
January 2022	\$85,260	(\$1,179)	-1%	\$84,081	\$79,643	\$4,439	105.57%
February 2022	\$91,663	(\$192)	0%	\$91,471	\$87,545	\$3,926	104.48%
March 2022	\$108,034	(\$846)	-1%	\$107,189	\$104,396	\$2,792	102.67%
April 2022	\$98,399	(\$169)	0%	\$98,229	\$93,621	\$4,608	104.92%
May 2022	\$94,671	(\$592)	-1%	\$94,079	\$87,939	\$6,141	106.98%
June 2022	\$96,170	(\$296)	0%	\$95,874	\$89,776	\$6,097	106.79%
Cumulative Totals	\$2,596,000	(\$308,143)	-12%	\$2,287,856	\$2,248,486	\$39,370	101.75%
100% Limited Cumulative Total				\$2,248,486	\$2,248,486	\$0	100.00%
Minimum Completeness (%)							97.00%
Non-Compliant							1.75%



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 LHCC encounters as follows:

Active Vendors			
Vendor Type	Vendor Name	Identified By	Notes
Vision Services	Envolve Vision (formerly OptiCare)	Characters 3 and 4 of Plan ICN contain "OC"	
Dental Services	Envolve Dental	Characters 3 and 4 of Plan ICN contain "DH"	
Non-Emergency Medical Transportation (NEMT)	Veyo	Characters 3 and 4 of Plan ICN contain "VE"	
Pharmacy Benefits	CVS Health	Claim type code of '12' and Dates of service beginning on September 1, 2017	
Non-Vendor	LHCC	All other plan submitted encounters	

Inactive Vendors			
Vendor Type	Vendor Name	Identified By	Notes
Pharmacy Benefits	Envolve Pharmacy Solutions (formerly US Script)	Claim type code of '12' and Dates of service prior to September 1, 2017	Replaced by CVS Health – Effective September 1, 2017
Non-Emergency Medical Transportation (NEMT)	ModivCare (formerly LogistiCare)	Characters 3 and 4 of Plan ICN contain "LC"	Replaced by Veyo – Effective May 1, 2021



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	2,174,840	\$115,874,244	1,864,307	\$109,612,762	4,039,147	\$225,487,005	17,494	\$767,040	20,740	\$930,576	38,234	\$1,697,616
Reconciling Adjustment	(78,430)	\$0	(67,684)	\$0	(146,114)	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	2,096,410	\$115,874,244	1,796,623	\$109,612,762	3,893,033	\$225,487,005	17,494	\$767,040	20,740	\$930,576	38,234	\$1,697,616
Encounter Data												
Total Matched Encounters	2,141,514	\$119,279,679	1,750,261	\$111,873,792	3,891,775	\$231,153,471	17,494	\$767,040	20,736	\$930,430	38,230	\$1,697,470
Less Surplus Encounters	(157,951)	(\$731,339)	(49,258)	(\$332,971)	(207,209)	(\$1,064,310)	0	\$0	0	\$0	0	\$0
Payment Adjustments	0	(\$368,625)	0	(\$263,648)	0	(\$632,273)	0	\$0	0	\$0	0	\$0
Net Matched Encounters	1,983,563	\$118,179,714	1,701,003	\$111,277,173	3,684,566	\$229,456,888	17,494	\$767,040	20,736	\$930,430	38,230	\$1,697,470
Encounter Completeness Percentage	94.6%	102.0%	94.7%	101.5%	94.6%	101.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



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	57,454	\$1,797,079	61,067	\$1,930,714	118,521	\$3,727,793	23,598	\$816,120	26,944	\$1,241,867	50,542	\$2,057,987
Reconciling Adjustment	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	57,454	\$1,797,079	61,067	\$1,930,714	118,521	\$3,727,793	23,598	\$816,120	26,944	\$1,241,867	50,542	\$2,057,987
Encounter Data												
Total Matched Encounters	57,449	\$1,797,289	61,067	\$1,931,249	118,516	\$3,728,538	24,356	\$825,636	26,944	\$1,231,113	51,300	\$2,056,749
Less Surplus Encounters	0	\$0	0	\$0	0	\$0	(3,600)	\$75,695	0	\$0	(3,600)	\$75,695
Payment Adjustments	0	(\$260)	0	(\$535)	0	(\$795)	0	(\$85,210)	0	\$10,753	0	(\$74,457)
Net Matched Encounters	57,449	\$1,797,029	61,067	\$1,930,714	118,516	\$3,727,743	20,756	\$816,120	26,944	\$1,241,867	47,700	\$2,057,987
Encounter Completeness Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	94.4%	100.0%



Description	Pharmacy					
	October 2020		April 2021		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	996,932	\$43,143,016	1,073,844	\$48,517,736	2,070,776	\$91,660,753
Reconciling Adjustment	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	996,932	\$43,143,016	1,073,844	\$48,517,736	2,070,776	\$91,660,753
Encounter Data						
Total Matched Encounters	673,519	\$44,105,381	664,196	\$49,560,563	1,337,715	\$93,665,944
Less Surplus Encounters	(12)	\$0	(6)	\$0	(18)	\$0
Payment Adjustments	0	(\$757,937)	0	(\$931,181)	0	(\$1,689,118)
Net Matched Encounters	673,507	\$43,347,445	664,190	\$48,629,381	1,337,697	\$91,976,826
Encounter Completeness Percentage	67.6%	100.5%	61.9%	100.2%	64.6%	100.3%



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	1,895,322,927	4,039,147	\$225,487,005	38,234	\$1,697,616	118,521	\$3,727,793	50,542	\$2,057,987	2,070,776	\$91,660,753	6,317,220	\$2,219,954,081	\$2,226,271,301
Reconciling Adjustment	\$0	(146,114)	\$0	0	\$0	0	\$0	0	\$0	0	\$0	(146,114)	\$0	(\$146,114)
Net Health Plan Data	\$1,895,322,927	3,893,033	\$225,487,005	38,234	\$1,697,616	118,521	\$3,727,793	50,542	\$2,057,987	2,070,776	\$91,660,753	6,171,106	\$2,219,954,081	\$2,226,125,187
Encounter Data														
Total Matched Encounters	\$2,102,910,941	3,891,775	\$231,153,471	38,230	\$1,697,470	118,516	\$3,728,538	51,300	\$2,056,749	1,337,715	\$93,665,944	5,437,536	\$2,435,213,113	\$2,440,650,649
Surplus/Duplicative Adjustments	(\$247,902,941)	(207,209)	(\$1,064,310)	0	\$0	0	\$0	(3,600)	\$75,695	(18)	\$0	(210,827)	-\$248,891,557	(\$249,102,384)
Payment Adjustments	\$0	0	(\$632,273)	0	\$0	0	(\$795)	0	(\$74,457)	0	(\$1,689,118)	0	-\$2,396,643	(\$2,396,643)
Net Matched Encounters	\$1,855,008,000	3,684,566	\$229,456,888	38,230	\$1,697,470	118,516	\$3,727,743	47,700	\$2,057,987	1,337,697	\$91,976,826	5,226,709	\$2,183,924,913	\$2,189,151,622
Encounter Completeness Percentage	97.9%	94.6%	101.8%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	64.6%	100.3%	84.7%	98.4%	98.3%

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	8,102	8,012	98.9%	90	1.1%	0	0.0%	9,107	9,085	99.8%	22	0.2%	0	0.0%	17,209	17,097	99.3%	112	0.7%	0	0.0%
Bill Type (digits 1 and 2)	1,121,483	1,121,471	100.0%	0	0.0%	12	0.0%	588,467	588,350	100.0%	0	0.0%	117	0.0%	1,709,950	1,709,821	100.0%	0	0.0%	129	0.0%
Billed Charges	2,141,514	1,899,605	88.7%	0	0.0%	241,909	11.3%	1,750,261	1,627,288	93.0%	0	0.0%	122,973	7.0%	3,891,775	3,526,893	90.6%	0	0.0%	364,882	9.4%
Billing Provider NPI/Number	2,141,514	2,141,514	100.0%	0	0.0%	0	0.0%	1,750,261	1,750,261	100.0%	0	0.0%	0	0.0%	3,891,775	3,891,775	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	2,141,514	2,139,741	99.9%	2	0.0%	1,771	0.1%	1,750,261	1,746,686	99.8%	76	0.0%	3,499	0.2%	3,891,775	3,886,427	99.9%	78	0.0%	5,270	0.1%
Date of Service - First	2,141,514	2,136,160	99.7%	0	0.0%	5,354	0.3%	1,750,261	1,746,707	99.8%	0	0.0%	3,554	0.2%	3,891,775	3,882,867	99.8%	0	0.0%	8,908	0.2%
Date of Service - Last	8,102	8,102	100.0%	0	0.0%	0	0.0%	9,107	9,107	100.0%	0	0.0%	0	0.0%	17,209	17,209	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	2,141,514	1,612,523	75.3%	0	0.0%	528,991	24.7%	1,750,261	1,592,005	91.0%	0	0.0%	158,256	9.0%	3,891,775	3,204,528	82.3%	0	0.0%	687,247	17.7%
Health Plan Paid Amount	2,141,514	1,971,122	92.0%	0	0.0%	170,392	8.0%	1,750,261	1,707,150	97.5%	0	0.0%	43,111	2.5%	3,891,775	3,678,272	94.5%	0	0.0%	213,503	5.5%
Health Plan Paid Date	2,141,514	1,793,338	83.7%	0	0.0%	348,176	16.3%	1,750,261	1,637,954	93.6%	0	0.0%	112,307	6.4%	3,891,775	3,431,292	88.2%	0	0.0%	460,483	11.8%
ICN	2,141,514	1,504,213	70.2%	0	0.0%	637,301	29.8%	1,750,261	1,377,400	78.7%	0	0.0%	372,861	21.3%	3,891,775	2,881,613	74.0%	0	0.0%	1,010,162	26.0%
Member ID (Medicaid ID)	2,141,514	2,141,514	100.0%	0	0.0%	0	0.0%	1,750,261	1,750,256	100.0%	0	0.0%	5	0.0%	3,891,775	3,891,770	100.0%	0	0.0%	5	0.0%
Place of Service	1,020,031	1,020,015	100.0%	0	0.0%	16	0.0%	1,161,794	1,161,603	100.0%	0	0.0%	191	0.0%	2,181,825	2,181,618	100.0%	0	0.0%	207	0.0%
Procedure Code	2,133,412	1,965,157	92.1%	0	0.0%	168,255	7.9%	1,741,154	1,690,934	97.1%	0	0.0%	50,220	2.9%	3,874,566	3,656,091	94.4%	0	0.0%	218,475	5.6%
Procedure Modifiers	2,133,412	2,106,737	98.7%	0	0.0%	26,675	1.3%	1,741,154	1,735,986	99.7%	0	0.0%	5,168	0.3%	3,874,566	3,842,723	99.2%	0	0.0%	31,843	0.8%
Revenue Code	1,197,653	1,064,633	88.9%	8,094	0.7%	124,926	10.4%	668,583	640,450	95.8%	7,323	1.1%	20,810	3.1%	1,866,236	1,705,083	91.4%	15,417	0.8%	145,736	7.8%
Service Provider NPI	2,141,514	2,132,371	99.6%	0	0.0%	9,143	0.4%	1,750,261	1,736,633	99.2%	0	0.0%	13,628	0.8%	3,891,775	3,869,004	99.4%	0	0.0%	22,771	0.6%
Service Provider Taxonomy	2,141,514	1,980,093	92.5%	3,366	0.2%	158,055	7.4%	1,750,261	1,678,148	95.9%	2,938	0.2%	69,175	4.0%	3,891,775	3,658,241	94.0%	6,304	0.2%	227,230	5.8%
Surgical Procedure Codes	8,102	8,102	100.0%	0	0.0%	0	0.0%	9,107	9,106	100.0%	0	0.0%	1	0.0%	17,209	17,208	100.0%	0	0.0%	1	0.0%
Total	31,186,951	28,754,423	92.2%	11,552	0.0%	2,420,976	7.8%	25,181,344	24,195,109	96.1%	10,359	0.0%	975,876	3.9%	56,368,295	52,949,532	94.0%	21,911	0.0%	3,396,852	6.0%



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	Count	Percent
Billed Charges	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	17,494	17,283	98.8%	0	0.0%	211	1.2%	20,736	20,635	99.5%	0	0.0%	101	0.5%	38,230	37,918	99.2%	0	0.0%	312	0.8%
Date of Service - First	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	17,494	17,476	99.9%	N/A		18	0.1%	20,736	20,613	99.4%	N/A		123	0.6%	38,230	38,089	99.6%	N/A		141	0.4%
Health Plan Paid Amount	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Health Plan Paid Date	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
ICN	17,494	16,945	96.9%	0	0.0%	549	3.1%	20,736	19,675	94.9%	0	0.0%	1,061	5.1%	38,230	36,620	95.8%	0	0.0%	1,610	4.2%
Member ID (Medicaid ID)	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Place of Service	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Procedure Code	17,494	17,494	100.0%	0	0.0%	0	0.0%	20,736	20,736	100.0%	0	0.0%	0	0.0%	38,230	38,230	100.0%	0	0.0%	0	0.0%
Service Provider NPI	17,494	17,481	99.9%	0	0.0%	13	0.1%	20,736	20,725	99.9%	0	0.0%	11	0.1%	38,230	38,206	99.9%	0	0.0%	24	0.1%
Service Provider Taxonomy	17,494	14,711	84.1%	0	0.0%	2,783	15.9%	20,736	16,936	81.7%	0	0.0%	3,800	18.3%	38,230	31,647	82.8%	0	0.0%	6,583	17.2%
Tooth Number	17,494	17,479	99.9%	N/A		15	0.1%	20,736	20,725	99.9%	N/A		11	0.1%	38,230	38,204	99.9%	N/A		26	0.1%
Tooth Surface ¹	20,664	20,664	100.0%	N/A		0	0.0%	25,334	25,334	100.0%	N/A		0	0.0%	45,998	45,998	100.0%	N/A		0	0.0%
Total	248,086	244,497	98.6%	0	0.0%	3,589	1.4%	294,902	289,795	98.3%	0	0.0%	5,107	1.7%	542,988	534,292	98.4%	0	0.0%	8,696	1.6%

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.



Vision																		
Key Data Element	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	57,449	100.0%	0	0.0%	0	0.0%	61,067	100.0%	0	0.0%	0	0.0%	118,516	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	57,262	99.7%	0	0.0%	187	0.3%	60,830	99.6%	0	0.0%	237	0.4%	118,092	99.6%	0	0.0%	424	0.4%
Diagnosis Codes	57,354	99.8%	0	0.0%	95	0.2%	60,905	99.7%	0	0.0%	162	0.3%	118,259	99.8%	0	0.0%	257	0.2%
Date of Service - First	57,449	100.0%	0	0.0%	0	0.0%	61,067	100.0%	0	0.0%	0	0.0%	118,516	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	56,894	99.0%	N/A		555	1.0%	60,560	99.2%	N/A		507	0.8%	117,454	99.1%	N/A		1,062	0.9%
Health Plan Paid Amount	57,449	100.0%	0	0.0%	0	0.0%	61,067	100.0%	0	0.0%	0	0.0%	118,516	100.0%	0	0.0%	0	0.0%
Health Plan Paid Date	57,099	99.4%	0	0.0%	350	0.6%	60,680	99.4%	0	0.0%	387	0.6%	117,779	99.4%	0	0.0%	737	0.6%
ICN	52,570	91.5%	0	0.0%	4,879	8.5%	60,500	99.1%	0	0.0%	567	0.9%	113,070	95.4%	0	0.0%	5,446	4.6%
Member ID (Medicaid ID)	57,449	100.0%	0	0.0%	0	0.0%	61,067	100.0%	0	0.0%	0	0.0%	118,516	100.0%	0	0.0%	0	0.0%
Place of Service	57,450	100.0%	0	0.0%	(1)	0.0%	61,064	100.0%	0	0.0%	3	0.0%	118,514	100.0%	0	0.0%	2	0.0%
Procedure Code	57,445	100.0%	0	0.0%	4	0.0%	61,065	100.0%	0	0.0%	2	0.0%	118,510	100.0%	0	0.0%	6	0.0%
Procedure Modifiers	57,450	100.0%	N/A		(1)	0.0%	61,067	100.0%	N/A		0	0.0%	118,517	100.0%	N/A		(1)	0.0%
Service Provider NPI	56,512	98.4%	0	0.0%	937	1.6%	60,293	98.7%	0	0.0%	774	1.3%	116,805	98.6%	0	0.0%	1,711	1.4%
Service Provider Taxonomy	52,375	91.2%	0	0.0%	5,074	8.8%	56,272	92.1%	0	0.0%	4,795	7.9%	108,647	91.7%	0	0.0%	9,869	8.3%
Total	792,207	98.5%	0	0.0%	12,079	1.5%	847,504	99.1%	0	0.0%	7,434	0.9%	1,639,711	98.8%	0	0.0%	19,513	1.2%
Total Records in the Encounter Dataset	57,449						61,067						118,516					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	804,286	100.0%					854,938	100.0%					1,659,224	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	8,509	34.9%	1	0.0%	15,846	65.1%	26,944	100.0%	0	0.0%	0	0.0%	35,453	69.1%	1	0.0%	15,846	30.9%
Billing Provider NPI/Number	20,299	83.3%	0	0.0%	4,057	16.7%	24,661	91.5%	0	0.0%	2,283	8.5%	44,960	87.6%	0	0.0%	6,340	12.4%
Date of Service - First	24,356	100.0%	0	0.0%	0	0.0%	26,944	100.0%	0	0.0%	0	0.0%	51,300	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	9,393	38.6%	N/A		14,963	61.4%	24,410	90.6%	N/A		2,534	9.4%	33,803	65.9%	N/A		17,497	34.1%
Health Plan Paid Amount	8,120	33.3%	0	0.0%	16,236	66.7%	26,944	100.0%	0	0.0%	0	0.0%	35,064	68.4%	0	0.0%	16,236	31.6%
Health Plan Paid Date	7,002	28.7%	0	0.0%	17,354	71.3%	26,944	100.0%	0	0.0%	0	0.0%	33,946	66.2%	0	0.0%	17,354	33.8%
ICN	10,678	43.8%	0	0.0%	13,678	56.2%	24,395	90.5%	0	0.0%	2,549	9.5%	35,073	68.4%	0	0.0%	16,227	31.6%
Member ID (Medicaid ID)	24,356	100.0%	0	0.0%	0	0.0%	26,944	100.0%	0	0.0%	0	0.0%	51,300	100.0%	0	0.0%	0	0.0%
Procedure Code	24,356	100.0%	0	0.0%	0	0.0%	26,944	100.0%	0	0.0%	0	0.0%	51,300	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	24,356	100.0%	N/A		0	0.0%	26,944	100.0%	N/A		0	0.0%	51,300	100.0%	N/A		0	0.0%
Service Provider NPI	0	0.0%	0	0.0%	24,356	100.0%	0	0.0%	0	0.0%	26,944	100.0%	0	0.0%	0	0.0%	51,300	100.0%
Service Provider Taxonomy	0	0.0%	0	0.0%	24,356	100.0%	0	0.0%	0	0.0%	26,944	100.0%	0	0.0%	0	0.0%	51,300	100.0%
Total	161,425	55.2%	1	0.0%	130,846	44.8%	262,074	81.1%	0	0.0%	61,254	18.9%	423,499	68.8%	1	0.0%	192,100	31.2%
Total Records in the Encounter Dataset	24,356						26,944						51,300					
Number of Key Data Element Evaluated	12						12						12					
Maximum Count	292,272	100.0%						323,328	100.0%						615,600	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	652,671	96.9%	19,973	3.0%	875	0.1%	641,967	96.7%	20,804	3.1%	1,425	0.2%	1,294,638	96.8%	40,777	3.0%	2,300	0.2%
Basis of Reimbursement	41,245	6.1%	196,633	29.2%	435,641	64.7%	45,283	6.8%	162,334	24.4%	456,579	68.7%	86,528	6.5%	358,967	26.8%	892,220	66.7%
Billed Charges	154,390	22.9%	155	0.0%	518,974	77.1%	94,748	14.3%	379	0.1%	569,069	85.7%	249,138	18.6%	534	0.0%	1,088,043	81.3%
Date of Service - First	673,519	100.0%	0	0.0%	0	0.0%	664,196	100.0%	0	0.0%	0	0.0%	1,337,715	100.0%	0	0.0%	0	0.0%
Days Supply	669,511	99.4%	0	0.0%	4,008	0.6%	658,973	99.2%	0	0.0%	5,223	0.8%	1,328,484	99.3%	0	0.0%	9,231	0.7%
Former/Original Claim ICN	669,855	99.5%	N/A		3,664	0.5%	659,625	99.3%	N/A		4,571	0.7%	1,329,480	99.4%	N/A		8,235	0.6%
Health Plan Paid Amount	672,643	99.9%	0	0.0%	876	0.1%	662,903	99.8%	0	0.0%	1,293	0.2%	1,335,546	99.8%	0	0.0%	2,169	0.2%
Health Plan Paid Date	169,281	25.1%	0	0.0%	504,238	74.9%	137,272	20.7%	0	0.0%	526,924	79.3%	306,553	22.9%	0	0.0%	1,031,162	77.1%
ICN	457,254	67.9%	0	0.0%	216,265	32.1%	514,694	77.5%	0	0.0%	149,502	22.5%	971,948	72.7%	0	0.0%	365,767	27.3%
Member ID (Medicaid ID)	673,493	100.0%	1	0.0%	25	0.0%	664,163	100.0%	8	0.0%	25	0.0%	1,337,656	100.0%	9	0.0%	50	0.0%
National Drug Code (NDC)	672,429	99.8%	0	0.0%	1,090	0.2%	663,223	99.9%	0	0.0%	973	0.1%	1,335,652	99.8%	0	0.0%	2,063	0.2%
Prescribing Provider NPI	476,804	70.8%	196,316	29.1%	399	0.1%	501,915	75.6%	162,170	24.4%	111	0.0%	978,719	73.2%	358,486	26.8%	510	0.0%
Prescription Number	673,519	100.0%	0	0.0%	0	0.0%	664,196	100.0%	0	0.0%	0	0.0%	1,337,715	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	669,640	99.4%	0	0.0%	3,879	0.6%	659,094	99.2%	0	0.0%	5,102	0.8%	1,328,734	99.3%	0	0.0%	8,981	0.7%
Refill Number	673,263	100.0%	256	0.0%	0	0.0%	664,053	100.0%	143	0.0%	0	0.0%	1,337,316	100.0%	399	0.0%	0	0.0%
Total	7,999,517	79.2%	413,334	4.1%	1,689,934	16.7%	7,896,305	79.3%	345,838	3.5%	1,720,797	17.3%	15,895,822	79.2%	759,172	3.8%	3,410,731	17.0%
Total Records in the Encounter Dataset	673,519						664,196						1,337,715					
Number of Key Data Element Evaluated	15						15						15					
Maximum Count	10,102,785	100.0%					9,962,940	100.0%					20,065,725	100.0%				



Total																					
Key Data Element	October 2020							April 2021							Total						
	Number of Encounters	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Number of Encounters	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		
Admission Date	8,102	8,012	98.9%	90	1.1%	0	0.0%	9,107	9,085	99.8%	22	0.2%	0	0.0%	17,209	17,097	99.3%	112	0.7%	0	0.0%
Bill Type (digits 1 and 2)	1,121,483	1,121,471	100.0%	0	0.0%	12	0.0%	588,467	588,350	100.0%	0	0.0%	117	0.0%	1,709,950	1,709,821	100.0%	0	0.0%	129	0.0%
Billed Charges	2,914,332	2,137,447	73.3%	156	0.0%	776,729	26.7%	2,523,204	1,830,783	72.6%	379	0.0%	692,042	27.4%	5,437,536	3,968,230	73.0%	535	0.0%	1,468,771	27.0%
Billing Provider NPI/Number	2,240,813	2,236,358	99.8%	0	0.0%	4,455	0.2%	1,859,008	1,856,387	99.9%	0	0.0%	2,621	0.1%	4,099,821	4,092,745	99.8%	0	0.0%	7,076	0.2%
Diagnosis Codes	2,198,963	2,197,095	99.9%	2	0.0%	1,866	0.1%	1,811,328	1,807,591	99.8%	76	0.0%	3,661	0.2%	4,010,291	4,004,686	99.9%	78	0.0%	5,527	0.1%
Date of Service - First	2,914,332	2,908,978	99.8%	0	0.0%	5,354	0.2%	2,523,204	2,519,650	99.9%	0	0.0%	3,554	0.1%	5,437,536	5,428,628	99.8%	0	0.0%	8,908	0.2%
Date of Service - Last	8,102	8,102	100.0%	0	0.0%	0	0.0%	9,107	9,107	100.0%	0	0.0%	0	0.0%	17,209	17,209	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	2,914,332	2,366,141	81.2%	0	0.0%	548,191	18.8%	2,523,204	2,357,213	93.4%	0	0.0%	165,991	6.6%	5,437,536	4,723,354	86.9%	0	0.0%	714,182	13.1%
Health Plan Paid Amount	2,914,332	2,726,828	93.6%	0	0.0%	187,504	6.4%	2,523,204	2,478,800	98.2%	0	0.0%	44,404	1.8%	5,437,536	5,205,628	95.7%	0	0.0%	231,908	4.3%
Health Plan Paid Date	2,914,332	2,044,214	70.1%	0	0.0%	870,118	29.9%	2,523,204	1,883,586	74.7%	0	0.0%	639,618	25.3%	5,437,536	3,927,800	72.2%	0	0.0%	1,509,736	27.8%
ICN	2,914,332	2,041,660	70.1%	0	0.0%	872,672	29.9%	2,523,204	1,996,664	79.1%	0	0.0%	526,540	20.9%	5,437,536	4,038,324	74.3%	0	0.0%	1,399,212	25.7%
Member ID (Medicaid ID)	2,914,332	2,914,306	100.0%	1	0.0%	25	0.0%	2,523,204	2,523,166	100.0%	8	0.0%	30	0.0%	5,437,536	5,437,472	100.0%	9	0.0%	55	0.0%
Place of Service	1,094,974	1,094,959	100.0%	0	0.0%	15	0.0%	1,243,597	1,243,403	100.0%	0	0.0%	194	0.0%	2,338,571	2,338,362	100.0%	0	0.0%	209	0.0%
Procedure Code	2,232,711	2,064,452	92.5%	0	0.0%	168,259	7.5%	1,849,901	1,799,679	97.3%	0	0.0%	50,222	2.7%	4,082,612	3,864,131	94.6%	0	0.0%	218,481	5.4%
Procedure Modifiers	2,215,217	2,188,543	98.8%	0	0.0%	26,674	1.2%	1,829,165	1,823,997	99.7%	0	0.0%	5,168	0.3%	4,044,382	4,012,540	99.2%	0	0.0%	31,842	0.8%
Revenue Code	1,197,653	1,064,633	88.9%	8,094	0.7%	124,926	10.4%	668,583	640,450	95.8%	7,323	1.1%	20,810	3.1%	1,866,236	1,705,083	91.4%	15,417	0.8%	145,736	7.8%
Service Provider NPI	2,240,813	2,206,364	98.5%	0	0.0%	34,449	1.5%	1,859,008	1,817,651	97.8%	0	0.0%	41,357	2.2%	4,099,821	4,024,015	98.2%	0	0.0%	75,806	1.8%
Service Provider Taxonomy	2,240,813	2,047,179	91.4%	3,366	0.2%	190,268	8.5%	1,859,008	1,751,356	94.2%	2,938	0.2%	104,714	5.6%	4,099,821	3,798,535	92.7%	6,304	0.2%	294,982	7.2%
Surgical Procedure Codes	8,102	8,102	100.0%	0	0.0%	0	0.0%	9,107	9,106	100.0%	0	0.0%	1	0.0%	17,209	17,208	100.0%	0	0.0%	1	0.0%
Tooth Number	17,494	17,479	99.9%	0	0.0%	15	0.1%	20,736	20,725	99.9%	0	0.0%	11	0.1%	38,230	38,204	99.9%	0	0.0%	26	0.1%
Tooth Surface	20,664	20,664	100.0%	0	0.0%	0	0.0%	25,334	25,334	100.0%	0	0.0%	0	0.0%	45,998	45,998	100.0%	0	0.0%	0	0.0%
Amount Paid Pharmacy Benefits Manager	673,519	652,671	96.9%	19,973	3.0%	875	0.1%	664,196	641,967	96.7%	20,804	3.1%	1,425	0.2%	1,337,715	1,294,638	96.8%	40,777	3.0%	2,300	0.2%
Basis of Reimbursement	673,519	41,245	6.1%	196,633	29.2%	435,641	64.7%	664,196	45,283	6.8%	162,334	24.4%	456,579	68.7%	1,337,715	86,528	6.5%	358,967	26.8%	892,220	66.7%
Days Supply	673,519	669,511	99.4%	0	0.0%	4,008	0.6%	664,196	658,973	99.2%	0	0.0%	5,223	0.8%	1,337,715	1,328,484	99.3%	0	0.0%	9,231	0.7%
National Drug Code (NDC)	673,519	672,429	99.8%	0	0.0%	1,090	0.2%	664,196	663,223	99.9%	0	0.0%	973	0.1%	1,337,715	1,335,652	99.8%	0	0.0%	2,063	0.2%
Prescribing Provider NPI	673,519	476,804	70.8%	196,316	29.1%	399	0.1%	664,196	501,915	75.6%	162,170	24.4%	111	0.0%	1,337,715	978,719	73.2%	358,486	26.8%	510	0.0%
Prescription Number	673,519	673,519	100.0%	0	0.0%	0	0.0%	664,196	664,196	100.0%	0	0.0%	0	0.0%	1,337,715	1,337,715	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	673,519	669,640	99.4%	0	0.0%	3,879	0.6%	664,196	659,094	99.2%	0	0.0%	5,102	0.8%	1,337,715	1,328,734	99.3%	0	0.0%	8,981	0.7%
Refill Number	673,519	673,263	100.0%	256	0.0%	0	0.0%	664,196	664,053	100.0%	143	0.0%	0	0.0%	1,337,715	1,337,316	100.0%	399	0.0%	0	0.0%
Total	42,634,380	37,952,069	89.0%	424,887	1.0%	4,257,424	10.0%	36,617,452	33,490,787	91.5%	356,197	1.0%	2,770,468	7.6%	79,251,832	71,442,856	90.1%	781,084	1.0%	7,027,892	8.9%



Appendix F: Per Member Utilization and Paid Amounts

SFY 2021										
Description	Healthy Louisiana				LHCC				Percentage of Healthy Louisiana	
Members										
Total member Months	18,643,240				5,737,484				30.8%	
Average Number of Members ¹	1,553,603				478,124					
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	2,204,391	4.6	\$107,083,306	\$224	-6.1%	-6.7%
Dental	682,468	0.4	\$30,598,844	\$20	193,761	0.4	\$9,117,315	\$19	0.0%	-5.0%
Inpatient	2,492,771	1.6	\$1,591,091,198	\$1,024	699,711	1.5	\$447,497,666	\$936	-6.3%	-8.6%
NEMT	955,188	0.6	\$42,246,297	\$27	258,876	0.5	\$11,935,522	\$25	-16.7%	-7.4%
Outpatient	18,692,115	12.0	\$1,162,312,174	\$748	5,210,681	10.9	\$322,020,472	\$674	-9.2%	-9.9%
Pharmacy	26,390,029	17.0	\$2,023,471,285	\$1,302	7,195,219	15.0	\$541,694,058	\$1,133	-11.8%	-13.0%
Primary Care	15,499,565	10.0	\$536,281,269	\$345	4,779,945	10.0	\$159,404,011	\$333	0.0%	-3.5%
Specialty	12,423,567	8.0	\$920,683,657	\$593	3,681,656	7.7	\$277,258,378	\$580	-3.8%	-2.2%
Vision	1,543,458	1.0	\$54,507,039	\$35	548,977	1.1	\$18,078,556	\$38	10.0%	8.6%
Total Services³	86,260,889	55.5	\$6,733,478,093	\$4,334	24,773,217	51.7	\$1,894,089,282	\$3,962	-6.8%	-8.6%

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
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	21,394,031	88.9%	356,228	1.5%	90.4%	614,585	2.6%	93.0%	1,692,306	7.0%	100.0%	24,057,150	22
Dental	232,525	100.0%	5	0.0%	100.0%	7	0.0%	100.0%	0	0.0%	100.0%	232,537	4
Vision	629,002	99.8%	689	0.1%	100.0%	192	0.0%	100.0%	69	0.0%	100.0%	629,952	10
NEMT	379,486	57.7%	16,900	2.6%	60.3%	66,729	10.1%	70.4%	194,370	29.6%	100.0%	657,485	45
Pharmacy	8,108,250	97.2%	64,514	0.8%	98.0%	51,125	0.6%	98.6%	116,087	1.4%	100.0%	8,339,976	10
Total	30,743,294	90.6%	438,336	1.3%	91.9%	732,638	2.2%	94.1%	2,002,832	5.9%	100.0%	33,917,100	19



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		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	20,874,051	86.8%	589,480	2.5%	89.2%	439,953	1.8%	91.0%	2,153,666	9.0%	100.0%	24,057,150	35
Dental	210,140	90.4%	4,903	2.1%	92.5%	9,226	4.0%	96.4%	8,268	3.6%	100.0%	232,537	20
Vision	590,901	93.8%	9,103	1.4%	95.2%	9,075	1.4%	96.7%	20,874	3.3%	100.0%	629,953	20
NEMT	246,742	37.5%	198,656	30.2%	67.7%	101,930	15.5%	83.2%	110,158	16.8%	100.0%	657,486	70
Pharmacy	6,301,656	75.6%	69,971	0.8%	76.4%	1,941,512	23.3%	99.7%	26,837	0.3%	100.0%	8,339,976	21
Total	28,223,490	83.2%	872,113	2.6%	85.8%	2,501,696	7.4%	93.2%	2,319,803	6.8%	100.0%	33,917,102	32

Appendix I: Medical Records Validity Rate

	Medical					Dental	Vision					Pharmacy	Total				
Key Data Element	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						
Member Name	25	25	100.0%	0	0.0%	Dental records were not submitted	1	1	100.0%	0	0.0%	Pharmacy records were not submitted	26	26	100.0%	0	0.0%
Member DOB	25	24	96.0%	1	4.0%		1	1	100.0%	0	0.0%		26	25	96.2%	1	3.8%
Admit Date	1	1	100.0%	0	0.0%		N/A						1	1	100.0%	0	0.0%
Date of Service - First	25	14	56.0%	11	44.0%		1	1	100.0%	0	0.0%		26	15	57.7%	11	42.3%
Date of Service - Last	9	4	44.4%	5	55.6%		N/A						9	4	44.4%	5	55.6%
Diagnosis Codes	50	43	86.0%	7	14.0%		2	2	100.0%	0	0.0%		52	45	86.5%	7	13.5%
Billing Provider	25	20	80.0%	5	20.0%		1	1	100.0%	0	0.0%		26	21	80.8%	5	19.2%
Type of Bill Code	9	7	77.8%	2	22.2%		N/A						9	7	77.8%	2	22.2%
Revenue Code	16	12	75.0%	4	25.0%		N/A						16	12	75.0%	4	25.0%
Place of Service	16	10	62.5%	6	37.5%		1	1	100.0%	0	0.0%		17	11	64.7%	6	35.3%
Procedure Code	24	12	50.0%	12	50.0%		1	1	100.0%	0	0.0%		25	13	52.0%	12	48.0%
Procedure Modifiers	14	4	28.6%	10	71.4%		0	0	0.0%	0	0.0%		14	4	28.6%	10	71.4%
Servicing Provider	25	17	68.0%	8	32.0%		1	1	100.0%	0	0.0%		26	18	69.2%	8	30.8%
Surgical Procedure Codes	2	2	100.0%	0	0.0%		N/A						2	2	100.0%	0	0.0%
Total	266	195	73.3%	71	26.7%		9	9	100.0%	0	0.0%		275	204	74.2%	71	25.8%

Note: 26 of the 150 medical records requested were submitted and tested.



The health plan was provided an opportunity to provide a response.
If a response was received, it is included as an attachment to this report.

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