LOUISIANA DEPARTMENT OF HEALTH

Encounter Data Validation Aggregate Report

Contract Year 2024–2025

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Louisiana Department of Health (LDH) requires its contracted Medicaid managed care entities (MCEs) encompassing the managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), and a prepaid inpatient health plan (PIHP), to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information. During contract year (CY) 2024–2025, LDH contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. Table 1-1 displays the list of MCEs included in the EDV study and their applicable encounter types.

Table 1-1—Louisiana MCEs and Their Applicable Encounter Types

MCE Type	MCE Name	MCE Abbreviation	Applicable Encounter Types
MCOs	Aetna Better Health	ABH	Professional, Institutional, Dental, and Pharmacy
	AmeriHealth Caritas Louisiana	ACLA	
	Healthy Blue	HBL	
	Humana Healthy Horizons*	HUM	
	Louisiana Healthcare Connections	LHCC	
	UnitedHealthcare Community	UHC	
PAHPs	DentaQuest USA Insurance Company (DentaQuest)	DQ	Dental
	Managed Care North America	MCNA	
PIHP	Magellan of Louisiana	Magellan	Professional and Institutional

* HUM started to service Medicaid members on January 1, 2023.

Methods

In alignment with Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health*

Insurance Program] Managed Care Plan: An Optional EQR-Related Activity, February 2023 (CMS EQR Protocol 5),[1] HSAG conducted the following core evaluation activities for the EDV study:

- Information systems (IS) review—assessment of LDH's and the MCEs' IS and processes. The goal of this activity was to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity was to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

Findings

The following is a summary of the major findings from the EDV study.

Information Systems Review

The IS review provides self-reported qualitative information from nine MCEs. The MCEs documented their capability to collect, process, and transmit encounter data to LDH, as well as develop data review and correction processes that can respond to quality issues identified by LDH. The MCEs have documented processes; commercial and in-house software; along with subcontractors to assist with tasks such as claims adjudication, member and provider data verification, and management of third-party liability (TPL) information.

Encounter data checks varied across MCEs (i.e., most MCEs conducted encounter data completeness and accuracy checks, with fewer MCEs mentioning claim volume checks) in the questionnaire. The PAHPs and the PIHP did not mention reconciliation with financial reports as part of their data quality review. Notably, no MCE chose medical record review as a check, likely due to its labor- and resource-intensive nature.

The MCEs noted they were accountable for their own and their subcontractors' encounter data; therefore, MCEs generally submit data to LDH directly. The MCEs with subcontractors typically stored the data collected by their subcontractors, did not modify the data before submission to LDH, and reviewed the data before and after submission to LDH. These practices highlighted the MCEs' ability to

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Jan 29, 2025.

oversee subcontractor-collected data, assuring accuracy, completeness, and timely submission. The questionnaire responses indicated that the MCEs largely fulfilled the requirement of submitting accurate, complete, and timely data; however, there exist areas for enhancement. Based on the responses, the main area in need of improvement is the inconsistent use of encounter data checks on subcontractor- and MCE-collected data. Lastly, a few MCEs noted that there were more than 5.0 percent of encounters initially rejected and not yet accepted by LDH.

The MCEs were also provided with the opportunity to note internal and external challenges in the claims-data-to-encounter-data cycle. Some common responses centered on issues with claims over $1 million, timing of response files, and requests to publish or provide edit logic for use by the MCEs.

Administrative Profile

The administrative profile analyzes LDH's encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and demographic data, and provider data). Results of these analyses can provide insight into the reliability of LDH's data for use in subsequent analyses, such as rate setting and performance measure calculations.

Overall, the data were largely complete for each MCE. After adjusting for the number of enrolled members, the MCEs remained relatively consistent throughout the measurement year in the number of visits per 1,000 member months (MM). However, the volume varied based on MCE type. Among professional encounters, the PIHP had the highest volume per 1,000 MM compared to the MCOs; and among institutional encounters, the PIHP had the lowest volume per 1,000 MM compared to the MCOs. For dental encounters, the PAHPs had higher volumes per 1,000 MM than the MCOs. In addition, ACLA had no dental encounters with dates of service in 2023 in LDH's data. The paid amount per member per month (PMPM) was similar to the encounter volume patterns, where the paid amount PMPM was generally consistent across months and MCEs except the professional encounters for the PIHP (i.e., the paid amount PMPM for the PIHP was much higher than the MCOs). Within the MCOs, HSAG also observed variations. As for the TPL paid amount PMPM, all applicable MCEs reported TPL paid amount to LDH for professional, institutional, and pharmacy encounters. However, for dental encounters, only two MCEs recorded TPL payments during the measurement year. The percentage of duplicated encounters was less than 1.0 percent for all applicable MCEs for professional, institutional, and pharmacy encounters. For dental encounters, the aggregate PAHP rate was less than 0.1 percent, while the aggregate MCO rate was 3.4 percent due to HBL's and LHCC's duplication rates, which were 5.5 percent and 5.0 percent, respectively.

The timeliness evaluation of the LDH data suggests that LDH may not receive data from the MCEs in a timely manner. Among the seven MCEs with professional encounters, LDH received less than 78 percent of claims from two MCEs within 60 days from claim payment. Similarly, among the seven MCEs with institutional encounters, LDH received less than 75 percent of claims from two MCEs within 60 days from claim payment. The results improved for dental encounters, where only two MCEs were below 90 percent of claims received within 60 days. The pharmacy encounters performed the best as LDH received greater than 90 percent of claims within 60 days from all six MCOs.

The MCEs also demonstrated complete and accurate data, with expected data elements populated for all categories of service. Additionally, many of the data elements had a validity of 99.9 percent or greater. The common data elements with relatively low validity rates among the MCEs were the following:

- National Drug Code (NDC) for professional encounters
- Attending Provider Taxonomy Code for institutional encounters
- Rendering Provider national provider identifier (NPI)for dental encounters
- Prescribing Provider NPI for pharmacy encounters

The referential integrity results between the medical/dental encounter data, the pharmacy encounter data, and the enrollment data were high, indicating that these files can be linked via the member identification number. However, the referential integrity results between encounter data and provider data were relatively low (e.g., the aggregate percentage of providers in the pharmacy encounter data who were also found in the provider file only reached 82.6 percent).

HSAG also calculated the percentage of members who had an encounter by claim type and MCE. This assessment provides insights into how well encounter data may be used to support future analyses such as Healthcare Effectiveness Data and Information Set (HEDIS®)[2] performance measure calculations. Among the six MCOs, HUM had the lowest percentage of members (17.3 percent) with both a medical/dental encounter and a pharmacy encounter in the study period. This is because pharmacy services were carved out for HUM until late 2023. Conversely, 94.9 percent of Magellan members had a medical encounter. This is likely because the PIHP-specific program is a behavioral health program meant to help children with behavioral health challenges who are at risk for out-of-home placement and nearly all enrolled members should seek medical services.

Recommendations

To improve the quality of encounter data submissions from the MCEs, HSAG offers the following recommendations to assist LDH and the MCEs in addressing opportunities for improvement.

Information Systems Review

- As noted in the MCE-specific appendices, all noted MCEs should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from their subcontractors and collected by themselves.
- All MCEs with more than 5.0 percent of encounters initially rejected and not yet accepted by LDH should build a process with LDH and their subcontractors, if applicable, to ensure that rejected encounters will be submitted to LDH with correct information.

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- HSAG recommends LDH continue its collaboration with the MCEs to address challenges in the MCEs' responses noted at the end of Section 3, such as issues with claims over $1 million, timing of response files, and requests to publish or provide edit logic for use by the MCEs.

Administrative Profile

- ACLA should work with LDH to decide whether ACLA had dental encounters with dates of service in 2023 that should be submitted to LDH.
- HBL and LHCC should work with LDH to investigate what caused the duplicated records in their dental encounters.
- HBL, HUM, LHCC, and Magellan should continue to improve their timely submission for the encounter types noted in the appendices.
- All applicable MCEs should investigate the root causes for data elements with percent valid rates less than 95 percent, as noted in the appendices, to improve accuracy for the key data elements.
- Two MCOs (i.e., ABH and HBL) demonstrated rates lower than 90.0 percent when examining the referential integrity of the provider NPIs in the medical/dental encounters by comparing to the provider NPIs in the provider data. Similarly, five MCOs (i.e., ABH, ACLA, HBL, HUM, and LHCC) demonstrated rates lower than 90.0 percent when examining the referential integrity of the provider NPIs in the pharmacy encounters by comparing to the provider NPIs in the provider data. Since subsequent analyses may require the ability to link these datasets together, MCOs should collaborate with LDH to ensure both entities have an accurate and complete database of providers for medical/dental and pharmacy encounters.

2. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, LDH must ensure that each of its contracted MCEs maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCEs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During CY 2024–2025, LDH contracted with HSAG to conduct an EDV study. In alignment with the CMS EQR Protocol 5, HSAG conducted the following core evaluation activities for the EDV study:

- IS review—assessment of LDH's and the MCEs' IS and processes. The goal of this activity was to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in CMS EQR Protocol 5.
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HSAG conducted the EDV study for nine MCEs as shown in Table 1-1.

Methodology

Information Systems Review

The IS review seeks to define how each participant in the encounter data process collects and processes encounter data such that the data flow from the MCEs to LDH is understood. The IS review is key to understanding whether the IS infrastructures are likely to produce complete and accurate encounter data. To ensure the collection of critical information, HSAG employed a three-stage review process that included a document review, development and fielding of a customized encounter data assessment, and follow-up with key staff members.

Stage 1—Document Review

HSAG initiated the IS review with a thorough desk review of existing documents related to encounter data initiatives/validation activities currently put forth and submitted by LDH. Documents requested for review included data dictionaries, process flow charts, data system diagrams, encounter system edits, sample rejection reports, work group meeting minutes, and LDH's current encounter data submission requirements, among others. The information obtained from this review was important for developing a targeted questionnaire to address important topics of interest to LDH.

Stage 2—Development and Fielding of Customized Encounter Data Assessment

In conducting a customized encounter data assessment, HSAG first evaluated the MCEs' most recent Information Systems Capabilities Assessment (ISCA), if available, to assess whether the information was complete and up to date. This process allowed these activities to be coordinated across projects, preventing duplication and minimizing the impact on the MCEs. HSAG then developed a questionnaire customized in collaboration with LDH to gather information regarding claim/encounter personnel, data processing procedures, and data acquisition capabilities. Where applicable, this assessment also included a review of supplemental documentation regarding other data systems, including enrollment and provider data. Lastly, this review included specific topics of interest to LDH. For example, the reviews included questions regarding how MCEs ensure their subcontractors are submitting complete and accurate encounter data timely.

The questionnaire for LDH had similar domains; however, it focused on LDH's data exchange with the MCEs.

Since there are nine MCEs included in the study, HSAG distributed the questionnaire via an online tool to streamline collection of the responses.

Stage 3—Key Informant Interviews

After reviewing responses to the questionnaire, HSAG followed up with key LDH and MCE information technology personnel to clarify any questions from the questionnaire responses.

Overall, the IS reviews allowed HSAG to document current processes and develop a thematic process map identifying critical points that impact the submission of quality encounter data. From this analysis, HSAG was able to provide actionable recommendations to the existing encounter data systems on areas for improvement or enhancement.

Administrative Profile

An administrative profile, or analysis, of a state's encounter data is essential to gauging the general completeness, accuracy, and timeliness of encounter data, as well as whether encounter data are sufficiently robust for other uses such as performance measure calculation. The degree of the MCEs' data file completeness across the MCEs provided insight into the quality of LDH's overall encounter

data system and represented the basis for establishing confidence in subsequent analytical and rate setting activities.

HSAG assessed final adjudicated encounters with service dates from January 1, 2023, through December 31, 2023. In addition, the EDV study used member demographic/eligibility/enrollment data and provider data to evaluate the validity of key data elements in the encounter data. HSAG used the monthly data extracts submitted by LDH's fiscal agent contractor (FAC) between January 2023 and December 2024 to prepare the final encounter data needed for the analysis.

Once HSAG received the data files from LDH, HSAG conducted a preliminary file review to ensure that the submitted data were adequate to conduct the evaluation. The preliminary file review included the following basic checks:

- **Percentage present**—Required data fields were present on the file and had values in those fields.
- **Percentage of valid values**—The values were as expected (e.g., valid International Classification Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes in the diagnosis field).

Based on the preliminary file review results, HSAG followed up with LDH to resolve any major data issues, as needed.

Once the final data were received and processed, HSAG conducted a series of analyses for five key metrics:

- Encounter data completeness
- Encounter data timeliness
- Field-level completeness and accuracy
- Encounter data referential integrity
- Encounter data logic

At a high level, HSAG calculated rates for each metric by encounter type (i.e., 837 Professional [837P], 837 Institutional [837I], 837 Dental [837D], and National Council for Prescription Drug Programs [NCPDP]). HSAG evaluated these metrics at the statewide level and by MCE. If results indicated data quality issue(s), HSAG conducted additional investigations to determine whether the issue was for a specific category of service (e.g., inpatient, nursing facilities), provider type (e.g., vision vendor, non-emergency transportation vendor), sub-population, etc.

Metrics for Encounter Data Completeness

- **Monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur):** If the number of members remained stable and there were no major changes to members' medical needs, the monthly visit/service counts should have minimal variation. A low count for any month may indicate incomplete data. Of note, instead of the claim number, HSAG evaluated the encounter volume based on a unique visit key. For example, for professional and dental encounters, the visit key was based on the *Member ID*, *Rendering Provider NPI*, and *Header Last Date of Service (DOS)*

values. For institutional encounters, the visit key was based on the *Member ID*, *Billing Provider NPI*, and *Header Last DOS* values. For pharmacy encounters, the visit key was based on the *Member ID*, *Billing Provider NPI*, *DOS*, and *NDC* values.

- **Monthly encounter volume (i.e., visits) per 1,000 MM by service month:** Compared to the metric above, this metric normalized the visit/service counts by the member counts. Of note, HSAG calculated the member counts by month for each MCE based on the member enrollment data extracted by LDH.
- **Paid amount PMPM by service month:** This metric helps LDH determine whether the encounter data are complete from a payment perspective.
- **TPL paid amount PMPM by service month:** This metric helps LDH determine whether the encounter data are complete from the TPL payment perspective.
- **Percentage of duplicate encounters:** HSAG determined the detailed methodology (e.g., data elements and criteria) for defining duplicates after reviewing the encounter data extracted for the study and documented it in Table 4-1.

Metrics for Encounter Data Timeliness

- **Percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments:** This metric helps LDH to evaluate the extent to which the MCEs are in compliance with LDH's encounter data timeliness requirements (i.e., submit encounters within 30 days of adjudication).
- **Claims lag triangle to illustrate the percentage of encounters received by LDH within two calendar months, three months, etc., from the service month:** This metric allows LDH to evaluate how soon LDH may use the encounter data in the data warehouse for activities such as performance measure calculation and utilization statistics.

Metrics for Field-Level Completeness and Accuracy

HSAG evaluated whether the data elements in the final paid encounters are complete and accurate through the two study indicators described in Table 2-1 for the key data elements listed in Table 2-2. Of note, LDH's data extract did not include a data field for the referring provider NPIs for institutional and dental encounters, or diagnosis codes for dental encounters; therefore, these fields did not have a check mark for the associated encounter type in Table 2-2.

In addition, Table 2-2 shows the criteria HSAG used to evaluate the validity for each data element. These criteria are based on standard reference code sets, or referential integrity checks against member or provider data.

Table 2-1—Study Indicators for Percent Present and Percent Valid

Study Indicator	Denominator	Numerator
Percent Present: Percentage of records with values present for a specific key data element.	Total number of final paid encounter records based on the level of evaluation noted in Table 2-2 (i.e., at either the header or detail line level) with dates of service in the study period.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-2.
Percent Valid: Percentage of records with values valid for a specific key data element.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-2.	Number of records with values valid for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-2. The criteria for validity are listed in Table 2-2.

Table 2-2—Key Data Elements for Percent Present and Percent Valid

Key Data Elements	837P Encounters	837I Encounters	837D Encounters	NCPDP Encounters	Criteria for Validity
Member ID[H]	✓	✓	✓	✓	• In member file • Enrolled in a specific MCE on the DOS
Detail Service From Date[D]	✓	✓	✓		• Detail Service From Date ≤ Detail Service To Date • Detail Service From Date ≤ Paid Date
Detail Service To Date[D]	✓	✓	✓		• Detail Service To Date ≥ Detail Service From Date • Detail Service To Date ≤ Paid Date
DOS[D]				✓	• DOS ≤ Paid Date
Billing Provider National Provider Identifier (NPI)[H]	✓	✓	✓	✓	• In provider data when service occurred • Meets Luhn check digit formula requirements

Key Data Elements	837P Encounters	837I Encounters	837D Encounters	NCPDP Encounters	Criteria for Validity
Rendering Provider NPI[H]	✓		✓		• In provider data when service occurred • Meets Luhn check digit formula requirements
Attending Provider NPI[H]		✓			• In provider data when service occurred • Meets Luhn check digit formula requirements
Referring Provider NPI[H]	✓				• In provider data when service occurred • Meets Luhn check digit formula requirements
Prescribing Provider NPI[H]				✓	• In provider data when service occurred • Meets Luhn check digit formula requirements
Rendering Provider Taxonomy Code[H]	✓		✓		• In standard taxonomy code set • Matches the value in provider data
Attending Provider Taxonomy Code[H]		✓			• In standard taxonomy code set • Matches the value in provider data
Primary Diagnosis Codes[H]	✓	✓			• In national ICD-10-CM diagnosis code sets for the correct code year (e.g., in 2023 code set for services that occurred between October 1, 2022, and September 30, 2023)
Secondary Diagnosis Codes[H]	✓	✓			• In national ICD-10-CM diagnosis code sets for the correct code year

Key Data Elements	837P Encounters	837I Encounters	837D Encounters	NCPDP Encounters	Criteria for Validity
Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) Codes/Current Dental Terminology (CDT) Codes[D]	✓	✓	✓		• In national CPT, HCPCS, CDT code sets for the correct code year (e.g., in 2023 code set for services that occurred in 2023)
Procedure Code Modifiers[D]	✓	✓			• In national standard code set or in the origin and estimation modifier list[3]
Tooth Number[D]			✓		• In national standard code set
Tooth Surface[D]			✓		• In national standard code set
Oral Cavity Code[D]			✓		• In national standard code set
Primary Surgical Procedure Codes[H]		✓			• In national ICD-10-CM surgical procedure code sets for the correct code year
Secondary Surgical Procedure Codes[H]		✓			• In national ICD-10-CM surgical procedure code sets for the correct code year
Revenue Codes[D]		✓			• In national standard revenue code sets for the correct code year
Type of Bill Codes[H]		✓			• In national standard type of code set
NDCs [D]	✓	✓		✓	• In national NDC code sets

[3] Available at: https://ldh.la.gov/assets/medicaid/MCE_System_Companion_Guide/HLA_MCE_SCG_v.1.pdf. Accessed on: Aug 28, 2024.

Key Data Elements	837P Encounters	837I Encounters	837D Encounters	NCPDP Encounters	Criteria for Validity
Submit Date[D]	✓	✓	✓	✓	• MCE Submission Date (i.e., the date when the MCE submits encounters to LDH) ≥ MCE Paid Date
MCE Paid Date[D]	✓	✓	✓	✓	• MCE Paid Date ≥ MCE Received Date
Detail Paid Amount[D]	✓	✓	✓	✓	• Zero or positive
Detail TPL Paid Amount[D]	✓	✓	✓	✓	• Zero or positive

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Metric for Encounter Data Referential Integrity

HSAG evaluated if data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through the key study indicators described in Table 2-3. If an encounter contained more than one NPI (e.g., attending provider NPI and billing provider NPI on an institutional encounter), HSAG included both unique NPIs in the analysis.

Table 2-3—Key Indicators of Referential Integrity

Data Source	Indicator
Medical/Dental Encounters vs. Member Enrollment	• Direction 1: Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File • Direction 2: Percentage of Members in the Enrollment File With a Medical/Dental Encounter
Pharmacy Encounters vs. Member Enrollment	• Direction 1: Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File • Direction 2: Percentage of Members in the Enrollment File With a Pharmacy Encounter
Medical/Dental Encounters vs. Pharmacy Encounters	• Direction 1: Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter • Direction 2: Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter
Medical/Dental Encounters vs. Provider File	• Direction 1: Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File

Data Source	Indicator
	• Direction 2: Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File
Pharmacy Encounters vs. Provider File	• Direction 1: Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File • Direction 2: Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File

Metrics for Encounter Data Logic

Based on the likely use of the encounter data in future analytic activities (e.g., performance measure development/calculation), HSAG used logic-based checks to ensure the encounter data appropriately support additional activities.

- Percentage of members with a medical encounter, pharmacy encounter, both medical and pharmacy encounters, or neither from January 1, 2023, through December 31, 2023.
- Continuous member enrollment to identify the length of time members were continuously enrolled during the measurement year. This assessment provided insight into how well encounter data may be used to support future analyses, such as HEDIS performance measure calculations. For instance, many measures required members be enrolled for the full measurement year, allowing only one gap of up to 45 days.

3. Information Systems Review

Representatives from LDH and each MCE completed the LDH-approved questionnaires supplied by HSAG through the Universal Survey Tool (UST). For more details regarding the questionnaires provided, please refer to Appendix A through Appendix D. This section summarizes the findings from the questionnaire responses.

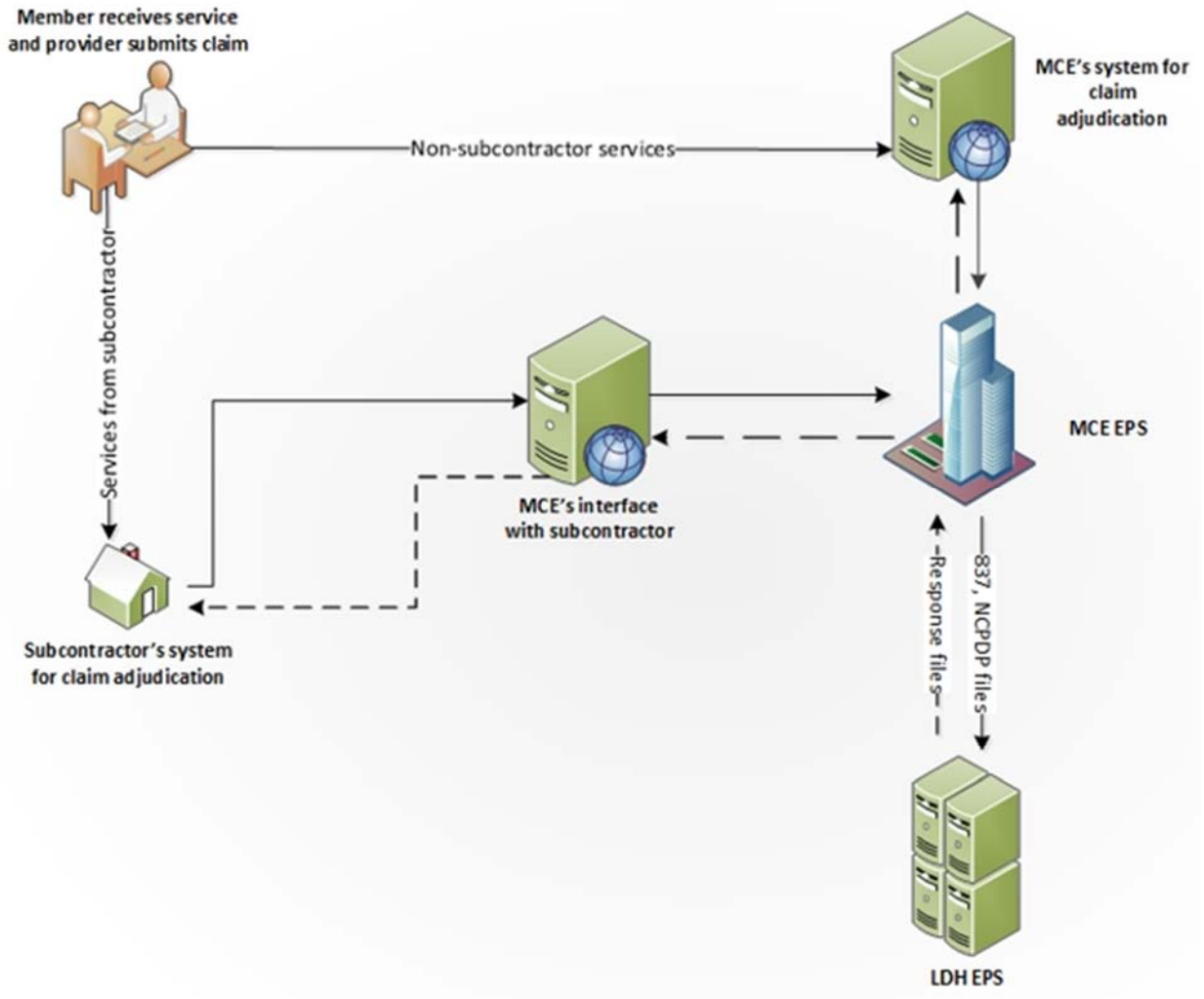
Encounter Data Sources and Systems

This report section provides an overview of the data sources utilized in the claims-data-to-encounter-data cycle. It also outlines the systems employed for data processing, any systematic formatting performed before submission (if handled by a third party), and the methods used to verify data accuracy in terms of provider and member information.

Claim/Encounter Data Flow

Figure 3-1 shows a high-level visual of the general process, which outlines the path followed by a MCE's encounter data from the time a member receives a service until the encounter is processed by LDH.

Figure 3-1—Claims/Encounter Data Path From Origin Through Submission to LDH



The process of handling claims and encounter data involves several steps, as show in Figure 3-1. The solid lines represent the primary transaction paths between each process agent and the dashed lines represent data feedback loops. The claims/encounter process begins with a member receiving healthcare services from a provider. Providers then send claims electronically or via paper to a clearinghouse that organizes and formats the claims. The claims are then processed and stored in the MCE's encounter processing system (EPS). If a subcontractor is involved, it sends the data to the MCE's EPS via the MCE's interface with the subcontractor.

The MCEs and/or their subcontractors are responsible for ensuring that the encounters are accurate, complete, and properly formatted for timely submission to LDH using specific file types (i.e., 837I, 837P, 837D, or NCPDP). Even though the MCEs' subcontractors may prepare the data, MCEs

generally[4] submit them to LDH themselves. The MCEs generally submit data to LDH weekly except for ACLA, which submits non-emergent medical transportation (NEMT) encounters to LDH monthly.

After the MCEs send 837I, 837P, 837D, or NCPDP files to LDH, LDH's subcontractor, Gainwell Technologies, runs the submitted encounters through an electronic data interchange (EDI) translator for compliance checks, if applicable, as well as other data quality checks weekly. Gainwell then generates a variety of response files for the MCEs that can be used to identify encounters that are not successfully processed by LDH or that fail LDH's edits.

Information System Infrastructure

The MCEs receive claims from providers with a frequency varying from daily to weekly except vision encounters for ABH and NEMT encounters for ACLA, which are received monthly. Once claims are received, the MCEs use a range of software tools to manage, process, validate, and structure the encounter data files, as illustrated in Table 3-1.

Table 3-1—Primary Software for Encounter Processing

MCE	Primary Software for Claim Adjudication and Encounter Preparation	WEDI SNIP Level for 837P, 837I, 837D and NCPDP Encounters
ABH	Edifecs, QNXT, Biztalk, Enterprise Encounter Reporting, and Oracle	Levels 1–5
ACLA	SourceHOV, FACETS, Encounter Data Manager (EDM), and FirstRX	Levels 1–7
HBL	Edifecs, FACETS, Optum Transaction Validation Manager (OTVM), and Oracle	Levels 1–7
HUM	EHub, CAS, EDV, Edifecs, and Oracle	Level 3
LHCC	Amysis, BizTalk Server, Teradata (EDW), Next Gen Encounter Data Manager (EDM), TriZetto, Edifecs, X-Engine, Redix, and Oracle	Levels 1–5
UHC	Optum Clearinghouse, Facets, NEMIS, and Oracle	Internal NEMIS validation levels
DQ	Enterprise Encounter Reporting	Levels 1–7
MCNA	DentalTrac	Type 1
Magellan	Edifecs	Levels 1–7

[4] HUM noted that its dental subcontractor submitted dental data to LDH directly.

Table 3-2 outlines noteworthy modifications, reformatting, or changes made to claims/encounter data based on the questionnaire response from the MCEs. While all MCOs modified their encounter data, PAHPs and PIHP did not modify the encounter data.

Table 3-2—Modification Made to Encounter Data

Encounter Type	Field	Modification Details
ABH		
837I/837P	Service Line	Roll-up logic is applied to duplicate service lines within the same claim.
NEMT	All	All alpha characters are capitalized.
NEMT	Member Date of Birth, Claim Submit Date, Trip DOS, Claim Paid Date	All dates are changed from MM/DD/YYYY to a YYYYMMDD format.
NEMT	ZIP Code	"9999" is appended to a ZIP Code where the ZIP Code is only 5 digits.
ACLA		
837I/837P	Service Line	Roll-up logic is applied to duplicate service lines within the same claim and sum-up amount and units.
837I/837P	Service Line	The Line Item Control Number (ACFC term Patient Account Number [PAN]) (REF02) is added on loop 2400 with 6R qualifier to accommodate Value Added Benefit/Service.
837I/837P	Member ZIP Code	If the ZIP Code does not have the last 4 digits, then 1234 is added.
HBL		
837I/837P	Line level	Outpatient/professional adjustments are reported at the line level.
NEMT	All	All alpha characters are capitalized.
NEMT	Member Date of Birth, Claim Submit Date, Trip DOS, Claim Paid Date	All dates are changed from MM/DD/YYYY to a YYYYMMDD format.
NEMT	ZIP Code	"9999" is appended to a ZIP Code where the ZIP Code is only 5 digits.
HUM		
837P	All	All alpha characters are capitalized.
837P	Member Date of Birth, Claim Submit Date, Trip DOS, Claim Paid Date	All dates are changed from MM/DD/YYYY to a YYYYMMDD format.
837P	ZIP Code	"9999" is appended to a ZIP Code where the ZIP Code is only 5 digits.

Encounter Type	Field	Modification Details
LHCC		
837I/837P	Prior Authorization Number	Number is stripped of alpha characters to meet Gainwell's criteria.
UHC		
837I	Diagnosis Codes	Swap diagnosis codes that trigger Maternity Kick payments to diagnosis codes 1 to 8 when in positions of diagnosis 9 to 25 due to Gainwell limitations of only being able to evaluate diagnosis 1 to 8.
837I	Bill Type Code	Bill types 21x are updated to 11x for Skilled Nursing Facility (SNF) so Gainwell can process.
837I/837P	Member ZIP Code	"0000" is appended to a ZIP Code where the ZIP Code is only 5 digits.
837I/837P	Patient Account Number	If patient account number is NULL, default to "NOT SUPPLIED."

Duplicate, Denied, and Adjusted Claims

Table 3-3 shows some common fields and their descriptions which are examined for duplication and variations across MCEs.

Table 3-3—Some Common Fields Used by MCEs to Examine Claims for Duplication

MCE	Field Description
ABH	**Medical:** Member, CPT/HCPS/CDT Code, Pay-To-TIN, Pay-To-NPI, Pay-To-Provider ID, Primary NDC, Principal Diagnosis, Rendering Provider ID, and Rendering Provider NPI **NEMT:** Member, DOS, and CPT Modifier **Pharmacy:** Service Provider ID, Cardholder ID, DOS, Product/Service ID, Prescriptions/Service Reference Number, and Fill Number
ACLA	Facets Duplicate Claim Rules application, is used to define the rules for what constitutes a definite or possible duplicate claim or line item
HBL	Exact Date, Charges, Procedure Codes, Rev Codes, Service Provider, Place of Service Code, and Modifiers
HUM	Claim Type, Claim Identifier, Payer ID, Member ID, Member First Name, Member DOB, Diagnosis Codes, Rendering Provider Name, Rendering Provider NPI, Claim Level Date Range, Service Start Date, Service End Date, Procedure Code, Revenue Code, Procedure Code Modifiers, Line Item Charge Amount, Line Rendering Provider Name, Line Rendering Provider NPI, Admission Hour, Admission Type, Admission Source, Admission Date, Number of Units, and Payee Code

MCE	Field Description
LHCC	**Medical:** NPI, Member ID, DOS, Procedure Codes, Payment Amount, and Modifiers. **Dental & Vision:** NPI, Member ID, DOS, and Procedure Codes **NEMT:** Member ID, DOS, Proc Code, Origin and Destination Modifiers, and Provider **Pharmacy:** Servicing Provider ID, Cardholder ID, DOS, Product/Service ID (NDC-11), Prescription/Service Reference Number (RX#), and Fill Number
UHC	DOS, Type of Service, Procedure Code, Modifier, Diagnosis Code, Units Billed, Revenue Code, Place of Service, Charge, Provider, and Bill Type
DQ	Member, Provider, DOS, and CDT Codes
MCNA	Member, Provider, DOS, CDT Codes, Claim Entry, Tooth Surface, Tooth Number, and Amount Billed
Magellan	DOS, Procedure Code, and Provider Tax Identification Number (TIN)

The MCEs followed similar processes to detect and identify duplicate claims using common fields, such as member ID, DOS, provider, procedure codes, and diagnosis codes. The MCEs also noted that they used software to set up logic to identify duplicate or potentially duplicate claims.

Five MCEs (ACLA, HBL, HUM, UHC, and DQ) stated that they submitted all types of claims/encounters. The other three MCEs noted the following exceptions:

- ABH: If the Member ID is either for a newborn or temporary for an 837I and 837P claim, the claim is not initially submitted to LDH. These claims are reprocessed and submitted as encounters upon receiving a permanent Member ID.
- LHCC: Claims with invalid bill types may be held indefinitely. However, these claims are reviewed periodically to validate internal data to determine if they can be released.
- MCNA: Claims denied due to being duplicate claims were not submitted.

Each MCE outlined its approach to identifying encounters that require adjustments, as well as the processes for submitting those adjustments to LDH. Generally, the process for submitting adjustments to encounters that have been previously submitted to LDH was similar among MCEs, wherein the encounters are marked for resubmission and included in subsequent resubmissions as adjustments. The timeline for this process differs by MCE and the type of adjustment required. For example, once an encounter is identified for resubmission due to adjustment, HBL and UHC typically resubmit within a week. However, HUM noted that once a claim is adjusted in the claim adjudication system, the updated information is submitted 24 to 48 hours after the 835 file is generated. In addition, ABH noted that adjusted claims with a reduction in payment take up to a minimum of 75 days due to recovery wait period.

Collection, Use and Submission of the Data

Provider Data

All MCEs noted that both the MCEs and their subcontractors, if applicable, were responsible for the collection and maintenance of the respective provider information.

Enrollment Data

All MCEs confirmed that they managed enrollment data. ABH was the only MCE to note that they receive an eligibility file from a vendor. LDH supplies the 834 files containing daily Medicaid enrollment updates that can be downloaded and integrated into MCE systems for claim processing. The MCEs noted that these enrollment files were also shared with subcontractors for use in their systems.

Payment Structures of Encounter Data

This section focuses on how the MCEs collected payment-related data and processed claims for payment.

Table 3-4 shows pricing methodology by claim/encounter type based on the MCEs' questionnaire responses. If an MCE uses multiple pricing methodologies for an encounter type, the percentages in the parentheses note the distribution among the pricing methodologies.

Table 3-4—Pricing Methodology by MCE and Claim/Encounter Type

MCE	Professional	Institutional	Dental	Pharmacy
ABH	**Medical:** Line-by-Line (100%) **NEMT:** Capitation (52%) Fee-for-Service (48%) **Vision:** Line-by-Line (100%)	Per Diem (100%)	Line-by-Line (100%)	Ingredient cost (100%)
ACLA	**Medical:** Line-by-Line (83.2%) Encounter Rate (15.7%) Negotiated (flat) rate (0.8%) Per Diem (0.3%) **NEMT:** Line-by-Line (82.6%) Negotiated (flat) rate (16.3%) Per Diem (1.1%) **Vision:** Line-by-Line (100%)	Per Diem (50.9%) Percent of Billed (39.1%) Line-by-Line (9.6%) DRG (0.4%)	—	Ingredient cost (100%)

MCE	Professional	Institutional	Dental	Pharmacy
HBL	**Medical:** Fee-for-Service (80%) Per Patient per DOS (20%) **Palliative Care:** Per Engaged Member per Month (100%) **NEMT**: Fee-for-Service (100%) **Vision:** Negotiated (flat) rate (100%)	Percent of Billed (91%) Per Diem (5%) Fee-for-Service (4%)	Fee-for-Service (67%) Per Patient per DOS (33%)	Ingredient cost (100%)
HUM	**Medical**: Line-by-Line (76.8%) Negotiated (flat) rate (22.8%) Percent of Billed (0.4%) **NEMT**: Fee-for-Service (100%) **Vision:** Negotiated (flat) rate (100%)	Per Diem (47.8%) Percent of Billed (42.9%) Line-by-Line (9.3%)	Fee-for-Service (69%) Per Patient per DOS (31%)	Ingredient cost (100%)
LHCC	**Medical**: Line-by-Line (100%) **NEMT:** Negotiated (flat) rate (100%) **Vision:** Capitation (100%)	Line-by-Line (55%) Per Diem (45%)	Capitation (100%)	Ingredient cost (100%)
UHC	**Medical**: Line-by-Line (91%) Per Diem (7%) Percent Billed (2%) **NEMT:** Line-by-Line (100%) **Vision:** Line-by-Line (100%)	Per Diem (42%) Percent of Billed (40%) Line-by-Line (14%) Negotiated Flat Rate (4%)	Line-by-Line (100%)	Ingredient cost (100%)
DQ	—	—	Line-by-Line (100%)	—
MCNA	—	—	Based on the contract with Louisiana, claims are paid at the Medicaid approved fee schedule based on the service provided	—
Magellan	**Behavioral Health**: Per Diem (69%) Line-by-Line (31%)	Per Diem (100%)	—	—

Key Findings: Table 3-4

- For medical professional encounters, six (ABH, ACLA, HUM, LHCC, UHC, and Magellan) of the seven MCEs that have professional encounters used a line-by-line methodology as one of their pricing methodologies. Most of the MCOs also employed additional methodologies, such as per diem or negotiated (flat) rate.
- For NEMT encounters, the pricing methods varied considerably across MCOs. The most common method was fee-for-service, which was used by three MCOs.
- For vision encounters, each MCO used one pricing method. However, the methods varied across MCOs. Three MCOs used a line-by-line methodology, while the other three used either a negotiated (flat) rate or capitation.
- For institutional encounters, all seven of the MCEs that have institutional encounters employed a per diem methodology as one of the primary pricing methodologies. Four (ACLA, HUM, LHCC, and UHC) of the seven MCEs employed a line-by-line methodology.
- For dental encounters, the MCEs used different methodologies. Three MCOs (ABH, UHC, and DQ) used a line-by-line methodology, LHCC used capitation, MCNA used a Medicaid-approved fee schedule, and the remaining two used a combination of methods.
- For pharmacy encounters, the six MCOs with pharmacy encounters (ABH, ACLA, HBL, HUM, LHCC, and UHC) all used an ingredient cost methodology.

TPL Data

All MCEs collected and verified insurance coverage information through a subset of methods listed below:

- 834 enrollment files and weekly TPL file reports provided by LDH
- Claims received with a primary insurance explanation of benefits or explanation of Medicare benefits
- External cost avoidance vendors
- Member and provider reporting

All MCEs processed payment based on the TPL information collected. In general, when claims were received indicating that a member had other insurance, the MCEs checked for that insurance's payment details on the claim. If the other insurance information was present, it was coordinated with the payment data in the claims processing system to determine payment on the claim. If the other insurance was discovered after the initial claim was processed, the claim would be investigated and reprocessed for payment adjusment. All MCEs also submitted the TPL information to LDH via the encounter data.

Zero-Paid Claims

All MCEs submitted zero-paid claims to LDH and provided examples of scenarios that would result in zero-paid claims. Below are the most common scenarios:

- Full payment by a primary payer (i.e., paid in full by TPL).
- Claims or service lines that are denied for various reasons, such as interim bills that have been voided, lack of medical necessity, or incorrect coding.
- Services under a capitation payment.
- The contracted rate for the service is zero.
- Member exhausted benefits.
- Non-covered services.
- Financial recovery recoupment via remit deduction.

Capitation

According to LDH, the MCEs are required to report the following financial fields at the header and line-item levels:

- A submitted charge amount is required and could be either the provider's charge or the billed amount, even when the amount is zero dollars.
- An MCE paid amount if the MCE paid the provider for a service, and it should reflect the amount paid.
- If the service was not covered by the MCE or was covered under a capitation arrangement, zero ("$0") is the appropriate paid amount. The MCE Paid Amount is sent in the first set of coordination of benefits (COB) data.

All MCEs noted that they do not have capitated providers for medical claims. However, ABH and HUM noted that NEMT claims are paid to transportation providers using MCO contracted amounts. Table 3-4 also shows that LHCC used capitation as the pricing methodology for its dental and vision encounters.

Encounter Data Quality Monitoring

This section evaluates how MCEs monitor their encounter data quality from the following four questions:

- How do MCEs monitor encounter data quality for data collected by their subcontractors?
- How do MCEs monitor encounter data quality for data they collect?
- How do MCEs address feedback from LDH?
- What are the challenges or requests from MCEs?

Encounter Data Collected by MCEs' Subcontractors

Table 3-5 displays the information regarding each of the MCEs' subcontractors and whether the MCEs stored, reviewed, or modified encounters before submitting them to LDH. Table 3-5 also shows whether the MCEs reviewed them after submission to LDH. The green dots in the table indicate a "Yes" response, and the red dots indicate a "No" response.

Table 3-5—MCE Processes for Encounters from Subcontractors

MCE[1]	Type of Subcontractor	Stored by MCE	Reviewed by MCE Before Submission	Not Modified by MCE Before Submission	Reviewed by MCE After Submission
MCOs					
ABH	Dental	🟢	🟢	🟢	🟢
	NEMT	🟢	🟢	🟢	🟢
	Pharmacy	🟢	🟢	🟢	🟢
	Vision	🟢	🟢	🟢	🟢
ACLA	NEMT	🟢	🟢	🟢	🟢
	Pharmacy	🟢	🟢	🟢	🟢
HBL	Dental	🟢	🟢	🟢	🟢
	NEMT	🟢	🟢	🟢	🟢
	Palliative Care	🟢	🟢	🟢	🟢
	Pharmacy	🟢	🔴	🟢	🔴
	Vision	🟢	🟢	🟢	🟢
HUM	Dental	🔴	🔴	🟢	🔴
	NEMT	🟢	🟢	🟢	🟢
	Pharmacy	🟢	🔴	🟢	🟢
	Vision	🟢	🟢	🟢	🟢
LHCC	Dental	🟢	🟢	🔴	🟢
	NEMT	🔴	🟢	🟢	🟢

MCE[1]	Type of Subcontractor	Stored by MCE	Reviewed by MCE Before Submission	Not Modified by MCE Before Submission	Reviewed by MCE After Submission
	Pharmacy	●	●	●	●
	Vision	●	●	●	●
UHC	Dental	●	●	●	●
	NEMT	●	●	●	●
	Pharmacy	●	●	●	●
	Vision	●	●	●	●

[1] The PAHPs (DQ and MCNA) and PIHP (Magellan) noted they did not have subcontractors.

Key Findings: Table 3-5

- The two PAHPs (DQ and MCNA) and the PIHP (Magellan) noted that they did not have any subcontractors, whereas all six MCOs noted that they had subcontractors for NEMT and pharmacy encounters.
- Five (ABH, HBL, HUM, LHCC, and UHC) of the six MCOs had dental and vision subcontractors.
- HUM noted that it did not store its dental subcontractor data while LHCC noted it did not store the data for its NEMT, pharmacy, or vision subcontractors. Additionally, UHC did not store data for its pharmacy subcontractor.
- LHCC is the only MCO that modified the data prior to submission to LDH and the modification is only for its dental subcontractor.
- HBL noted it did not review its pharmacy subcontractor data either before or after submission, while HUM did not review its dental subcontractor data either before or after submission.

HSAG collected responses from the MCEs regarding the quality checks performed by their subcontractors and the MCEs. To help categorize the responses from the MCEs, HSAG included some standard data quality checks for the MCEs to select in their questionnaire responses. Table 3-6 shows a brief description of these checks.

Table 3-6—Descriptions for Data Quality Checks

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.

Data Quality Checks in Drop-Down List	Description
Claim Volume PMPM	Evaluates the number of unique claims PMPM based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your MCE in a timely manner.
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your MCE.
EDI Compliance Edits	Evaluates whether 837 encounter data files pass the EDI compliance edits. Please describe the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

Table 3-7 displays the data quality checks conducted by either the MCEs or their subcontractors on the encounter data collected by the subcontractors. The green dots in the table indicate a "Yes" as a response, and the red dots indicate a "No" as a response or no response at all.

Table 3-7—Data Quality Checks by MCEs and/or Their Subcontractors for Encounters from Subcontractors

MCE[1]	Type of Subcontractor	Claim Volume[2]	Completeness and Accuracy[3]	Timeliness	Reconciliation with Financial Reports
MCOs					
ABH	Dental	●	●	●	●
	NEMT	●	●	●	●
	Pharmacy	●	●	●	●
	Vision	●	●	●	●
ACLA	NEMT	●	●	●	●
	Pharmacy	●	●	●	●

MCE[1]	Type of Subcontractor	Claim Volume[2]	Completeness and Accuracy[3]	Timeliness	Reconciliation with Financial Reports
HBL	Dental	🔴	🟢	🟢	🟢
	NEMT	🟢	🟢	🟢	🟢
	Palliative Care	🔴	🟢	🔴	🔴
	Pharmacy	🔴	🔴	🔴	🟢
	Vision	🟢	🟢	🟢	🟢
HUM	Dental	🔴	🟢	🔴	🔴
	NEMT	🔴	🟢	🔴	🟢
	Pharmacy	🔴	🔴	🔴	🔴
	Vision	🔴	🟢	🔴	🟢
LHCC	Dental	🟢	🟢	🟢	🟢
	NEMT	🔴	🟢	🔴	🟢
	Pharmacy	🔴	🔴	🔴	🟢
	Vision	🟢	🟢	🟢	🟢
UHC	Dental	🟢	🟢	🟢	🟢
	NEMT	🟢	🟢	🟢	🟢
	Pharmacy	🔴	🔴	🔴	🟢
	Vision	🟢	🟢	🟢	🟢

[1] The PAHPs (DQ and MCNA) and PIHP (Magellan) noted they did not have subcontractors.
[2] Claim Volume included the quality checks of Claim Volume by Submission Month and Claim Volume PMPM.
[3] Completeness and Accuracy included the quality checks of Field-Level Completeness, Field-Level Accuracy, and EDI Compliance Edits.

Key Findings: Table 3-7

- The claim volume was the least commonly noted data check in the questionnaire.
- Neither HUM nor the HUM subcontractors acknowledged using claim volume and/or timeliness checks for any of the subcontractors' data.

- ABH and ACLA and/or their subcontractors noted they have completeness, accuracy, as well as timeliness checks for all types of encounters from their subcontractors.
- ABH, ACLA, LHCC, and UHC and/or their subcontractors noted they used reconciliation with financial reports as a data check for all types of encounters from their subcontractors.

Encounter Data Collected by the MCEs

For encounters collected by the MCEs (i.e., not collected by MCEs' subcontractors), Table 3-8 shows the quality checks reported by the MCEs. The green dots in the table indicate a "Yes" response, and the red dots indicate a "No" response.

Table 3-8—Data Quality Checks for Encounters Collected by MCEs

MCE	Claim Volume[1]	Completeness and Accuracy[2]	Timeliness	Reconciliation with Financial Reports
MCOs				
ABH	🔴	🟢	🟢	🟢
ACLA	🔴	🟢	🔴	🟢
HBL	🔴	🟢	🟢	🟢
HUM	🟢	🟢	🟢	🟢
LHCC	🔴	🟢	🔴	🟢
UHC	🟢	🟢	🟢	🟢
PAHPs				
DQ	🟢	🔴	🔴	🔴
MCNA	🟢	🔴	🔴	🔴
PIHP				
Magellan[3]	🔴	🔴	🔴	🔴

[1] Claim Volume included the quality checks of Claim Volume by Submission Month and Claim Volume PMPM.
[2] Completeness and Accuracy included the quality checks of Field-Level Completeness, Field-Level Accuracy, and EDI Compliance Edits.
[3] Magellan did not provide enough information within its response to determine the type of quality check performed.

Key Findings: Table 3-8

- The number and types of data quality checks vary among the MCEs for data that do not go through a subcontractor. Completeness and accuracy and reconciliation with financial reports checks are the most conducted checks, while claim volume and timelines are the least performed checks.
- Magellan did not report any of the provided data quality checks available as drop-down menu items in the questionnaire.
- Notably, none of the MCEs perform medical record review as a data quality check, likely due to the labor- and resource-intensive nature of the data quality check.

Feedback from LDH

As noted previously in the "Claims/Encounter Data Flow" section, upon receiving encounters from the MCEs, LDH generated a series of response files (e.g., TA1 interchange acknowledgement [TA1], X12 Transaction Set 999 Acknowledgement [X12 999], Limited Distribution Networks [LDNs], 277 Unsolicited Claim/Encounter Status Notifications [U277], and 835 Electronic Remittance Advice [835]) based on in-house validation software and EDI compliance edits. These files are received by the MCEs and used to make corrections. In general, the number of records rejected by LDH's edits was higher than the number of records rejected by the EDI translator. After receiving and reviewing LDH's response files, the MCEs could make corrections for the rejected encounters and then resubmit them to LDH. Based on the MCEs' responses to the questionnaire, Table 3-9 displays the percentage of encounters that were initially rejected and not yet accepted by LDH.

Table 3-9—Percentage of Encounters Initially Rejected and Not Yet Accepted by LDH

MCE	Professional (Non-Subcontractor)	Institutional	Dental	Pharmacy	NEMT	Vision
ABH	2.3%	1.8%	2.3%	0.3%	3.2%	6.2%
ACLA	1.5%	0.4%	—	0.3%	0.1%	—
HBL	11.2%	3.5%	3.7%	0.8%	0.3%	0.3%
HUM	4.2%	2.5%	4.7%	0.8%	7.3%	8.9%
LHCC	6.4%	5.6%	2.0%	0.8%	2.5%	2.3%
UHC	3.2%	6.3%	1.5%	0.8%	0.8%	1.0%
DQ	—	—	5.8%	—	—	—
MCNA	—	—	0.9%	—	—	—
Magellan	19.8%	0.0%	—	—	—	—

— Indicates the MCE did not report the encounter type.

Key Findings: Table 3-9

- The rate for pharmacy encounters was lowest (i.e., at or less than 0.8 percent) for the MCOs, which indicates that the MCOs had a minimal percentage of resubmissions to be completed for pharmacy encounters.

- Magellan and HBL had the highest rejection rates for professional encounters at 19.8 percent and 11.2 percent, respectively. For Magellan, four of the top five rejection reasons were related to the provider information in the professional encounters.
- HUM had the highest rejection rates for both NEMT and Vision encounters at 7.3 percent and 8.9 percent, respectively.

Challenges and Changes Noted by MCEs

The questionnaires asked the MCEs about the internal and external challenges they encounter when submitting data to LDH, and the list below shows the responses from the MCEs:

- The pharmacy subcontractor, Prime Therapeutics (Prime), noted there are challenges with receipt of data files from Gainwell/MCOs, causing a decrease in meeting Service-Level Agreements (e.g., CCNs dropping from responses). Additionally, Gainwell's system should be updated to adjudicate encounters against what was on file at the time of adjudication. Lastly, Prime noted a challenge with a "hold" process that affects encounters as they flow through to Gainwell, based on the status of the initial encounter.
- Encounter responses are not received, occasionally delayed, or received out of order.
- Gainwell sends a 999 response file indicating an accepted 837 file but later sends a preprocessor validation email indicating the file was rejected.
- File-level rejections that are not communicated via TA1/999 but through an automated email.
- Claims that have paid, billed, or allowed amounts greater than or equal to $1 million cannot easily be submitted to Gainwell's system as these must be split before submission.
- Requirement to convert prior authorization codes from alphanumeric to numeric values.
- Occasionally LDH adjudicates encounters multiple times despite single submissions from the MCE.
- Gainwell system is offline and the MCE must be able to hold submissions until it is back online.
- Encounters are delayed due to provider validation when providers are not in the provider registry file.
- When only one encounter in a batch of 5,000 has an issue, the entire batch is rejected.
- Challenges with receiving responses and reconciling those responses with only a three-week timeframe between the measured paid dates and submission cutoff for the Myers and Stauffer bi-monthly reconciliation report.

To overcome some of the above challenges, the MCEs proposed the following changes or support from LDH:

- Pharmacy files to be directly exchanged between Gainwell and Prime to ensure timely submissions.
- MCEs would like to see the Gainwell error code logic to help resolve errors more quickly. For example, DQ would like to receive further information about why a particular service received the

1136 error. In addition, LDH should update and publish the full detail documentation and keep it up to date.

- Eliminate the preprocessor validation email from the process, ensuring all encounter rejections are conveyed through 999 responses.
- LDH/Gainwell to provide more consistent and comprehensive responses to encounter inquiries since some responses are vague or incomplete, leading to delays in correcting encounters or resolving rejections.
- Consider approving an inbound claim rejection/edit that mandates provider to submit a taxonomy code combination to match the registry file. Alternatively, relaxing the provider validation edit so that the NPI and taxonomy combination does not generate an encounter rejection.
- Ensure system limitations are resolved to allow for the processing of encounter files without requiring the MCO to make additional modification.
- Gainwell to identify the encounter that causes TA1 full-batch rejection.
- Gainwell to provide the previously accepted encounter that a rejected encounter is duplicating against.
- Quicker resolution on open Gainwell EDI tickets (e.g., tickets to correct some edits).
- Consistent test environment that provides necessary responses and thoroughly replicates the production environment.

Additionally, the questionnaires collected responses from MCEs regarding any upcoming changes in their encounter submission processes. Three MCEs noted the following:

- ACLA: Logic for chiropractor and injections by nurse In Lieu of Services (ILOS) information will be implemented in May 2025.
- HBL: A new subcontractor offering virtual services will be introduced in May 2025.
- LHCC: A project to intake, validate, and recreate sub-contracted vendor encounter files is in development with a target date of Q3 2026.

Encounter Data Completeness

To validate encounter data completeness, HSAG examined encounter data volume through multiple angles across five primary metrics. HSAG stratified each of the following metrics by MCE type (MCO, PAHP, and PIHP) and category of service (professional, institutional, dental, and pharmacy):

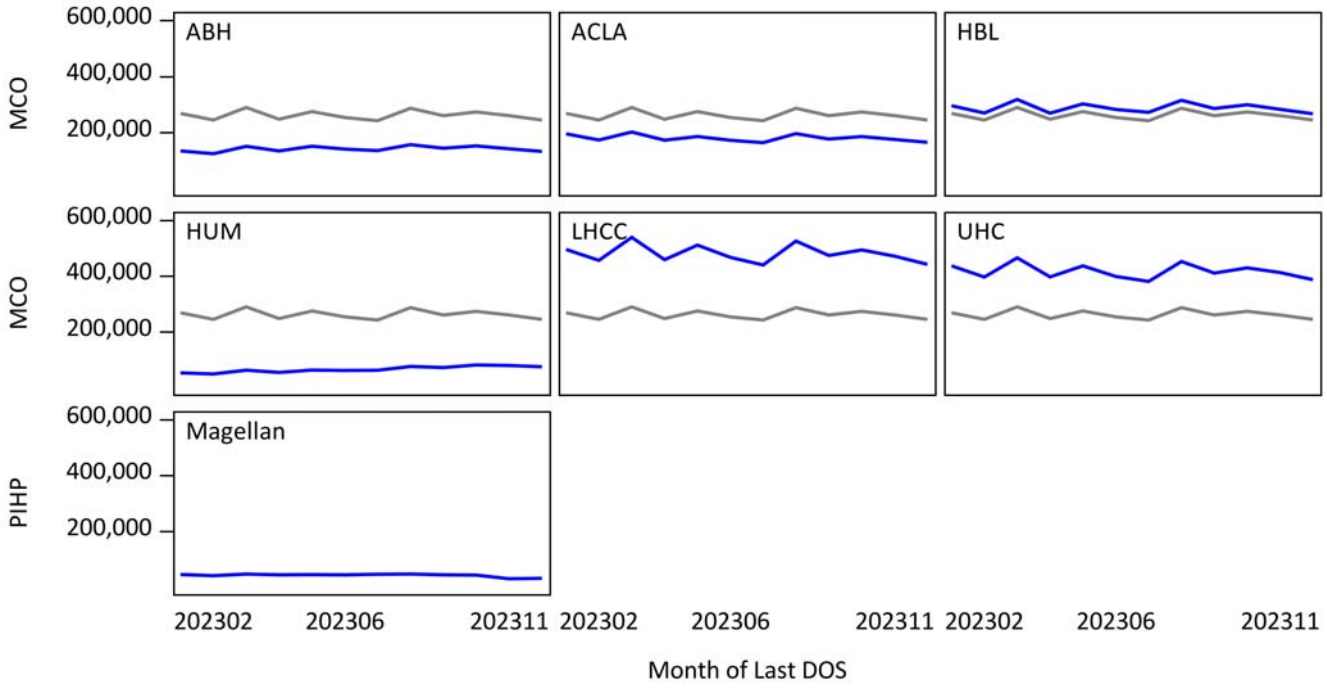
- Monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur). Please refer to the Methodology section for the data fields used to identify a unique visit for each encounter type.
- Monthly encounter volume (i.e., visits) per 1,000 MM by service month
- Paid amount PMPM by service month
- TPL paid amount PMPM by service month
- Percentage of duplicate encounters

Monthly Encounter Volume by Service Month

Figure 4-1 through Figure 4-4 display the monthly encounter volume (i.e., visits) by service month and MCE for all encounters that occurred during the measurement year, January 1, 2023, through December 31, 2023. These charts show the number of visits that occurred by the month when the service occurred. A higher number of visits may not indicate that members are having more visits but may indicate a higher number of enrolled members leading to increased visits. Likewise, a lower number of visits may not indicate that members are not seeking care but may be the result of fewer enrolled members.

As displayed in Figure 4-1, for professional encounters, the MCOs demonstrated a similar trend throughout the measurement year. LHCC had the highest number of professional visits throughout the measurement year, averaging approximately 480,000 visits per month. HUM had the lowest number of professional visits per month, averaging approximately 67,000 visits per month. The single PIHP (Magellan) averaged approximately 44,000 visits per month.

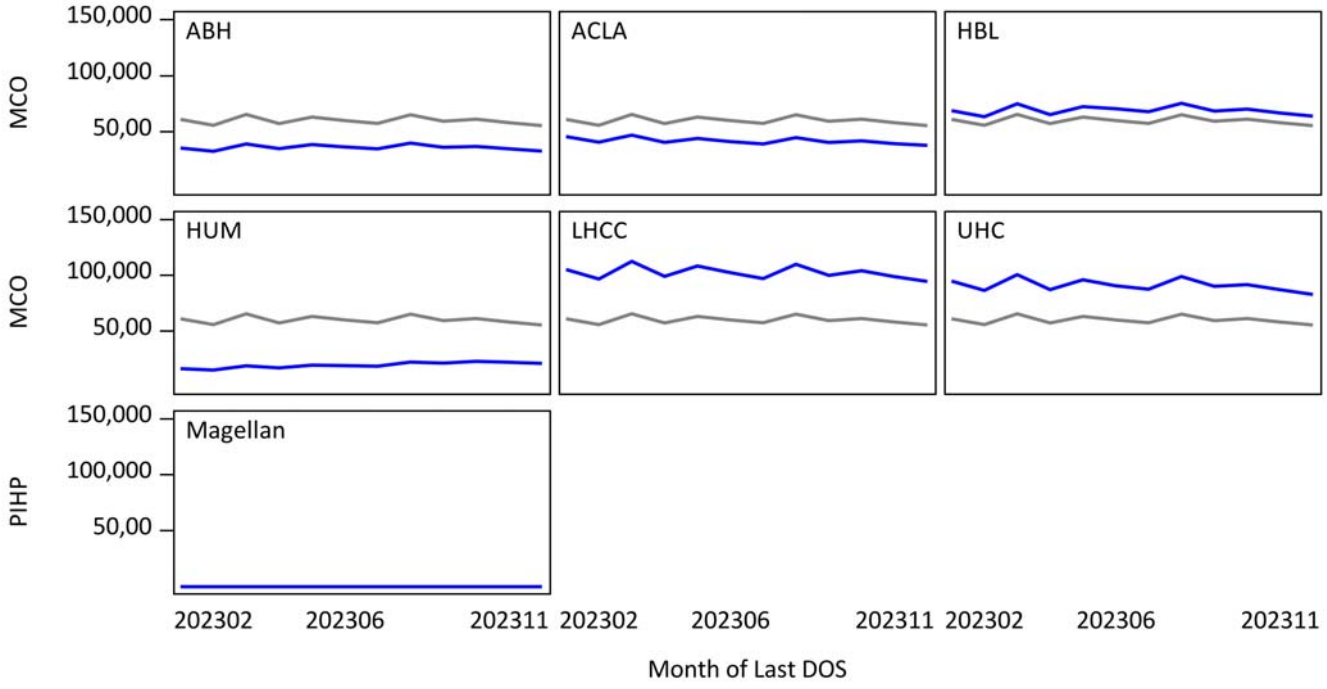
Figure 4-1—Professional Encounter Volume by Service Month



Note: The grey line indicates the MCO average.

As displayed in Figure 4-2, for institutional encounters, the MCOs demonstrated a similar trend throughout the measurement year. Again, LHCC averaged the highest number of institutional visits per month (approximately 102,000 visits per month). While HUM averaged the fewest (approximately 20,000 visits per month. Magellan averaged fewer than 100 institutional visits per month.

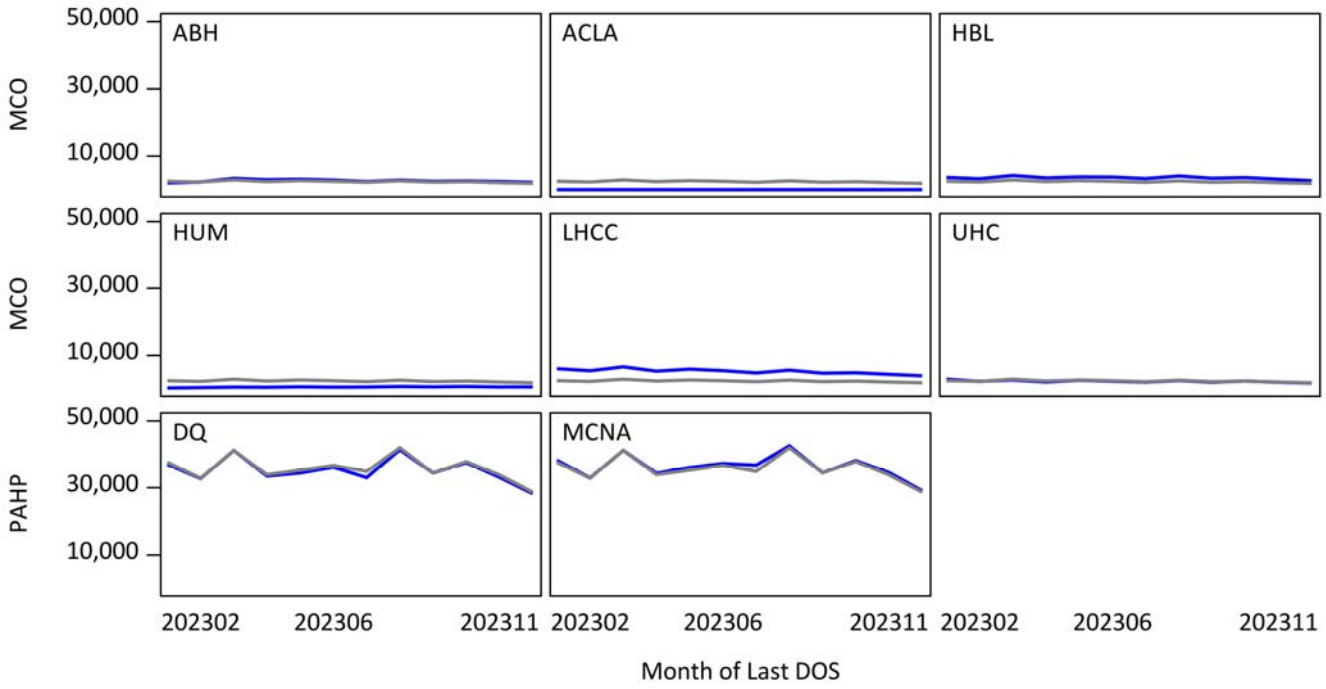
Figure 4-2—Institutional Encounter Volume by Service Month



Note: The grey line indicates the MCO average.

As displayed in Figure 4-3, ACLA had no dental encounters during the measurement year. The remaining MCOs all averaged under 5,300 dental visits per month. The two PAHPs (DQ and MCNA) averaged approximately 35,000 and 36,000 dental visits per month, respectively.

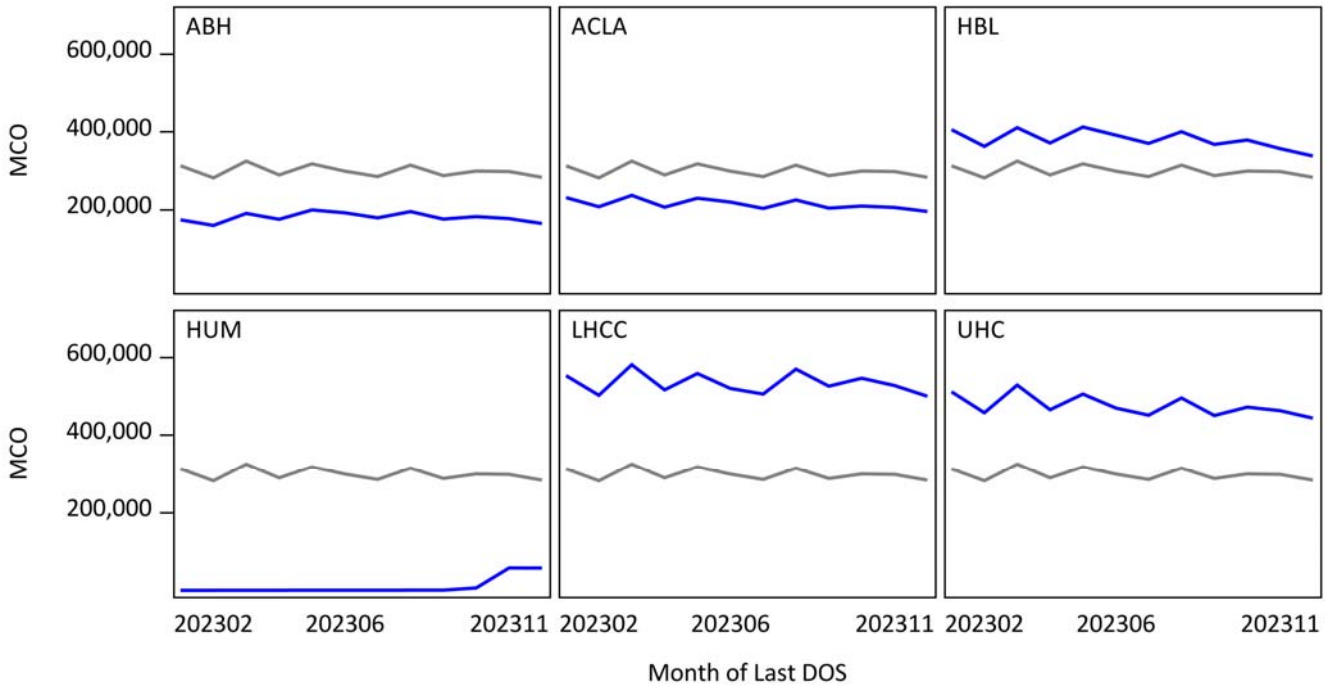
Figure 4-3—Dental Encounter Volume by Service Month



Note: The grey line indicates the MCO average and the PAHP average for the MCOs and PAHPs, respectively.

As displayed in Figure 4-4, only the six MCOs had pharmacy encounters during the measurement year. Five of the six MCOs (ABH, ACLA, HBL, LHCC, UHC) displayed a similar trend throughout the measurement year. HUM appears different because pharmacy services were carved out until October 28, 2023. During the carve-out period, pharmacy claims for linked members were referred to fee-for-service.

Figure 4-4—Pharmacy Encounter Volume by Service Month



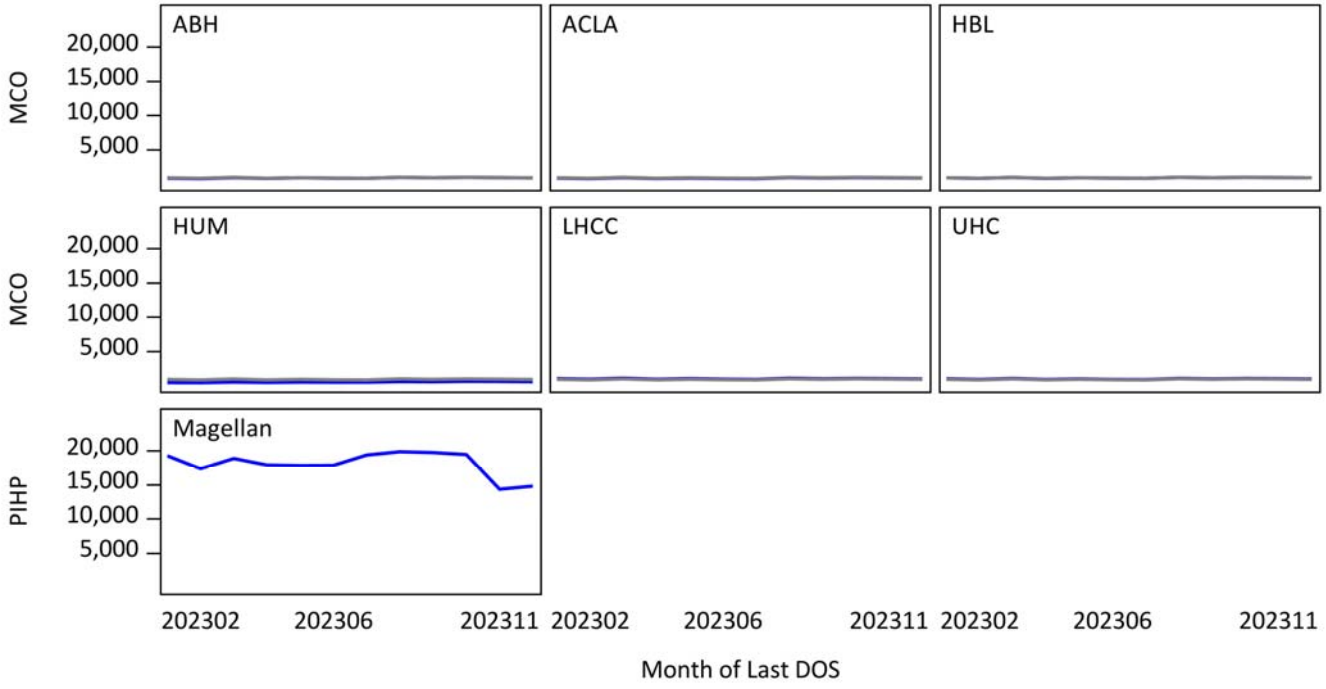
Note: The grey line indicates the MCO average.

Monthly Encounter Volume per 1,000 Member Months by Service Month

Figure 4-5 through Figure 4-8 display the monthly encounter volume per 1,000 MM by service month and MCO. Examining the encounter volume per 1,000 MM allows for standardization across MCOs based on category of service and the number of enrolled members during each month.

As displayed in Figure 4-5, for professional encounters, all the MCOs had a lower encounter volume per 1,000 MM compared to Magellan. The MCOs each had a monthly average below 1,000 visits per 1,000 MM. HUM had the lowest average at approximately 470 visits per 1,000 MM, and LHCC had the highest average at approximately 940 visits per 1,000 MM. The PIHP, Magellan, averaged approximately 18,000 visits per 1,000 MM.

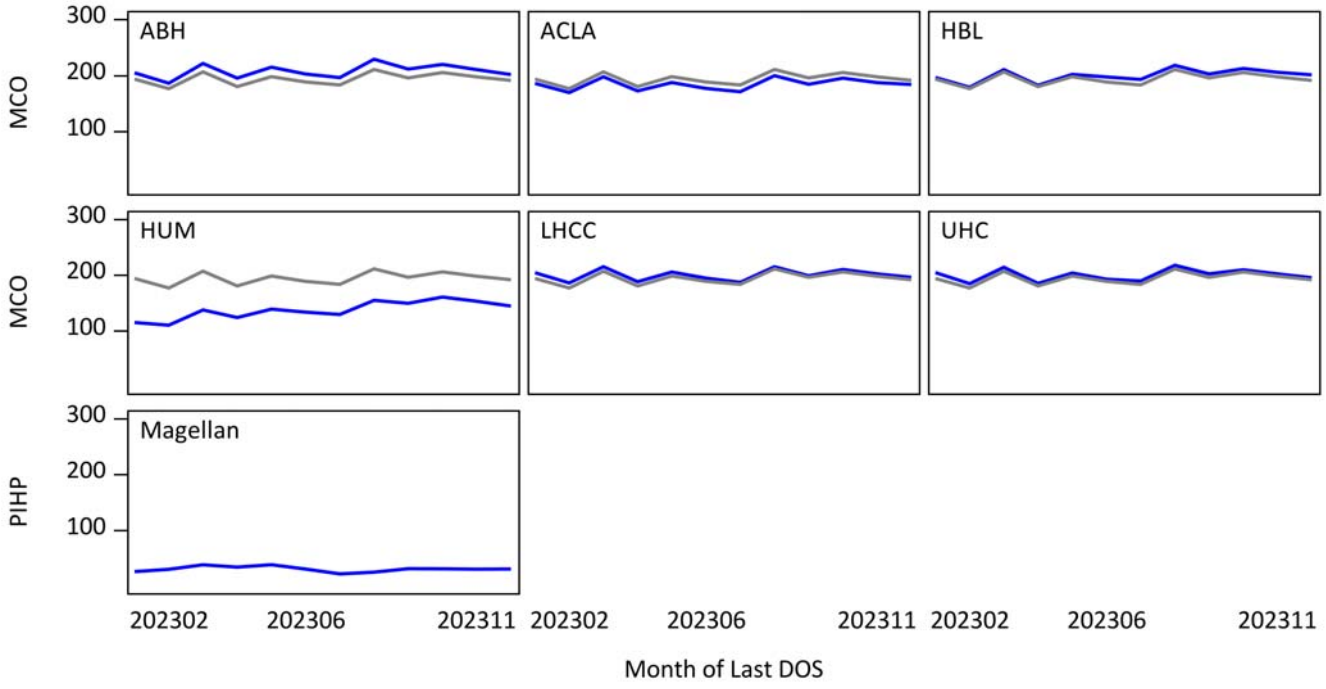
Figure 4-5—Professional Encounter Volume per 1,000 MM by Service Month



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-6, for institutional encounters, the MCOs demonstrated a similar trend throughout the measurement year. ABH averaged the highest number of visits per 1,000 MM (approximately 208 encounters per 1,000 MM) while HUM averaged the lowest (approximately 137 visits per 1,000 MM). For the PIHP, Magellan averaged approximately 32 visits per 1,000 MM.

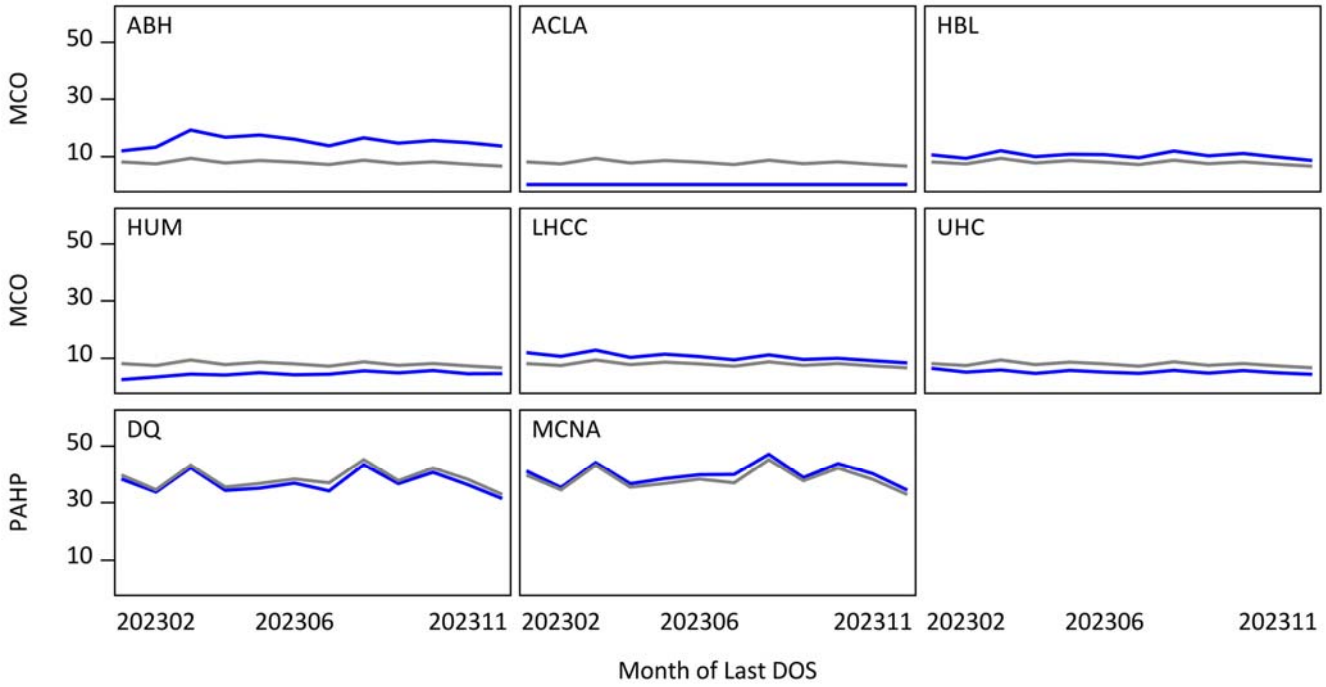
Figure 4-6—Institutional Encounter Volume per 1,000 MM by Service Month



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-7, among the six MCOs, ACLA had no dental encounters during the measurement year. The remaining MCOs all averaged under 16 visits per 1,000 MM. For the PAHPs, DQ averaged approximately 37 visits per 1,000 MM while MCNA averaged about 40 visits per 1,000 MM.

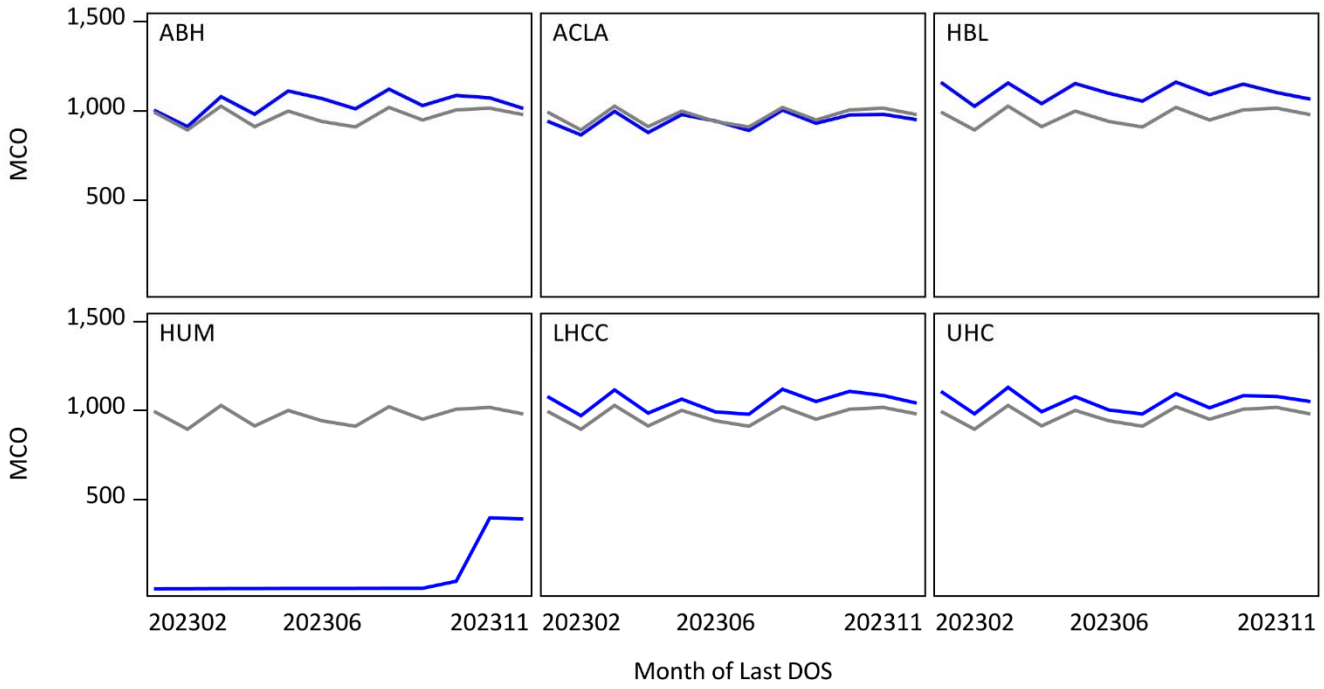
Figure 4-7—Dental Encounter Volume per 1,000 MM by Service Month



Note: The grey line indicates the all-MCO rate and the all-PAHP rate for the MCOs and PAHPs, respectively.

As displayed in Figure 4-8, only the six MCOs had pharmacy encounters during the measurement year. Five of the six MCOs (ABH, ACLA, HBL, LHCC, and UHC) displayed a similar trend throughout the measurement year. HUM appears different because pharmacy services were carved out until October 28, 2023. During the carve out period, pharmacy claims for linked members were referred to fee-for-service.

Figure 4-8—Pharmacy Encounter Volume per 1,000 MM by Service Month



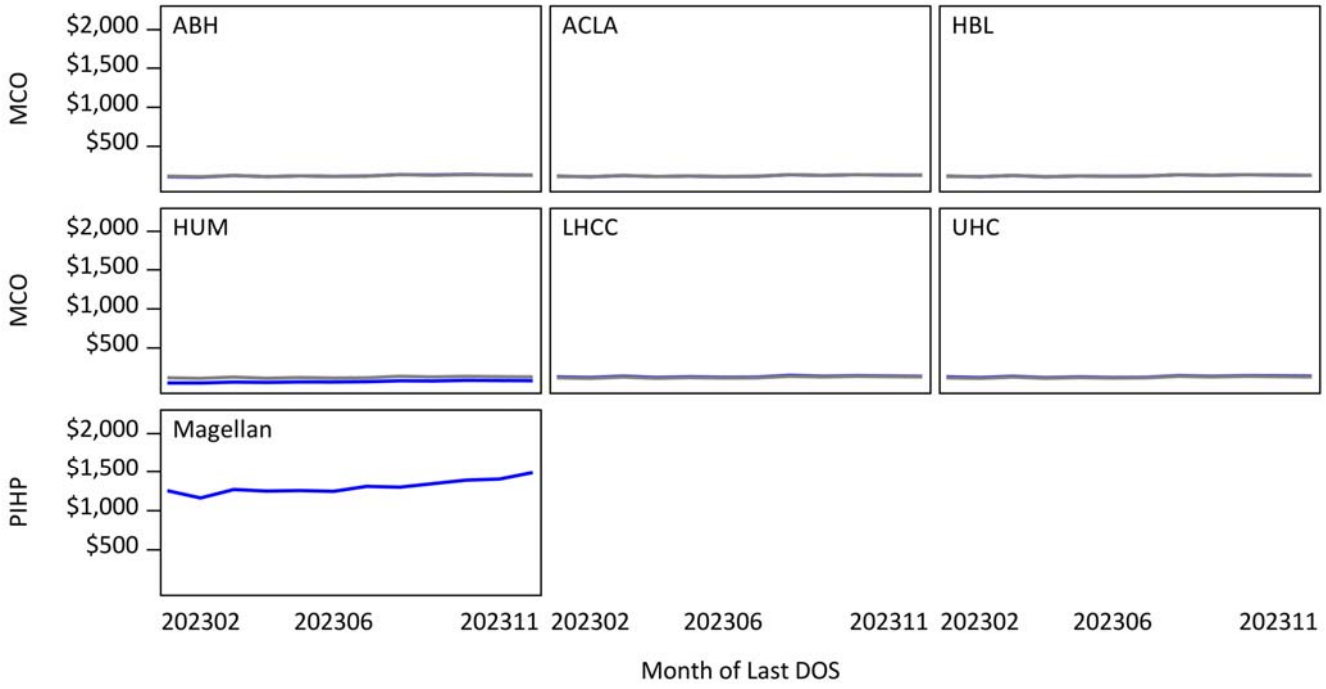
Note: The grey line indicates the all-MCO rate.

Paid Amount PMPM by Service Month

Figure 4-9 through Figure 4-12 display the monthly payment amount PMPM by MCE and service month. Examining the payment amount PMPM allows for standardization across all applicable MCEs based on the number of enrolled members each month.

Figure 4-9 displays the paid amount PMPM for professional encounters across the six MCOs and the single PIHP. Among the MCOs, LHCC had the highest payment amount at $123 PMPM while HUM had the lowest payment amount at $59 PMPM. Magellan had an average payment amount of approximately $1,300 PMPM.

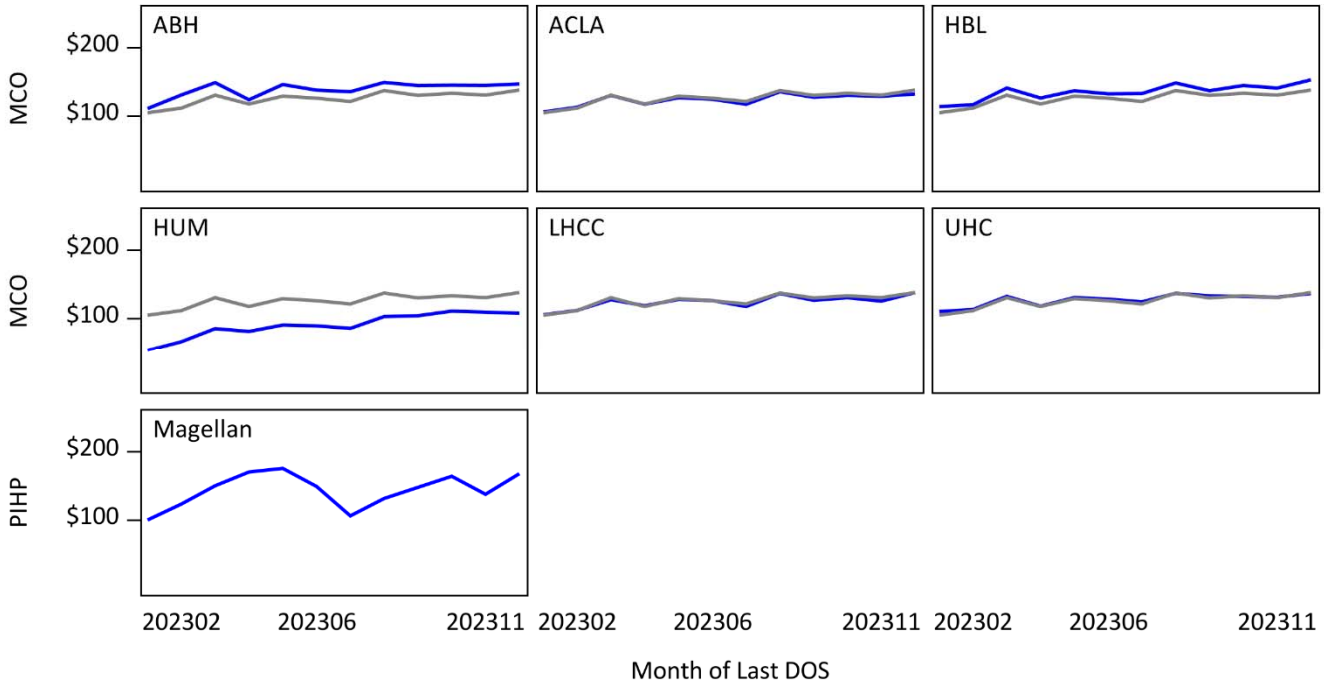
Figure 4-9—Professional Encounters Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate.

Figure 4-10 displays the paid amount PMPM for institutional encounters across the six MCOs and the single PIHP. Among the MCOs, ABH had the highest payment amount at approximately $139 PMPM while HUM had the lowest payment amount at approximately $91 PMPM. Magellan had a payment amount of approximately $144 PMPM.

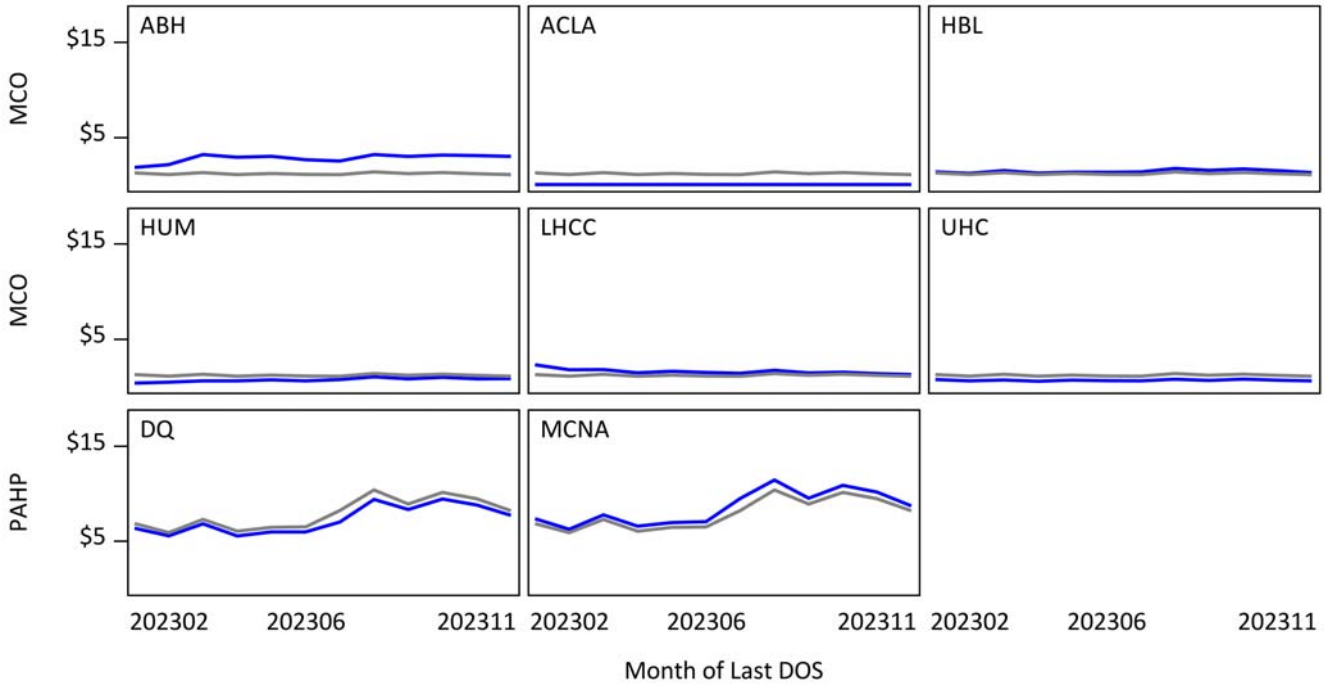
Figure 4-10—Institutional Encounters Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-11, of the six MCOs, ACLA had no dental encounters during the measurement year. Among the remaining five MCOs, ABH had the highest average paid amount at $2.77 PMPM and UHC had the lowest average paid amount at approximately $0.63 PMPM. DQ had an average paid amount of $7.19 PMPM and MCNA had an average paid amount of $8.45 PMPM.

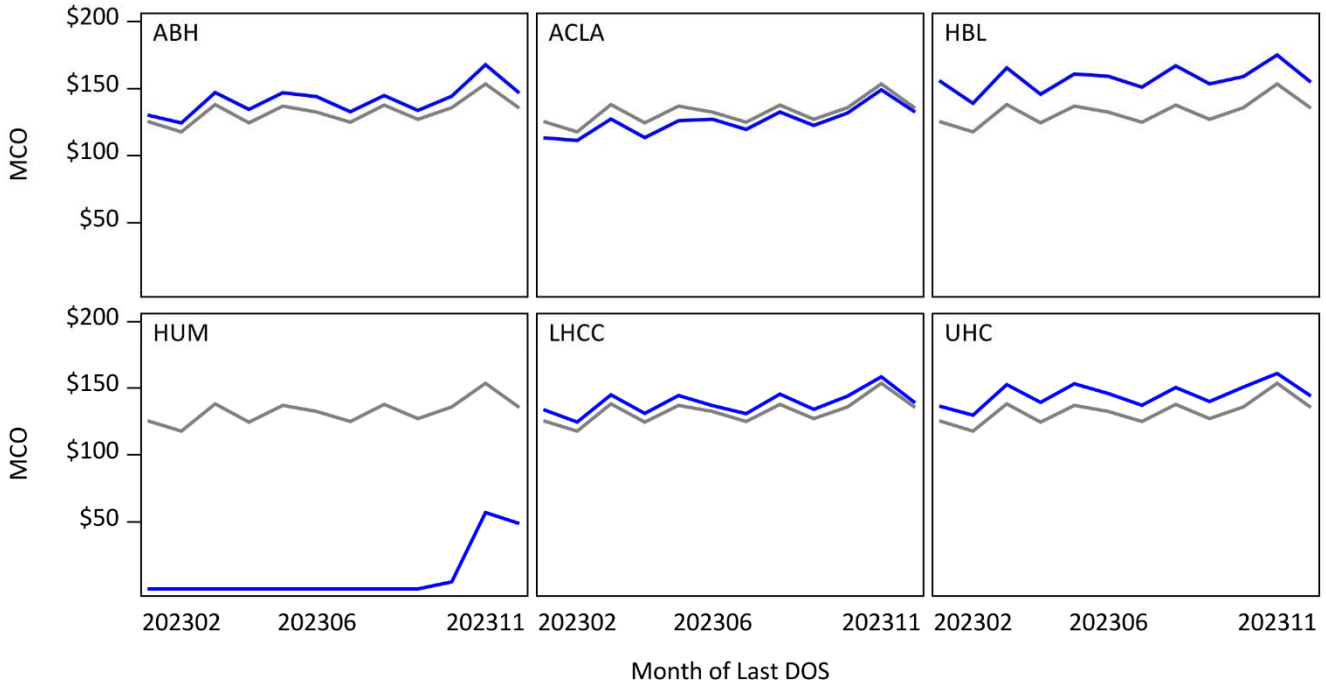
Figure 4-11—Dental Encounters Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate and the all-PAHP rate for the MCOs and PAHPs, respectively.

As displayed in Figure 4-12, only the six MCOs had pharmacy encounters during the measurement year. Five of the six MCOs (ABH, ACLA, HBL, LHCC, and UHC) displayed a similar trend throughout the measurement year. Of these five, HBL had the highest average paid amount PMPM ($156.93 PMPM) while ACLA had the lowest ($125.31 PMPM) among these five. HUM appears different because pharmacy services were carved out until October 28, 2023. During the carve out period, pharmacy claims for linked members were referred to fee-for-service.

Figure 4-12—Pharmacy Encounters Paid Amount PMPM by MCO and Service Month



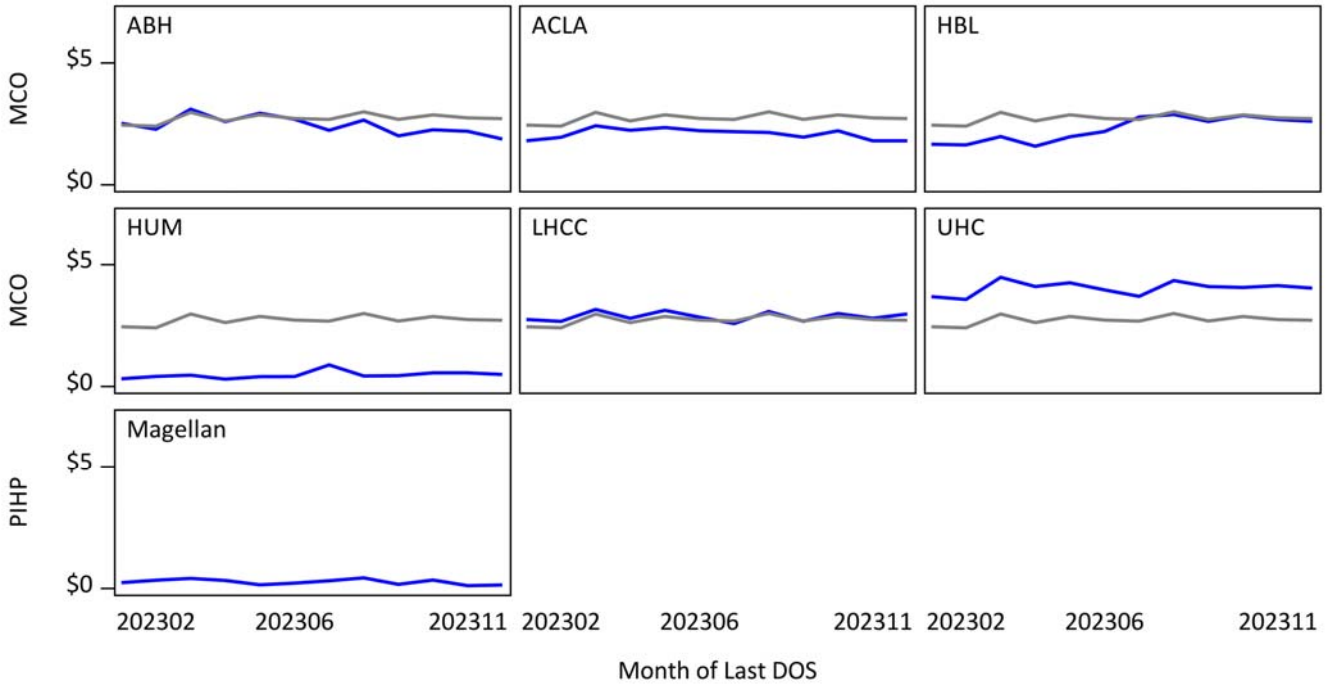
Note: The grey line indicates the all-MCO rate.

TPL Paid Amount PMPM by Service Month

Figure 4-13 through Figure 4-16 display the monthly TPL payment amount PMPM by MCE and service month. Examining the TPL payment amounts PMPM allows for standardization across all applicable MCEs based on the number of enrolled members each month.

Figure 4-13 displays the TPL paid amount PMPM for professional encounters across the six MCOs and the single PIHP. Among the MCOs, UHC had the highest average monthly TPL payment amount at approximately $4.02 PMPM while HUM had the lowest payment amount at approximately $0.46 PMPM. Magellan had an average monthly TPL payment amount of approximately $0.26 PMPM.

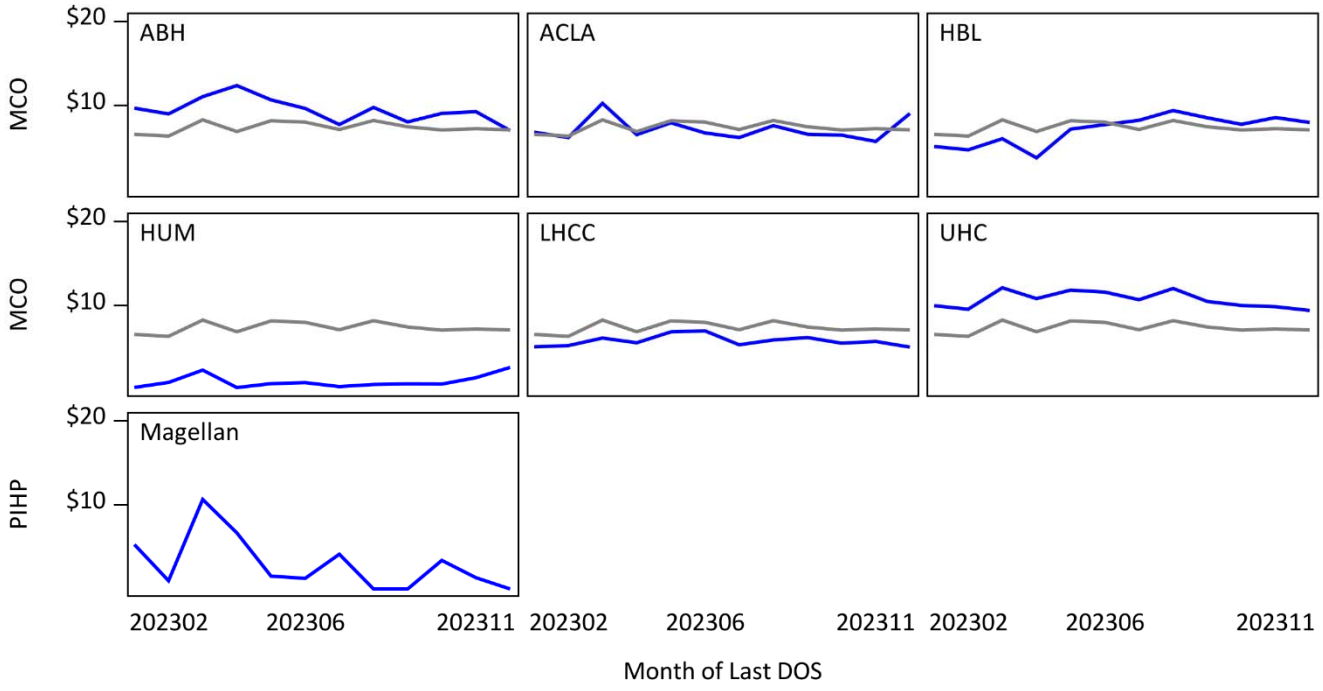
Figure 4-13—Professional Encounters TPL Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate.

Figure 4-14 displays the paid amount PMPM for institutional encounters across the six MCOs and the single PIHP. Among the MCOs, UHC had the highest monthly average TPL payment amount at $10.70 PMPM while HUM had the lowest average monthly TPL payment amount at $0.87 PMPM. Magellan had an average monthly TPL payment amount of $2.93 PMPM.

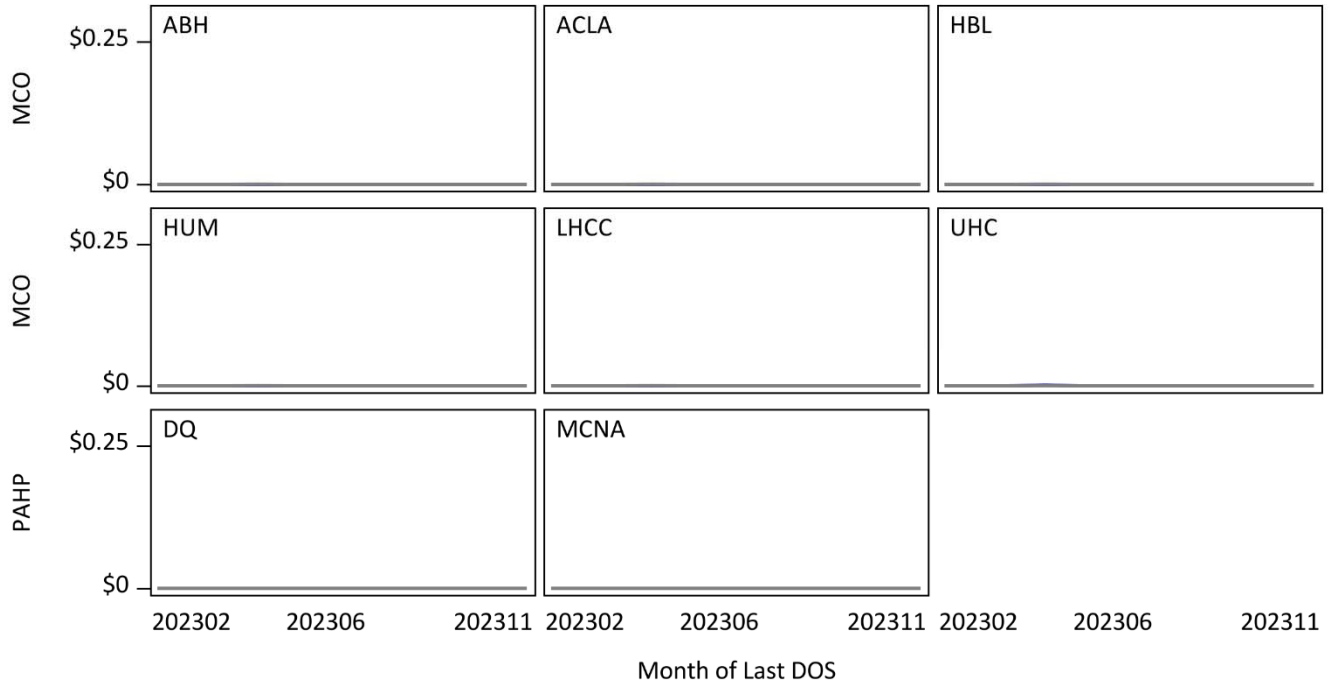
Figure 4-14—Institutional Encounters TPL Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-15, ACLA did not have dental encounters during the measurement year. Additionally, ABH, HUM, LHCC, DQ, and MCNA had TPL paid amounts that equaled zero for each month. Only HBL and UHC recorded some TPL payments during the measurement year; however, these amounts were less than one cent PMPM.

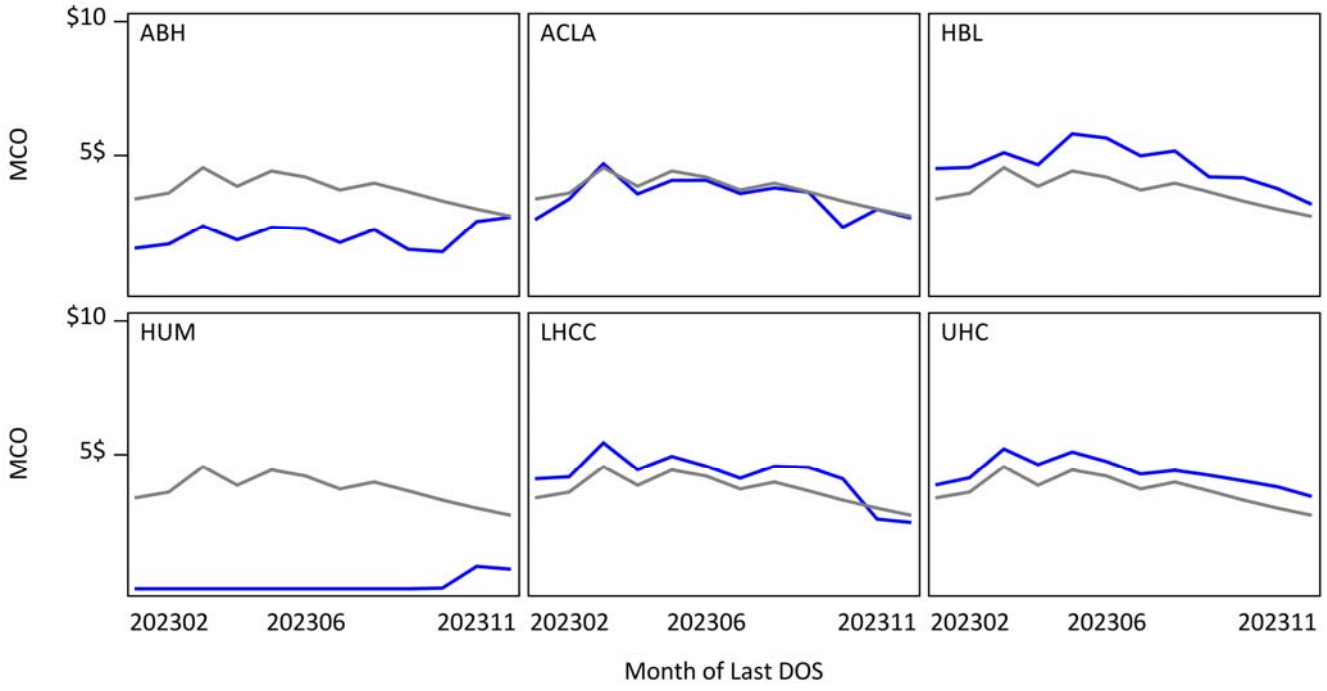
Figure 4-15—Dental Encounters TPL Paid Amount PMPM by Applicable MCE and Service Month



Note: The grey line indicates the all-MCO rate and the all-PAHP rate for the MCOs and PAHPs, respectively.

As displayed in Figure 4-16, only the six MCOs had pharmacy encounters during the measurement year. Five of the six MCOs (ABH, ACLA, HBL, LHCC, and UHC) displayed a similar trend at the beginning of the measurement year. Three of the five (HBL, LHCC, and UHC) had decreasing TPL amounts at the end of the measurement year. The HUM chart appears different because pharmacy services were carved out until October 28, 2023. During the carve out period, pharmacy claims for linked members were referred to fee-for-service.

Figure 4-16—Pharmacy Encounters TPL Paid Amount PMPM by MCO and Service Month



Note: The grey line indicates the all-MCO rate.

Percentage of Duplicate Encounters

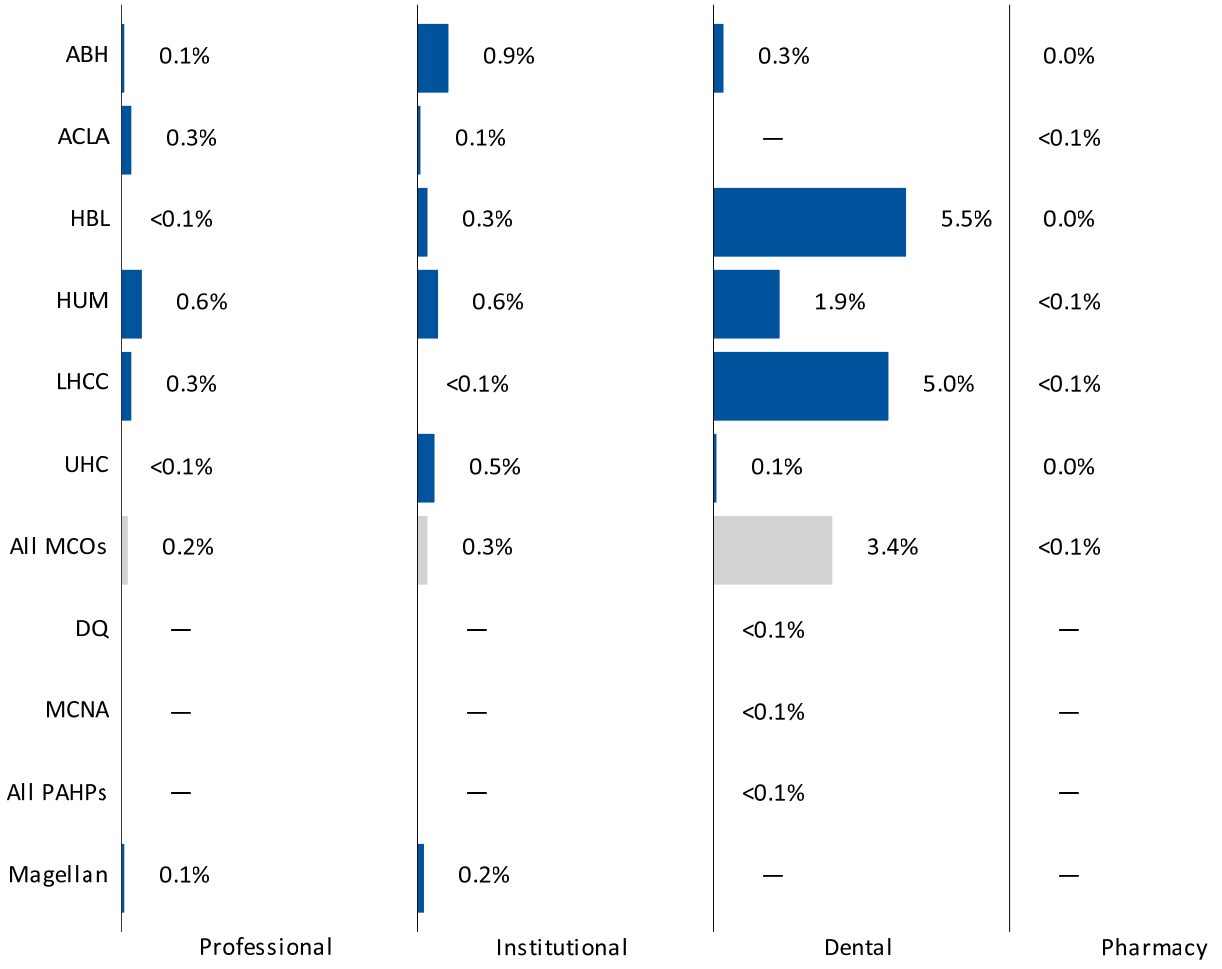
Duplicate encounters may enter the system for a variety of reasons, such as encounters submitted multiple times to rectify an issue for payment. Also, the identification and appropriate handling of duplicate encounters is crucial for accurate financial and actuarial calculations. HSAG assessed the percentage of records that were identified as duplicates across the fields presented in Table 4-1. For this analysis, the original claim in a series of duplicates was not counted as a duplicate. For example, if three encounters were identified as duplicates (i.e., the values of all fields in Table 4-1 matched), then the number of duplicates counted was two, as one was counted for the original claim leaving two duplicates remaining.

Table 4-1—Fields used to Identify Duplicate Encounters

Key Data Element	Professional Encounters (837P)	Institutional Encounters (837I)	Dental Encounters (837D)	Pharmacy Encounters (NCPDP)
Member ID	✓	✓	✓	✓
Header Service From Date	✓	✓	✓	
Header Service To Date	✓	✓	✓	
DOS				✓
Line Number	✓	✓	✓	
Primary Diagnosis Code	✓	✓	✓	
Procedure Code	✓	✓	✓	
Procedure Code Modifiers	✓	✓		
Revenue Code		✓		
Billing Provider NPI	✓	✓	✓	✓
Rendering/Attending Provider NPI	✓	✓	✓	
Prescribing Provider NPI				✓
Tooth Number			✓	
Oral Cavity Code			✓	
Tooth Surface Codes			✓	
NDC				✓
Prescription Number				✓

Figure 4-17 displays the percentage of duplicate encounters by category of service and MCE. For professional encounters, the duplicate rates were below 1.0 percent overall, with HUM having the highest duplicate rate at 0.6 percent. For institutional encounters, the duplicate rates for MCEs were also below one percent overall, with ABH having the highest duplicate rate at 0.9 percent. Among the MCOs, the dental encounters exhibited the highest duplicate rates among the four encounter types (professional, institutional, dental, and pharmacy). The aggregated (i.e., "All MCOs") duplicate rate for dental encounters was 3.4 percent. Among the MCOs, HBL had the highest duplicate rate at 5.5 percent, while UHC had the lowest at 0.1 percent. For the two PAHPs, the duplicate rates were below 1.0 percent. The pharmacy encounters had the lowest duplicate rates among the four encounter types (professional, institutional, dental, and pharmacy), with all the MCOs having duplicate encounter rates below 0.1 percent.

Figure 4-17—Percentage of Duplicate Encounters by MCE and Encounter Type



Encounter Data Timeliness

To validate encounter data timeliness, HSAG examined encounter data volume through multiple angles across two primary metrics. HSAG stratified each of the following metrics by MCE and encounter type (professional, institutional, dental, and pharmacy):

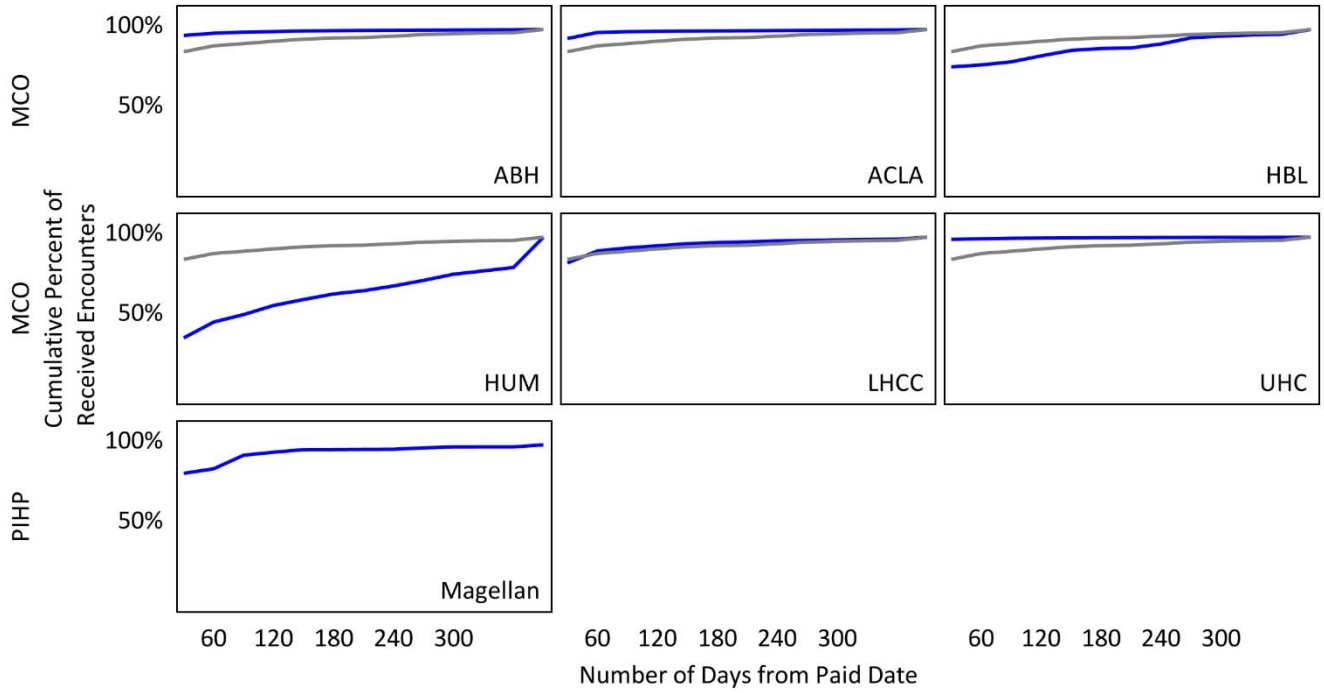
- Percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments. Since the MCE contact with LDH noted that the MCEs should submit complete and accurate encounter data at least monthly for all dates of service to LDH, this measure will assist LDH with evaluating the extent to which the MCEs are meeting the requirement.
- Claim lag triangles to illustrate the percentage of encounters received by LDH within two calendar months, three months, etc., from the service month. For conciseness, lag triangles are presented for each MCE in their corresponding appendices E through M.

Lag Between MCE Payment Date and Received Date by LDH

Figure 4-18 through Figure 4-21 show the cumulative percentage of encounters received by LDH within 360 days of the MCE payment date, in 30-day increments, for each MCE, by category of service (professional, institutional, dental, and pharmacy).

As displayed in Figure 4-18, ACLA and UHC were the only MCEs to have had at least 98.0 percent of the professional encounters received within 60 days. Two MCOs (HBL and HUM) and Magellan submitted less than 90.0 percent of the professional encounters to LDH within 60 days. At 360 days, LDH had not received 100 percent of professional encounters from any applicable MCE.

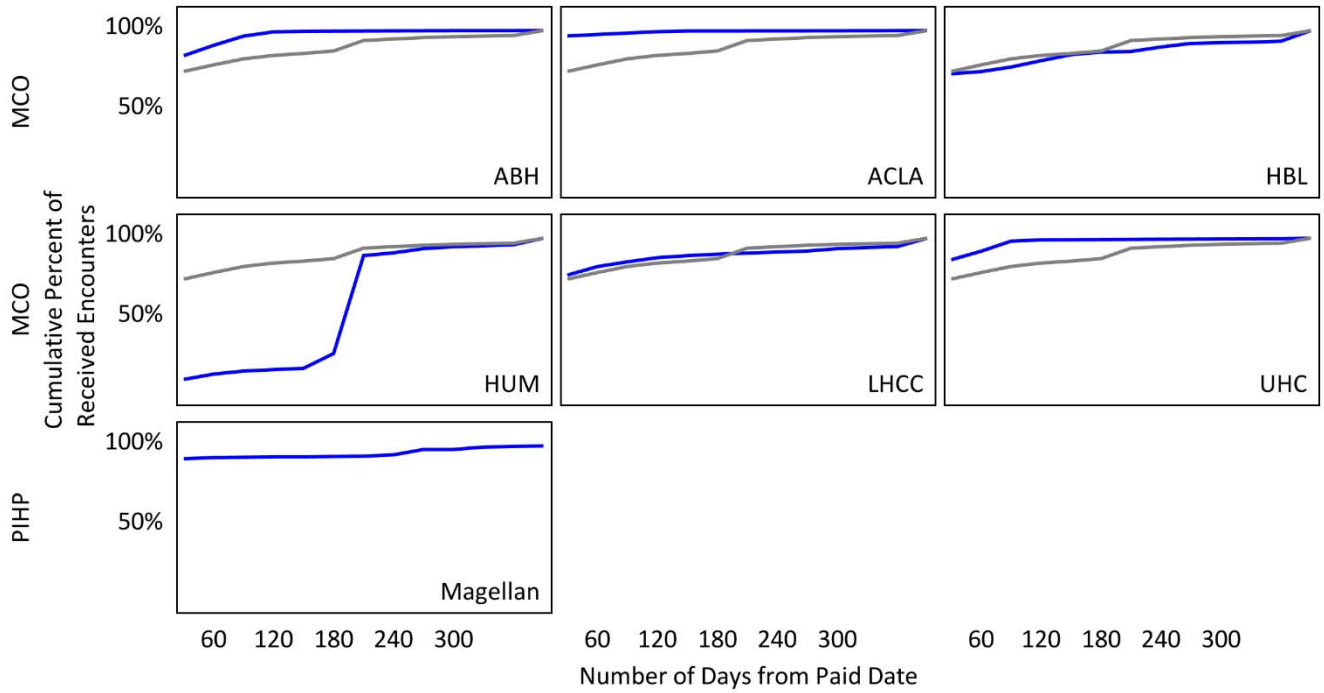
Figure 4-18—Cumulative Percentage of Professional Encounters Received by LDH From MCE Payment Date by Applicable MCE



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-19, within 60 days, LDH had received greater than 90 percent of institutional encounters from only four MCEs (ABH, ACLA, UHC, and Magellan). By 360 days, LDH had not received 100 percent of institutional encounters from any MCE.

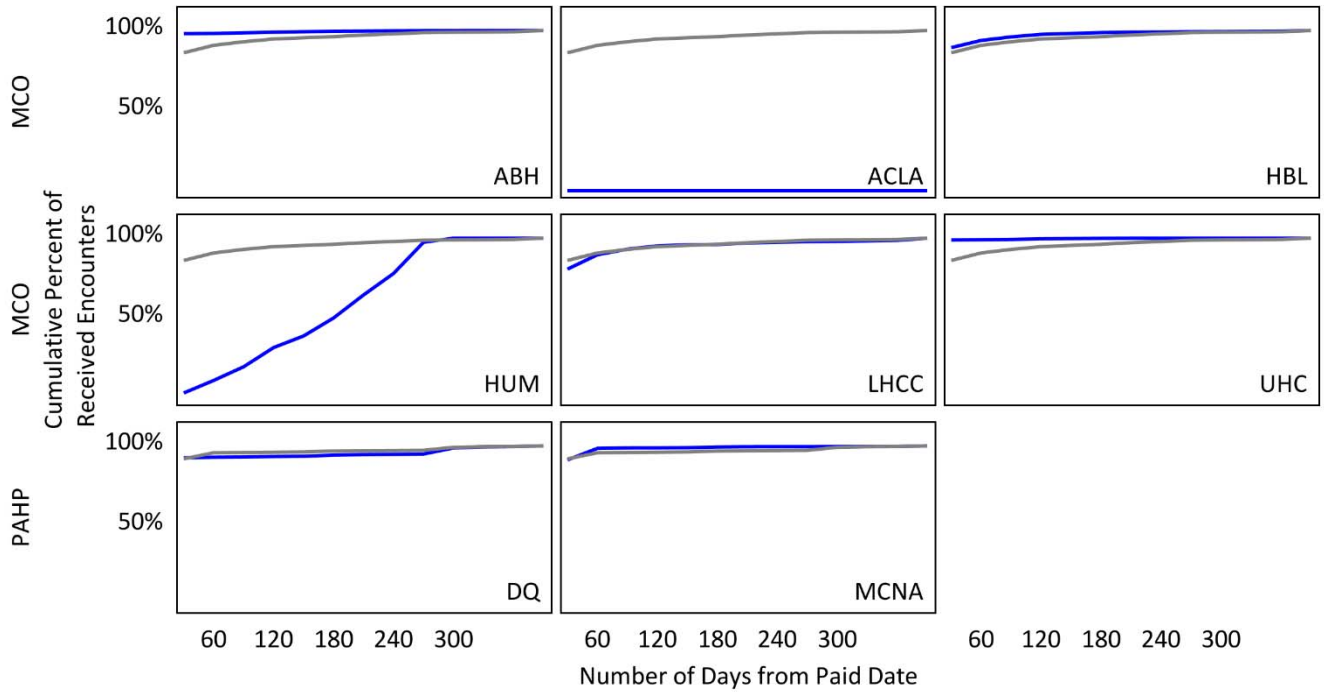
Figure 4-19—Cumulative Percentage of Institutional Encounters Received by LDH From MCE Payment Date by Applicable MCE



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-20, ACLA had no dental encounters. At 60 days, LDH had received more than 98.0 percent of dental encounters from ABH, UHC, and MCNA but received less than 90.0 percent from HUM and LHCC. At 360 days, LDH had received 100 percent of dental encounters from HUM, and UHC.

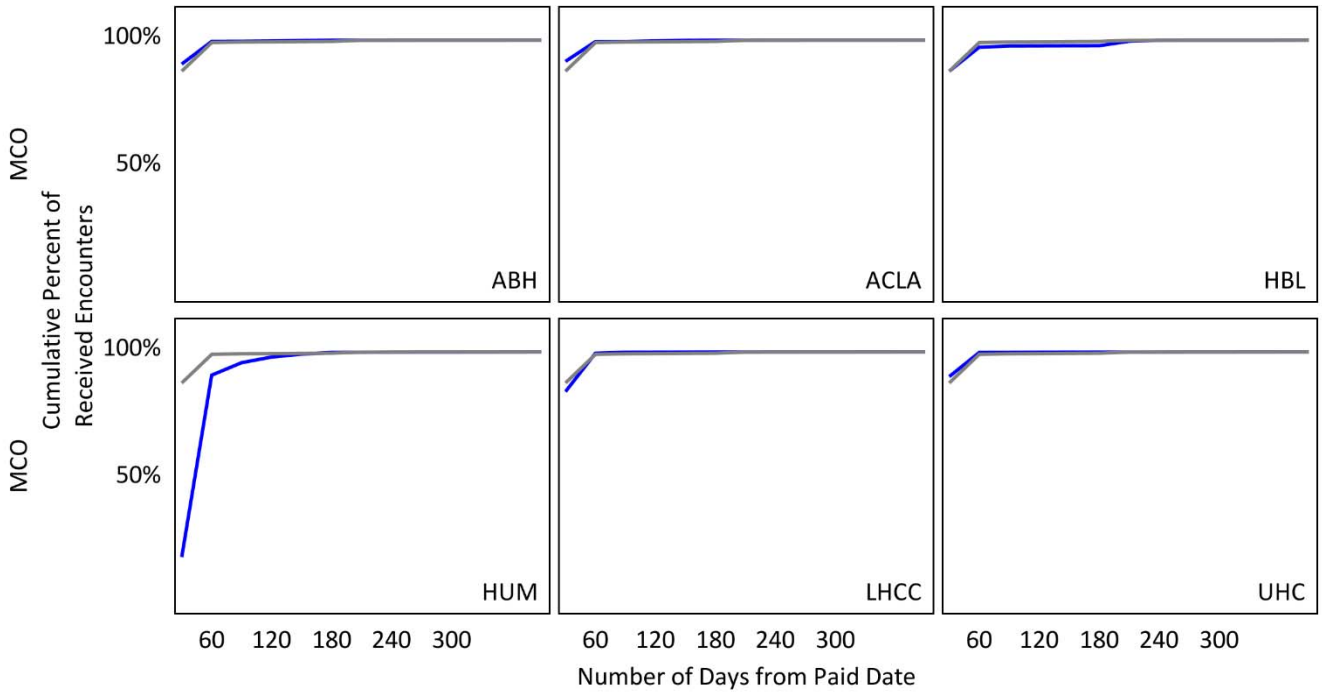
Figure 4-20—Cumulative Percentage of Dental Encounters Received by LDH From MCE Payment Date by Applicable MCE



Note: The grey line indicates the all-MCO rate and the all-PAHP rate for the MCOs and PAHPs, respectively.

As displayed in Figure 4-21, within 60 days, LDH had received at least 90.0 percent of encounters from the six MCOs with pharmacy encounters. Within 360 days, LDH had received greater than 99.9 percent of pharmacy encounters, but not 100 percent, from all MCOs.

Figure 4-21—Cumulative Percentage of Pharmacy Encounters Received by LDH From MCO Payment Date by MCO



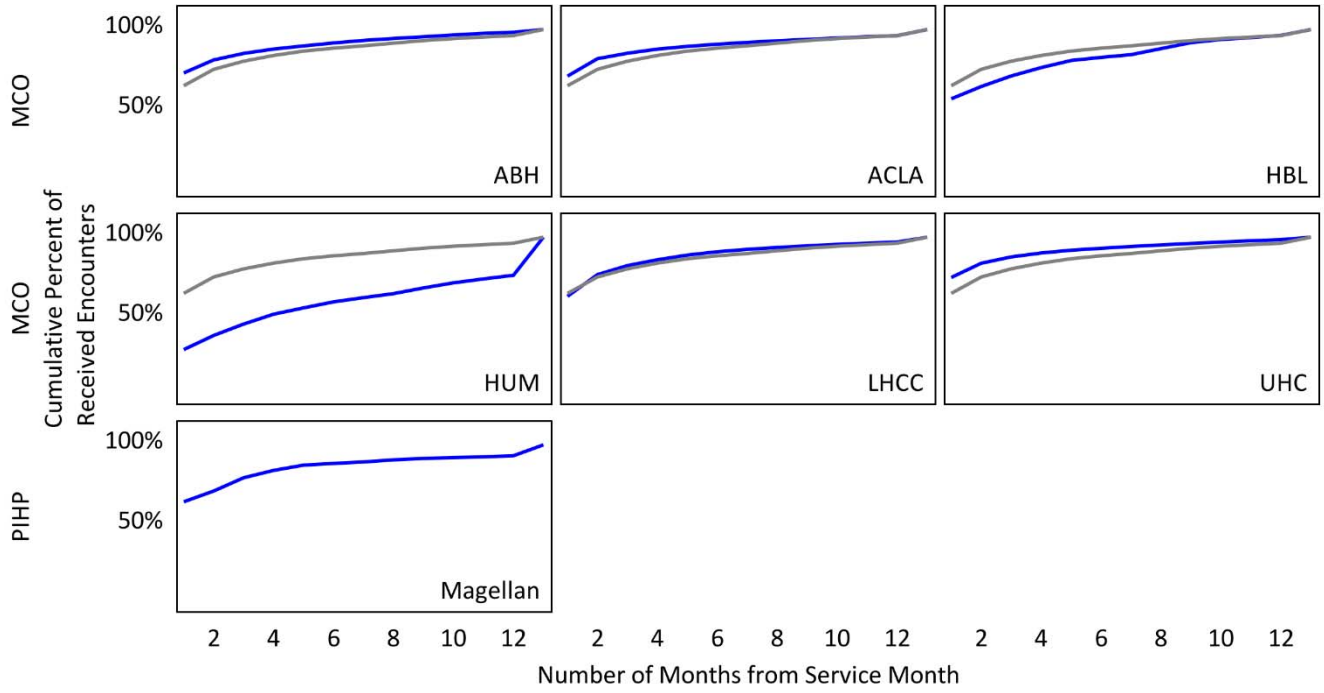
Note: The grey line indicates the all-MCO rate.

Lag Between Service Date and Received Date by LDH

Figure 4-22 through Figure 4-25 display the cumulative percentage of encounters received by LDH within 12 calendar months from service date.

As displayed in Figure 4-22, LDH did not receive 100 percent of professional encounters within 12 months from any of the applicable MCEs. UHC had the highest rate at 98.5 percent and HUM had the lowest rate at 76.2 percent.

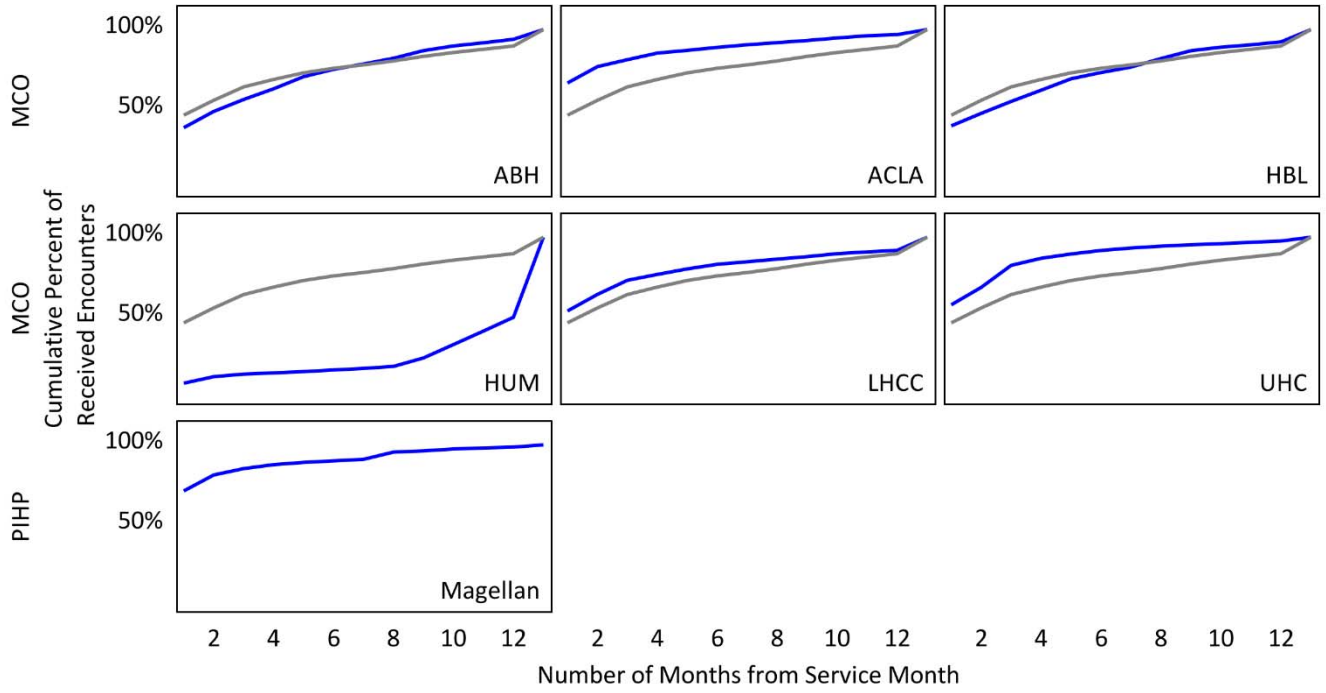
Figure 4-22—Cumulative Percentage of Professional Encounters Received by LDH From MCE Service Date by Applicable MCE



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-23, after one month, the MCE with the highest received rate was Magellan (71.2 percent). Within 12 months, Magellan still had the highest received rate (98.6 percent) and HUM had the lowest (50.0 percent).

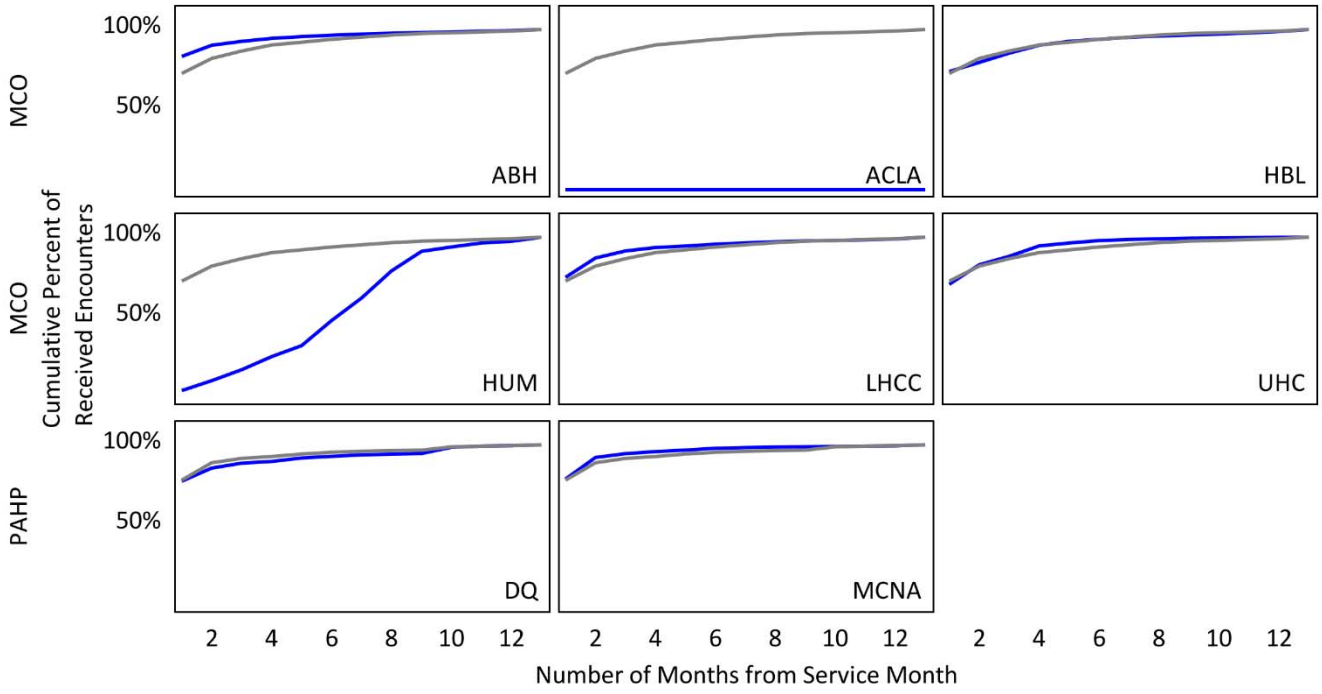
Figure 4-23—Cumulative Percentage of Institutional Encounters Received by LDH From MCE Service Date by Applicable MCE



Note: The grey line indicates the all-MCO rate.

As displayed in Figure 4-24, within one month, LDH had received 83.2 percent of dental encounters from ABH (highest among the MCOs with dental encounters). Within 12 months, LDH had received 99.0 percent of dental encounters or greater from ABH, UHC, DQ, and MCNA, but did not receive 100 percent of encounters from any MCE.

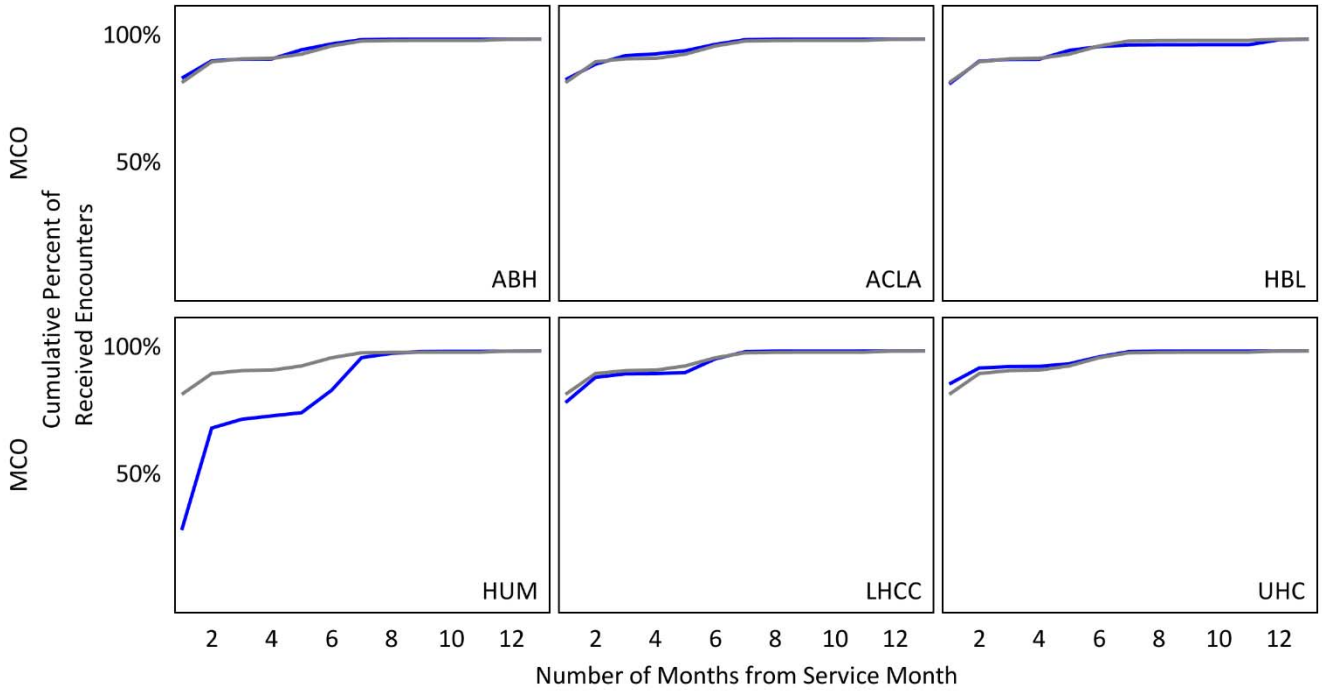
Figure 4-24—Cumulative Percentage of Dental Encounters Received by LDH From MCE Service Date by Applicable MCE



Note: The grey line indicates the all-MCO rate and the all-PAHP rate for the MCOs and PAHPs, respectively.

As displayed in Figure 4-25, within one month, LDH had only received 29.6 percent and 79.6 percent of pharmacy encounters from HUM and LHCC, respectively. Within 12 months, LDH received greater than 99.9 percent, but not 100 percent, of pharmacy encounters from ABH, ACLA, LHCC, and UHC.

Figure 4-25—Cumulative Percentage of Pharmacy Encounters Received by LDH From MCE Service Date by MCO



Note: The grey line indicates the all-MCO rate.

Field-Level Encounter Data Completeness and Accuracy

HSAG evaluated whether the data elements in the final paid encounters are complete and accurate through the two study indicators described in Table 2-1 for the key data elements listed in Table 2-2. In addition, Table 2-2 shows the criteria HSAG used to evaluate the validity for each data element. These criteria are based on standard reference code sets.

Figure 4-26 through Figure 4-29 provide the percentage of encounters that are present and contain valid values for key data elements across all applicable MCEs. MCE-specific results are shown in each MCE-specific appendix. Percent present was calculated only for fields that were applicable to corresponding claim types (e.g., calculations exclude diagnosis codes from pharmacy encounters or attending provider professional encounters). Similarly, percent valid was only calculated when values were populated. For instance, Figure 4-26 shows 1.3 percent of the professional encounters contained a NDC, but 94.4 percent of those contained valid values.

Figure 4-26 shows the aggregate result of all applicable MCEs (i.e., six MCOs and the PIHP) for the percent present and percent valid values of key data elements for professional encounters. Twelve of the sixteen key data elements were equal to or greater than 99.6 percent present. The four key data elements (Referring Provider NPI, Secondary Diagnosis Codes, Procedure Code Modifiers, and NDC) that had less than 99.6 percent present are not expected to be 100 percent populated. Eleven of the sixteen key data elements were equal to or greater than 99.7 percent valid. The only key data element with the aggregate validity rate less than 95.0 percent was NDC (94.4 percent). Of note, approximately half of the invalid NDC values had valid product codes (i.e., based on the first nine digits in the Medi-Span®[5] reference tables) and the inaccuracies were due to the package codes (i.e., the last two digits of the NDC values).

[5] Medi-Span and all Wolters Kluwer product or service names are registered trademarks or trademarks of Wolters Kluwer in the USA and other countries. ® indicates USA registration.

Figure 4-26—Professional Encounters Percent Present and Valid, Key Data Elements, All Applicable MCEs

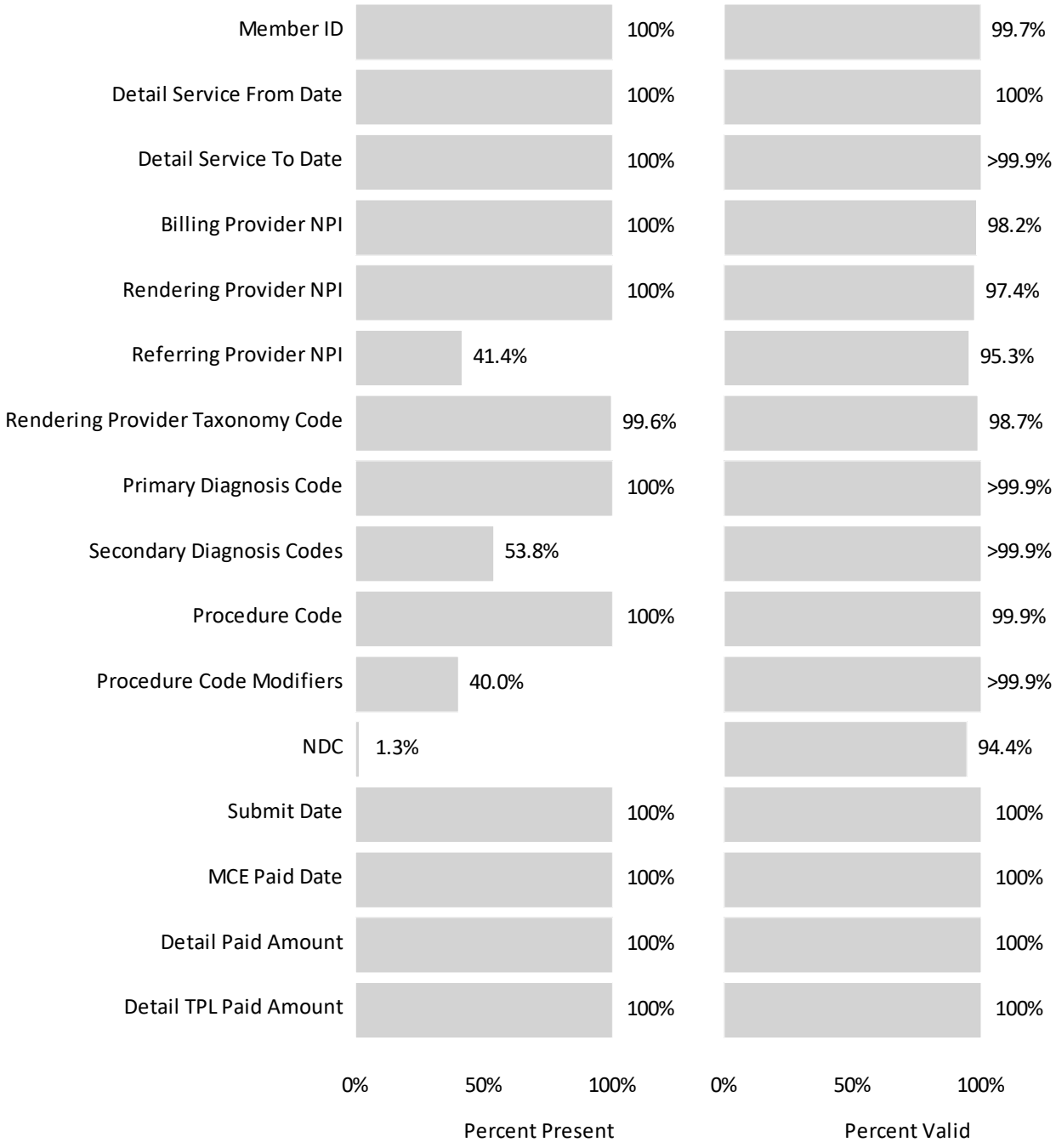


Figure 4-27 shows the aggregate result of all applicable MCEs (i.e., six MCOs and the PIHP) for the percent present and percent valid values of key data elements for institutional encounters. Eight out of 19 key data elements were 100 percent populated. The following nine data elements are not expected to be 100 percent populated on all institutional encounters (e.g., Procedure Codes, Procedure Code Modifier Codes, Attending Provider Taxonomy Code, Secondary Diagnosis Codes, Primary and Secondary Surgical Procedure Codes, NDC, and Detail Paid Amount and Detail TPL Paid Amount for header paid services). It is interesting to note that three MCOs (ABH, ACLA, and HUM) had the Attending Provider Taxonomy Code populated for at least 97.8 percent of the encounters while the other three MCOs had a percent present rate less than 89.0 percent. The remaining two data elements Attending Provider NPI and Revenue Code were 98.5 percent and 99.6 percent populated, respectively. Fifteen out of nineteen key data elements were equal to or greater than 99.8 percent valid. The only key data element with an aggregate validity rate less than 95.0 percent was the Attending Provider Taxonomy Code (91.5 percent).

Figure 4-27—Institutional Encounters Percent Present and Valid, Key Data Elements, All Applicable MCEs

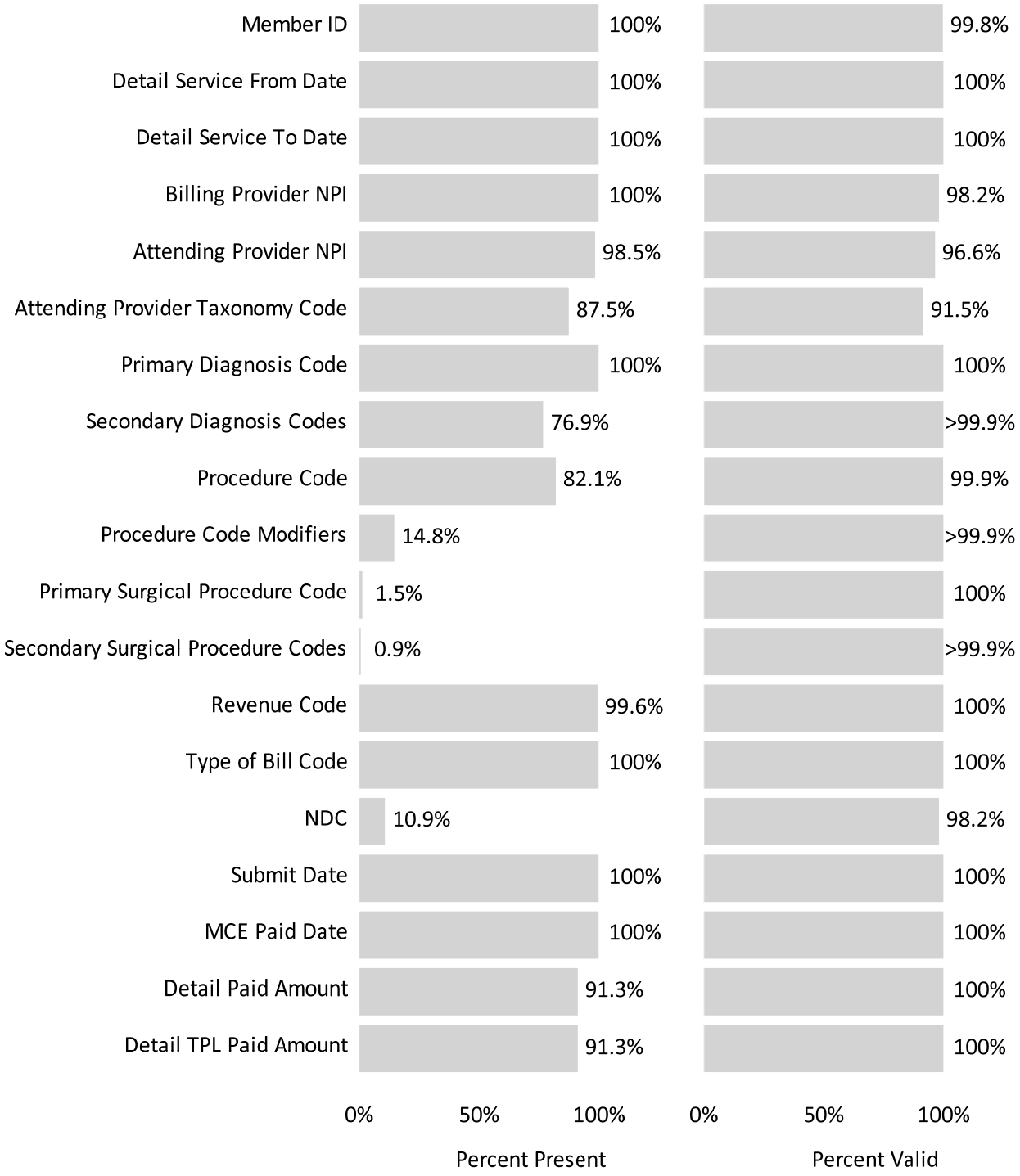


Figure 4-28 shows the aggregate result of all applicable MCEs (i.e., six MCOs and two PAHPs) for the percent present and percent valid values of key data elements for dental encounters. Eleven out of fourteen key data elements were 100 percent populated. The three remaining data elements (Tooth Number, Tooth Surface, and Oral Cavity Code) are not expected to be 100 percent present. Eleven of the fourteen key data elements were equal to or greater than 99.5 percent valid. The key data element with the lowest validity was Rendering Provider NPI (96.0 percent).

Figure 4-28—Dental Encounters Percent Present and Valid, Key Data Elements, All Applicable MCEs

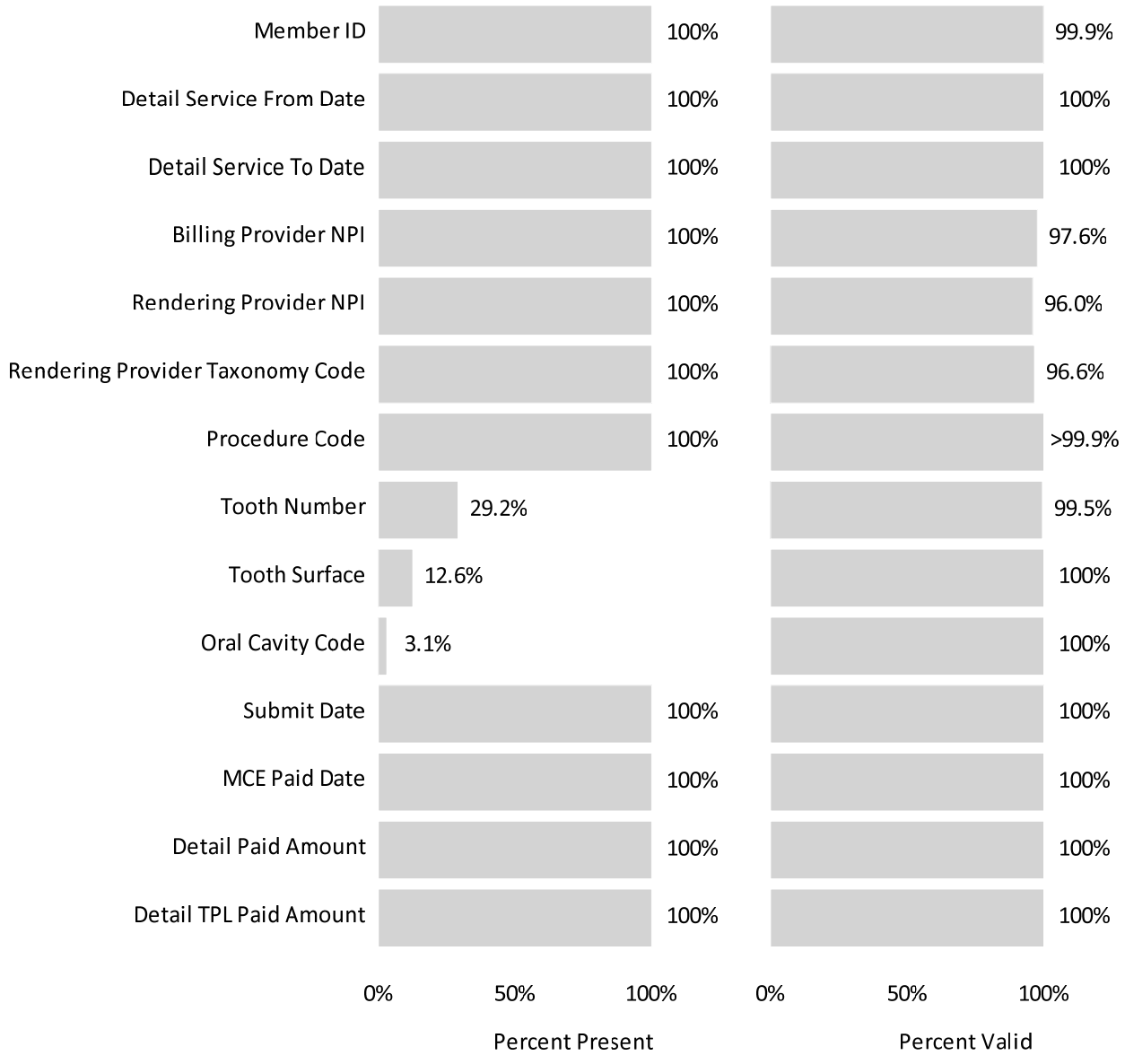
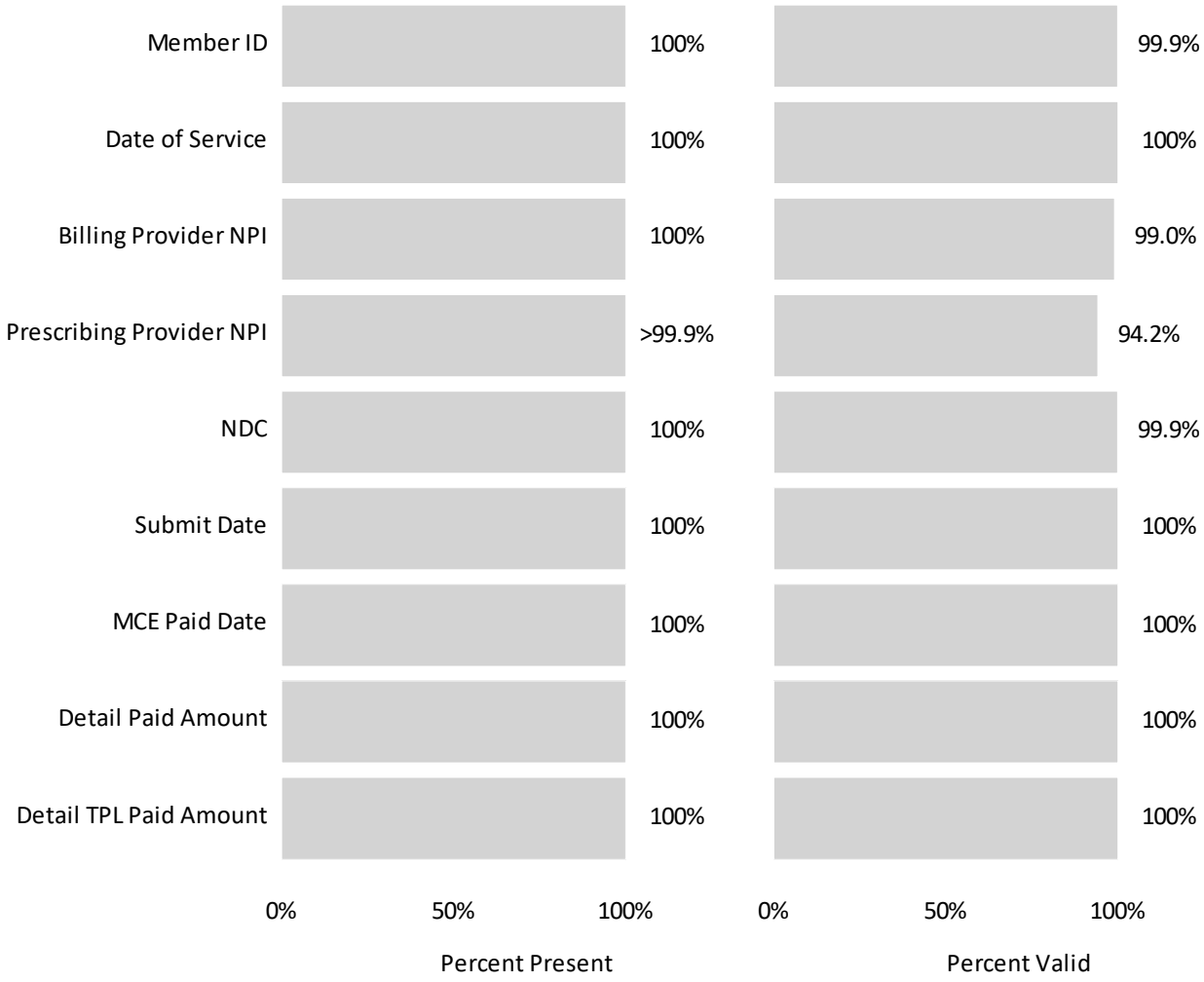


Figure 4-29 shows the aggregate result of all six MCOs for the percent present and percent valid values of key data elements for pharmacy encounters. All nine of the key data elements were greater than 99.9 percent populated. Eight of the nine key data elements were equal to or greater than 99.0 percent valid. The key data element with the lowest validity was Prescribing Provider NPI (94.2 percent). In addition, although the aggregate validity rate for the Billing Provider NPI was 99.0 percent, HUM's validity rate for the Billing Provider NPI was only 37.4 percent.

Figure 4-29—Pharmacy Encounters Percent Present and Valid, Key Data Elements, All MCOs



Encounter Data Referential Integrity

Referential integrity is critical for conducting many analyses involving claims/encounter data, as key identifiers are often joined across multiple tables. For instance, member enrollment data must be joined with encounter data when calculating HEDIS performance measures to ensure members meet continuous enrollment criteria. Likewise, provider data may be joined with encounter data to identify/validate visits with specific provider types (e.g., primary care provider [PCP], obstetrician/gynecologist [OB/GYN], or ophthalmologist) or obtain provider demographic/contact information for medical record procurement or other questions.

HSAG examined a bidirectional referential integrity across the files and key identifiers outlined in Table 4-2.

Table 4-2—Referential Integrity Checks

Figure	Comparison	Field	File 1	File 2
Figure 4-30	Direction 1	Member ID	Medical/Dental Encounters	Enrollment
Figure 4-30	Direction 2	Member ID	Enrollment	Medical/Dental Encounters
Figure 4-31	Direction 1	Member ID	Pharmacy Encounters	Enrollment
Figure 4-31	Direction 2	Member ID	Enrollment	Pharmacy Encounters
Figure 4-32	Direction 1	Member ID	Medical/Dental Encounters	Pharmacy Encounters
Figure 4-32	Direction 2	Member ID	Pharmacy Encounters	Medical/Dental Encounters
Figure 4-33	Direction 1	Provider NPI	Medical/Dental Encounters	Provider
Figure 4-33	Direction 2	Provider NPI	Provider	Medical/Dental Encounters
Figure 4-34	Direction 1	Provider NPI	Pharmacy Encounters	Provider
Figure 4-34	Direction 2	Provider NPI	Provider	Pharmacy Encounters

Figure 4-30 through Figure 4-34 display the referential integrity results by MCE. In each figure, the direction 1 results compare the encounter data to the source file, either the enrollment file or the provider file. Since all member IDs and provider NPIs are expected to be in these files, respectively, the direction 1 results are expected to be 100 percent. The direction 2 results look at the reverse of direction 1, comparing the percentage of members in the enrollment data or providers in the provider file who were in the encounter data. Since it is not expected that all members will have an encounter or all contracted providers actively provide services to Medicaid members, these results are expected to be lower.

Figure 4-30 displays the referential integrity for member ID between the enrollment and the medical/dental encounter files for each MCE and the aggregate rate by MCE type. In direction 1, the percentage of members with a medical/dental encounter who were also in the enrollment file, all MCEs had strong referential integrity with a greater than 98.0 percent match. When examining the reverse, direction 2, the PIHP (Magellan) had the highest percentage of members who were enrolled with a medical encounter (94.9 percent), while the PAHPs had the lowest (21.5 percent).

Figure 4-30—Referential Integrity Comparison Between Enrollment and Medical/Dental Encounter Files

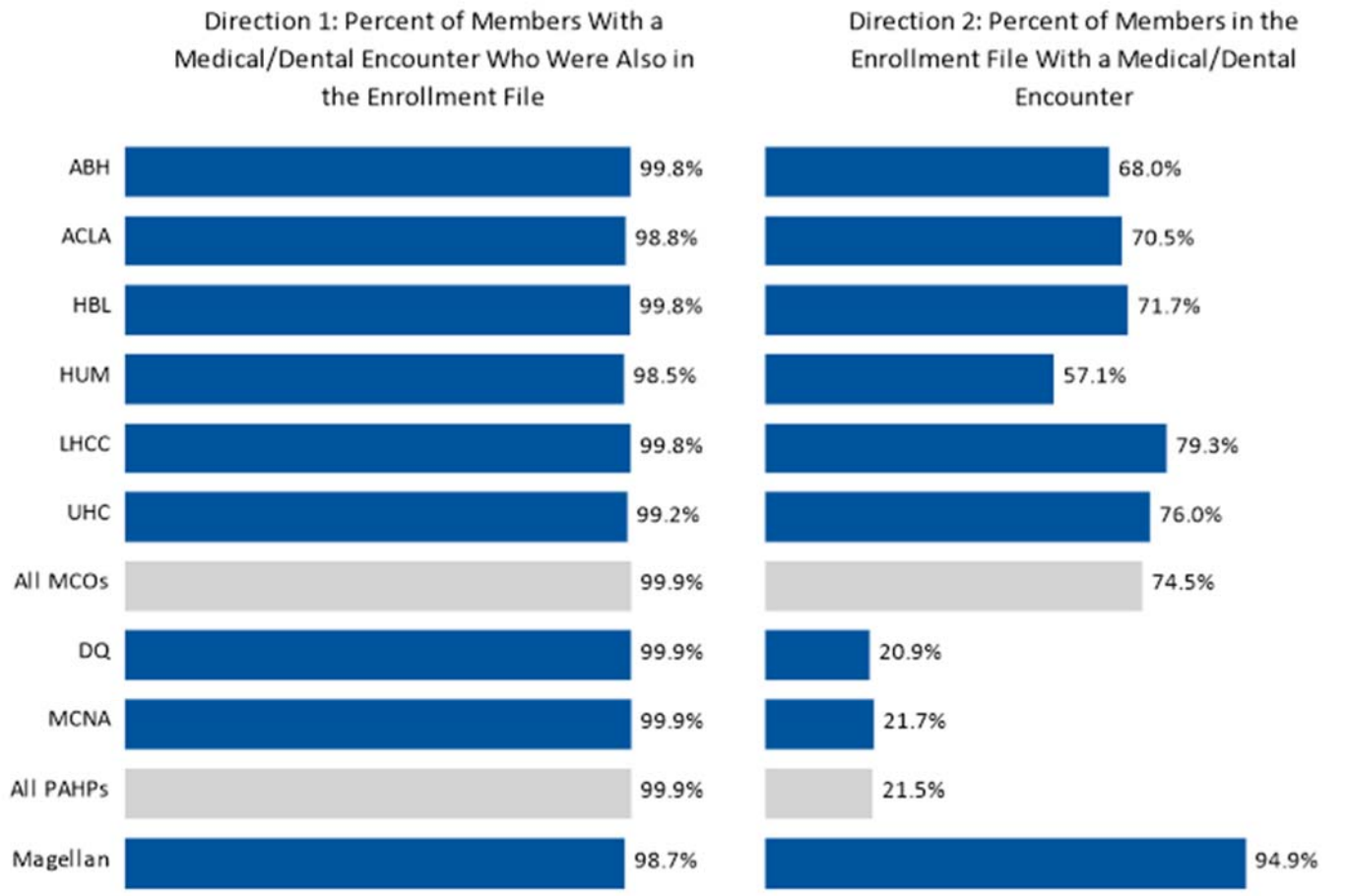


Figure 4-31 compares the referential integrity between the enrollment and pharmacy encounter files. In direction 1, 99.9 percent of members with pharmacy encounters were also in the enrollment file for all MCOs. In direction 2, 60.5 percent of members in the enrollment file had a pharmacy encounter. HUM had the lowest percentage (18.2 percent) of members in the enrollment file that also had a pharmacy encounter. The low percentage for HUM may be explained by the fact that pharmacy services were carved out for HUM until October 28, 2023. During the carve out period, pharmacy claims for linked members were referred to fee-for-service. The PAHPs and the PIHP did not have pharmacy encounters and are not shown.

Figure 4-31—Referential Integrity Comparison Between Enrollment and Pharmacy Encounter Files

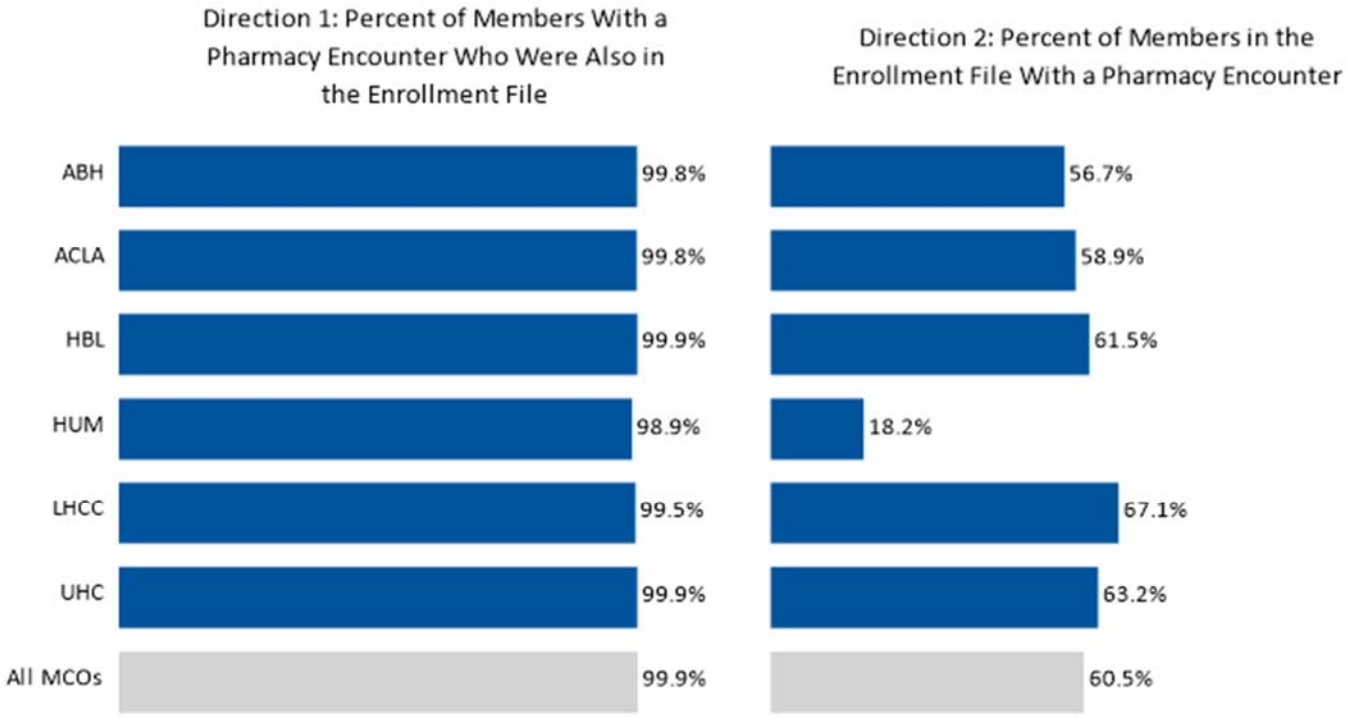


Figure 4-32 examines the comparison between the medical/dental encounter and pharmacy encounter files. In direction 1, about 96.1 percent of the MCO members who had a medical/dental encounter also had a pharmacy encounter. However, when looking at direction 2, about three out of four members in the pharmacy encounter file had a medical/dental encounter, suggesting that approximately 78.1 percent of members received pharmacy services without having a medical/dental encounter. Since these analyses only examined paid encounters, it is possible that these members did have a medical encounter that was denied or had not been paid by the time of analysis.

Figure 4-32—Referential Integrity Comparison Between Medical/Dental Encounter and Pharmacy Encounter Files

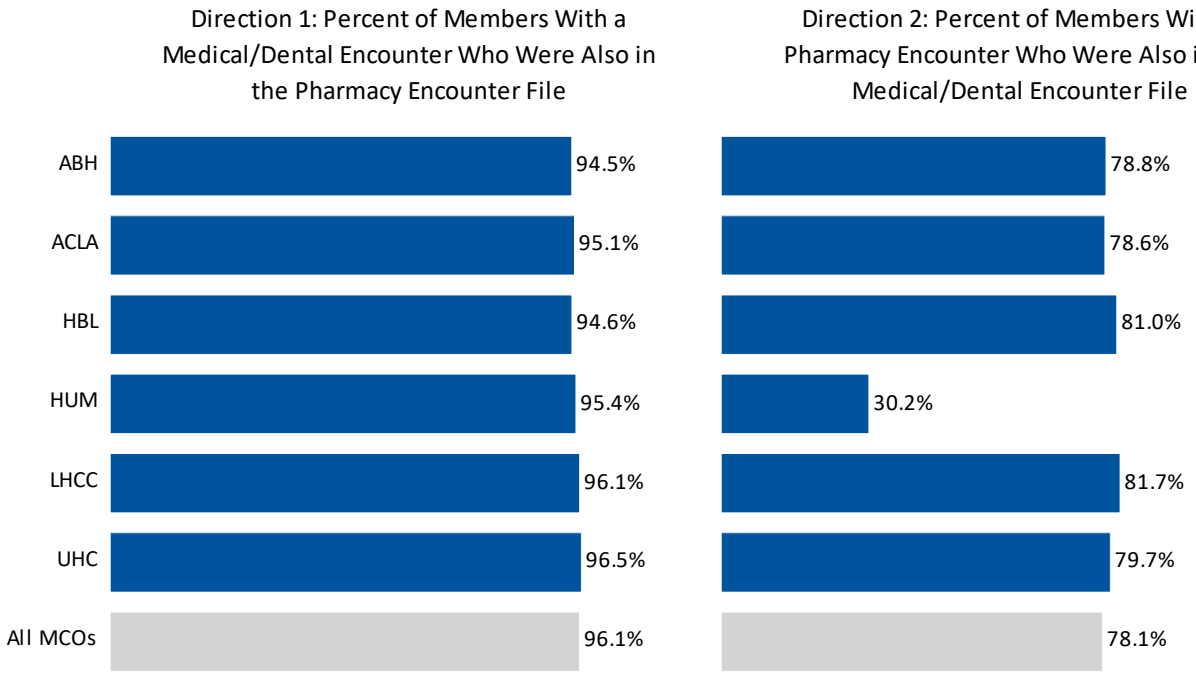


Figure 4-33 displays the referential integrity comparing the billing, rendering, attending, and referring providers, if applicable, in the medical/dental encounter file to the provider file. In direction 1, among the MCEs, 85.4 percent (ABH) to 99.9 percent (MCNA) of identified providers in the medical/dental encounter file were also found in the provider file. The PIHP and PAHPs had higher direction 1 rates since the referring provider NPIs from MCOs' medical encounters were more likely missing from the provider data. In direction 2, Magellan had the lowest rate of providers having a paid Medicaid encounter (13.8 percent), while DQ had the highest rate of providers having a paid Medicaid encounter (79.2 percent). Since this analysis is limited to paid encounters only, it is possible that more providers actively provided Medicaid services to MCE members than described.

Figure 4-33—Referential Integrity Comparison Between Medical/Dental Encounter and Provider Files

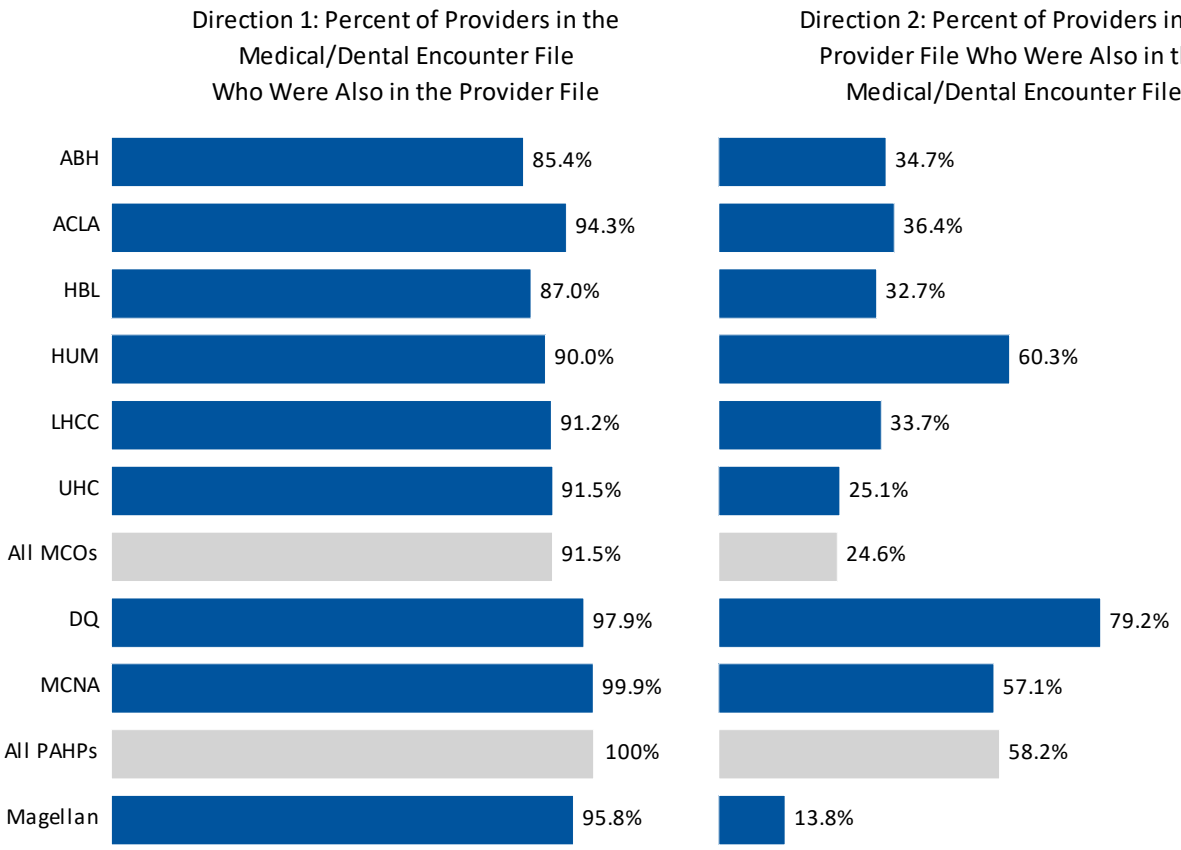
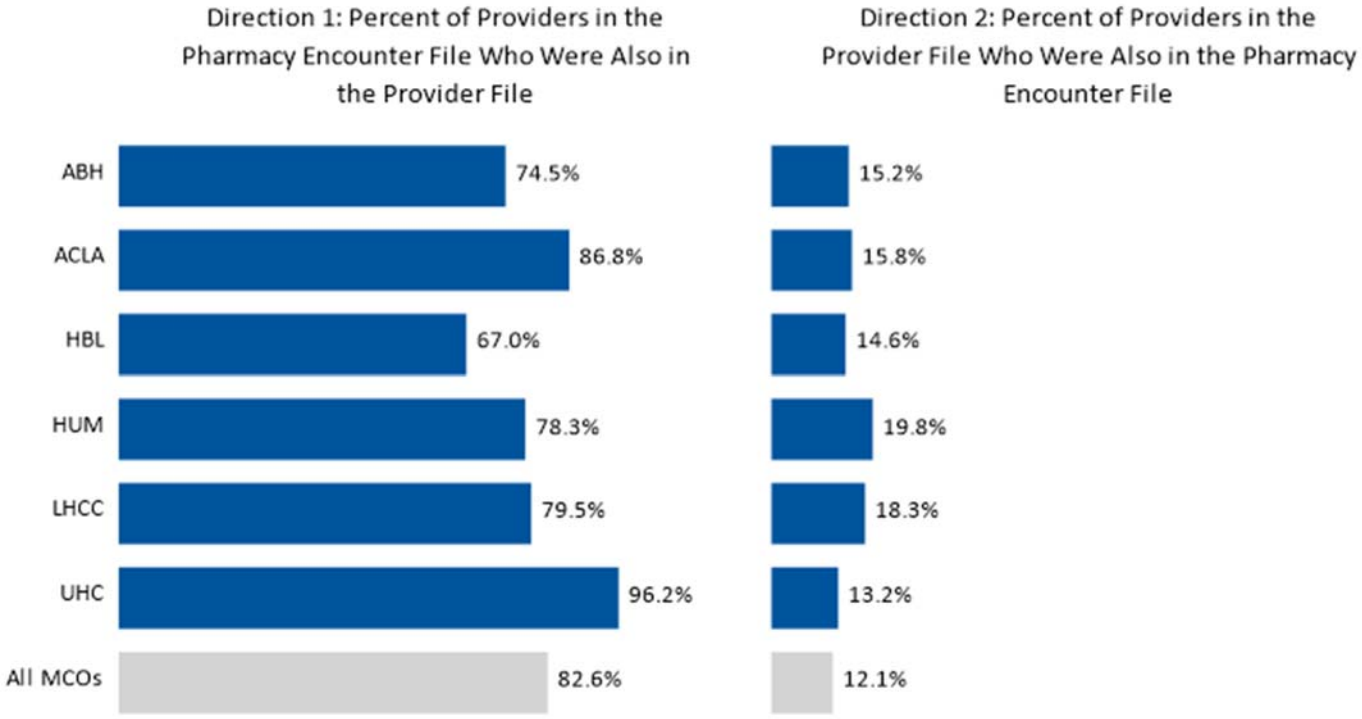


Figure 4-34 displays the referential integrity comparing the billing and prescribing providers in the pharmacy encounter file to the provider file. Across the six MCOs, at least 82.6 percent of identified providers in the pharmacy encounter file were also in the provider file. For all MCOs except HUM, further investigation shows that nearly all billing provider NPIs in the pharmacy encounters were found in the provider file but the prescribing providers with less pharmacy encounter volume were more likely not found in the provider data. In direction 2, only 12.1 percent of providers in the provider file were identified in the pharmacy encounter file. This rate is likely lower than the rate in Figure 4-33 because (1) not all contracted providers provide pharmaceutical services or provide prescriptions; (2) not all prescriptions were from contracted providers. The PAHPs and the PIHP did not have pharmacy encounters and are not shown.

Figure 4-34—Referential Integrity Comparison Between Pharmacy Encounter and Provider Files



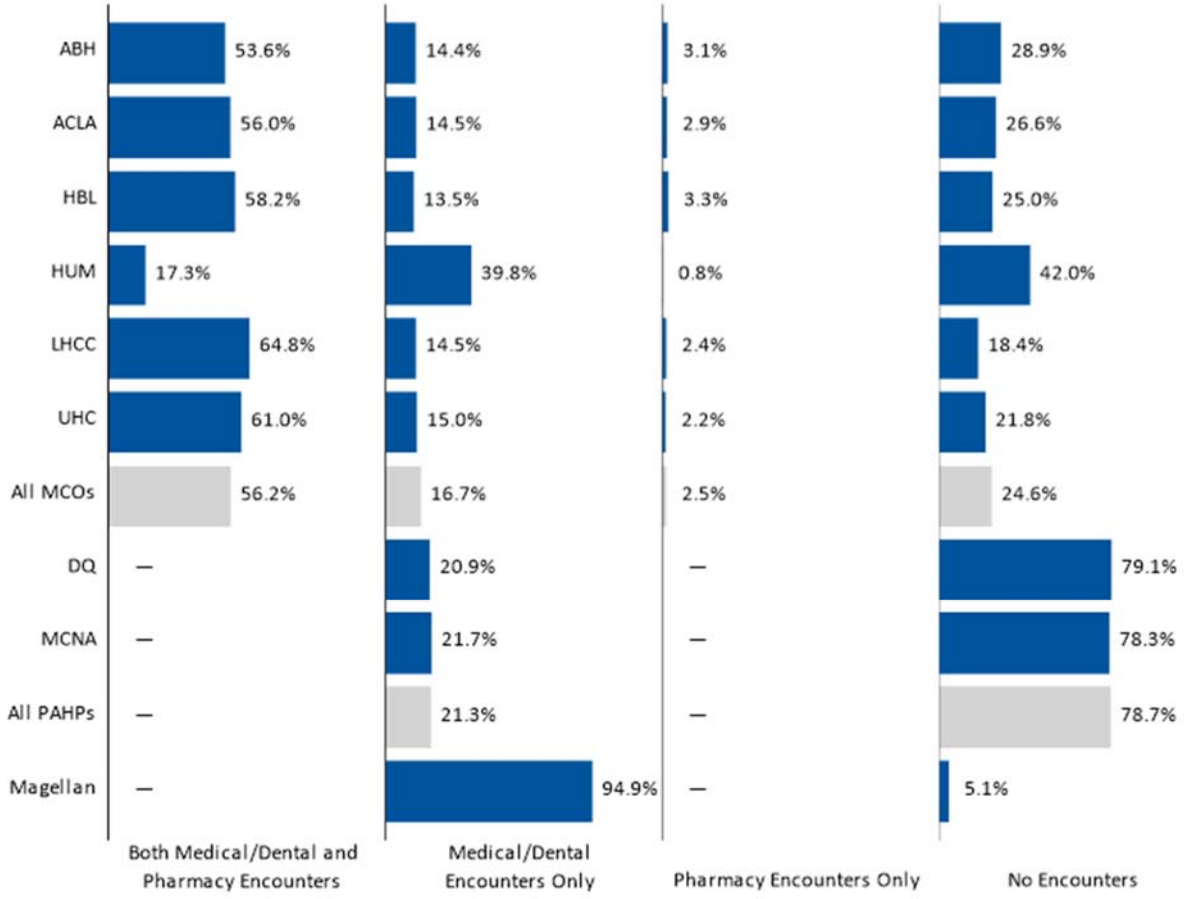
Encounter Data Logic

Additional logic checks were conducted to assess member characteristics pertaining to encounter prevalence and enrollment. This assessment provides insights into how well encounter data may be used to support future analyses, such as HEDIS performance measure calculations. For instance, many measures require members to be enrolled for the full measurement year, allowing only one gap of up to 45 days.

Encounter Prevalence

Figure 4-35 displays the percentage of members who had an encounter by claim type and MCE. Among the six MCOs, HUM has the lowest percentage of members (17.3 percent) with both a medical/dental encounter and a pharmacy encounter. This is because pharmacy services were carved out for HUM until October 28, 2023. During the carve out period, pharmacy claims for linked members were referred to fee-for-service. Of the remaining MCOs, about 53.6 to 64.8 percent of members had both medical/dental and pharmacy encounters throughout the measurement year. Among the PAHPs, 21.3 percent of members had dental encounters only, and 78.7 percent had no encounters. For the single PIHP (Magellan), 94.9 percent of members had medical encounters only and 5.1 percent had no encounters.

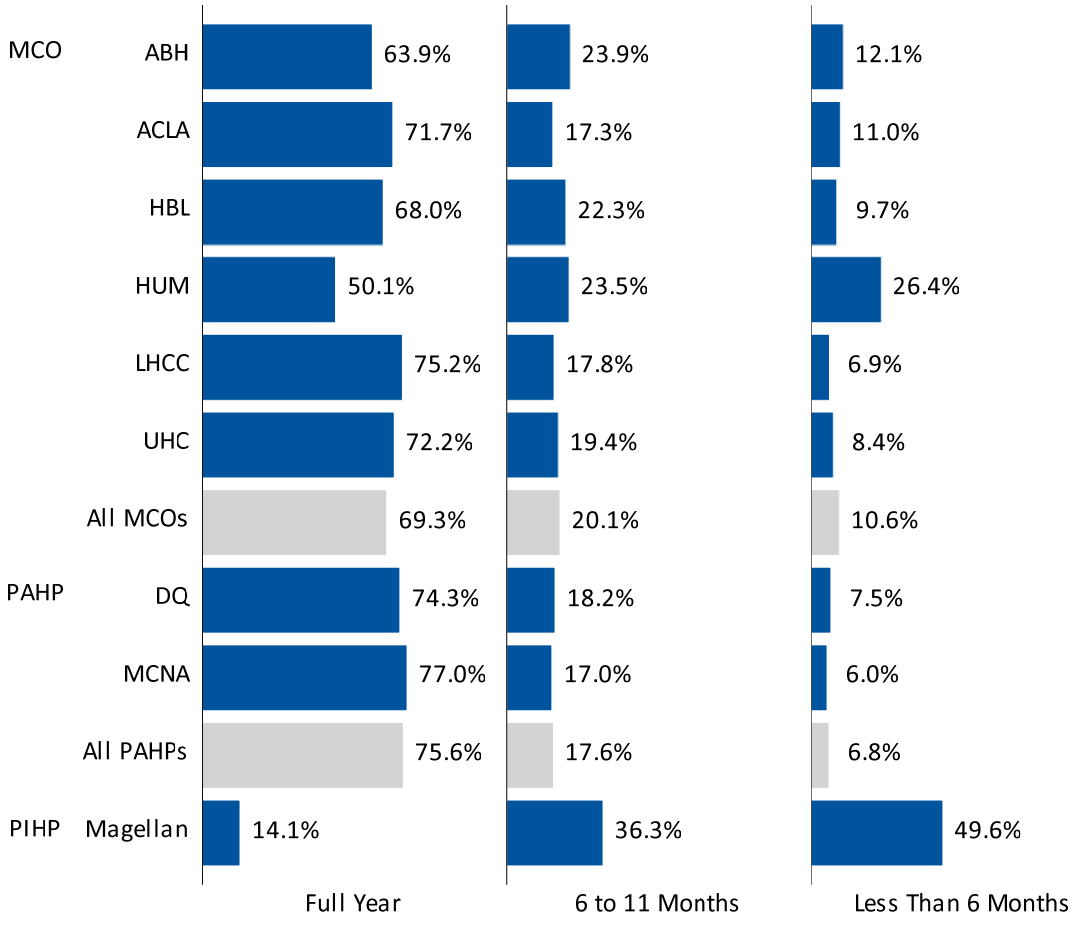
Figure 4-35—Percentage of LDH Medicaid Members Who Had an Encounter by Claim Type and MCE



Member Enrollment

As part of its assessment of the LDH Medicaid population, HSAG examined enrollment continuity among the MCEs to assess the stability of Medicaid membership over time. Figure 4-36 illustrates the percentage of members continuously enrolled in the measurement year, those enrolled for a total of six to 11 months, and those enrolled for a total of fewer than six months. For MCOs and PAHPs, approximately 69.3 percent and 75.6 percent of LDH Medicaid members, respectively, were continuously enrolled throughout the measurement year. Magellan, in comparison, had the lowest percentage of continuously enrolled members (14.1 percent), for the measurement year. Furthermore, almost half (49.6 percent) of the Magellan members were enrolled for less than six months during the measurement year. This is likely due to the PIHP specific program which is a behavioral health program meant to treat children with behavioral health challenges that are at risk for out of home placement and is not expected to keep member enrollment for an extended period.

Figure 4-36—Percentage of LDH Medicaid Members Who Were Continuously Enrolled



5. Conclusions and Recommendations

Conclusions

Overall, LDH's encounter data should continue to support analyses using encounter data such as HEDIS performance measure calculation and rate setting. Data were largely complete, valid, and reliable. While HSAG identified some gaps and data concerns, this should not prevent the State from using the data to conduct further analyses given that there was an adequate assessment of encounters prior to the analysis.

Information Systems Review

The IS review provides self-reported qualitative information from nine MCEs (six MCOs, two PAHPs, and one PIHP). The MCEs documented their capability to collect, process, and transmit encounter data to LDH, as well as develop data review and correction processes that can respond to quality issues identified by LDH. The MCEs have documented processes; commercial and in-house software, along with subcontractors to assist with tasks such as claims adjudication; member and provider data verification; and management of TPL information.

Encounter data checks varied across MCEs (i.e., most MCEs conducted encounter data completeness and accuracy checks with fewer MCEs mentioning claim volume checks) in the questionnaire. The PAHPs and the PIHP did not mention reconciliation with financial reports as part of their data quality review. Notably, no MCE chose medical record review as a check, likely due to its labor and resource-intensive nature.

The MCEs noted they were accountable for their own and their subcontractors' encounter data; therefore, MCEs generally submit data to LDH directly, except HUM's dental encounters. The MCEs with subcontractors typically stored the data collected by their subcontractors, did not modify the data before submission to LDH, and reviewed the data before and after submission to LDH. These practices highlighted the MCEs' ability to oversee subcontractor-collected data, assuring accuracy, completeness, and timely submission. The questionnaire responses indicated that the MCEs largely fulfilled the requirement of submitting accurate, complete, and timely data; however, there exist areas for enhancement. Based on the responses, the main area in need of improvement is the inconsistent use of encounter data checks on subcontractor- and MCE-collected data.

The MCEs were also provided with the opportunity to note internal and external challenges in the claims-data-to-encounter-data cycle. Some common responses centered on issues with claims over $1 million, timing of response files, and requests to publish or provide edit logic for use by the MCEs.

Administrative Profile

The administrative profile analyzes LDH's encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and

demographic data, and provider data). Results of these analyses can provide insight into the reliability of LDH's data for use in subsequent analyses, such as rate setting and performance measure calculations.

Overall, the data were largely complete for each MCE. After adjusting for the number of enrolled members, the MCEs remained relatively consistent throughout the measurement year in the number of visits per 1,000 MM. However, the volume varied based on MCE type. Among professional encounters, the PIHP had the highest volume per 1,000 MM compared to the MCOs; and among institutional encounters, the PIHP had the lowest volume per 1,000 MM compared to the MCOs. For dental encounters, the PAHPs had higher volumes per 1,000 MM than the MCOs. In addition, ACLA had no dental encounters with dates of service in 2023 in LDH's data. The paid amount PMPM was similar to the encounter volume patterns, where the paid amount PMPM was generally consistent across months and MCEs, except the professional encounters for the PIHP (i.e., the paid amount PMPM for the PIHP was much higher than the MCOs). Within the MCOs, HSAG also observed variations (e.g., the average paid amount PMPM for HUM was the lowest among all six MCOs for professional and institutional encounters and this may be related to the shorter enrollment time for HUM members, as displayed in Figure 4-36). As for the TPL paid amount PMPM, all applicable MCEs reported the TPL paid amount to LDH for professional, institutional, and pharmacy encounters. However, for dental encounters, only HBL and UHC recorded TPL payments during the measurement year. The percentage of duplicated encounters was less than 1.0 percent for all applicable MCEs for professional, institutional, and pharmacy encounters. For dental encounters, the aggregate PAHP rate was less than 0.1 percent, while the aggregate MCO rate was 3.4 percent due to HBL's and LHCC's duplication rates, which were 5.5 percent and 5.0 percent, respectively.

The timeliness evaluation of the LDH data suggests that LDH may not receive data from the MCEs in a timely manner. Among the seven MCEs with professional encounters, LDH received less than 78 percent of claims from two MCEs within 60 days from claim payment. Similarly, among the seven MCEs with institutional encounters, LDH received less than 75 percent of claims from two MCEs within 60 days from claim payment. The results improved for dental encounters, where only two MCEs were below 90 percent of claims received within 60 days. The pharmacy encounters performed the best as LDH received greater than 90.0 percent of claims within 60 days from all six MCOs.

The MCEs also demonstrated complete and accurate data, with expected data elements populated for all categories of service. Additionally, many of the data elements had a validity of 99.9 percent or greater. The common data elements with relatively low validity rates among the MCEs were the following:

- NDC for professional encounters
- Attending Provider Taxonomy Code for institutional encounters
- Rendering Provider NPI for dental encounters
- Prescribing Provider NPI for pharmacy encounters

The referential integrity results between the medical/dental encounter data, the pharmacy encounter data, and the enrollment data were high, indicating that these files can be linked via the member identification number. However, the referential integrity results between the encounter data and the provider data were

relatively low (e.g., the aggregate percentage of providers in the pharmacy encounter data who were also found in the provider file only reached 82.6 percent).

HSAG also calculated the percentage of members who had an encounter by claim type and MCE. This assessment provides insights into how well encounter data may be used to support future analyses, such as HEDIS performance measure calculations. Among the six MCOs, HUM had the lowest percentage of members (17.3 percent) with both a medical/dental encounter and a pharmacy encounter in the study period. This is because pharmacy services were carved out for HUM until late 2023. Conversely, 94.9 percent of Magellan members had a medical encounter. This is likely because the PIHP- specific program is a behavioral health program meant to help children with behavioral health challenges who are at risk for out-of-home placement and nearly all enrolled members should seek medical services.

Recommendations

To improve the quality of encounter data submissions from the MCEs, HSAG offers the following recommendations to assist LDH and the MCEs in addressing opportunities for improvement.

Information Systems Review

- As noted in the MCE-specific appendices, all noted MCEs should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from their subcontractors and collected by themselves.
- All MCEs with more than 5.0 percent of encounters initially rejected and not yet accepted by LDH should build a process with LDH and their subcontractors to ensure that rejected encounters will be submitted to LDH with correct information.
- HSAG recommends LDH continue its collaboration with the MCEs to address challenges in the MCEs' responses noted at the end of Section 3, such as issues with claims over $1 million, timing of response files, and requests to publish or provide edit logic for use by the MCEs.

Administrative Profile

- ACLA should work with LDH to decide whether ACLA had dental encounters with dates of service in 2023 that should be submitted to LDH.
- HBL and LHCC should work with LDH to investigate what caused the duplicated records in their dental encounters.
- HBL, HUM, LHCC, and Magellan should continue to improve their timely submissions for the encounter types noted in the appendices.
- All applicable MCEs should investigate the root causes for data elements with percent valid rates less than 95.0 percent, as noted in the appendices to improve accuracy for the key data elements.
- Two MCOs (i.e., ABH, and HBL) demonstrated rates lower than 90.0 percent when examining the referential integrity of the provider NPIs in the medical/dental encounters by comparing to the

provider NPIs in the provider data. Similarly, five MCOs (i.e., ABH, ACLA, HBL, HUM, and LHCC) demonstrated rates lower than 90.0 percent when examining the referential integrity of the provider NPIs in the pharmacy encounters by comparing to the provider NPIs in the provider data. Since subsequent analyses may require the ability to link these datasets together, MCOs should collaborate with LDH to ensure both entities have an accurate and complete database of providers for medical/dental and pharmacy encounters.

Study Limitations

Information Systems Review

When evaluating the findings outlined in the IS review section, it is important to understand the limitations to the execution of the EDV study:

- The information from LDH's and the MCEs' questionnaire responses was self-reported, and HSAG did not validate the responses for accuracy.
- The findings from this assessment were based on questionnaire responses submitted to HSAG in April and May 2025. As such, findings may not reflect system or process changes implemented after May 2025.

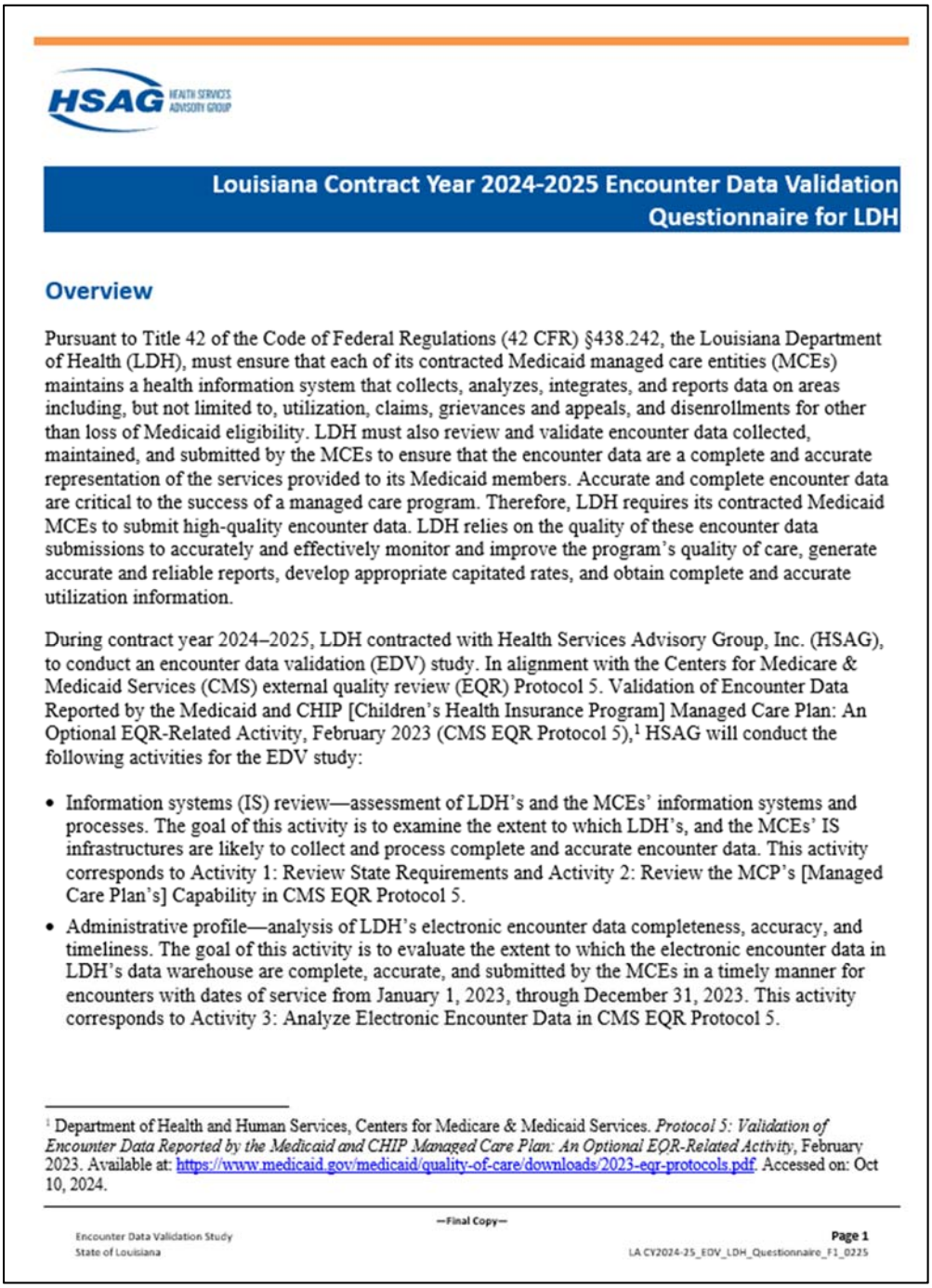
Administrative Profile

When evaluating the findings outlined in the administrative profile section, it is important to understand the limitations to the execution of the EDV study:

- The findings from the administrative profile were associated with encounters with dates of service between January 1, 2023, and December 31, 2023. As such, results may not reflect the current quality of LDH's encounter data or changes implemented since the data extraction.
- Reference tables that HSAG used to determine valid values for certain data elements may differ from the reference tables LDH uses for its EPS edits. As a result, the percentage of valid values may not exactly reflect what would be captured through LDH's EPS edits.

Appendix A. Blank Questionnaire for LDH

This appendix contains screen shots of the blank questionnaire sent to LDH for completion regarding the IS review.



HSAG HEALTH SERVICES ADVISORY GROUP

Louisiana Contract Year 2024-2025 Encounter Data Validation Questionnaire for LDH

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Louisiana Department of Health (LDH), must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCEs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During contract year 2024–2025, LDH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity, February 2023 (CMS EQR Protocol 5),[1] HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of LDH's and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Oct 10, 2024.

—Final Copy—

Encounter Data Validation Study
State of Louisiana

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HSAG will conduct the EDV study for nine MCEs. Table 1 displays the MCE types and number of MCEs[2] included in the study.

Table 1—Louisiana MCEs

MCE Type	Number of MCEs
Healthy Louisiana Managed Care Organizations (MCOs)	6
Prepaid Ambulatory Health Plans (PAHPs)	2
Prepaid Inpatient Health Plan (PIHP)	1

This document pertains to the IS review activity. In general, the IS review will include an evaluation of the MCEs' processes for collecting, maintaining, and submitting encounter data to LDH and on the strengths and limitations of the MCEs' information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate LDH's processes for collecting and managing the MCE-submitted encounter data. In alignment with Activity 1: Review State Requirements in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding LDH's information systems and data processing procedures. The IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on the MCEs' ability to submit complete and accurate data.

General Instructions

HSAG developed the following questionnaire customized in collaboration with LDH to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

- **Section A**: Encounter Data Sources and Systems
- **Section B**: Data Exchange Policies and Procedures
- **Section C**: Management of Encounter Data: Collection, Storage, and Processing
- **Section D:** Encounter Data Quality Monitoring and Reporting

Please provide comprehensive answers to the questions and attach supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. Please note that the questionnaire responses and supporting documentation will be submitted via an online Universal Survey Tool (UST) based on questions listed in this document. If different staff members within LDH are responsible for various aspects of the processes, please forward the questionnaire link and ensure that the respective individual/group provides answers to the applicable questions. HSAG will demonstrate the tool to LDH during a meeting in February 2025.

[2] Refer to Appendix A for a list of MCEs included in this study.

Upon evaluating answers to the questionnaire and submitted documentation, HSAG's EDV team may conduct additional follow-up with LDH via email or conference calls.

Submission of Questionnaire and Documentation

- HSAG requests that LDH complete the questionnaire using the survey link to HSAG's UST that will be provided on Friday, March 14, 2025.
- HSAG requests LDH to provide all responses and attach supporting documentation via the UST no later than **Friday, April 11, 2025**.
- Please contact Melissa Branigan via email at mbranigan@hsag.com for assistance regarding the questionnaire.
- Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time in your response.

Acronym	Description
BH	*Behavioral health*
EDI	*Electronic data interchange*

Section A: Encounter Data Sources and Systems

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. Using the table below, please describe the process flows and system architecture used to import, process, and store encounter data submitted by the MCEs.
   - Please submit any supporting documentation available including, but not limited to, information system schemas, processing diagrams, and file/table layouts.
   - If the process differs by encounter type (e.g., medical, vision, pharmacy), provide separate updates for each encounter type and scenario.

Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.

Encounter Type[1]	Process Flow	Supporting Document
Medical in 837 Professional (837P)	*Utilizing secure interfaces and data networks, the Encounters Processing Solution (EPS) EDI Gateway receives encounter data submitted from MCEs, confirming the encounter data is appropriate for further processing, based on requirements defined for the standard transactions. Encounter data are then further validated with the EPS Encounter Processing Engine (EPE). EPS organizes and stores the verified data for use by other Medicaid Enterprise System (MES) solutions and any other qualified "subscribers."*	*<insert file name>*
Behavioral Health (BH) in 837P		
BH in 837 Institutional (837I)		

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Encounter Type[1]	Process Flow	Supporting Document
Dental in 837 Dental (837D)		
Medical in 837I		
Medical in 837P		
Pharmacy		
<insert other claim types (if any)[2]>		

[1] These sources represent claims/encounter submissions by the MCEs to LDH.
[2] Example includes data submitted in a proprietary format.

2. Using the table below, list and describe the function and role of any organizational units responsible for processing and monitoring encounters. *Note: The table can be expanded if additional rows are required.*

	Department	Function/ Role	# of Staff Members
1			
2			
3			
4			
5			

3. Describe all system/processing edits conducted on incoming encounters prior to accepting/loading the data into LDH's final database for LDH's end-users. For example, please provide details on the encounter data interchange (EDI) compliance edits and the state-specific edits, or how LDH assesses whether the encounter is for the appropriate MCE type (e.g., MCO versus PIHP).

4. How does LDH process data exceptions? For example, when an encounter is not in a valid format, contains invalid values, or includes erroneous field logic, describe the processes (manual or automatic) used to process the submission.

5. Does LDH provide any type of response file or feedback to the MCEs submitting the encounters?
   - ☐ Yes (If yes, please describe the process used to provide feedback to the MCEs including any process flows and report layouts.)
   - ☐ No

6. Using the table below, please describe the process used by the MCEs to resubmit updated, modified, or corrected encounters. Provide any documentation or policies and procedures related to the resubmission of encounter files or records.

Question	Response
6a. How are updated records flagged in LDH's system?	
6b. Are the original encounters stored in the encounter data system or deleted?	
6c. Provide details on how replacement transactions are processed when the target transaction is in an active failed validation status.	

7. The following questions address the collection, use, and maintenance of provider data and member enrollment data.

Provider Data	
7a. Outline the path LDH's Medicaid provider data follow from collection to maintenance.	
7b. Describe LDH's procedures for overseeing and ensuring the completeness of provider data.	

7c. Describe LDH's procedures for overseeing and ensuring the accuracy of provider data.	
7d. Describe the process for cross-checking encounters with provider data (e.g., list any procedures for reconciling differences between provider information submitted on the encounter and LDH's provider data).	
7e. Describe how LDH uses provider data submitted by the MCEs to conduct evaluations on the encounter data, if applicable.	
Member Enrollment data	
7f. Outline the path LDH's Medicaid enrollment data follow from collection to maintenance.	
7g. Describe LDH's procedures for overseeing and ensuring the completeness of enrollment data.	
7h. Describe LDH's procedures for overseeing and ensuring the accuracy of enrollment data.	
7i. How often is Medicaid enrollment information updated for LDH and the MCEs?	
7j. Describe the process for crosschecking encounters with enrollment data (e.g., list any procedures for reconciling differences between member information submitted on the encounter and LDH's member enrollment data).	

Section B: Data Exchange Policies and Procedures

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. Please describe the data exchange process between the MCEs and LDH.
   - Include details outlining the organizational and operational policies and procedures related to the MCEs' encounter data submissions.
   - Provide copies of all policies and procedures, manuals, file specifications, etc., that outline the procedures that govern the transmission of data between the MCEs and LDH.

2. Are Medicaid encounters audited regularly?
   - ☐ Yes (If yes, please provide LDH's policy and frequency regarding Medicaid encounter audits and the audit frequency.)
   - ☐ No

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3. Describe the process LDH has in place to ensure that updates to LDH's requirements for data submission are implemented and communicated to each MCE. Please provide any documentation, if available.

4. Describe the testing policies and processes LDH has in place when MCEs have any major changes affecting the encounter data (e.g., a new subcontractor or a new software). Please provide any documentation, if available, to describe the testing process from the time when the MCE notifies LDH of the change to the time when LDH approves the MCE to submit the encounter data to the production environment.

5. Describe in the table below how an information systems failure affects encounters and the measures taken to prevent failure.

Question	Response
5a. Describe how the loss of Medicaid encounters and other related data is prevented when systems fail.	
5b. How frequently are system back-ups performed?	
5c. How are the back-ups tested to make sure the back-ups are functional?	
5d. How often are back-ups tested for functionality?	
5e. How is Medicaid data corruption prevented when there is a system failure or program error?	
5f. Describe the controls used to ensure all data entered in the system are fully accounted for (e.g., batch control sheets)?	

Section C: Management of Encounter Data: Collection, Storage, and Processing

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. Please attach a flowchart outlining the structure of your complete Medicaid Management Information Systems (MMIS) and provide a written description of the structure which corresponds to the attached documents. Provide any documentation regarding data integration policies and procedures.

2. For each database described in Question 1, please highlight all internal and external data inputs and processes. Identify any processes in place that modify the data as it moves from one database to another.

Input Data	Output Data	Processes that Modify Data
MCEs' 837P/I files	*Staging database after the EDI translator and response files to MCEs*	*Does not modify data*

3. Describe in the table below the procedure for consolidating Medicaid claims/encounter, member, and provider data for reporting (whether it is a relational database or file extracts).

Question	Response
3a. How many different data sources are merged to create reports?	
3b. What control processes are in place to ensure data merges are accurate and complete?	
3c. What control processes are in place to ensure that no extraneous data are captured (e.g., lack of specificity in patient identifiers may lead to inclusion of non-eligible members or double counting)?	

4. Describe the algorithms used to check the reasonableness of data integrated for purposes of reporting or creating data marts.

5. Do your current system documentation and file layouts clearly delineate derived and non-derived data fields?
   - ☐ Yes (If yes, please describe the fields that are derived and the point in the encounter data process at which they are created. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*)
   - ☐ No

Derived Field	Point in Process When Field is Calculated	Algorithm for Calculating the Field
Final_Ind indicating final adjudicated encounters	*Created when applying LDH-specific edits*	*The most recently submitted records based on the unique claim identifier from MCEs*

6. Describe the policies and procedures used to identify duplicate or missing records in the MCEs' regular encounter submissions.

Question	Response
6a. List policies and procedures used to identify duplicates.	
6b. When duplicates are identified, how are the affected records processed and what information is returned to the MCEs?	
6c. List policies and procedures used to identify missing records.	
6d. When missing records are identified, what information is returned to the MCEs?	

7. During the processing of the MCEs' encounter data submissions, describe the modifications or reformatting using specific data field names and specific examples (e.g., zeros are added to the beginning of values in any specific field to pad the results to a length of a specific number of characters). *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Field Name	Modifications/ Reformatting (include examples)	Encounter Types Affected (e.g., All, Pharmacy, Medical)
Rendering Provider NPI	*When the rendering provider NPI is missing, fill in with billing provider NPI.*	*837P*

8. Explain the code and/or field mapping processes performed during data processing and provide reference table(s) and/or source of the reference table(s), as appropriate. How often are each of the reference table(s) updated? Monthly, quarterly, annually, never, etc.? *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Field	Description of Mapping	Source of Reference Table	Frequency of Updating Reference Table
Rendering Provider NPI	*Map to reference table*	*Provider enrollment file*	*Quarterly*

Field	Description of Mapping	Source of Reference Table	Frequency of Updating Reference Table

9. Describe the documentation used to train staff within LDH regarding LDH's information systems and encounter data processing protocols.

Section D: Encounter Data Quality Monitoring and Reporting

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. Describe how LDH monitors encounter data submitted by the MCEs for accuracy, completeness, and timeliness.
   - Please include metrics in place including defined error thresholds and standards. If regular reports are used, submit a recent report example.

Measure	Description	Metrics
Accuracy		
Completeness		
Timeliness		

2. Does LDH have performance standards, beyond what is described in the MCE contract requirements, in place regarding the submission, accuracy, completeness, and timeliness of encounter data?
   ☐ Yes (If yes, provide documentation of the performance standards and describe how the performance standards are communicated to the MCEs.)
   ☐ No

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3. Are the MCEs required to submit reports on encounter data submission activities (e.g., submission statistics) to LDH?
   ☐ Yes (If yes, please describe the reporting process and submit a recent example of these reports for each MCE and other applicable documents.)
   ☐ No

4. Does LDH use a specific format to provide feedback to the MCEs on their submissions?
   ☐ Yes (If yes, please describe the files used to provide feedback to the MCEs.)
   ☐ No

5. What is the average percentage of encounters (by MCE) submitted to LDH that get rejected by LDH? *Note: The first row of the table is provided as an example. The table can be expanded if additional columns are required.*

MCE Type	MCE	Professional	Institutional	Dental	Pharmacy
MCO	*AmeriHealth Caritas Louisiana*	*5%*	*10%*	*7%*	*3%*
MCO	AmeriHealth Caritas Louisiana			—	
	Aetna Better Health			—	
	Healthy Blue			—	
	Humana Healthy Horizons*			—	
	Louisiana Healthcare Connections			—	
	UnitedHealthcare Community			—	

MCE Type	MCE	Professional	Institutional	Dental	Pharmacy
PAHP	DentaQuest USA Insurance Company (DentaQuest)	—	—		—
	Managed Care North America	—	—		—
PIHP	Magellan of Louisiana			—	

6. Describe how data in LDH's encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

7. Please answer the questions in the table below regarding LDH's collection of capitated encounters (e.g., encounters submitted by the MCEs' capitated providers/provider groups) from its MCEs.

Question	Response
7a. What are LDH's requirements for submitting pricing information on capitated encounters?	
7b. Does LDH monitor capitated encounters for unallowable services? – If YES, describe the type of reporting that is available. – If NO, does LDH maintain a list of allowable/unallowable services? If LDH maintains a list of allowable/unallowable services, please provide supporting document(s).	

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

_____ _____

Signature of responsible individual Date

_____

Print name and title

Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the MCE types, MCE names, and abbreviations for the MCEs included in the EDV study.

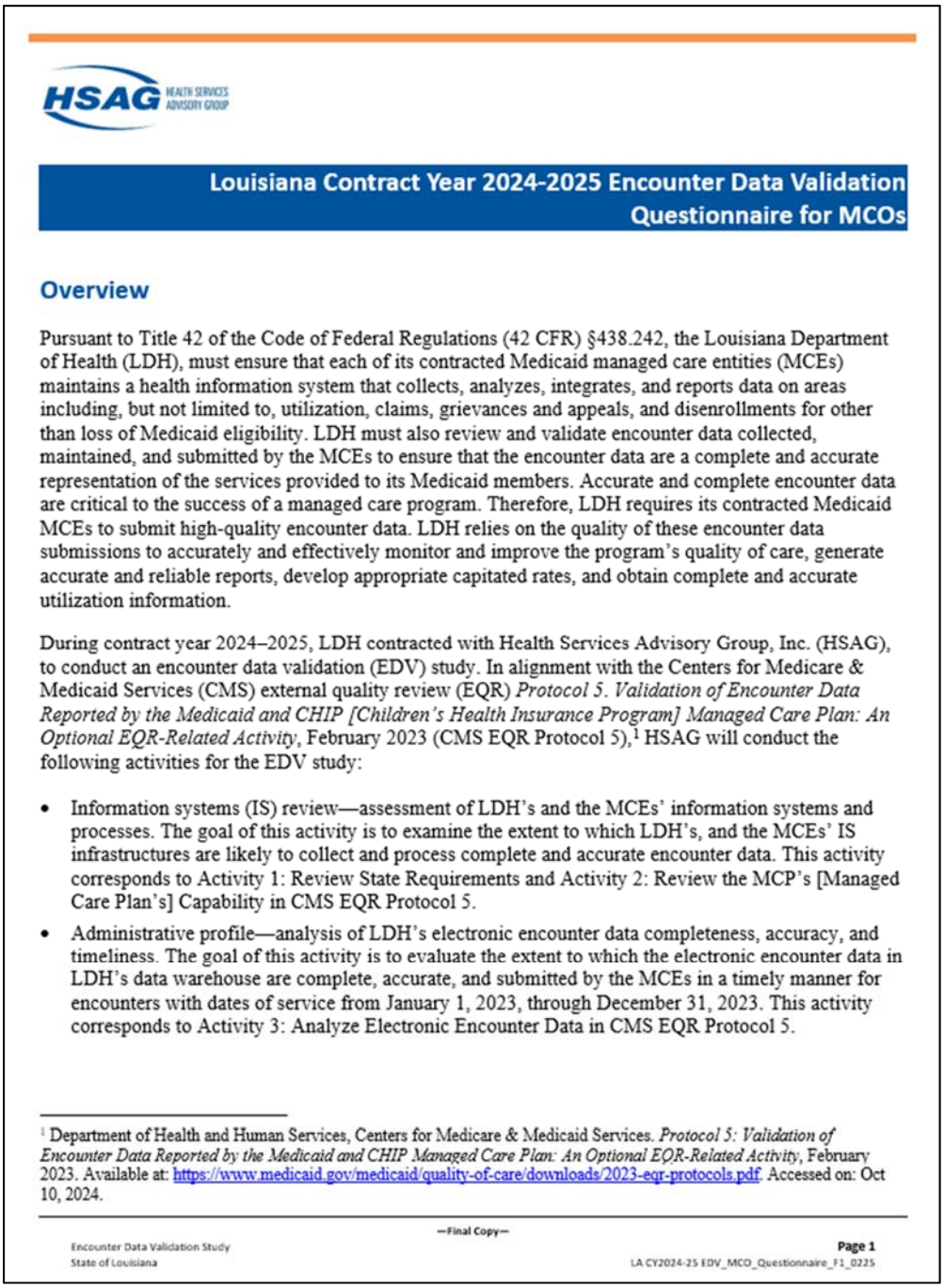
Table A-1—Medicaid Managed Care MCEs Included in the Study

MCE Type	MCE Name	MCE Abbreviation
MCOs	AmeriHealth Caritas Louisiana	ACLA
	Aetna Better Health	ABH
	Healthy Blue	HBL
	Humana Healthy Horizons*	HUM
	Louisiana Healthcare Connections	LHCC
	UnitedHealthcare Community	UHC
PAHPs	DentaQuest USA Insurance Company (DentaQuest)	DQ
	Managed Care North America	MCNA
PIHP	Magellan of Louisiana	Magellan

*HUM started to service Medicaid members on January 1, 2023.

Appendix B. Blank Questionnaire for the MCOs

This appendix contains screen shots of the blank questionnaire sent to the MCOs to respond to regarding the IS review.



Louisiana Contract Year 2024-2025 Encounter Data Validation Questionnaire for MCOs

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Louisiana Department of Health (LDH), must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCEs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During contract year 2024–2025, LDH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),[1] HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of LDH's and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Oct 10, 2024.

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HSAG will conduct the EDV study for nine MCEs. Table 1 displays the MCE types, and number of MCEs[2] included in the study.

Table 1—Louisiana MCEs

MCE Type	Number of MCEs
Healthy Louisiana Managed Care Organizations (MCOs)	6
Prepaid Ambulatory Health Plans (PAHPs)	2
Prepaid Inpatient Health Plan (PIHP)	1

This document pertains to the IS review activity for the six MCOs. In general, the IS review will include an evaluation of the MCOs' processes for collecting, maintaining, and submitting encounter data to LDH and on the strengths and limitations of the MCOs' information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate LDH's processes for collecting and managing the MCO-submitted encounter data. In alignment with Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding each MCO's information systems and data processing procedures. The IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on the MCOs' ability to submit complete and accurate data.

General Instructions

HSAG developed the following questionnaire customized in collaboration with LDH to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

- **Section A**: Encounter Data Sources and Systems
- **Section B**: Payment Structures of Encounter Data
- **Section C**: Encounter Data Quality Monitoring by Subcontractors
- **Section D**: Encounter Data Quality Monitoring by MCOs

Each participating MCO must complete all sections of the following questionnaire, providing comprehensive answers to the questions and attaching supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. Please provide responses specific to procedures related to the processing of LDH's claims and encounters. Note that the questionnaire responses and supporting documentation will be submitted via an online Universal Survey Tool (UST) based on questions listed in this document. If different staff members within your MCO are responsible for various aspects of the processes, please forward the

[2] Refer to Appendix A for a list of MCEs included in this study.

questionnaire link and ensure that each group provides answers to the applicable questions in each section. HSAG will demonstrate the tool to the MCOs during a meeting in February 2025.

Upon evaluating answers to the questionnaire and submitted documentation, HSAG's EDV team may conduct additional follow-up with the MCOs via email or conference calls.

Submission of Questionnaire and Documentation

- HSAG requests that your MCO complete the questionnaire using the survey link to HSAG's UST that will be provided on Friday, March 14, 2025.
- HSAG requests your MCO to provide all responses and attach supporting documentation via the UST no later than **Friday, April 11, 2025**.
- Please contact Melissa Branigan via email at mbranigan@hsag.com for assistance regarding the questionnaire.
- Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time in your response.

Acronym	Description
BH	*Behavioral health*
EDI	*Electronic data interchange*
NEMT	*Non-emergency medical transportation*

Section A: Encounter Data Sources and Systems

MCO Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If your MCO uses the same data system for multiple clients or lines of business, please limit your responses to specific procedures related to the processing of LDH's claims and encounters.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

In this section, your MCO should provide an overview regarding the data sources and systems for your MCO's claims/encounter data.

1. Using the table below, provide a data flow diagram and outline the path your MCO's encounter data follow from the time a member receives a service(s) until the encounter is submitted to LDH and your MCO processes LDH's feedback. Please select all data source types and provide a separate list or data flow diagram for each claim type and scenario. Be sure to identify any subcontractors responsible for processing the data and the associated processes with the subcontractors. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

   Select total number of subcontractors: Choose an item.

Data Source Type[1]	Data Flow Outline	Supporting Document
Paper Claims	*All paper claims are received via mail. Paper claims are date stamped upon receipt and scanned with optical character recognition (OCR) software and converted to*	*<insert file name>*

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Data Source Type[1]	Data Flow Outline	Supporting Document
	837 files for electronic processing. The remaining process is the same as the claims in electronic format.	
Medical in 837 Institutional (837I)		
Medical in 837 Professional (837P)		
Non-Emergency Medical Transportation (NEMT)		
Pharmacy		
Vision		
<insert data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your MCO or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s) such as durable medical equipment (DME) and laboratory.

2. For each key data source (i.e., all data your MCO receives that are included in the encounter data submissions to LDH), provide a description of the files received, the frequency of receipt, and the approximate percentage of claims submitted by capitated versus fee-for-service (FFS) providers. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Description of Data Received (Including Format)	Frequency	Approximate Percentage of Claims from Capitated Providers
Web Claims	*We receive paid and denied claims via a Web portal.*	*Daily*	*30%*
Medical in 837I		Choose an item.	
Medical in 837P		Choose an item.	
NEMT		Choose an item.	
Pharmacy		Choose an item.	
Vision		Choose an item.	
<insert other data sources[2]>		Choose an item.	

[1] These sources represent claims/encounter submissions from the rendering provider to your MCO or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s) such as durable medical equipment (DME) and laboratory.

3. For each key data source, provide a description of the software used to receive data, validate data, prepare outbound encounters for submission to LDH, and frequency for submission. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Software Used to Receive Data	Software Used to Validate Data	Software Used to Generate Encounters for LDH	Frequency for Submission to LDH
Paper claims	*Convert to 837 format through an optical character recognition (OCR) software by <insert name>*	*Facets*	*Encounter Data Manager*	*Weekly*
Medical in 837I				Choose an item.
Medical in 837P				Choose an item.
NEMT				Choose an item.
Pharmacy				Choose an item.
Vision				Choose an item.
<insert other data sources[2]>				Choose an item.

[1] These sources represent claims/encounter submissions from the rendering provider to your MCO or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s) such as durable medical equipment (DME) and laboratory.

4. For encounters submitted to your MCO through each data source format, please describe the software used for the Electronic Data Interchange (EDI) compliance checks and the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels (i.e., 1-7) that are used in the EDI compliance checks.

Data Source[1]	Software for EDI Compliance Check	WEDI SNIP Level
Medical in 837I Format	*Edifecs*	*Levels 1 and 2*
Medical in 837I		
Medical in 837P		
NEMT		
Vision		
<insert other data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your MCO or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s) such as durable medical equipment (DME) and laboratory.

5. Please specify the modifications, reformatting or changes made to the claims/encounter data to accommodate LDH's encounter data submission standards.
   - Describe the modifications or reformatting using specific data field names and examples.
   - If a subcontractor prepares the encounter data submission for your MCO, please specify the modifications made by the subcontractor and additional modifications made by the MCO separately.
   - If there are changes made by an entity other than your MCO or your subcontractor, please note this in the *Modification Details* column and select "Other" under the *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Modification Details	Modification Made By
837I	*Provider ID*	*Zeros are added to the beginning of values in the Provider ID field to pad the results to a standard length of characters (e.g., 00003126).*	*MCO*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

6. Please specify how your MCO prepares/enriches data elements that are not provided on the claims/encounter data from providers but are required by LDH.
   - Describe the source of the data and process to create these data elements. If a subcontractor prepares the encounter data submission for your MCO, please specify the modifications made by the subcontractor and additional modifications made by your MCO separately.
   - If there are changes made by an entity other than your MCO or your subcontractor, please note this in the *Source Data and Creation Process* column and select "Other" under *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Source Data and Creation Process	Modification Made By
Medical 837I Claims	*Taxonomy Code*	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*MCO*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

7. Describe the process related to duplicate claims.
   - Provide details on the fields used to identify duplicates.
   - Identify where in the data flow process the duplicates are identified.
   - Provide details on how duplicate claims are handled after identification.

8. Describe the types of claims/encounters that are **not** submitted to LDH (e.g., paid, denied, voided, adjusted claims, or a specific service provided to members).

9. Describe the process to submit denied or partially denied claims/encounters to LDH.
   - Provide details regarding how the header claim status will be populated when some of the detail lines are paid and some are denied.

10. Using the following table, describe the process to submit adjustments/replacement/void/corrections (collectively referred to as adjustments) to encounters that have previously been submitted to LDH.

Question	Response
10a. What is the process to identify encounters for which adjustments are required?	
10b. Describe the process to submit adjustments.	
10c. How long does it take from identification to re-submission for encounters needing adjustments?	
10d. If adjustments are not submitted, describe why these encounters were not submitted.	

11. Please specify how provider data are collected, populated, and maintained for provider related fields in the claims/encounter data (e.g., National Provider Identifier (NPI), name, address, taxonomy code for Billing/Rendering/Attending/Referring/Prescribing Providers) for each data source type.
    - Describe what provider data is used to update/evaluate claims/encounter data.
    - Provide details on how the provider data is used to populate provider related fields in claims/encounter data.
    - Entity responsible for collecting, populating, and maintaining provider related fields in claims/encounter data.
    - If the provider related fields are populated by an entity other than/or including your MCO or your subcontractor, please note this in the *Provider Data Field Collection, Population, and Maintenance Process* column and select "Other" under *Populated By* column.

Data Source Type	Provider Data Field Collection, Population, and Maintenance Process	Populated By
Medical in 837P	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*MCO*
		Choose an item.
		Choose an item.
		Choose an item.

Data Source Type	Provider Data Field Collection, Population, and Maintenance Process	Populated By
		Choose an item.

12. Describe the process for linking provider data to claims/encounters including any procedures for reconciling differences between data submitted on the claim/encounter and your provider data.

13. The following questions address the use of member enrollment data.
    - If the member enrollment data related use includes an entity other than/or including your MCO or your subcontractor, please note this in the *Response* column.

Question	Response
13a. Data used by? *Select all that apply.*	☐ By the MCO ☐ By a subcontractor ☐ Other (list here: _____)
13b. Provide details regarding how the selected entities used the member enrollment data to ensure that the claims/encounter data are complete and accurate.	

14. Describe the process for linking member enrollment data to claims/encounters.
    - Provide any procedures for reconciling differences between data submitted on the claim/encounter and your member enrollment data.
    - Include entity responsible for linking member enrollment data to claims/encounters throughout the process.

Section B: Payment Structures of Encounter Data

MCO Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. How are claims paid (e.g., percent of billed, line-by-line, case rate, etc.) based on encounter type? If different methods exist, please add to the table below and then list them by percentage of claim dollars for each payment type. *Note: The first column of the table is provided as an example.*

Payment Type	Medical 837I	Medical 837P	NEMT	Pharmacy	Vision	Other Subcontractor (if any)
Capitation	*45*					
Diagnosis Related Group (DRG)	*5*					
Ingredient Cost (for Pharmacy)	*0*					
Line-by-line	*10*					
Negotiated (Flat) Rate	*0*					
Per-diem	*40*					

Payment Type	Medical 837I	Medical 837P	NEMT	Pharmacy	Vision	Other Subcontractor (if any)
Percent of Billed	0					
Variable Per Diem	0					
Other (Please describe)	0					
Other (Please describe)	0					
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

2. Describe in the table below the process for collecting coordination of benefits (COB)/third party liability (TPL) data and submitting encounters with TPL and TPL payments.
   - Provide separate responses for different types of claims/encounters including pharmacy.

Question	Response
2a. How is other insurance data collected?	
2b. Are your MCO's subcontractors or other entities required to collect other insurance data? – Please include responsible entity in response.	
2c. How are claims processed with TPL? – Please include the scenario when other insurance is submitted after the initial claim processing.	
2d. What source data is used to verify the accuracy of the TPL information?	

Question	Response
2e. Where does your MCO store TPL payment information and the source data?	
2f. How is TPL information populated into encounters submitted to LDH?	
2g. What are the measures taken to ensure accuracy of the TPL payment amount?	

3. Describe in the table below the process to capture, monitor accuracy, and submit zero-pay claims to LDH.

Question	Response
3a. Describe scenarios creating zero-pay amounts for your MCO (e.g., full payment by TPL, denied claims/claim lines, services under capitated arrangement).	
3b. How are zero-pay claims reflected in the encounter data to LDH?	
3c. Are zero-pay claims for capitated providers processed and submitted to LDH? – If so, describe how the completeness and accuracy of the claims are assessed.	

4. Describe the process for submitting payment information on capitated encounters (e.g., encounters for services paid to providers per member per month by your MCO, subcontractor or other responsible entity).

Section C: Encounter Data Quality Monitoring by Subcontractors

MCO Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your MCO's subcontractors** (not by your MCO). Please answer the following questions for each subcontractor that submits claims/encounter data to your MCO. If your MCO has a subcontractor or other responsible entity that is not listed, please utilize Question 5 (insert duplicated question and table for additional entities/subcontractors if needed).

To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks. If the checks from the drop-down list are not appropriate for your entity, please choose "Other" and then include the details in the *Description* column.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume per Member per Month (PMPM)	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.

Data Quality Checks in Drop-Down List	Description
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your entity in a timely manner.
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your entity.
EDI Compliance Edits	Evaluates whether 837 encounter data files pass the EDI compliance edits. Please describe the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

1. Does your **Medical** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your MCO?
   ☐ Yes
   ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
   ☐ Do not know (If you don't know, please provide an explanation in the box below.)
   ☐ Not applicable. We do not have a **Medical** subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

2. Does your **NEMT** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your MCO?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)

☐ Do not know (If you don't know, please provide an explanation in the box below.)

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

3. Does your **Pharmacy** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your MCO?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)

☐ Do not know (If you don't know, please provide an explanation in the box below.)

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

4. Does your **Vision** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your MCO?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)

☐ Do not know (If you don't know, please provide an explanation in the box below.)

☐ Not applicable. We do not have a **Vision** subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

5. Does your ***Click or tap here to enter text.*** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your MCO?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)

☐ Do not know (If you don't know, please provide an explanation in the box below.)

☐ Not applicable. We do not have another responsible entity or subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

SECTION D: ENCOUNTER DATA QUALITY MONITORING BY MCOS

MCO Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your MCO** regarding the claims/encounter data in your MCO's data warehouse, as well as claims/encounter data submitted to LDH. To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume PMPM	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your MCO in a timely manner.

Data Quality Checks in Drop-Down List	Description
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your MCO.
EDI Compliance Edits	Evaluates whether 837 encounter data files pass the EDI compliance edits. Please describe the WEDI SNIP levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

1. Upon receiving claims/encounter files from your subcontractors, please use the table below to indicate the following for each subcontractor:

- Column 2: Does subcontractor submit encounter files to LDH?
- Column 3: Does your MCO store the claims/encounter files from subcontractors in your data warehouse?
- Column 4: Does your MCO perform any quality checks on the claims/encounter files from subcontractors **before** submitting them to LDH? If not, please provide an explanation why the quality checks are not performed in the second box below.
- Column 5: Does your MCO modify the claims/encounter files from subcontractors **before** submitting them to LDH?
- Column 6: Does your MCO perform any quality checks on the claims/encounter data from subcontractors **after** submitting them to LDH?

Note: For Question 1, if your MCO has a subcontractor that is not listed, please add it under "Other" in the Subcontractor column for each table and complete questions for the subcontractor newly listed.

Subcontractor	Submits to LDH by Subcontractor	Stored by MCO	Reviewed by MCO Before Submission	Modified by MCO Before Submission	Reviewed by MCO After Submission
NEMT	*Yes*	*Yes*	*No*	*No*	*Yes*
Medical	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
NEMT	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Pharmacy	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Vision	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Other (*list and describe*)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Subcontractor	Submits to LDH by Subcontractor	Stored by MCO	Reviewed by MCO Before Submission	Modified by MCO Before Submission	Reviewed by MCO After Submission
Other (*list and describe*)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Subcontractor	Explanation Why Claims/Encounter Data are Not Reviewed by MCO Before Submission to LDH
Vision	*MCO is satisfied with the quality checks that the subcontractor has in place.*
Medical	
NEMT	
Pharmacy	
Vision	
Other (*list and describe*)	
Other (*list and describe*)	

2. If your MCO does not have a **medical** subcontractor, please mark the check box below. If your MCO performs quality checks on the claims/encounter data from your **medical** subcontractor, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

☐ Our MCO does not have a **medical** subcontractor.

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

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3. If your MCO performs quality checks on the claims/encounter data from your **NEMT** subcontractor, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

4. If your MCO performs quality checks on the claims/encounter data from your **pharmacy** subcontractor, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

5. If your MCO does not have a **vision** subcontractor, please mark the check box below. If your MCO performs quality checks on the claims/encounter data from your **vision** subcontractor, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are*

not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.

☐ Our MCO does not have a **vision** subcontractor.

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

6. If your MCO performs quality checks on the claims/encounter data from your ***Click or tap here to enter text.*** subcontractor, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

7. Does your MCO perform any quality checks on the encounter data submitted to LDH that are not listed in items 2 through 6 in this section?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks are not performed in the box below.)

☐ Do not know (If you do not know, please provide an explanation in the box below.)

Click or tap here to enter text.

If **Yes**, please list the specific checks and validation your MCO performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your MCO, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2020Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

8. Using the table below, please identify which transaction response files are used to support your encounter data submission activities and how the responses are tracked in your data system.
   - If the transaction response files are used to support encounter data submission activities ("YES"), describe how the data are used in the last column and whether the transaction responses are stored in your MCO's data system.
   - If the transaction responses are not used to support encounter data submission activities ("NO"), explain the reason why in the last column and whether the transaction responses are stored in your MCO's data system.

   Note: The table can be expanded if additional rows are required.

Transaction Response	Used to Support Encounter Data Submission?	Explanation of Transaction Response Use and Storage in your MCO's Data System
999 files	*☐ Yes ☐ No*	*All files are stored in the ## database and used for error management and resubmission activities.*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

9. List the number of encounters submitted, initially denied, initially denied but later accepted on resubmission, and initially denied but not accepted yet as of the date when the responses are prepared.
   - Please stratify the counts by claim/encounter type.
   - The counts are for the encounters submitted to LDH in calendar year 2024.

Claim/Encounter Type	Submitted	Initially Denied Due to LDH's EDI Translator	Initially Denied Due to Additional LDH Specific Edits	Initially Denied, Accepted on Resubmission	Initially Denied, Not Yet Accepted
Medical in 837I					
Medical in 837P					
NEMT					
Pharmacy					
Vision					
<Insert Subcontractor, if any>					
<Insert Subcontractor, if any>					

10. What are the top five reasons for the initial denials by LDH for each claim/encounter type?

Claim/Encounter	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5
Medical in 837I					
Medical in 837P					
NEMT					
Pharmacy					
Vision					
<Insert Subcontractor, if any>					

Claim/Encounter	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5
<Insert Subcontractor, if any>					

11. Describe your MCO's process for reconciling files rejected by LDH's EDI translator, including key policies and procedures for the identification, correction, and subsequent resubmission of encounters to LDH.

12. Describe your MCO's process for reconciling transactions that fail additional state-specific edits, including key policies and procedures for the identification, correction, and subsequent resubmission of these encounters to LDH.

13. Describe how data in your MCO's encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

14. What internal challenges do you face in submitting encounter data to LDH? For example, are there challenges with submitting data on time?

15. What external challenges do you face in submitting encounter data to LDH? For example, are there challenges with LDH's EDI translator?

16. What changes in processes or additional resources and support from LDH would you find most helpful in overcoming your challenges with successfully submitting encounter data to LDH?

17. Do you have any upcoming changes to your encounter submission process that may impact your answers to the questions above?

– If yes, what changes are expected and when are they likely to become effective?

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

_____ _____

Signature of CEO or responsible individual Date

_____

Print name and title

Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the MCE types, MCE names, and abbreviations for the MCEs included in the EDV study.

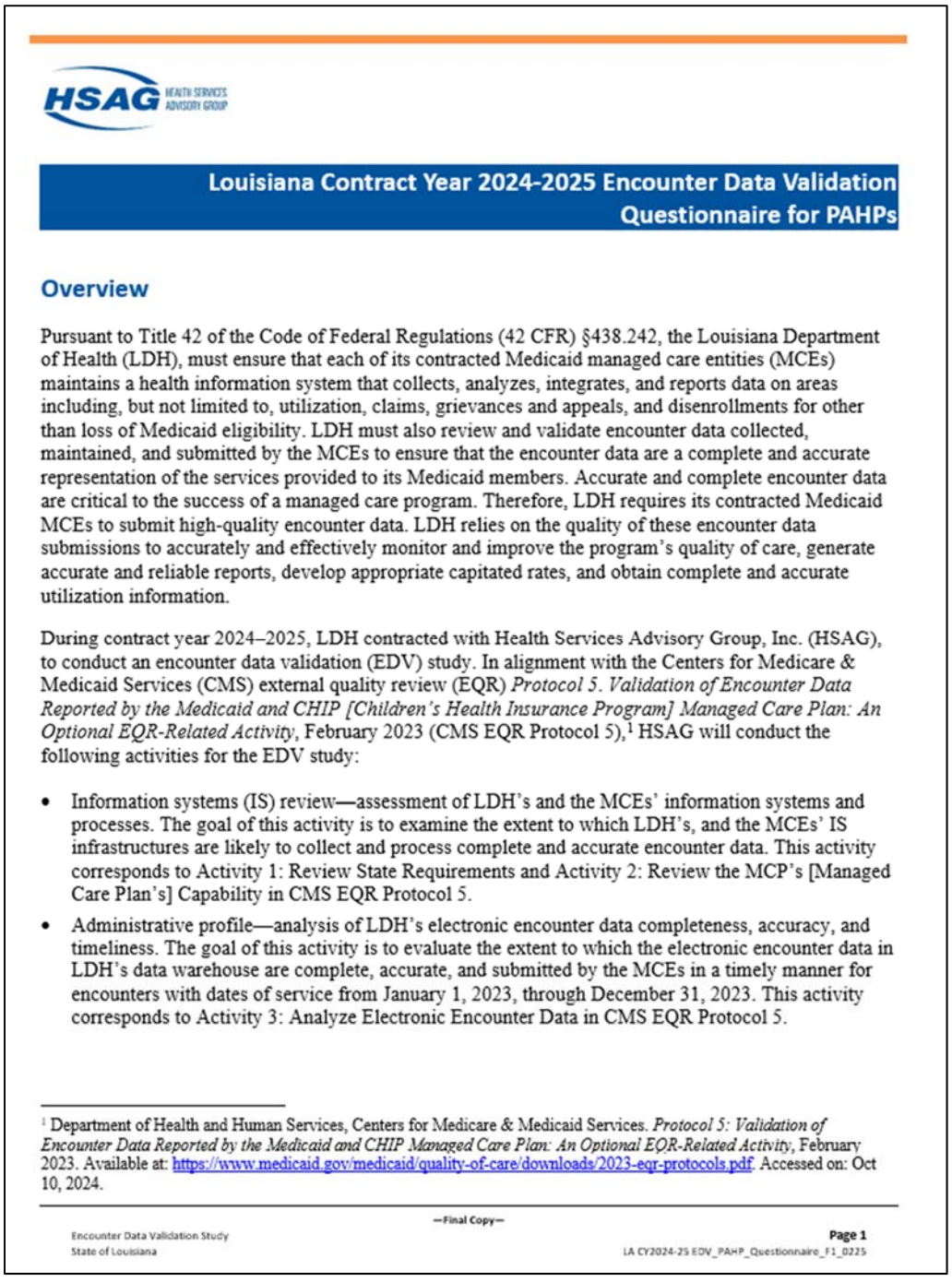
Table A-1—Medicaid Managed Care MCEs Included in the Study

MCE Type	MCE Name	MCE Abbreviation
MCOs	AmeriHealth Caritas Louisiana	ACLA
	Aetna Better Health	ABH
	Healthy Blue	HBL
	Humana Healthy Horizons*	HUM
	Louisiana Healthcare Connections	LHCC
	UnitedHealthcare Community	UHC
PAHPs	DentaQuest USA Insurance Company (DentaQuest)	DQ
	Managed Care North America	MCNA
PIHP	Magellan of Louisiana	Magellan

*HUM started to service Medicaid members on January 1, 2023.

Appendix C. Blank Questionnaire for the PAHPs

This appendix contains screen shots of the blank questionnaire sent to the PAHPs to respond to regarding the IS review.



Louisiana Contract Year 2024-2025 Encounter Data Validation Questionnaire for PAHPs

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Louisiana Department of Health (LDH), must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCEs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During contract year 2024–2025, LDH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),[1] HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of LDH's and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Oct 10, 2024.

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HSAG will conduct the EDV study for nine MCEs. Table 1 displays the MCE types, and number of MCEs[2] included in the study.

Table 1—Louisiana MCEs

MCE Type	Number of MCEs
Healthy Louisiana Managed Care Organizations (MCOs)	6
Prepaid Ambulatory Health Plans (PAHPs)	2
Prepaid Inpatient Health Plan (PIHP)	1

This document pertains to the IS review activity for the two PAHPs. In general, the IS review will include an evaluation of the PAHPs' processes for collecting, maintaining, and submitting encounter data to LDH and on the strengths and limitations of the PAHPs' information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate LDH's processes for collecting and managing the PAHP-submitted encounter data. In alignment with Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding each PAHP's information systems and data processing procedures. The IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on the PAHPs' ability to submit complete and accurate data.

General Instructions

HSAG developed the following questionnaire customized in collaboration with LDH to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

- **Section A**: Encounter Data Sources and Systems
- **Section B**: Payment Structures of Encounter Data
- **Section C**: Encounter Data Quality Monitoring by Subcontractors
- **Section D**: Encounter Data Quality Monitoring by PAHPs

Each participating PAHP must complete all sections of the following questionnaire, providing comprehensive answers to the questions and attaching supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. Please provide responses specific to procedures related to the processing of LDH's claims and encounters. Note that the questionnaire responses and supporting documentation will be submitted via an online Universal Survey Tool (UST) based on questions listed in this document. If different staff members within your PAHP are responsible for various aspects of the processes, please forward the

[2] Refer to Appendix A for a list of MCEs included in this study.

questionnaire link and ensure that each group provides answers to the applicable questions in each section. HSAG will demonstrate the tool the PAHPs during a meeting in February 2025.

Upon evaluating answers to the questionnaire and submitted documentation, HSAG's EDV team may conduct additional follow-up with the PAHPs via email or conference calls.

Submission of Questionnaire and Documentation

- HSAG requests that your PAHP complete the questionnaires using the survey link to HSAG's UST provided on Friday, March 14, 2025.
- HSAG requests your PAHP provide all responses and attach supporting documentation via the UST no later than **Friday, April 11, 2025**.
- Please contact Melissa Branigan via email at mbranigan@hsag.com for assistance regarding the questionnaires.
- Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time in your response.

Acronym	Description
BH	*Behavioral health*
EDI	*Electronic data interchange*

Section A: Encounter Data Sources and Systems

PAHP Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If your PAHP uses the same data system for multiple clients or lines of business, please limit your responses to specific procedures related to the processing of LDH's claims and encounters.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

In this section, your PAHP should provide an overview regarding the data sources and systems for your PAHP's claims/encounter data.

1. Using the table below, provide a data flow diagram and outline the path your PAHP's encounter data follow from the time a member receives a service(s) until the encounter is submitted to LDH and your PAHP processes LDH's feedback. Please select all data source types and provide a separate list or data flow diagram for each claim type and scenario. Be sure to identify any subcontractors responsible for processing the data and the associated processes with the subcontractors. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

   Select total number of subcontractors: Choose an item.

Data Source Type[1]	Data Flow Outline	Supporting Document
Paper Claims	*All paper claims are received via mail. Paper claims are date stamped upon receipt and scanned with optical character recognition (OCR) software and converted to*	*<insert file name>*

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Data Source Type[1]	Data Flow Outline	Supporting Document
	837 files for electronic processing. The remaining process is the same as the claims in electronic format.	
Dental in 837 Dental (837D) Format		
<insert data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your PAHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s).

2. For each key data source (i.e., all data your PAHP receives that are included in the encounter data submissions to LDH), provide a description of the files received, the frequency of receipt, and the approximate percentage of claims submitted by capitated versus fee-for-service (FFS) providers. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Description of Data Received (Including Format)	Frequency	Approximate Percentage of Claims from Capitated Providers
Web Claims	*We receive paid and denied claims via a Web portal.*	*Daily*	*30%*
Dental in 837D Format		Choose an item.	
<insert other data sources[2]>		Choose an item.	

[1] These sources represent claims/encounter submissions from the rendering provider to your PAHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s).

3. For each key data source, provide a description of the software used to receive data, validate data, prepare outbound encounters for submission to LDH, and frequency for submission. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Software Used to Receive Data	Software Used to Validate Data	Software Used to Generate Encounters for LDH	Frequency for Submission to LDH
Paper claims	*Convert to 837 format through an optical character recognition (OCR) software by <insert name>*	*Facets*	*Encounter Data Manager*	*Weekly*
Dental in 837D Format				Choose an item.
<insert other data sources[2]>				Choose an item.

[1] These sources represent claims/encounter submissions from the rendering provider to your PAHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s).

4. For encounters submitted to your PAHP through the 837D format, please describe the software used for the Electronic Data Interchange (EDI) compliance checks and the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels (i.e., 1-7) that are used in the EDI compliance checks.

Data Source[1]	Software for EDI Compliance Check	WEDI SNIP Level
Dental in 837D Format	*Edifecs*	*Levels 1 and 2*
Dental in 837D Format		
<insert other data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your PAHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from other types of subcontractor(s).

5. Please specify the modifications, reformatting or changes made to the claims/encounter data to accommodate LDH's encounter data submission standards.
   - Describe the modifications or reformatting using specific data field names and examples.
   - If a subcontractor prepares the encounter data submission for your PAHP, please specify the modifications made by the subcontractor and additional modifications made by the PAHP separately.
   - If there are changes made by an entity other than your PAHP or your subcontractor, please note this in the *Modification Details* column and select "Other" under the *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Modification Details	Modification Made By
Dental Claims	*Provider ID*	*Zeros are added to the beginning of values in the Provider ID field to pad the results to a standard length of characters (e.g., 00003126).*	*PAHP*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

6. Please specify how your PAHP prepares/enriches data elements that are not provided on the claims/encounter data from providers but are required by LDH.
   - Describe the source of the data and process to create these data elements. If a subcontractor prepares the encounter data submission for your PAHP, please specify the modifications made by the subcontractor and additional modifications made by your PAHP separately.
   - If there are changes made by an entity other than your PAHP or your subcontractor, please note this in the *Source Data and Creation Process* column and select "Other" under *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Source Data and Creation Process	Modification Made By
Dental Claims	*Taxonomy Code*	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*PAHP*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

7. Describe the process related to duplicate claims.
   - Provide details on the fields used to identify duplicates.
   - Identify where in the data flow process the duplicates are identified.
   - Provide details on how duplicate claims are handled after identification.

8. Describe the types of claims/encounters that are **not** submitted to LDH (e.g., paid, denied, voided, adjusted claims, or a specific service provided to members).

9. Describe the process to submit denied or partially denied claims/encounters to LDH.
   - Provide details regarding how the header claim status will be populated when some of the detail lines are paid and some are denied.

10. Using the following table, describe the process to submit adjustments/replacement/void/corrections (collectively referred to as adjustments) to encounters that have previously been submitted to LDH.

Question	Response
10a. What is the process to identify encounters for which adjustments are required?	
10b. Describe the process to submit adjustments.	
10c. How long does it take from identification to re-submission for encounters needing adjustments?	
10d. If adjustments are not submitted, describe why these encounters were not submitted.	

11. Please specify how provider data are collected, populated, and maintained for provider related fields in the claims/encounter data (e.g., National Provider Identifier (NPI), name, address, taxonomy code for Billing/Rendering/Attending/Referring/Prescribing Providers) for each data source type.
    - Describe what provider data is used to update/evaluate claims/encounter data.
    - Provide details on how the provider data is used to populate provider related fields in claims/encounter data.
    - Entity responsible for collecting, populating, and maintaining provider related fields in claims/encounter data.
    - If the provider related fields are populated by an entity other than/or including your PAHP or your subcontractor, please note this in the *Provider Data Field Collection, Population, and Maintenance Process* column and select "Other" under the *Populated By* column.

Data Source Type	Provider Data Field Collection, Population, and Maintenance Process	Populated By
Dental in 837 Dental (837D)	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*PAHP*
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

12. Describe the process for linking provider data to claims/encounters including any procedures for reconciling differences between data submitted on the claim/encounter and your provider data.

13. The following questions address the use of member enrollment data.
    - If the member enrollment data related use includes an entity other than/or including your PAHP or your subcontractor, please note this in the *Response* column.

Question	Response
13a. Data used by? *Select all that apply.*	☐ By the PAHP ☐ By a subcontractor ☐ Other (list here: _____)

13b. Provide details regarding how the selected entities used the member enrollment data to ensure that the claims/encounter data are complete and accurate.	

14. Describe the process for linking member enrollment data to claims/encounters.
   - Provide any procedures for reconciling differences between data submitted on the claim/encounter and your member enrollment data.
   - Include entity responsible for linking member enrollment data to claims/encounters throughout the process.

Section B: Payment Structures of Encounter Data

PAHP Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. How are claims paid (e.g., percent of billed, line-by-line, case rate, etc.) based on the encounter type? If different methods exist, please add to the table below and then list them by percentage of claim dollars for each payment type. *Note: The first column of the table is provided as an example.*

Payment Type	Dental	Other Subcontractor (if any)
Capitation	*10*	
Line-by-line	*35*	
Negotiated (Flat) Rate	*10*	
Per-diem	*0*	
Percent of Billed	*45*	
Variable Per Diem	*0*	
Other (Please describe)	*0*	
Other (Please describe)	*0*	
Total	**100%**	**100%**

2. Describe in the table below the process for collecting coordination of benefits (COB)/third party liability (TPL) data and submitting encounters with TPL and TPL payments.
   - Provide separate responses for different types of claims/encounters including pharmacy.

Question	Response
2a. How is other insurance data collected?	
2b. Are your PAHP's subcontractors or other entities required to collect other insurance data? – Please include responsible entity in response.	
2c. How are claims processed with TPL? – Please include the scenario when other insurance is submitted after the initial claim processing.	
2d. What source data is used to verify the accuracy of the TPL information?	
2e. Where does your PAHP store TPL payment information and the source data?	
2f. How is TPL information populated into encounters submitted to LDH?	
2g. What are the measures taken to ensure accuracy of the TPL payment amount?	

3. Describe in the table below the process to capture, monitor accuracy, and submit zero-pay claims to LDH.

Question	Response
3a. Describe scenarios creating zero-pay amounts for your PAHP (e.g., full payment by TPL, denied claims/claim lines, services under capitated arrangement).	

Question	Response
3b. How are zero-pay claims reflected in the encounter data submitted to LDH?	
3c. Are zero-pay claims for capitated providers processed and submitted to LDH? – If so, describe how the completeness and accuracy of the claims are assessed.	

4. Describe the process for submitting payment information on capitated encounters (e.g., encounters for services paid to providers per member per month by your PAHP, subcontractor, or other responsible entity).

Section C: Encounter Data Quality Monitoring by Subcontractors

PAHP Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your PAHP's subcontractors** (not by your PAHP). Please answer the following questions for each subcontractor that submits claims/encounter data to your PAHP. If your PAHP has a subcontractor or other responsible entity that is not listed, please utilize Question 2 (insert duplicated question and table for additional entities/subcontractors, if needed).

To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks. If the checks from the drop-down list are not appropriate for your entity, please choose "Other" and then include the details in the *Description* column.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume per Member per Month (PMPM)	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.

Data Quality Checks in Drop-Down List	Description
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your entity in a timely manner.
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your entity.
EDI Compliance Edits	Evaluates whether 837 dental files pass the EDI compliance edits. Please describe the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels that are used in the EDI compliance checks.
Dental Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the dental records.

1. Does your **dental** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your PAHP?
   - ☐ Yes
   - ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
   - ☐ Do not know (If you don't know, please provide an explanation in the box below.)
   - ☐ Not applicable. We do not have a **dental** subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

2. Does your ***Click or tap here to enter text.*** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your PAHP?
   - ☐ Yes
   - ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
   - ☐ Do not know (If you don't know, please provide an explanation in the box below.)
   - ☐ Not applicable. We do not have another responsible entity or subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

SECTION D: ENCOUNTER DATA QUALITY MONITORING BY PAHPS

PAHP Name	Choose an item.
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your PAHP** regarding the claims/encounter data in your PAHP's data warehouse, as well as claims/encounter data submitted to LDH. To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume PMPM	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your PAHP in a timely manner.

Data Quality Checks in Drop-Down List	Description
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your PAHP.
EDI Compliance Edits	Evaluates whether 837 dental files pass the EDI compliance edits. Please describe the WEDI SNIP levels that are used in the EDI compliance checks.
Dental Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the dental records.

1. Upon receiving claims/encounter files from your subcontractors, please use the table below to indicate the following for each subcontractor:

- Column 2: Does subcontractor submit encounter files to LDH?
- Column 3: Does your PAHP store the claims/encounter files from subcontractors in your data warehouse?
- Column 4: Does your PAHP perform any quality checks on the claims/encounter files from subcontractors **before** submitting them to LDH? If not, please provide an explanation why the quality checks are not performed in the second box below.
- Column 5: Does your PAHP modify the claims/encounter files from subcontractors **before** submitting them to LDH?
- Column 6: Does your PAHP perform any quality checks on the claims/encounter data from subcontractors **after** submitting them to LDH?

Note: For Question 1, if your PAHP has a subcontractor that is not listed, please add it under "Other" in the Subcontractor column for each table and complete questions for the subcontractor newly listed.

Subcontractor	Submits to LDH by Subcontractor	Stored by PAHP	Reviewed by PAHP Before Submission	Modified by PAHP Before Submission	Reviewed by PAHP After Submission
Dental	*Yes*	*Yes*	*No*	*No*	*Yes*
Dental	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Other (*list and describe*)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Subcontractor	Explanation Why Claims/Encounter Data are Not Reviewed by PAHP Before Submission to LDH
Dental	*PAHP is satisfied with the quality checks that the subcontractor has in place.*

Subcontractor	Explanation Why Claims/Encounter Data are Not Reviewed by PAHP Before Submission to LDH
Dental	
Other (*list and describe*)	

2. If your PAHP does not have a **dental** subcontractor, please mark the check box below. If your PAHP performs quality checks on the claims/encounter data from your **dental** subcontractor, please list the specific checks and validation your PAHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PAHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

☐ Our PAHP does not have a **dental** subcontractor.

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

3. If your PAHP performs quality checks on the claims/encounter data from your ***Click or tap here to enter text.*** subcontractor, please list the specific checks and validation your PAHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PAHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

Data Quality Checks	Description	Frequency	Supporting Documents
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

4. Does your PAHP perform any quality checks on the encounter data submitted to LDH that are not listed in items 2 and 3 in this section?
   - ☐ Yes
   - ☐ No (If No, please provide an explanation why the quality checks are not performed in the box below.)
   - ☐ Do not know (If you don't know, please provide an explanation in the box below.)

Click or tap here to enter text.

If **Yes**, please list the specific checks and validation your PAHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PAHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2020Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

5. Using the table below, please identify which transaction response files are used to support your encounter data submission activities and how the responses are tracked in your data system.
   - If the transaction response files are used to support encounter data submission activities ("YES"), describe how the data are used in the last column and whether the transaction responses are stored in your PAHP's data system.
   - If the transaction responses are not used to support encounter data submission activities ("NO"), explain the reason why in the last column and whether the transaction responses are stored in your PAHP's data system.

   Note: The table can be expanded if additional rows are required.

Transaction Response	Used to Support Encounter Data Submission?	Explanation of Transaction Response Use and Storage in your PAHP's Data System
999 files	*☐ Yes ☐ No*	*All files are stored in the ## database and used for error management and resubmission activities.*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

6. List the number of encounters submitted, initially denied, initially denied but later accepted on resubmission, and initially denied but not accepted yet as of the date when the responses are prepared.
   - Please stratify the counts by claim/encounter type.
   - The counts are for the encounters submitted to LDH in calendar year 2024.

Claim/Encounter Type	Submitted	Initially Denied Due to LDH's EDI Translator	Initially Denied Due to Additional LDH Specific Edits	Initially Denied, Accepted on Resubmission	Initially Denied, Not Yet Accepted
837 Dental					
<Insert Subcontractor, if any>					

7. What are the top five reasons for the initial denials by LDH for each claim/encounter type?

Claim/Encounter	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5
837 Dental					
<Insert Subcontractor, if any>					

8. Describe your PAHP's process for reconciling files rejected by LDH's EDI translator, including key policies and procedures for the identification, correction, and subsequent resubmission of encounters to LDH.

9. Describe your PAHP's process for reconciling transactions that fail additional state-specific edits, including key policies and procedures for the identification, correction, and subsequent resubmission of these encounters to LDH.

10. Describe how data in your PAHP's encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

11. What internal challenges do you face in submitting encounter data to LDH? For example, are there challenges with submitting data on time?

12. What external challenges do you face in submitting encounter data to LDH? For example, are there challenges with LDH's EDI translator?

13. What changes in processes or additional resources and support from LDH would you find most helpful in overcoming your challenges with successfully submitting encounter data to LDH?

14. Do you have any upcoming changes to your encounter submission process that may impact your answers to the questions above?
    - If yes, what changes are expected and when are they likely to become effective?

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

_____ _____

Signature of CEO or responsible individual Date

_____

Print name and title

Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the MCE types, MCE names, and abbreviations for the MCEs included in the EDV study.

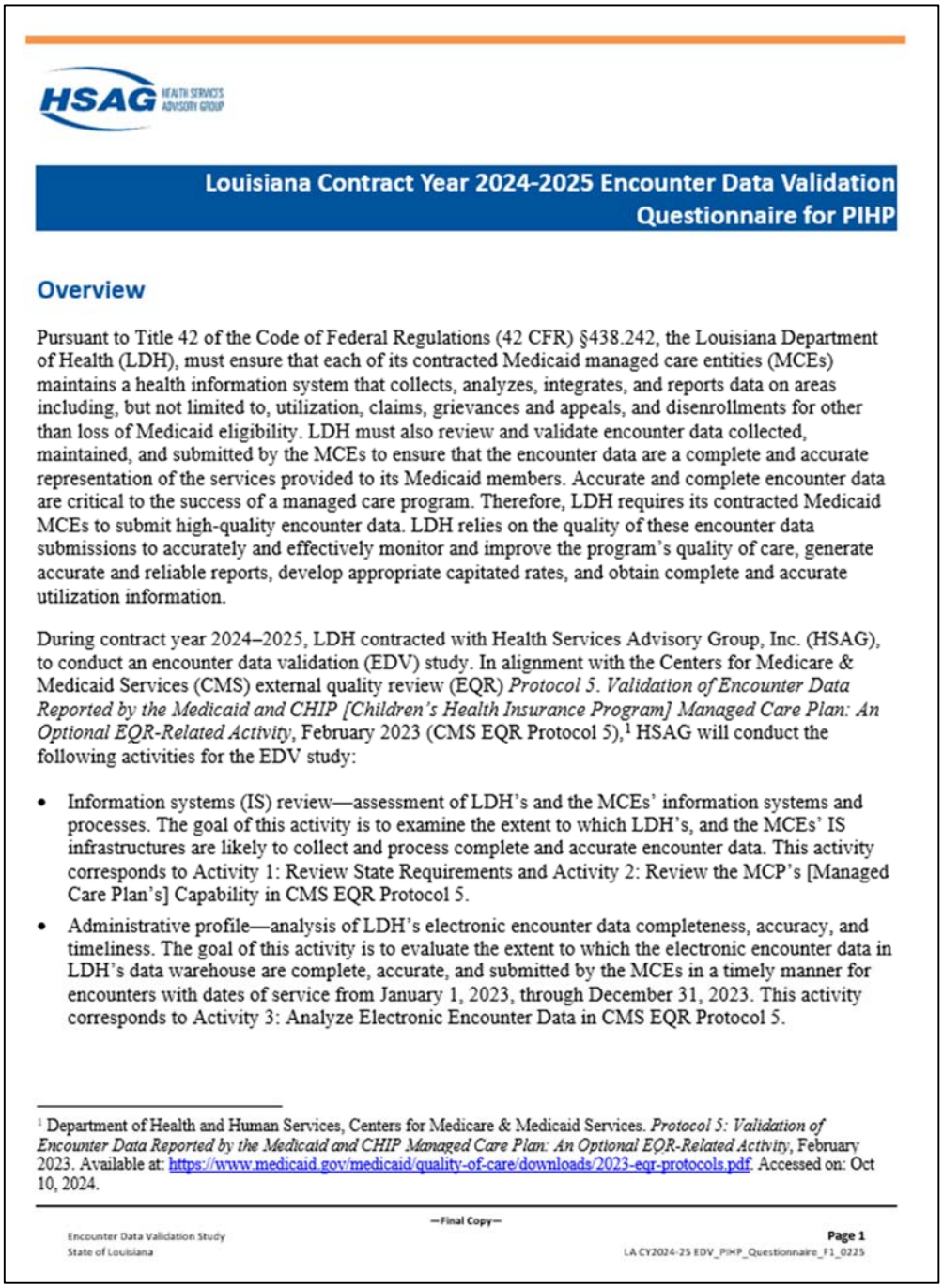
Table A-1—Medicaid Managed Care MCEs Included in the Study

MCE Type	MCE Name	MCE Abbreviation
MCOs	AmeriHealth Caritas Louisiana	ACLA
	Aetna Better Health	ABH
	Healthy Blue	HBL
	Humana Healthy Horizons*	HUM
	Louisiana Healthcare Connections	LHCC
	UnitedHealthcare Community	UHC
PAHPs	DentaQuest USA Insurance Company (DentaQuest)	DQ
	Managed Care North America	MCNA
PIHP	Magellan of Louisiana	Magellan

*HUM started to service Medicaid members on January 1, 2023.

Appendix D. Blank Questionnaire for the PIHP

This appendix contains screen shots of the blank questionnaire sent to the PIHP to respond to regarding the IS review.



Louisiana Contract Year 2024-2025 Encounter Data Validation Questionnaire for PIHP

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Louisiana Department of Health (LDH), must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCEs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During contract year 2024–2025, LDH contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),[1] HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of LDH's and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which LDH's, and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Oct 10, 2024.

—Final Copy—

Encounter Data Validation Study
State of Louisiana

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HSAG will conduct the EDV study for nine MCEs. Table 1 displays the MCE types, and number of MCEs[2] included in the study.

Table 1—Louisiana MCEs

MCE Type	Number of MCEs
Healthy Louisiana Managed Care Organizations (MCOs)	6
Prepaid Ambulatory Health Plans (PAHPs)	2
Prepaid Inpatient Health Plan (PIHP)	1

This document pertains to the IS review activity for the PIHP. In general, the IS review will include an evaluation of the PIHP's processes for collecting, maintaining, and submitting encounter data to LDH and on the strengths and limitations of the PIHP's information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate LDH's processes for collecting and managing the PIHP-submitted encounter data. In alignment with Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding PIHP's information systems and data processing procedures. The IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on the PIHP's ability to submit complete and accurate data.

General Instructions

HSAG developed the following questionnaire customized in collaboration with LDH to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

- **Section A**: Encounter Data Sources and Systems
- **Section B**: Payment Structures of Encounter Data
- **Section C**: Encounter Data Quality Monitoring by Subcontractors
- **Section D**: Encounter Data Quality Monitoring by PIHP

The PIHP must complete all sections of the following questionnaire, providing comprehensive answers to the questions and attaching supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. Please provide responses specific to procedures related to the processing of LDH's claims and encounters. Note that the questionnaire responses and supporting documentation will be submitted via an online Universal Survey Tool (UST) based on questions listed in this document. If different staff members within your PIHP are responsible for various aspects of the processes, please forward the questionnaire link and ensure that

[2] Refer to Appendix A for a list of MCEs included in this study.

each group provides answers to the applicable questions in each section. HSAG will demonstrate the tool to the PIHP during a meeting in February 2025.

Upon evaluating answers to the questionnaire and submitted documentation, HSAG's EDV team may conduct additional follow-up with the PIHP via email or conference calls.

Submission of Questionnaire and Documentation

- HSAG requests that your PIHP complete the questionnaire using the survey link to HSAG's UST that will be on Friday, March 14, 2025.
- HSAG requests your PIHP to provide all responses and attach supporting documentation via the UST no later than **Friday, April 11, 2025**.
- Please notify Melissa Branigan via email at mbranigan@hsag.com for assistance regarding the questionnaire.
- Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time in your response.

Acronym	Description
BH	*Behavioral health*
EDI	*Electronic data interchange*

Section A: Encounter Data Sources and Systems

PIHP Name	**Magellan of Louisiana**
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If your PIHP uses the same data system for multiple clients or lines of business, please limit your responses to specific procedures related to the processing of LDH's claims and encounters.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

In this section, your PIHP should provide an overview regarding the data sources and systems for your PIHP's claims/encounter data.

1. Using the table below, provide a data flow diagram and outline the path your PIHP's encounter data follow from the time a member receives a service(s) until the encounter is submitted to LDH and your PIHP processes LDH's feedback. Please select all data source types and provide a separate list or data flow diagram for each claim type and scenario. Be sure to identify any subcontractors responsible for processing the data and the associated processes with the subcontractors. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

   Select total number of subcontractors: Choose an item.

Data Source Type[1]	Data Flow Outline	Supporting Document
Paper Claims	*All paper claims are received via mail. Paper claims are date stamped upon receipt and scanned with optical character recognition (OCR) software and converted to*	*<insert file name>*

Data Source Type[1]	Data Flow Outline	Supporting Document
	837 files for electronic processing. The remaining process is the same as the claims in electronic format.	
Behavioral Health (BH) in 837 Professional (837P)		
BH in 837 Institutional (837I)		
<insert data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your PIHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from subcontractor(s).

2. For each key data source (i.e., all data your PIHP receives that are included in the encounter data submissions to LDH), provide a description of the files received, the frequency of receipt, and the approximate percentage of claims submitted by capitated versus fee-for-service (FFS) providers. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Description of Data Received (Including Format)	Frequency	Approximate Percentage of Claims from Capitated Providers
Web Claims	*We receive paid and denied claims via a Web portal*	*Daily*	*30%*
BH in 837I		Choose an item.	
BH in 837P		Choose an item.	
<insert other data sources[2]>		Choose an item.	

[1] These sources represent claims/encounter submissions from the rendering provider to your PIHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from subcontractor(s).

3. For each key data source, provide a description of the software used to receive data, validate data, prepare outbound encounters for submission to LDH, and frequency for submission. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source[1]	Software Used to Receive Data	Software Used to Validate Data	Software Used to Generate Encounters for LDH	Frequency for Submission to LDH
Paper claims	*Convert to 837 format through an optical character recognition (OCR) software by <insert name>*	*Facets*	*Encounter Data Manager*	*Weekly*
BH in 837I				Choose an item.
BH in 837P				Choose an item.
<insert other data sources[2]>				Choose an item.

[1] These sources represent claims/encounter submissions from the rendering provider to your PIHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from subcontractor(s).

4. For encounters submitted to your PIHP through each data source format, please describe the software used for the Electronic Data Interchange (EDI) compliance checks and the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels (i.e., 1-7) that are used in the EDI compliance checks.

Data Source[1]	Software for EDI Compliance Check	WEDI SNIP Level
BH in 837I Format	*Edifecs*	*Levels 1 and 2*
BH in 837I		
BH in 837P		
<insert other data sources[2]>		

[1] These sources represent claims/encounter submissions from the rendering provider to your PIHP or subcontractor.
[2] Example includes data submitted in a proprietary format or from subcontractor(s).

5. Please specify the modifications, reformatting or changes made to the claims/encounter data to accommodate LDH's encounter data submission standards.
   - Describe the modifications or reformatting using specific data field names and examples.
   - If a subcontractor prepares the encounter data submission for your PIHP, please specify the modifications made by the subcontractor and additional modifications made by the PIHP separately.
   - If there are changes made by an entity other than your PIHP or your subcontractor, please note this in the *Modification Details* column and select "Other" under the *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Modification Details	Modification Made By
BH in 837I	*Provider ID*	*Zeros are added to the beginning of values in the Provider ID field to pad the results to a standard length of characters (e.g., 00003126).*	*PIHP*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

6. Please specify how your PIHP prepares/enriches data elements that are not provided on the claims/encounter data from providers but are required by LDH.
   - Describe the source of the data and process to create these data elements. If a subcontractor prepares the encounter data submission for your PIHP, please specify the modifications made by the subcontractor and additional modifications made by your PIHP separately.
   - If there are changes made by an entity other than your PIHP or your subcontractor, please note this in the *Source Data and Creation Process* column and select "Other" under *Modification Made By* column.

Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.

Data Type	Field	Source Data and Creation Process	Modification Made By
BH 837I Claims	*Taxonomy Code*	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*PIHP*
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

7. Describe the process related to duplicate claims.
   - Provide details on the fields used to identify duplicates.
   - Identify where in the data flow process the duplicates are identified.
   - Provide details on how duplicate claims are handled after identification.

8. Describe the types of claims/encounters that are **not** submitted to LDH (e.g., paid, denied, voided, adjusted claims, or a specific service provided to members).

9. Describe the process to submit denied or partially denied claims/encounters to LDH.
   - Provide details regarding how the header claim status will be populated when some of the detail lines are paid and some are denied.

10. Using the following table, describe the process to submit adjustments/replacement/void/corrections (collectively referred to as adjustments) to encounters that have previously been submitted to LDH.

Question	Response
10a. What is the process to identify encounters for which adjustments are required?	
10b. Describe the process to submit adjustments.	
10c. How long does it take from identification to re-submission for encounters needing adjustments?	
10d. If adjustments are not submitted, describe why these encounters were not submitted.	

11. Please specify how provider data are collected, populated, and maintained for provider related fields in the claims/encounter data (e.g., National Provider Identifier (NPI), name, address, taxonomy code for Billing/Rendering/Attending/Referring/Prescribing Providers) for each data source type.
    - Describe what provider data is used to update/evaluate claims/encounter data.
    - Provide details on how the provider data is used to populate provider related fields in claims/encounter data.
    - Entity responsible for collecting, populating, and maintaining provider related fields in claims/encounter data.
    - If the provider related fields are populated by an entity other than your PIHP or your subcontractor, please note this in the *Provider Data Field Collection, Population, and Maintenance Process* column and select "Other" under *Populated By* column.

Data Source Type	Provider Data Field Collection, Population, and Maintenance Process	Populated By
BH in 837 Professional (837P)	*Obtain taxonomy codes from a reference file by linking with provider NPI and procedure code.*	*PIHP*
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

12. Describe the process for linking provider data to claims/encounters including any procedures for reconciling differences between data submitted on the claim/encounter and your provider data.

13. The following questions address the use of member enrollment data.
    - If the member enrollment data related use includes an entity other than/or including your PIHP or your subcontractor, please note this in the *Response* column.

Question	Response
13a. Data used by? *Select all that apply.*	☐ By the PIHP ☐ By a subcontractor ☐ Other (list here:_____)

Question	Response
13b. Provide details regarding how the selected entities used the member enrollment data to ensure that the claims/encounter data are complete and accurate.	

14. Describe the process for linking member enrollment data to claims/encounters.
   - Provide any procedures for reconciling differences between data submitted on the claim/encounter and your member enrollment data.
   - Include entity responsible for linking member enrollment data to claims/encounters throughout the process.

Section B: Payment Structures of Encounter Data

PIHP Name	**Magellan of Louisiana**
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

1. For each data type please list the percentage of claim dollars for each payment type listed in the table below. If additional payment methods exist, please add to the table. The sum percentages should equal 100%. *Note: The first column of the table is provided as an example.*

Payment Type	BH 837I	BH 837P	Other Subcontractor (if any)
Capitation	*45*		
Diagnosis Related Group (DRG)	*0*		
Line-by-line	*10*		
Negotiated (Flat) Rate	*0*		
Per-diem	*30*		
Percent of Billed	*15*		
Variable Per Diem	*0*		
Other (Please describe)	*0*		
Other (Please describe)	*0*		
Total	**100%**	**100%**	**100%**

2. Describe in the table below the process for collecting coordination of benefits (COB)/third party liability (TPL) data and submitting encounters with TPL and TPL payments.
   - Provide separate responses for different types of claims/encounters including pharmacy.

Question	Response
2a. How is other insurance data collected?	
2b. Are your PIHP's subcontractors or other entities required to collect other insurance data? – Please include responsible entity in response.	
2c. How are claims processed with TPL? – Please include the scenario when other insurance is submitted after the initial claim processing.	
2d. What source data is used to verify the accuracy of the TPL information?	
2e. Where does your PIHP store TPL payment information and the source data?	
2f. How is TPL information populated into encounters submitted to LDH?	
2g. What are the measures taken to ensure accuracy of the TPL payment amount?	

3. Describe in the table below the process to capture, monitor accuracy, and submit zero-pay claims to LDH.

Question	Response
3a. Describe scenarios creating zero-pay amounts for your PIHP (e.g., full payment by TPL, denied claims/claim lines, services under capitated arrangement).	

Question	Response
3b. How are zero-pay claims reflected in the encounter data to LDH?	
3c. Are zero-pay claims for capitated providers processed and submitted to LDH? – If so, describe how the completeness and accuracy of the claims are assessed.	

4. Describe the process for submitting payment information on capitated encounters (e.g., encounters for services paid to providers per member per month by your PIHP, subcontractor or other responsible entity).

Section C: Encounter Data Quality Monitoring by Subcontractors

PIHP Name	**Magellan of Louisiana**
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your PIHP's subcontractors** (not by your PIHP). Please answer the following questions for each subcontractor that submits claims/encounter data to your PIHP. If your PIHP has a subcontractor or other responsible entity that is not listed, please utilize Question 2 (insert duplicated question and table for additional entities/subcontractors if needed).

To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks. If the checks from the drop-down list are not appropriate for your entity, please choose "Other" and then include the details in the *Description* column.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume per Member per Month (PMPM)	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.

Data Quality Checks in Drop-Down List	Description
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your entity in a timely manner.
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your entity.
EDI Compliance Edits	Evaluates whether 837 encounter data files pass the EDI compliance edits. Please describe the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

1. Does your **BH** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your PIHP?
   ☐ Yes
   ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
   ☐ Do not know (If you don't know, please provide an explanation in the box below.)
   ☐ Not applicable. We do not have a **BH** subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

2. Does your ***Click or tap here to enter text.*** subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your PIHP?
   - ☐ Yes
   - ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
   - ☐ Do not know (If you don't know, please provide an explanation in the box below.)
   - ☐ Not applicable. We do not have another responsible entity or subcontractor.

Click or tap here to enter text.

If **Yes**, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

SECTION D: ENCOUNTER DATA QUALITY MONITORING BY PIHP

PIHP Name	**Magellan of Louisiana**
Contact person for this section (Name and Title)	
Contact Information (Email)	

Please note that your appointed staff member will complete the questionnaire utilizing an electronic version in HSAG's UST. This Microsoft Word document serves as a reference to distribute amongst departments/teams, if needed, to compile the information prior to transferring the responses and attaching any supplemental files into the UST.

If a supplemental file is provided, please note the filename in your response. In the case of a file/document that has already been submitted to HSAG, please provide the filename that is applicable to the question. It is not required to resubmit the file.

This section focuses on the quality checks **performed by your PIHP** regarding the claims/encounter data in your PIHP's data warehouse, as well as claims/encounter data submitted to LDH. To help organize the responses, this section includes some standard data quality checks in the table below and shows a brief description for these checks.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume PMPM	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your PIHP in a timely manner.

Data Quality Checks in Drop-Down List	Description
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your PIHP.
EDI Compliance Edits	Evaluates whether 837 encounter data files pass the EDI compliance edits. Please describe the WEDI SNIP levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

1. Upon receiving claims/encounter files from your subcontractors, please use the table below to indicate the following for each subcontractor:

- Column 2: Does subcontractor submit encounter files to LDH?
- Column 3: Does your PIHP store the claims/encounter files from subcontractors in your data warehouse?
- Column 4: Does your PIHP perform any quality checks on the claims/encounter files from subcontractors **before** submitting them to LDH? If not, please provide an explanation why the quality checks are not performed in the second box below.
- Column 5: Does your PIHP modify the claims/encounter files from subcontractors **before** submitting them to LDH?
- Column 6: Does your PIHP perform any quality checks on the claims/encounter data from subcontractors **after** submitting them to LDH?

Note: For Question 1, if your PIHP has a subcontractor that is not listed, please add it under "Other" in the Subcontractor column for each table and complete questions for the subcontractor newly listed.

Subcontractor	Submits to LDH by Subcontractor	Stored by PIHP	Reviewed by PIHP Before Submission	Modified by PIHP Before Submission	Reviewed by PIHP After Submission
BH	*Yes*	*Yes*	*No*	*No*	*Yes*
BH	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Other (*list and describe*)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Subcontractor	Explanation Why Claims/Encounter Data are Not Reviewed by PIHP Before Submission to LDH
BH	*PIHP is satisfied with the quality checks that the subcontractor has in place.*
BH	
Other (*list and describe*)	

2. If your PIHP does not have a **BH** subcontractor, please mark the check box below. If your PIHP performs quality checks on the claims/encounter data from your **BH** subcontractor, please list the specific checks and validation your PIHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PIHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

☐ Our PIHP does not have a **BH** subcontractor.

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

3. If your PIHP performs quality checks on the claims/encounter data from your ***Click or tap here to enter text.*** subcontractor, please list the specific checks and validation your PIHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PIHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2022Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

Data Quality Checks	Description	Frequency	Supporting Documents
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

4. Does your PIHP perform any quality checks on the encounter data submitted to LDH that are not listed in items 2 through 3 in this section?
   - ☐ Yes
   - ☐ No (If No, please provide an explanation why the quality checks are not performed in the box below.)
   - ☐ Do not know (If you do not know, please provide an explanation in the box below.)

Click or tap here to enter text.

If **Yes**, please list the specific checks and validation your PIHP performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks.
Note: Please select from the drop-down list. If the checks from the drop-down list are not appropriate for your PIHP, please choose "Other" and include the details in the Description column. The first row in the table is provided as an example. The table can be expanded if additional rows are required.

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	*Calculate number of claims PMPM*	*Quarterly*	*Monitoring_2020Q1.pdf*
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

5. Using the table below, please identify which transaction response files are used to support your encounter data submission activities and how the responses are tracked in your data system.
   - If the transaction response files are used to support encounter data submission activities ("YES"), describe how the data are used in the last column and whether the transaction responses are stored in your PIHP's data system.
   - If the transaction responses are not used to support encounter data submission activities ("NO"), explain the reason why in the last column and whether the transaction responses are stored in your PIHP's data system.

   Note: The table can be expanded if additional rows are required.

Transaction Response	Used to Support Encounter Data Submission?	Explanation of Transaction Response Use and Storage in your PIHP's Data System
999 files	*☐ Yes ☐ No*	*All files are stored in the ## database and used for error management and resubmission activities.*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

6. List the number of encounters submitted, initially denied, initially denied but later accepted on resubmission, and initially denied but not accepted yet as of the date when the responses are prepared.
   - Please stratify the counts by claim/encounter type.
   - The counts are for the encounters submitted to LDH in calendar year 2024.

Claim/Encounter Type	Submitted	Initially Denied Due to LDH's EDI Translator	Initially Denied Due to Additional LDH Specific Edits	Initially Denied, Accepted on Resubmission	Initially Denied, Not Yet Accepted
BH in 837I					
BH in 837P					
< Insert Subcontractor, if any>					

7. What are the top five reasons for the initial denials by LDH for each claim/encounter type?

Claim/Encounter	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5
BH in 837I					
BH in 837P					
< Insert Subcontractor, if any>					

8. Describe your PIHP's process for reconciling files rejected by LDH's EDI translator, including key policies and procedures for the identification, correction, and subsequent resubmission of encounters to LDH.

9. Describe your PIHP's process for reconciling transactions that fail additional state-specific edits, including key policies and procedures for the identification, correction, and subsequent resubmission of these encounters to LDH.

10. Describe how data in your PIHP's encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

11. What internal challenges do you face in submitting encounter data to LDH? For example, are there challenges with submitting data on time?

12. What external challenges do you face in submitting encounter data to LDH? For example, are there challenges with LDH's EDI translator?

13. What changes in processes or additional resources and support from LDH would you find most helpful in overcoming your challenges with successfully submitting encounter data to LDH?

14. Do you have any upcoming changes to your encounter submission process that may impact your answers to the questions above?
    - If yes, what changes are expected and when are they likely to become effective?

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

_____ _____

Signature of CEO or responsible individual Date

_____

Print name and title

Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the MCE types, MCE names, and abbreviations for the MCEs included in the EDV study.

Table A-1—Medicaid Managed Care MCEs Included in the Study

MCE Type	MCE Name	MCE Abbreviation
MCOs	AmeriHealth Caritas Louisiana	ACLA
	Aetna Better Health	ABH
	Healthy Blue	HBL
	Humana Healthy Horizons*	HUM
	Louisiana Healthcare Connections	LHCC
	UnitedHealthcare Community	UHC
PAHPs	DentaQuest USA Insurance Company (DentaQuest)	DQ
	Managed Care North America	MCNA
PIHP	Magellan of Louisiana	Magellan

*HUM started to service Medicaid members on January 1, 2023.

—Final Copy—

Encounter Data Validation Study
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Appendix E. Results for Aetna Better Health

Appendix E contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for ABH.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on ABH's IS review, the following strengths were identified:

- For the encounters collected by its subcontractors, ABH noted that it stored and reviewed encounter data before submission to LDH, did not modify the data before submission, and reviewed the encounters after submission to LDH. In addition, ABH and/or its dental and NEMT subcontractors noted that they performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on the corresponding encounters.
- ABH reported less than 1.0 percent of pharmacy encounters as initially rejected and not yet accepted.

Based on ABH's IS review, the following opportunities for improvement were identified:

- Among the five MCOs with a vision subcontractor, ABH had the second highest percentage of encounters initially rejected and not yet accepted by LDH at 6.2 percent.

Based on ABH's IS review, the following recommendations were identified:

- ABH should build a process with LDH and its vision subcontractor to ensure that rejected vision encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table E-1 through Table E-4 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table E-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	134,765	172,813	779.8
February 2023	124,764	174,444	715.2
March 2023	151,113	176,117	858.0
April 2023	134,615	178,308	755.0
May 2023	151,440	179,137	845.4
June 2023	141,132	179,268	787.3
July 2023	135,924	176,599	769.7
August 2023	156,991	173,729	903.7
September 2023	144,408	170,379	847.6
October 2023	152,641	167,383	911.9
November 2023	142,282	164,727	863.7
December 2023	132,905	161,898	820.9

Table E-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	35,368	172,813	204.7
February 2023	32,472	174,444	186.1
March 2023	38,974	176,117	221.3
April 2023	34,814	178,308	195.2
May 2023	38,471	179,137	214.8
June 2023	36,308	179,268	202.5
July 2023	34,647	176,599	196.2
August 2023	39,762	173,729	228.9
September 2023	36,016	170,379	211.4
October 2023	36,764	167,383	219.6
November 2023	34,661	164,727	210.4
December 2023	32,639	161,898	201.6

Table E-3—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	2,044	172,813	11.8
February 2023	2,293	174,444	13.1
March 2023	3,375	176,117	19.2
April 2023	2,964	178,308	16.6
May 2023	3,116	179,137	17.4
June 2023	2,855	179,268	15.9
July 2023	2,402	176,599	13.6
August 2023	2,855	173,729	16.4
September 2023	2,479	170,379	14.5
October 2023	2,592	167,383	15.5
November 2023	2,425	164,727	14.7
December 2023	2,185	161,898	13.5

Table E-4—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	173,266	172,813	1,002.6
February 2023	158,841	174,444	910.6
March 2023	189,817	176,117	1,077.8
April 2023	174,677	178,308	979.6
May 2023	198,738	179,137	1,109.4
June 2023	191,374	179,268	1,067.5
July 2023	178,345	176,599	1,009.9
August 2023	194,525	173,729	1,119.7
September 2023	175,158	170,379	1,028.0
October 2023	181,566	167,383	1,084.7
November 2023	176,458	164,727	1,071.2
December 2023	163,840	161,898	1,012.0

Table E-5 through Table E-8 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table E-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$17,657,378.82	$102.18	$433,985.04	$2.51
February 2023	$16,806,804.42	$96.34	$395,525.20	$2.27
March 2023	$20,648,793.49	$117.24	$544,423.04	$3.09
April 2023	$18,060,899.24	$101.29	$459,999.22	$2.58
May 2023	$20,054,869.36	$111.95	$523,885.21	$2.92
June 2023	$18,850,261.89	$105.15	$480,592.79	$2.68
July 2023	$19,448,434.39	$110.13	$392,883.44	$2.22
August 2023	$22,379,290.09	$128.82	$459,074.08	$2.64
September 2023	$20,995,925.31	$123.23	$340,369.39	$2.00
October 2023	$21,933,728.03	$131.04	$375,855.57	$2.25
November 2023	$20,537,630.70	$124.68	$359,988.32	$2.19
December 2023	$19,571,755.89	$120.89	$302,518.58	$1.87

Table E-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$19,188,934.25	$111.04	$1,670,517.00	$9.67
February 2023	$22,843,635.03	$130.95	$1,566,823.93	$8.98
March 2023	$26,225,882.21	$148.91	$1,942,699.80	$11.03
April 2023	$22,094,099.48	$123.91	$2,201,067.80	$12.34
May 2023	$26,184,452.45	$146.17	$1,907,572.48	$10.65
June 2023	$24,731,161.32	$137.96	$1,727,088.14	$9.63
July 2023	$23,965,319.19	$135.70	$1,363,701.92	$7.72
August 2023	$25,933,556.35	$149.28	$1,694,491.14	$9.75
September 2023	$24,651,081.41	$144.68	$1,368,678.46	$8.03
October 2023	$24,303,019.75	$145.19	$1,513,799.24	$9.04
November 2023	$23,861,671.59	$144.86	$1,523,836.44	$9.25
December 2023	$23,806,617.84	$147.05	$1,134,262.32	$7.01

Table E-7—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$312,159.50	$1.81	$0.00	$0.00
February 2023	$366,564.76	$2.10	$0.00	$0.00
March 2023	$557,024.98	$3.16	$0.00	$0.00
April 2023	$513,572.80	$2.88	$0.00	$0.00
May 2023	$533,348.37	$2.98	$0.00	$0.00
June 2023	$469,850.65	$2.62	$0.00	$0.00
July 2023	$438,327.57	$2.48	$0.00	$0.00
August 2023	$549,502.40	$3.16	$0.00	$0.00
September 2023	$505,573.62	$2.97	$0.00	$0.00
October 2023	$520,504.36	$3.11	$0.00	$0.00
November 2023	$503,247.91	$3.06	$0.00	$0.00
December 2023	$481,100.65	$2.97	$0.00	$0.00

Table E-8—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$22,467,491.36	$130.01	$263,975.05	$1.53
February 2023	$21,658,550.13	$124.16	$294,506.72	$1.69
March 2023	$25,849,924.19	$146.78	$416,108.54	$2.36
April 2023	$23,939,188.54	$134.26	$328,896.26	$1.84
May 2023	$26,268,639.87	$146.64	$414,393.58	$2.31
June 2023	$25,769,491.29	$143.75	$407,040.10	$2.27
July 2023	$23,396,138.44	$132.48	$308,308.13	$1.75
August 2023	$25,114,180.06	$144.56	$387,213.69	$2.23
September 2023	$22,739,981.58	$133.47	$253,367.07	$1.49
October 2023	$24,109,078.68	$144.04	$234,589.62	$1.40
November 2023	$27,589,104.83	$167.48	$416,928.85	$2.53
December 2023	$23,706,095.75	$146.43	$436,467.76	$2.70

Table E-9 displays the percentage of duplicate encounters for each encounter type.

Table E-9—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	3,715,639	3,213	0.1%
Institutional	2,062,882	17,992	0.9%
Dental	86,124	271	0.3%
Pharmacy	2,156,749	0	0.0%

Encounter Data Timeliness

Table E-10 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table E-10—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	96.3%	84.3%	98.1%	90.6%
Received within 60 days	97.7%	90.8%	98.2%	99.5%
Received within 90 days	98.4%	96.5%	98.6%	99.5%
Received within 120 days	98.7%	99.2%	99.0%	99.6%
Received within 150 days	99.1%	99.5%	99.3%	99.8%
Received within 180 days	99.3%	99.6%	99.6%	99.9%
Received within 210 days	99.4%	99.7%	99.7%	99.9%
Received within 240 days	99.5%	99.8%	99.8%	>99.9%
Received within 270 days	99.6%	99.9%	99.9%	>99.9%
Received within 300 days	99.7%	99.9%	99.9%	>99.9%
Received within 330 days	99.8%	99.9%	>99.9%	>99.9%
Received within 360 days	99.8%	99.9%	>99.9%	>99.9%
Received after 360 days	100%	100%	100%	100%

Table E-11 through Table E-14 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table E-11—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	27,063												27,063
202302	69,418	29,314											98,732
202303	18,688	70,094	55,468										144,250
202304	7,293	9,757	68,690	43,284									129,024
202305	9,903	9,976	15,467	71,177	44,864								151,387
202306	3,446	3,736	6,188	14,326	86,050	50,787							164,533
202307	6,794	6,437	7,040	4,263	8,769	70,544	41,270						145,117
202308	2,527	2,380	2,978	3,742	11,983	14,106	77,790	62,995					178,501
202309	1,195	1,318	2,081	2,125	3,643	4,630	7,047	68,185	26,702				116,926
202310	1,339	1,431	1,887	1,861	2,882	3,469	7,096	17,401	86,952	41,431			165,749
202311	1,336	1,354	1,695	1,580	2,452	3,452	4,105	7,256	24,207	94,705	56,117		198,259
202312	1,208	1,192	1,525	1,458	2,780	3,375	4,502	5,174	5,662	10,341	68,173	56,382	161,772
202401	751	666	953	1,146	1,650	2,290	2,536	3,571	4,398	8,302	13,553	65,296	105,112
202402	258	447	531	453	718	847	1,017	1,517	1,477	2,114	2,924	6,320	18,623
202403	822	898	1,210	919	1,316	1,693	1,725	2,784	2,734	2,623	3,449	4,528	24,701
202404	271	342	828	478	681	725	830	1,004	1,205	1,650	2,076	2,725	12,815
202405	427	379	704	917	1,593	1,401	1,198	1,123	1,422	2,531	2,436	2,677	16,808
202406	151	197	560	522	871	1,255	5,368	6,244	5,757	6,292	6,355	6,572	40,144
202407	129	876	3,237	2,402	2,298	2,702	2,479	3,922	3,815	3,906	4,431	4,856	35,053
202408	130	134	286	241	349	342	499	675	784	874	895	870	6,079
202409	142	189	199	129	162	180	325	515	762	787	931	857	5,178
202410	319	204	337	275	184	195	285	384	2,041	2,308	3,043	2,776	12,351
202411	121	112	136	128	143	167	183	280	484	462	743	794	3,753
202412	10	16	20	24	39	25	313	322	264	313	319	536	2,201
202501	14	16	33	143	56	103	100	138	159	316	227	163	1,468
Total	**153,755**	**141,465**	**172,053**	**151,593**	**173,483**	**162,288**	**158,668**	**183,490**	**168,825**	**178,955**	**165,672**	**155,352**	**1,965,599**
MM	**172,813**	**174,444**	**176,117**	**178,308**	**179,137**	**179,268**	**176,599**	**173,729**	**170,379**	**167,383**	**164,727**	**161,898**	**2,074,802**
PMPM	**0.890**	**0.811**	**0.977**	**0.850**	**0.968**	**0.905**	**0.898**	**1.056**	**0.991**	**1.069**	**1.006**	**0.960**	**0.947**

Table E-12—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	3,777												3,777
202302	14,656	5,428											20,084
202303	27,793	25,966	13,536										67,295
202304	1,367	1,784	16,645	9,583									29,379
202305	6,817	8,545	12,598	21,440	9,796								59,196
202306	21,118	9,318	1,744	3,256	20,439	10,133							66,008
202307	834	694	1,002	1,202	2,446	17,954	5,258						29,390
202308	3,688	3,153	3,763	3,324	4,110	4,103	23,927	11,172					57,240
202309	413	464	563	587	898	1,063	2,412	17,628	4,646				28,674
202310	2,309	1,944	2,255	2,141	4,270	5,170	16,164	12,599	22,692	8,157			77,701
202311	3,219	2,887	3,675	4,381	11,233	18,509	27,878	26,962	15,962	24,154	13,721		152,581
202312	525	426	1,238	652	1,775	1,770	2,273	1,766	1,704	3,135	15,007	11,891	42,162
202401	795	725	1,113	812	1,231	1,943	4,100	1,905	1,222	1,377	2,592	15,828	33,643
202402	377	454	613	501	640	543	921	1,003	722	593	843	1,505	8,715
202403	176	115	179	317	389	436	606	529	495	493	661	1,404	5,800
202404	63	249	297	276	360	355	346	378	353	488	1,625	618	5,408
202405	480	4,971	7,918	10,372	10,489	8,146	8,061	10,029	7,219	9,617	9,665	11,335	98,302
202406	95	894	1,284	1,442	2,016	2,255	2,487	4,252	20,572	13,164	3,302	5,138	56,901
202407	149	273	835	800	869	1,050	2,098	2,232	5,804	1,726	900	631	17,367
202408	212	735	707	799	1,178	1,111	1,041	979	1,015	1,095	874	948	10,694
202409	45	219	283	367	197	591	439	374	508	348	430	493	4,294
202410	222	168	238	328	404	355	569	606	448	530	229	290	4,387
202411	71	178	189	307	175	301	192	193	297	375	395	502	3,175
202412	3	23	232	179	223	134	155	180	284	207	452	416	2,488
202501	36	57	142	274	288	357	592	735	378	203	124	133	3,319
Total	**89,240**	**69,670**	**71,049**	**63,340**	**73,426**	**76,279**	**99,519**	**93,522**	**84,321**	**65,662**	**50,820**	**51,132**	**887,980**
MM	**172,813**	**174,444**	**176,117**	**178,308**	**179,137**	**179,268**	**176,599**	**173,729**	**170,379**	**167,383**	**164,727**	**161,898**	**2,074,802**
PMPM	**0.516**	**0.399**	**0.403**	**0.355**	**0.410**	**0.426**	**0.564**	**0.538**	**0.495**	**0.392**	**0.309**	**0.316**	**0.428**

Table E-13—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	824												824
202302	813	1,223											2,036
202303	208	837	2,338										3,383
202304	43	66	691	1,942									2,742
202305	115	82	97	723	1,984								3,001
202306	23	33	88	119	828	1,921							3,012
202307	23	28	61	62	78	654	1,195						2,101
202308	17	20	31	42	94	92	456	1,615					2,367
202309	7	14	42	44	85	89	1,377	1,979	1,866				5,503
202310	6	3	6	9	14	18	154	117	624	1,567			2,518
202311	2	4	7	5	18	15	17	49	55	723	1,567		2,462
202312	19	11	22	25	25	28	42	33	52	50	521	1,497	2,325
202401	4	3	8	7	12	25	17	13	20	49	75	449	682
202402	1	4	4	15	17	20	44	40	26	117	57	87	432
202403	2	8	9	16	6	10	21	21	13	32	31	27	196
202404	2	0	1	5	10	9	10	31	20	45	80	70	283
202405	0	0	0	0	4	7	10	25	18	43	42	38	187
202406	0	0	0	0	0	2	6	8	4	9	15	5	49
202407	2	3	21	23	11	26	21	13	17	6	14	7	164
202408	2	4	19	17	11	12	21	43	21	18	26	25	219
202409	0	0	0	0	1	1	3	6	28	12	8	13	72
202410	0	0	0	0	0	0	3	0	0	14	25	9	51
202411	0	0	0	0	0	0	0	0	0	8	16	9	33
202412	0	0	0	0	0	0	3	1	0	0	0	13	17
202501	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**2,113**	**2,343**	**3,445**	**3,054**	**3,198**	**2,929**	**3,400**	**3,994**	**2,764**	**2,693**	**2,477**	**2,249**	**34,659**
MM	**172,813**	**174,444**	**176,117**	**178,308**	**179,137**	**179,268**	**176,599**	**173,729**	**170,379**	**167,383**	**164,727**	**161,898**	**2,074,802**
PMPM	**0.012**	**0.013**	**0.020**	**0.017**	**0.018**	**0.016**	**0.019**	**0.023**	**0.016**	**0.016**	**0.015**	**0.014**	**0.017**

Table E-14—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	93,421												93,421
202302	79,272	81,069											160,341
202303	180	77,142	85,177										162,499
202304	278	470	104,178	62,316									167,242
202305	88	130	421	112,168	105,647								218,454
202306	17	15	26	104	92,485	37,157							129,804
202307	2	9	8	72	543	154,062	75,889						230,585
202308	1	6	12	9	26	112	102,178	88,134					190,478
202309	0	1	3	2	19	29	175	106,105	66,966				173,300
202310	5	0	2	6	7	13	67	267	108,011	65,007			173,385
202311	5	0	0	0	0	6	22	19	97	38,962	0		39,111
202312	0	0	0	0	0	0	13	4	51	50	0	0	118
202401	1	2	0	10	0	0	0	6	1	13,232	113,301	89,831	216,384
202402	0	0	0	0	9	0	0	1	4	3	69	31,483	31,569
202403	5	2	0	0	2	0	12	0	0	56,790	13	19	56,843
202404	1	0	0	0	0	0	0	0	0	171	1,224	1,265	2,661
202405	3	2	0	0	0	0	0	0	3	3,149	28,404	19,802	51,363
202406	0	0	0	0	0	2	0	1	0	3,838	32,794	20,940	57,575
202407	0	0	0	0	0	0	3	0	36	232	15	23	309
202408	0	2	2	1	0	0	0	0	0	28	34	18	85
202409	0	0	0	0	11	6	0	6	7	4	0	35	69
202410	0	0	0	0	0	0	0	0	0	0	5	3	8
202411	0	0	0	0	0	0	0	0	0	0	18	1	19
202412	0	0	0	0	0	0	0	0	0	113	563	400	1,076
202501	0	0	0	0	0	0	0	0	0	4	23	23	50
Total	173,279	158,850	189,829	174,688	198,749	191,387	178,359	194,543	175,176	181,583	176,463	163,843	2,156,749
MM	172,813	174,444	176,117	178,308	179,137	179,268	176,599	173,729	170,379	167,383	164,727	161,898	2,074,802
PMPM	1.003	0.911	1.078	0.980	1.109	1.068	1.010	1.120	1.028	1.085	1.071	1.012	1.039

Field-Level Completeness and Accuracy

Table E-15 through Table E-18 display the percent present and percent valid for the key data elements for each encounter type.

Table E-15—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	1,965,599	1,965,599	100%	1,963,059	1,965,599	99.9%
Detail Service From Date[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%
Detail Service To Date[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%
Billing Provider NPI[H]	1,965,599	1,965,599	100%	1,920,071	1,965,599	97.7%
Rendering Provider NPI[H]	1,965,599	1,965,599	100%	1,894,269	1,965,599	96.4%
Referring Provider NPI[H]	789,565	1,965,599	40.2%	730,666	789,565	92.5%
Rendering Provider Taxonomy Code[H]	1,965,552	1,965,599	>99.9%	1,914,003	1,965,552	97.4%
Primary Diagnosis Code[H]	1,965,599	1,965,599	100%	1,965,599	1,965,599	100%
Secondary Diagnosis Codes[H]	1,030,563	1,965,599	52.4%	2,674,381	2,674,381	100%
Procedure Code[D]	3,715,639	3,715,639	100%	3,712,801	3,715,639	99.9%
Procedure Code Modifiers[D]	1,774,402	3,715,639	47.8%	2,461,475	2,461,475	100%
NDC[D]	60,315	3,715,639	1.6%	56,609	60,315	93.9%
Submit Date[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%
MCE Paid Date[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%
Detail Paid Amount[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%
Detail TPL Paid Amount[D]	3,715,639	3,715,639	100%	3,715,639	3,715,639	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table E-16—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	887,980	887,980	100%	887,168	887,980	99.9%
Detail Service From Date[D]	2,062,882	2,062,882	100%	2,062,882	2,062,882	100%
Detail Service To Date[D]	2,062,882	2,062,882	100%	2,062,882	2,062,882	100%
Billing Provider NPI[H]	887,980	887,980	100%	884,279	887,980	99.6%
Attending Provider NPI[H]	884,485	887,980	99.6%	841,990	884,485	95.2%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	881,491	887,980	99.3%	850,103	881,491	96.4%
Primary Diagnosis Code[H]	887,980	887,980	100%	887,980	887,980	100%
Secondary Diagnosis Codes[H]	757,679	887,980	85.3%	3,587,117	3,587,117	100%
Procedure Code[D]	1,709,487	2,062,882	82.9%	1,707,736	1,709,487	99.9%
Procedure Code Modifiers[D]	306,225	2,062,882	14.8%	320,274	320,274	100%
Primary Surgical Procedure Code[H]	9,018	887,980	1.0%	9,018	9,018	100%
Secondary Surgical Procedure Codes[H]	5,316	887,980	0.6%	12,362	12,362	100%
Revenue Code[D]	2,055,396	2,062,882	99.6%	2,055,396	2,055,396	100%
Type of Bill Code[H]	887,980	887,980	100%	887,980	887,980	100%
NDC[D]	247,306	2,062,882	12.0%	241,234	247,306	97.5%
Submit Date[D]	2,062,882	2,062,882	100%	2,062,882	2,062,882	100%
MCE Paid Date[D]	2,062,882	2,062,882	100%	2,062,882	2,062,882	100%
Detail Paid Amount[D]	1,898,278	2,062,882	92.0%	1,898,278	1,898,278	100%
Detail TPL Paid Amount[D]	1,898,278	2,062,882	92.0%	1,898,278	1,898,278	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table E-17—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	34,659	34,659	100%	34,521	34,659	99.6%
Detail Service From Date[D]	86,124	86,124	100%	86,124	86,124	100%
Detail Service To Date[D]	86,124	86,124	100%	86,124	86,124	100%
Billing Provider NPI[H]	34,659	34,659	100%	33,115	34,659	95.5%
Rendering Provider NPI[H]	34,659	34,659	100%	31,657	34,659	91.3%
Rendering Provider Taxonomy Code[H]	34,659	34,659	100%	27,793	34,659	80.2%
Procedure Code[D]	86,124	86,124	100%	86,124	86,124	100%
Tooth Number[D]	37,618	86,124	43.7%	37,610	37,618	>99.9%
Tooth Surface[D]	14,476	86,124	16.8%	31,960	31,960	100%
Oral Cavity Code[D]	0	86,124	0.0%	0	0	—

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Submit Date[D]	86,124	86,124	100%	86,124	86,124	100%
MCE Paid Date[D]	86,124	86,124	100%	86,124	86,124	100%
Detail Paid Amount[D]	86,124	86,124	100%	86,124	86,124	100%
Detail TPL Paid Amount[D]	86,124	86,124	100%	86,124	86,124	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table E-18—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	2,156,749	2,156,749	100%	2,155,328	2,156,749	99.9%
DOS[D]	2,156,749	2,156,749	100%	2,156,749	2,156,749	100%
Billing Provider NPI[H]	2,156,749	2,156,749	100%	2,155,519	2,156,749	99.9%
Prescribing Provider NPI[H]	2,156,749	2,156,749	100%	1,925,625	2,156,749	89.3%
NDC[D]	2,156,749	2,156,749	100%	2,155,270	2,156,749	99.9%
Submit Date[D]	2,156,749	2,156,749	100%	2,156,749	2,156,749	100%
MCE Paid Date[D]	2,156,749	2,156,749	100%	2,156,749	2,156,749	100%
Detail Paid Amount[D]	2,156,749	2,156,749	100%	2,156,749	2,156,749	100%
Detail TPL Paid Amount[D]	2,156,749	2,156,749	100%	2,156,749	2,156,749	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table E-19 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table E-19—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	139,937	139,706	99.8%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	205,378	139,706	68.0%

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	116,657	116,463	99.8%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	205,378	116,463	56.7%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	116,657	110,271	94.5%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	139,937	110,271	78.8%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	37,454	32,001	85.4%
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	92,273	32,001	34.7%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	24,253	18,068	74.5%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	119,184	18,068	15.2%

Encounter Data Logic

Table E-20 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table E-20—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	205,378	110,162	53.6%
Medical encounters only	205,378	29,544	14.4%
Pharmacy encounters only	205,378	6,301	3.1%
Without either medical or pharmacy encounters	205,378	59,371	28.9%

Table E-21 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table E-21—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	205,378	24,931	12.1%
Six to 11 months	205,378	49,121	23.9%
Full year	205,378	131,326	63.9%

Strengths, Opportunities for Improvement, and Recommendations

Based on ABH's administrative profile evaluation, the following strengths were identified:

- ABH had a rate of duplicate encounters of less than 1.0 percent for each encounter type.
- ABH submitted 98.2 percent of dental encounters and 99.5 percent of pharmacy encounters to LDH within 60 days from the payment date.
- For institutional encounters, ABH had all key data elements populated with at least 95.0 percent of valid values.

Based on ABH's administrative profile evaluation, the following opportunities for improvement were identified:

- The LDH-submitted data did not contain any values for the Oral Cavity Code field for ABH's dental encounters.
- ABH had the following data elements with less than 95.0 percent of valid values:
  - Professional Encounters: Referring Provider NPI (92.5 percent), and NDC (93.9 percent)
  - Dental: Rendering Provider NPI (91.3 percent), Rendering Provider Taxonomy Code (80.2 percent)
  - Pharmacy: Prescribing Provider NPI (89.3 percent)
- For referential integrity, among all MCEs, ABH had the lowest percentage of providers in the medical/dental encounter file who were also in the provider file, at approximately 85.4 percent. The percentage of providers in the pharmacy encounter file who were also in the provider file for ABH was also low, at approximately 74.5 percent.

Based on ABH's administrative profile evaluation, the following recommendations were identified:

- For dental encounters, ABH should work with LDH to decide whether ABH should submit values (if any) for the Oral Cavity Code field to LDH.
- ABH should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.
- ABH should work with LDH to ensure both entities have an accurate and complete database of contracted providers for medical/dental and pharmacy encounters.

Appendix F. Results for AmeriHealth Caritas Louisiana

Appendix F contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for ACLA.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on ACLA's IS review, the following strengths were identified:

- For the encounters collected by its subcontractors, ACLA noted that it stored and reviewed encounter data before submission to LDH, did not modify the data before submission, and reviewed the encounters after submission to LDH. In addition, ACLA and/or its pharmacy subcontractor noted that they performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on pharmacy encounters.
- ACLA reported less than 1.0 percent of dental, institutional, pharmacy, and NEMT encounters as initially rejected and not yet accepted.

Based on ACLA's IS review, the following opportunities for improvement were identified:

- ACLA did not report performing claim volume and timeliness checks on encounters collected by the MCE (i.e., non-subcontractor data).

Based on ACLA's IS review, the following recommendations were identified:

- ACLA should build additional encounter data quality monitoring reports to evaluate encounter data completeness and timeliness.

Administrative Profile

Encounter Data Completeness

Table F-1 through Table F-3 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table F-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	195,627	244,951	798.6
February 2023	173,567	239,479	724.8
March 2023	202,126	237,127	852.4
April 2023	172,889	234,424	737.5
May 2023	186,107	234,185	794.7
June 2023	172,601	232,362	742.8
July 2023	164,226	227,916	720.6
August 2023	196,231	223,650	877.4
September 2023	177,037	218,842	809.0
October 2023	185,906	213,961	868.9
November 2023	175,463	209,370	838.1
December 2023	165,548	205,240	806.6

Table F-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	45,538	244,951	185.9
February 2023	40,588	239,479	169.5
March 2023	46,851	237,127	197.6
April 2023	40,419	234,424	172.4
May 2023	43,889	234,185	187.4
June 2023	41,095	232,362	176.9
July 2023	38,985	227,916	171.0
August 2023	44,639	223,650	199.6
September 2023	40,333	218,842	184.3
October 2023	41,765	213,961	195.2
November 2023	39,211	209,370	187.3
December 2023	37,745	205,240	183.9

Table F-3—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	230,526	244,951	941.1
February 2023	206,961	239,479	864.2
March 2023	236,132	237,127	995.8
April 2023	205,755	234,424	877.7
May 2023	228,934	234,185	977.6
June 2023	218,961	232,362	942.3
July 2023	202,623	227,916	889.0
August 2023	224,339	223,650	1,003.1
September 2023	203,384	218,842	929.4
October 2023	208,721	213,961	975.5
November 2023	205,039	209,370	979.3
December 2023	194,817	205,240	949.2

Table F-4 Table F-4through Table F-6Table F-6 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table F-4—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$26,487,737.86	$108.13	$439,783.67	$1.80
February 2023	$23,898,078.09	$99.79	$464,205.91	$1.94
March 2023	$27,498,669.11	$115.97	$571,607.78	$2.41
April 2023	$24,241,236.29	$103.41	$521,918.61	$2.23
May 2023	$25,684,958.65	$109.68	$547,584.84	$2.34
June 2023	$23,717,714.90	$102.07	$513,308.56	$2.21
July 2023	$24,170,653.41	$106.05	$494,116.15	$2.17
August 2023	$28,400,892.18	$126.99	$477,881.50	$2.14
September 2023	$25,830,599.25	$118.03	$425,246.73	$1.94
October 2023	$27,176,373.58	$127.02	$471,694.25	$2.20
November 2023	$25,698,552.29	$122.74	$375,511.88	$1.79
December 2023	$24,863,664.05	$121.14	$368,522.91	$1.80

Table F-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$25,992,435.49	$106.11	$1,670,061.41	$6.82
February 2023	$27,057,259.64	$112.98	$1,477,801.97	$6.17
March 2023	$30,901,622.17	$130.32	$2,428,571.62	$10.24
April 2023	$27,517,492.99	$117.38	$1,529,389.10	$6.52
May 2023	$29,726,918.57	$126.94	$1,856,333.52	$7.93
June 2023	$28,969,449.00	$124.67	$1,563,127.29	$6.73
July 2023	$26,733,012.03	$117.29	$1,407,888.57	$6.18
August 2023	$30,343,409.26	$135.67	$1,697,715.88	$7.59
September 2023	$27,900,609.28	$127.49	$1,438,144.92	$6.57
October 2023	$27,891,903.32	$130.36	$1,383,333.79	$6.47
November 2023	$27,023,740.58	$129.07	$1,197,686.67	$5.72
December 2023	$27,168,317.79	$132.37	$1,854,341.25	$9.03

Table F-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$27,709,809.37	$113.12	$637,615.33	$2.60
February 2023	$26,604,420.46	$111.09	$808,158.15	$3.37
March 2023	$30,133,115.59	$127.08	$1,112,975.15	$4.69
April 2023	$26,539,373.04	$113.21	$836,376.99	$3.57
May 2023	$29,458,256.24	$125.79	$953,750.69	$4.07
June 2023	$29,497,538.44	$126.95	$947,145.99	$4.08
July 2023	$27,194,755.88	$119.32	$816,125.25	$3.58
August 2023	$29,586,713.14	$132.29	$847,918.93	$3.79
September 2023	$26,763,647.17	$122.30	$795,039.00	$3.63
October 2023	$28,146,006.13	$131.55	$495,656.49	$2.32
November 2023	$31,159,111.15	$148.82	$625,475.08	$2.99
December 2023	$27,138,218.58	$132.23	$546,355.49	$2.66

Table F-7 displays the percentage of duplicate encounters for each encounter type.

Table F-7—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	5,140,390	14,470	0.3%
Institutional	2,470,207	1,650	0.1%
Dental	0	0	—
Pharmacy	2,566,532	1	<0.1%

Encounter Data Timeliness

Table F-8 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table F-8—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	94.4%	96.6%	—	91.6%
Received within 60 days	98.2%	97.6%	—	99.4%
Received within 90 days	98.7%	98.4%	—	99.4%
Received within 120 days	98.9%	99.3%	—	99.6%
Received within 150 days	99.0%	99.7%	—	99.9%
Received within 180 days	99.1%	99.8%	—	>99.9%
Received within 210 days	99.3%	99.8%	—	>99.9%
Received within 240 days	99.4%	99.8%	—	>99.9%
Received within 270 days	99.5%	99.8%	—	>99.9%
Received within 300 days	99.6%	99.8%	—	>99.9%
Received within 330 days	99.7%	99.9%	—	>99.9%
Received within 360 days	99.8%	99.9%	—	>99.9%
Received after 360 days	100%	100%	—	100%

Table F-9 through Table F-11 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table F-9—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	25,680												25,680
202302	110,687	22,057											132,744
202303	38,758	109,311	49,504										197,573
202304	8,924	18,690	107,136	32,902									167,652
202305	7,149	8,549	23,090	110,976	61,315								211,079
202306	5,762	7,023	6,749	15,291	82,918	40,589							158,332
202307	3,458	4,050	8,380	6,686	26,520	98,369	24,975						172,438
202308	3,248	2,778	3,774	3,997	8,798	23,607	105,116	49,777					201,095
202309	2,098	1,769	3,249	2,982	4,996	5,353	19,220	105,437	35,644				180,748
202310	2,072	2,029	2,823	2,222	3,857	5,227	7,741	27,142	113,307	62,025			228,445
202311	1,781	1,710	1,888	1,934	2,581	2,353	3,670	6,266	17,418	94,295	52,969		186,865
202312	791	768	1,069	1,149	1,480	1,648	3,319	5,487	6,153	19,723	93,336	42,978	177,901
202401	1,566	1,607	2,233	1,883	2,305	2,516	2,826	4,353	5,325	7,400	21,568	100,290	153,872
202402	644	1,141	1,713	1,562	1,875	1,644	1,833	2,720	3,124	4,195	5,962	15,236	41,649
202403	1,854	1,784	2,312	2,066	2,262	2,140	2,056	2,447	2,436	3,122	3,523	4,632	30,634
202404	249	748	706	893	931	987	1,009	1,504	1,455	2,249	2,704	4,098	17,533
202405	2,200	1,754	2,296	2,125	2,573	2,785	621	825	939	1,275	1,424	2,093	20,910
202406	750	576	608	558	699	767	5,621	5,904	5,668	5,504	5,631	5,867	38,153
202407	489	215	219	169	248	392	799	965	928	1,047	1,173	1,323	7,967
202408	82	88	82	63	101	152	1,345	1,748	1,436	1,568	1,639	1,548	9,852
202409	155	65	110	117	106	135	223	556	971	849	681	736	4,704
202410	4,037	3,990	3,986	1,123	1,042	1,305	1,155	1,459	1,383	1,753	1,485	1,476	24,194
202411	114	121	137	114	120	137	190	232	221	254	436	517	2,593
202412	329	234	221	165	144	161	306	201	185	254	350	872	3,422
202501	4,178	4,311	3,963	3,239	3,466	2,402	2,498	4,367	2,389	4,376	5,585	5,607	46,381
Total	**227,055**	**195,368**	**226,248**	**192,216**	**208,337**	**192,669**	**184,523**	**221,390**	**198,982**	**209,889**	**198,466**	**187,273**	**2,442,416**
MM	**244,951**	**239,479**	**237,127**	**234,424**	**234,185**	**232,362**	**227,916**	**223,650**	**218,842**	**213,961**	**209,370**	**205,240**	**2,721,507**
PMPM	**0.927**	**0.816**	**0.954**	**0.820**	**0.890**	**0.829**	**0.810**	**0.990**	**0.909**	**0.981**	**0.948**	**0.912**	**0.897**

Table F-10—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	4,553												4,553
202302	22,424	3,732											26,156
202303	28,003	33,739	12,127										73,869
202304	1,400	2,593	26,841	7,099									37,933
202305	9,752	5,931	3,960	27,033	13,788								60,464
202306	1,269	508	752	2,300	22,480	9,487							36,796
202307	351	373	528	937	2,479	23,479	3,660						31,807
202308	1,275	1,032	1,390	858	1,499	2,949	26,982	10,213					46,198
202309	169	169	235	337	2,349	907	2,056	22,133	6,730				35,085
202310	176	202	269	513	668	678	4,437	3,290	23,729	12,862			46,824
202311	421	395	434	555	805	2,327	4,990	5,663	6,063	22,723	11,121		55,497
202312	341	269	435	581	729	756	595	699	776	2,300	21,110	8,328	36,919
202401	224	212	280	151	212	207	364	436	506	1,047	2,630	22,686	28,955
202402	1,080	921	1,075	886	775	745	850	949	940	1,185	1,405	2,711	13,522
202403	397	601	620	477	569	556	462	590	530	880	1,326	1,261	8,269
202404	11	60	78	81	87	128	90	204	269	339	661	1,310	3,318
202405	40	35	65	198	171	147	141	184	140	166	223	268	1,778
202406	59	40	442	545	852	582	4,408	5,334	4,795	4,515	4,400	5,201	31,173
202407	5	33	23	23	47	52	92	179	114	121	159	167	1,015
202408	77	56	82	41	68	85	112	157	172	174	224	234	1,482
202409	0	0	1	0	0	5	5	35	75	47	72	97	337
202410	1,089	1,078	1,299	1,048	1,272	1,141	1,134	1,278	1,096	1,127	1,088	1,079	13,729
202411	5	4	4	0	19	6	41	21	10	54	33	64	261
202412	15	15	13	46	18	46	61	22	22	26	48	146	478
202501	291	246	308	185	199	172	199	255	200	269	229	164	2,717
Total	**73,427**	**52,244**	**51,261**	**43,894**	**49,086**	**44,455**	**50,679**	**51,642**	**46,167**	**47,835**	**44,729**	**43,716**	**599,135**
MM	**244,951**	**239,479**	**237,127**	**234,424**	**234,185**	**232,362**	**227,916**	**223,650**	**218,842**	**213,961**	**209,370**	**205,240**	**2,721,507**
PMPM	**0.300**	**0.218**	**0.216**	**0.187**	**0.210**	**0.191**	**0.222**	**0.231**	**0.211**	**0.224**	**0.214**	**0.213**	**0.220**

Table F-11—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	192,106												192,106
202302	27,995	179,359											207,354
202303	86	27,361	183,776										211,223
202304	25	87	52,099	147,516									199,727
202305	10,167	20	118	58,010	197,129								265,444
202306	13	23	11	85	31,539	167,445							199,116
202307	2	3	9	12	58	51,254	138,630						189,968
202308	9	12	11	5	34	66	63,770	180,731					244,638
202309	0	0	9	5	8	17	34	42,911	151,367				194,351
202310	1	0	1	20	7	15	12	83	51,673	113,641			165,453
202311	108	78	94	96	136	114	98	226	63	163	0		1,176
202312	34	32	25	26	35	61	82	116	124	149	0	0	684
202401	0	0	0	0	0	0	1	3	3	85,650	117,575	97,930	301,162
202402	0	0	0	0	0	0	2	3	0	24	66	38,118	38,213
202403	0	0	1	0	0	0	0	0	4	6	5	19	35
202404	0	0	0	0	1	0	1	192	90	935	7,875	6,843	15,937
202405	0	0	0	0	0	0	0	37	19	3,632	35,727	24,192	63,607
202406	0	0	0	0	0	0	0	7	2	4,539	43,065	27,260	74,873
202407	5	5	3	1	1	0	0	29	35	37	8	5	129
202408	0	0	0	0	0	0	0	8	11	10	25	23	77
202409	0	0	0	0	0	0	0	0	3	0	2	1	6
202410	0	0	0	0	0	0	0	0	0	4	4	12	20
202411	0	0	0	0	0	0	0	0	0	4	20	2	26
202412	0	0	0	0	0	0	0	0	0	119	649	392	1,160
202501	0	0	0	0	0	0	0	0	0	3	22	22	47
Total	**230,551**	**206,980**	**236,157**	**205,776**	**228,948**	**218,972**	**202,630**	**224,346**	**203,394**	**208,916**	**205,043**	**194,819**	**2,566,532**
MM	**244,951**	**239,479**	**237,127**	**234,424**	**234,185**	**232,362**	**227,916**	**223,650**	**218,842**	**213,961**	**209,370**	**205,240**	**2,721,507**
PMPM	**0.941**	**0.864**	**0.996**	**0.878**	**0.978**	**0.942**	**0.889**	**1.003**	**0.929**	**0.976**	**0.979**	**0.949**	**0.943**

Field-Level Completeness and Accuracy

Table F-12 through Table F-14 display the percent present and percent valid for the key data elements for each encounter type.

Table F-12—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	2,442,416	2,442,416	100%	2,435,803	2,442,416	99.7%
Detail Service From Date[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%
Detail Service To Date[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%
Billing Provider NPI[H]	2,442,416	2,442,416	100%	2,426,748	2,442,416	99.4%
Rendering Provider NPI[H]	2,442,416	2,442,416	100%	2,435,833	2,442,416	99.7%
Referring Provider NPI[H]	1,007,661	2,442,416	41.3%	999,570	1,007,661	99.2%
Rendering Provider Taxonomy Code[H]	2,442,416	2,442,416	100%	2,410,889	2,442,416	98.7%
Primary Diagnosis Code[H]	2,442,416	2,442,416	100%	2,442,416	2,442,416	100%
Secondary Diagnosis Codes[H]	1,288,419	2,442,416	52.8%	3,191,012	3,191,015	>99.9%
Procedure Code[D]	5,140,390	5,140,390	100%	5,137,100	5,140,390	99.9%
Procedure Code Modifiers[D]	2,086,329	5,140,390	40.6%	2,773,897	2,773,969	>99.9%
NDC[D]	129,001	5,140,390	2.5%	120,111	129,001	93.1%
Submit Date[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%
MCE Paid Date[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%
Detail Paid Amount[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%
Detail TPL Paid Amount[D]	5,140,390	5,140,390	100%	5,140,390	5,140,390	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table F-13—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	599,135	599,135	100%	598,265	599,135	99.9%
Detail Service From Date[D]	2,470,207	2,470,207	100%	2,470,207	2,470,207	100%
Detail Service To Date[D]	2,470,207	2,470,207	100%	2,470,207	2,470,207	100%
Billing Provider NPI[H]	599,135	599,135	100%	598,446	599,135	99.9%
Attending Provider NPI[H]	592,930	599,135	99.0%	590,343	592,930	99.6%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	592,930	599,135	99.0%	573,565	592,930	96.7%
Primary Diagnosis Code[H]	599,135	599,135	100%	599,135	599,135	100%
Secondary Diagnosis Codes[H]	433,747	599,135	72.4%	1,489,073	1,489,073	100%
Procedure Code[D]	2,047,050	2,470,207	82.9%	2,044,655	2,047,050	99.9%
Procedure Code Modifiers[D]	370,636	2,470,207	15.0%	388,811	388,814	>99.9%
Primary Surgical Procedure Code[H]	11,935	599,135	2.0%	11,935	11,935	100%
Secondary Surgical Procedure Codes[H]	6,818	599,135	1.1%	15,322	15,322	100%
Revenue Code[D]	2,460,248	2,470,207	99.6%	2,460,248	2,460,248	100%
Type of Bill Code[H]	599,135	599,135	100%	599,135	599,135	100%
NDC[D]	273,009	2,470,207	11.1%	268,083	273,009	98.2%
Submit Date[D]	2,470,207	2,470,207	100%	2,470,207	2,470,207	100%
MCE Paid Date[D]	2,470,207	2,470,207	100%	2,470,207	2,470,207	100%
Detail Paid Amount[D]	2,253,961	2,470,207	91.2%	2,253,961	2,253,961	100%
Detail TPL Paid Amount[D]	2,253,961	2,470,207	91.2%	2,253,961	2,253,961	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table F-14—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	2,566,532	2,566,532	100%	2,564,124	2,566,532	99.9%
DOS[D]	2,566,532	2,566,532	100%	2,566,532	2,566,532	100%
Billing Provider NPI[H]	2,566,532	2,566,532	100%	2,475,883	2,566,532	96.5%
Prescribing Provider NPI[H]	2,566,529	2,566,532	>99.9%	2,530,846	2,566,529	98.6%
NDC[D]	2,566,532	2,566,532	100%	2,564,617	2,566,532	99.9%
Submit Date[D]	2,566,532	2,566,532	100%	2,566,532	2,566,532	100%
MCE Paid Date[D]	2,566,532	2,566,532	100%	2,566,532	2,566,532	100%
Detail Paid Amount[D]	2,566,532	2,566,532	100%	2,566,532	2,566,532	100%
Detail TPL Paid Amount[D]	2,566,532	2,566,532	100%	2,566,532	2,566,532	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table F-15 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table F-15—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	186,985	184,813	98.8%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	262,052	184,813	70.5%
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	154,547	154,227	99.8%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	262,052	154,227	58.9%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	154,547	146,939	95.1%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	186,985	146,939	78.6%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	32,503	30,666	94.3%
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	84,304	30,666	36.4%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	25,490	22,113	86.8%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	140,136	22,113	15.8%

Encounter Data Logic

Table F-16 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table F-16—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	262,052	146,693	56.0%
Medical encounters only	262,052	38,120	14.5%
Pharmacy encounters only	262,052	7,534	2.9%
Without either medical or pharmacy encounters	262,052	69,705	26.6%

Table F-17 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table F-17—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	262,052	28,878	11.0%
Six to 11 months	262,052	45,388	17.3%
Full year	262,052	187,786	71.7%

Strengths, Opportunities for Improvement, and Recommendations

Based on ACLA's administrative profile evaluation, the following strengths were identified:

- ACLA had low duplicate rates for professional encounters (0.3 percent), institutional encounters (0.1 percent), and pharmacy (<0.1 percent).
- ACLA submitted 98.2 percent of professional encounters and 99.4 percent of pharmacy encounters within 60 days from the payment date.
- For institutional and pharmacy encounters, ACLA had all key data elements populated with at least 95.0 percent of valid values.

Based on ACLA's administrative profile evaluation, the following opportunities for improvement were identified:

- ACLA had no dental encounters with dates of service in 2023 in LDH's data warehouse.
- ACLA had the following data element with less than 95.0 percent of valid values:
  - Professional Encounters: NDC (93.1 percent)
- For referential integrity, ACLA had a low percentage of providers in the pharmacy encounter file who were also in the provider file at approximately 86.8 percent.

Based on ACLA's administrative profile evaluation, the following recommendations were identified:

- ACLA should work with LDH to determine whether ACLA had dental encounters with dates of service in 2023 that should be submitted to LDH.
- ACLA should investigate the root causes for the data element with less than 95.0 percent of valid values (i.e., the one listed in the opportunities for improvement section) to improve accuracy.
- ACLA should work with LDH to ensure both entities have an accurate and complete database of contracted providers for the pharmacy encounters.

Appendix G. Results for Healthy Blue

Appendix G contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for HBL.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on HBL's IS review, the following strengths were identified:

- For the encounters collected by its subcontractors (dental, NEMT, palliative care, and vision), HBL noted that it stored and reviewed encounter data before submission to LDH, did not modify the data before submission, and reviewed the encounters after submission to LDH. In addition, HBL and/or its NEMT and vision subcontractors noted that they performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on the corresponding encounters.
- HBL reported less than 1.0 percent of NEMT, pharmacy, and vision encounters as initially rejected and not yet accepted.

Based on HBL's IS review, the following opportunities for improvement were identified:

- **Quality Checks for Subcontractor Data**:
  - Palliative Care: HBL noted that neither HBL nor its palliative care subcontractor performed claim volume, timeliness, or reconciliation with financial reports checks on the data.
  - Pharmacy: For the pharmacy encounters collected by its subcontractor, HBL noted it did not review them before or after the data were submitted to LDH. In addition, neither HBL nor its pharmacy subcontractor performed claim volume, completeness and accuracy, or timeliness checks on the data.
- Among the seven MCEs with professional encounters, HBL had the second highest percentage of encounters initially rejected and not yet accepted by LDH, at 11.2 percent.

Based on HBL's IS review, the following recommendations were identified:

- HBL should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from its pharmacy subcontractor.
- HBL should build a process with LDH to ensure that rejected professional encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table G-1 through Table G-4 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table G-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	295,802	349,756	845.7
February 2023	269,754	353,523	763.0
March 2023	318,046	355,335	895.1
April 2023	269,110	356,875	754.1
May 2023	302,369	357,710	845.3
June 2023	282,437	356,541	792.2
July 2023	272,357	351,075	775.8
August 2023	315,091	344,818	913.8
September 2023	285,763	337,201	847.5
October 2023	299,282	329,607	908.0
November 2023	282,869	323,720	873.8
December 2023	267,031	317,020	842.3

Table G-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	68,680	349,756	196.4
February 2023	63,247	353,523	178.9
March 2023	74,762	355,335	210.4
April 2023	65,119	356,875	182.5
May 2023	72,227	357,710	201.9
June 2023	70,355	356,541	197.3
July 2023	67,718	351,075	192.9
August 2023	75,177	344,818	218.0
September 2023	68,290	337,201	202.5

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
October 2023	70,023	329,607	212.4
November 2023	66,565	323,720	205.6
December 2023	63,753	317,020	201.1

Table G-3—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	3,651	349,756	10.4
February 2023	3,254	353,523	9.2
March 2023	4,232	355,335	11.9
April 2023	3,503	356,875	9.8
May 2023	3,808	357,710	10.6
June 2023	3,752	356,541	10.5
July 2023	3,311	351,075	9.4
August 2023	4,068	344,818	11.8
September 2023	3,405	337,201	10.1
October 2023	3,605	329,607	10.9
November 2023	3,122	323,720	9.6
December 2023	2,678	317,020	8.4

Table G-4—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	405,090	349,756	1,158.2
February 2023	362,008	353,523	1,024.0
March 2023	410,052	355,335	1,154.0
April 2023	370,719	356,875	1,038.8
May 2023	411,760	357,710	1,151.1
June 2023	390,951	356,541	1,096.5
July 2023	369,688	351,075	1,053.0
August 2023	399,687	344,818	1,159.1
September 2023	367,090	337,201	1,088.6
October 2023	378,390	329,607	1,148.0

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
November 2023	356,346	323,720	1,100.8
December 2023	337,293	317,020	1,063.9

Table G-5 through Table G-8 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table G-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$38,103,015.57	$108.94	$577,794.24	$1.65
February 2023	$35,623,779.47	$100.77	$574,671.98	$1.63
March 2023	$41,572,220.73	$116.99	$699,556.24	$1.97
April 2023	$35,707,019.89	$100%	$560,759.69	$1.57
May 2023	$39,642,574.44	$110.82	$701,192.21	$1.96
June 2023	$37,918,871.92	$106.35	$775,643.98	$2.18
July 2023	$38,396,877.04	$109.37	$971,982.78	$2.77
August 2023	$43,649,780.22	$126.59	$990,581.67	$2.87
September 2023	$40,071,537.08	$118.84	$872,812.89	$2.59
October 2023	$41,791,150.12	$126.79	$933,659.35	$2.83
November 2023	$39,484,305.53	$121.97	$863,850.87	$2.67
December 2023	$37,763,678.73	$119.12	$822,451.33	$2.59

Table G-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$39,828,332.50	$113.87	$1,791,237.47	$5.12
February 2023	$41,235,277.58	$116.64	$1,669,735.97	$4.72
March 2023	$50,122,694.87	$141.06	$2,145,798.96	$6.04
April 2023	$45,126,375.59	$126.45	$1,346,067.68	$3.77
May 2023	$49,034,876.93	$137.08	$2,567,567.78	$7.18
June 2023	$47,260,610.14	$132.55	$2,749,223.80	$7.71
July 2023	$46,668,831.22	$132.93	$2,887,581.58	$8.22
August 2023	$51,188,631.84	$148.45	$3,235,694.04	$9.38
September 2023	$46,234,507.88	$137.11	$2,873,839.41	$8.52

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
October 2023	$47,716,412.11	$144.77	$2,553,053.26	$7.75
November 2023	$45,643,490.09	$141.00	$2,769,681.87	$8.56
December 2023	$48,511,324.66	$153.02	$2,524,628.98	$7.96

Table G-7—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$467,907.91	$1.34	$0.61	$0.00
February 2023	$415,886.10	$1.18	$0.00	$0.00
March 2023	$524,949.85	$1.48	$0.00	$0.00
April 2023	$429,549.29	$1.20	$1.83	$0.00
May 2023	$466,433.45	$1.30	$0.00	$0.00
June 2023	$461,052.44	$1.29	$3.44	$0.00
July 2023	$467,286.60	$1.33	$0.00	$0.00
August 2023	$587,843.84	$1.70	$0.00	$0.00
September 2023	$506,482.75	$1.50	$0.00	$0.00
October 2023	$544,004.02	$1.65	$0.00	$0.00
November 2023	$476,859.32	$1.47	$0.00	$0.00
December 2023	$400,039.30	$1.26	$0.00	$0.00

Table G-8—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$54,444,270.23	$155.66	$1,578,640.66	$4.51
February 2023	$49,045,630.76	$138.73	$1,610,405.63	$4.56
March 2023	$58,680,039.73	$165.14	$1,813,722.93	$5.10
April 2023	$51,927,606.21	$145.51	$1,661,371.62	$4.66
May 2023	$57,446,479.07	$160.60	$2,077,273.83	$5.81
June 2023	$56,661,918.48	$158.92	$2,015,202.68	$5.65
July 2023	$52,937,266.10	$150.79	$1,750,771.04	$4.99
August 2023	$57,487,294.80	$166.72	$1,782,593.01	$5.17
September 2023	$51,667,591.25	$153.22	$1,417,437.69	$4.20
October 2023	$52,291,011.36	$158.65	$1,374,893.75	$4.17

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
November 2023	$56,563,627.17	$174.73	$1,219,122.80	$3.77
December 2023	$48,962,725.90	$154.45	$1,007,495.93	$3.18

Table G-9 displays the percentage of duplicate encounters for each encounter type.

Table G-9—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	8,214,891	2,730	<0.1%
Institutional	4,090,621	11,167	0.3%
Dental	130,736	7,249	5.5%
Pharmacy	4,559,398	0	0.0%

Encounter Data Timeliness

Table G-10 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table G-10—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	76.6%	73.0%	89.3%	87.8%
Received within 60 days	77.9%	74.4%	93.8%	97.2%
Received within 90 days	79.8%	77.2%	96.0%	97.6%
Received within 120 days	83.6%	81.2%	97.6%	97.7%
Received within 150 days	87.0%	84.9%	98.2%	97.7%
Received within 180 days	88.2%	86.5%	98.7%	97.8%
Received within 210 days	88.5%	86.9%	99.0%	99.5%
Received within 240 days	91.0%	89.8%	99.1%	99.9%
Received within 270 days	94.8%	92.0%	99.3%	99.9%
Received within 300 days	95.9%	92.4%	99.4%	99.9%
Received within 330 days	96.6%	92.8%	99.5%	99.9%
Received within 360 days	97.0%	93.4%	99.6%	>99.9%
Received after 360 days	100%	100%	100%	100%

Table G-11 through Table G-14 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table G-11—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	24,921												24,921
202302	106,468	20,719											127,187
202303	31,728	113,922	50,216										195,866
202304	7,990	18,587	115,415	34,303									176,295
202305	5,981	7,988	21,421	112,154	35,497								183,041
202306	109,980	123,221	139,268	34,798	152,543	74,014							633,824
202307	7,648	7,557	9,776	10,416	21,476	155,479	46,678						259,030
202308	10,748	9,477	6,367	5,730	13,043	23,519	156,434	43,918					269,236
202309	13,696	16,610	14,254	7,146	14,601	28,937	49,275	219,122	64,970				428,611
202310	4,048	4,256	6,905	4,836	6,440	7,309	12,485	31,844	171,469	61,610			311,202
202311	19,434	11,453	5,438	5,330	5,486	7,411	8,979	13,099	28,804	198,763	93,109		397,306
202312	1,752	2,089	3,616	2,364	2,125	2,487	4,566	6,896	9,368	20,103	151,775	75,072	282,213
202401	28,611	16,989	36,623	112,130	107,146	1,358	2,001	3,088	4,577	8,557	24,562	153,106	498,748
202402	16,410	979	1,383	1,134	5,186	6,170	7,286	19,928	22,009	22,005	18,399	23,154	144,043
202403	2,894	2,316	3,815	3,505	2,692	2,693	2,857	3,434	6,892	8,484	9,902	12,670	62,154
202404	713	839	1,025	1,378	1,684	1,571	1,496	1,941	2,070	3,187	3,698	5,813	25,415
202405	902	996	1,257	1,552	3,064	2,868	2,773	2,900	2,690	2,730	2,753	3,710	28,195
202406	2,333	302	463	461	767	1,201	3,988	4,091	4,211	4,337	3,849	4,450	30,453
202407	5,619	4,558	5,699	5,094	18,004	4,271	8,450	9,082	9,167	10,440	9,819	10,159	100,362
202408	263	230	314	303	358	360	513	1,074	1,381	1,312	1,180	1,142	8,430
202409	157	107	163	197	347	435	1,208	900	935	1,167	1,645	1,027	8,288
202410	415	602	718	685	1,104	1,161	1,303	1,644	2,000	2,062	2,289	2,108	16,091
202411	1,283	1,052	1,496	2,130	1,600	1,640	2,786	3,504	3,001	3,308	4,366	4,641	30,807
202412	768	778	1,127	1,114	1,232	1,190	1,686	2,089	2,083	2,502	3,029	3,406	21,004
202501	670	836	1,080	1,934	1,248	2,164	3,989	1,973	1,376	1,753	2,635	4,308	23,966
Total	**405,432**	**366,463**	**427,839**	**348,694**	**395,643**	**326,238**	**318,753**	**370,527**	**337,003**	**352,320**	**333,010**	**304,766**	**4,286,688**
MM	**349,756**	**353,523**	**355,335**	**356,875**	**357,710**	**356,541**	**351,075**	**344,818**	**337,201**	**329,607**	**323,720**	**317,020**	**4,133,181**
PMPM	**1.159**	**1.037**	**1.204**	**0.977**	**1.106**	**0.915**	**0.908**	**1.075**	**0.999**	**1.069**	**1.029**	**0.961**	**1.037**

Table G-12—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	5,351												5,351
202302	24,840	4,581											29,421
202303	8,712	27,538	12,389										48,639
202304	5,796	4,462	25,952	7,932									44,142
202305	882	1,064	4,329	28,334	7,437								42,046
202306	46,234	40,472	43,889	7,215	33,761	16,893							188,464
202307	913	753	1,258	1,431	5,006	34,435	8,883						52,679
202308	843	806	737	912	1,842	4,579	33,590	9,311					52,620
202309	5,116	2,537	3,047	2,789	3,315	3,882	22,611	43,419	13,456				100,172
202310	7,397	4,354	5,347	3,146	3,552	5,275	8,823	12,390	38,410	12,769			101,463
202311	3,246	1,866	2,282	2,116	2,715	5,336	11,146	11,715	12,079	42,874	18,815		114,190
202312	763	594	775	755	1,043	812	921	1,058	1,407	4,114	31,222	16,459	59,923
202401	3,398	4,873	8,963	27,406	25,765	3,001	2,704	1,806	1,563	2,896	13,673	34,639	130,687
202402	3,512	2,968	3,706	4,201	16,550	21,767	20,727	31,513	30,855	26,747	15,816	5,591	183,953
202403	251	253	452	494	584	603	698	584	809	803	744	1,082	7,357
202404	96	74	223	307	479	377	496	442	575	700	615	809	5,193
202405	74	120	257	301	927	1,202	1,465	1,393	1,257	1,253	1,147	1,058	10,454
202406	12,392	15,937	18,364	12,688	21,882	12,327	4,220	4,124	3,940	3,954	3,815	3,889	117,532
202407	102	70	68	162	140	224	290	357	2,330	4,190	4,372	3,831	16,136
202408	310	281	312	230	353	360	576	1,233	754	928	659	783	6,779
202409	6	22	51	24	72	70	65	117	141	189	200	194	1,151
202410	33	19	36	62	34	992	1,806	1,628	2,161	2,357	2,501	2,362	13,991
202411	283	382	256	244	304	444	475	645	388	148	133	237	3,939
202412	14	11	37	27	67	55	131	337	202	80	126	204	1,291
202501	68	49	45	244	85	88	75	102	132	206	159	204	1,457
Total	**130,632**	**114,086**	**132,775**	**101,020**	**125,913**	**112,722**	**119,702**	**122,174**	**110,459**	**104,208**	**93,997**	**71,342**	**1,339,030**
MM	**349,756**	**353,523**	**355,335**	**356,875**	**357,710**	**356,541**	**351,075**	**344,818**	**337,201**	**329,607**	**323,720**	**317,020**	**4,133,181**
PMPM	**0.373**	**0.323**	**0.374**	**0.283**	**0.352**	**0.316**	**0.341**	**0.354**	**0.328**	**0.316**	**0.290**	**0.225**	**0.324**

Table G-13—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	1,053												1,053
202302	1,718	1,043											2,761
202303	334	1,680	1,824										3,838
202304	158	140	1,754	1,350									3,402
202305	197	184	244	1,676	1,527								3,828
202306	220	278	321	308	1,940	1,750							4,817
202307	58	74	115	139	133	1,603	438						2,560
202308	71	47	111	96	188	264	1,635	1,044					3,456
202309	15	12	29	31	156	139	87	1,533	515				2,517
202310	9	24	33	32	48	74	119	203	2,333	1,273			4,148
202311	24	15	18	42	56	46	889	1,025	334	1,771	995		5,215
202312	26	19	31	27	50	95	248	316	204	281	1,711	1,258	4,266
202401	42	20	22	44	61	72	52	63	49	95	167	1,021	1,708
202402	7	7	21	24	23	38	97	52	61	79	84	163	656
202403	3	6	15	17	25	20	16	27	35	98	41	45	348
202404	10	20	6	14	18	10	10	29	38	26	34	22	237
202405	7	13	5	6	23	20	33	28	50	82	103	106	476
202406	1	1	0	1	2	7	12	21	9	10	12	19	95
202407	0	1	1	0	2	9	20	43	47	21	26	33	203
202408	39	12	44	30	20	21	31	59	44	38	48	70	456
202409	1	0	6	5	7	1	17	62	22	40	16	22	199
202410	0	0	0	0	1	2	3	1	6	31	33	18	95
202411	4	2	4	2	6	10	6	5	23	53	51	31	197
202412	0	0	1	0	1	1	3	3	5	3	18	112	147
202501	0	2	0	0	0	0	0	1	0	0	3	9	15
Total	**3,997**	**3,600**	**4,605**	**3,844**	**4,287**	**4,182**	**3,716**	**4,515**	**3,775**	**3,901**	**3,342**	**2,929**	**46,693**
MM	**349,756**	**353,523**	**355,335**	**356,875**	**357,710**	**356,541**	**351,075**	**344,818**	**337,201**	**329,607**	**323,720**	**317,020**	**4,133,181**
PMPM	**0.011**	**0.010**	**0.013**	**0.011**	**0.012**	**0.012**	**0.011**	**0.013**	**0.011**	**0.012**	**0.010**	**0.009**	**0.011**

Table G-14—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	203,150												203,150
202302	200,144	185,077											385,221
202303	694	175,266	183,948										359,908
202304	645	1,181	212,772	126,438									341,036
202305	226	289	13,030	243,291	219,133								475,969
202306	73	42	65	359	191,793	168,203							360,535
202307	7	22	64	448	492	222,164	192,881						416,078
202308	9	20	12	9	58	241	175,146	173,127					348,622
202309	6	10	4	32	87	92	1,041	222,258	136,936				360,466
202310	2	2	0	6	26	50	175	3,317	229,295	135,582			368,455
202311	98	78	102	104	118	130	185	195	314	81,162	0		82,486
202312	26	31	61	38	61	60	33	547	184	59	0	0	1,100
202401	28	12	11	0	0	0	2	0	73	24,919	216,030	76,203	317,278
202402	0	0	0	0	0	1	133	113	17	314	3,547	172,749	176,874
202403	6	2	17	4	1	7	2	14	180	119,805	22	38	120,098
202404	0	0	2	26	0	0	9	11	11	118	757	1,710	2,644
202405	4	0	0	2	11	2	0	7	6	1,623	20,782	37,249	59,686
202406	0	0	1	0	21	18	0	4	13	2,611	25,890	47,377	75,935
202407	0	0	0	0	0	13	106	6	6	7	3	14	155
202408	0	0	0	0	0	0	0	113	28	997	417	1,025	2,580
202409	0	0	0	0	0	1	6	7	43	46	81	72	256
202410	0	0	0	0	0	0	0	0	10	23	6	9	48
202411	0	0	0	0	0	0	0	0	0	10,935	86,637	8	97,580
202412	0	0	0	0	0	0	0	0	0	142	1,562	444	2,148
202501	0	0	0	0	0	0	0	0	0	72	619	399	1,090
Total	**405,118**	**362,032**	**410,089**	**370,757**	**411,801**	**390,982**	**369,719**	**399,719**	**367,116**	**378,415**	**356,353**	**337,297**	**4,559,398**
MM	**349,756**	**353,523**	**355,335**	**356,875**	**357,710**	**356,541**	**351,075**	**344,818**	**337,201**	**329,607**	**323,720**	**317,020**	**4,133,181**
PMPM	**1.158**	**1.024**	**1.154**	**1.039**	**1.151**	**1.097**	**1.053**	**1.159**	**1.089**	**1.148**	**1.101**	**1.064**	**1.103**

Field-Level Completeness and Accuracy

Table G-15 through Table G-18 display the percent present and percent valid for the key data elements for each encounter type.

Table G-15—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	4,286,688	4,286,688	100%	4,282,439	4,286,688	99.9%
Detail Service From Date[D]	8,214,891	8,214,891	100%	8,214,891	8,214,891	100%
Detail Service To Date[D]	8,214,891	8,214,891	100%	8,214,851	8,214,891	>99.9%
Billing Provider NPI[H]	4,286,688	4,286,688	100%	4,271,373	4,286,688	99.6%
Rendering Provider NPI[H]	4,286,688	4,286,688	100%	4,215,487	4,286,688	98.3%
Referring Provider NPI[H]	1,759,887	4,286,688	41.1%	1,684,286	1,759,887	95.7%
Rendering Provider Taxonomy Code[H]	4,195,741	4,286,688	97.9%	4,163,648	4,195,816	99.2%
Primary Diagnosis Code[H]	4,286,688	4,286,688	100%	4,286,688	4,286,688	100%
Secondary Diagnosis Codes[H]	2,428,301	4,286,688	56.6%	6,335,185	6,335,188	>99.9%
Procedure Code[D]	8,214,891	8,214,891	100%	8,208,622	8,214,891	99.9%
Procedure Code Modifiers[D]	3,337,180	8,214,891	40.6%	4,599,498	4,599,502	>99.9%
NDC[D]	134,876	8,214,891	1.6%	125,754	134,876	93.2%
Submit Date[D]	8,214,891	8,214,891	100%	8,214,891	8,214,891	100%
MCE Paid Date[D]	8,214,891	8,214,891	100%	8,214,891	8,214,891	100%
Detail Paid Amount[D]	8,214,891	8,214,891	100%	8,214,891	8,214,891	100%
Detail TPL Paid Amount[D]	8,214,891	8,214,891	100%	8,214,891	8,214,891	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table G-16—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	1,339,030	1,339,030	100%	1,338,028	1,339,030	99.9%
Detail Service From Date[D]	4,090,621	4,090,621	100%	4,090,621	4,090,621	100%
Detail Service To Date[D]	4,090,621	4,090,621	100%	4,090,621	4,090,621	100%
Billing Provider NPI[H]	1,339,030	1,339,030	100%	1,338,969	1,339,030	>99.9%
Attending Provider NPI[H]	1,320,002	1,339,030	98.6%	1,274,151	1,320,002	96.5%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	1,090,240	1,339,030	81.4%	1,054,852	1,090,240	96.8%
Primary Diagnosis Code[H]	1,339,030	1,339,030	100%	1,339,030	1,339,030	100%
Secondary Diagnosis Codes[H]	1,037,719	1,339,030	77.5%	3,822,535	3,822,535	100%
Procedure Code[D]	3,335,805	4,090,621	81.5%	3,332,693	3,335,805	99.9%
Procedure Code Modifiers[D]	615,507	4,090,621	15.0%	657,183	657,183	100%
Primary Surgical Procedure Code[H]	20,230	1,339,030	1.5%	20,230	20,230	100%
Secondary Surgical Procedure Codes[H]	11,598	1,339,030	0.9%	26,025	26,025	100%
Revenue Code[D]	4,083,434	4,090,621	99.8%	4,083,434	4,083,434	100%
Type of Bill Code[H]	1,339,030	1,339,030	100%	1,339,030	1,339,030	100%
NDC[D]	517,713	4,090,621	12.7%	506,033	517,713	97.7%
Submit Date[D]	4,090,621	4,090,621	100%	4,090,621	4,090,621	100%
MCE Paid Date[D]	4,090,621	4,090,621	100%	4,090,621	4,090,621	100%
Detail Paid Amount[D]	3,731,210	4,090,621	91.2%	3,731,210	3,731,210	100%
Detail TPL Paid Amount[D]	3,731,210	4,090,621	91.2%	3,731,210	3,731,210	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table G-17—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	46,693	46,693	100%	46,366	46,693	99.3%
Detail Service From Date[D]	130,736	130,736	100%	130,736	130,736	100%
Detail Service To Date[D]	130,736	130,736	100%	130,736	130,736	100%
Billing Provider NPI[H]	46,693	46,693	100%	46,600	46,693	99.8%
Rendering Provider NPI[H]	46,693	46,693	100%	45,216	46,693	96.8%
Rendering Provider Taxonomy Code[H]	46,693	46,693	100%	33,429	46,693	71.6%
Procedure Code[D]	130,736	130,736	100%	130,736	130,736	100%
Tooth Number[D]	31,472	130,736	24.1%	31,472	31,472	100%
Tooth Surface[D]	12,254	130,736	9.4%	25,775	25,775	100%
Oral Cavity Code[D]	99,264	130,736	75.9%	99,264	99,264	100%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Submit Date[D]	130,736	130,736	100%	130,736	130,736	100%
MCE Paid Date[D]	130,736	130,736	100%	130,736	130,736	100%
Detail Paid Amount[D]	130,736	130,736	100%	130,736	130,736	100%
Detail TPL Paid Amount[D]	130,736	130,736	100%	130,736	130,736	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table G-18—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	4,559,398	4,559,398	100%	4,556,391	4,559,398	99.9%
DOS[D]	4,559,398	4,559,398	100%	4,559,398	4,559,398	100%
Billing Provider NPI[H]	4,559,398	4,559,398	100%	4,556,364	4,559,398	99.9%
Prescribing Provider NPI[H]	4,559,398	4,559,398	100%	4,208,332	4,559,398	92.3%
NDC[D]	4,559,398	4,559,398	100%	4,556,424	4,559,398	99.9%
Submit Date[D]	4,559,398	4,559,398	100%	4,559,398	4,559,398	100%
MCE Paid Date[D]	4,559,398	4,559,398	100%	4,559,398	4,559,398	100%
Detail Paid Amount[D]	4,559,398	4,559,398	100%	4,559,398	4,559,398	100%
Detail TPL Paid Amount[D]	4,559,398	4,559,398	100%	4,559,398	4,559,398	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table G-19 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table G-19—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	285,607	284,923	99.8%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	397,408	284,923	71.7%

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	244,670	244,350	99.9%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	397,408	244,350	61.5%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	244,670	231,394	94.6%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	285,607	231,394	81.0%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	40,657	35,380	87.0%
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	108,073	35,380	32.7%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	32,298	21,649	67.0%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	148,428	21,649	14.6%

Encounter Data Logic

Table G-20 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table G-20—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	397,408	231,189	58.2%
Medical encounters only	397,408	53,734	13.5%
Pharmacy encounters only	397,408	13,161	3.3%
Without either medical or pharmacy encounters	397,408	99,324	25.0%

Table G-21 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table G-21—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	397,408	38,556	9.7%
Six to 11 months	397,408	88,613	22.3%
Full year	397,408	270,239	68.0%

Strengths, Opportunities for Improvement, and Recommendations

Based on HBL's administrative profile evaluation, the following strengths were identified:

- HBL had low duplicate rates for professional encounters (<0.1 percent), institutional encounters (0.3 percent), and pharmacy (0.0 percent).
- For institutional encounters, HBL had all key data elements populated with at least 95.0 percent of valid values.

Based on HBL's administrative profile evaluation, the following opportunities for improvement were identified:

- HBL had the highest duplicate encounter rate (5.5 percent) among the MCEs with dental encounters.
- HBL submitted only 77.9 percent of professional encounters and 74.4 percent of institutional encounters to LDH within 60 days from the payment date.
- HBL had the following data elements with less than 95.0 percent of valid values:
  - Professional Encounters: NDC (93.2 percent)
  - Dental: Rendering Provider Taxonomy Code (71.6 percent)
  - Pharmacy: Prescribing Provider NPI (92.3 percent)
- For referential integrity, among all MCEs, HBL had the second lowest percentage of providers in the medical/dental encounter file who were also in the provider file, at 87.0 percent. In addition, HBL had the lowest percentage of providers in the pharmacy encounter file who were also in the provider file, at 67.0 percent.

Based on HBL's administrative profile evaluation, the following recommendations were identified:

- HBL should review its system for identifying and handling duplicates for dental encounters. Identification and appropriate handling of duplicate encounters is crucial for accurate financial and actuarial calculations.
- HBL should monitor its encounter data submission to LDH to ensure professional and institutional encounters are submitted to LDH in a timely manner after payment.
- HBL should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.
- HBL should work with LDH to ensure both entities have an accurate and complete database of contracted providers for medical/dental and pharmacy encounters.

Appendix H. Results for Humana Healthy Horizons

Appendix H contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for HUM.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on HUM's IS review, the following strengths were identified:

- For the encounters collected by HUM, it noted that it performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on encounters.
- HUM reported less than 1.0 percent of pharmacy encounters as initially rejected and not yet accepted.

Based on HUM's IS review, the following opportunities for improvement were identified:

- **Quality Checks for Subcontractor Data**:
  - Dental: HUM noted that it did not store its dental subcontractor data or review them before or after the data were submitted to LDH. In addition, neither HUM nor its dental subcontractor performed claim volume, timeliness, or reconciliation with final reports checks on the dental encounters.
  - NEMT and Vision: For the encounters collected by its NEMT and vision subcontractors, HUM noted that it stored and reviewed encounter data before submission to LDH, did not modify the data before submission, and reviewed the encounters after submission to LDH. However, neither HUM nor its NEMT and vision subcontractors performed claim volume or timeliness checks on the NEMT or vision encounters.
  - Pharmacy: HUM noted that neither HUM nor its pharmacy subcontractor performed claim volume, completeness and accuracy, timeliness, or reconciliation with financial reports checks.
- Among the five MCOs with a vision subcontractor, HUM had the highest percentage of vision encounters initially rejected and not yet accepted by LDH, at 8.9 percent. Additionally, among the six MCOs with a NEMT subcontractor, HUM had the highest percentage of encounters initially rejected and not yet accepted by LDH, at 7.3 percent.

Based on HUM's IS review, the following recommendations were identified:

- HUM and/its subcontractors should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from its four subcontractors.
- HUM should build a process with LDH and its vision and NEMT subcontractors to ensure that rejected vision and NEMT encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table H-1 through Table H-4 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table H-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	54,202	142,490	380.4
February 2023	50,331	137,721	365.5
March 2023	63,832	137,629	463.8
April 2023	55,776	138,003	404.2
May 2023	64,222	140,728	456.4
June 2023	62,817	143,127	438.9
July 2023	63,505	143,733	441.8
August 2023	77,092	144,176	534.7
September 2023	73,148	143,247	510.6
October 2023	82,465	142,967	576.8
November 2023	80,439	144,711	555.9
December 2023	76,098	146,171	520.6

Table H-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	16,390	142,490	115.0
February 2023	15,183	137,721	110.2
March 2023	18,912	137,629	137.4
April 2023	17,094	138,003	123.9
May 2023	19,537	140,728	138.8
June 2023	19,105	143,127	133.5
July 2023	18,593	143,733	129.4
August 2023	22,275	144,176	154.5
September 2023	21,379	143,247	149.2

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
October 2023	22,928	142,967	160.4
November 2023	22,126	144,711	152.9
December 2023	21,094	146,171	144.3

Table H-3—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	329	142,490	2.3
February 2023	446	137,721	3.2
March 2023	583	137,629	4.2
April 2023	543	138,003	3.9
May 2023	671	140,728	4.8
June 2023	575	143,127	4.0
July 2023	606	143,733	4.2
August 2023	780	144,176	5.4
September 2023	673	143,247	4.7
October 2023	789	142,967	5.5
November 2023	634	144,711	4.4
December 2023	649	146,171	4.4

Table H-4—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	85	142,490	0.6
February 2023	127	137,721	0.9
March 2023	257	137,629	1.9
April 2023	287	138,003	2.1
May 2023	411	140,728	2.9
June 2023	407	143,127	2.8
July 2023	443	143,733	3.1
August 2023	521	144,176	3.6
September 2023	559	143,247	3.9
October 2023	6,151	142,967	43.0

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
November 2023	57,386	144,711	396.6
December 2023	57,233	146,171	391.5

Table H-5 through Table H-8 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table H-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$5,931,603.10	$41.63	$43,385.29	$0.30
February 2023	$5,732,990.89	$41.63	$55,263.35	$0.40
March 2023	$7,377,132.61	$53.60	$62,284.22	$0.45
April 2023	$6,754,786.77	$48.95	$40,033.90	$0.29
May 2023	$7,770,954.20	$55.22	$55,295.55	$0.39
June 2023	$7,756,372.99	$54.19	$56,498.21	$0.39
July 2023	$8,340,959.22	$58.03	$125,535.28	$0.87
August 2023	$10,051,484.44	$69.72	$60,440.61	$0.42
September 2023	$9,616,842.35	$67.13	$61,922.15	$0.43
October 2023	$10,807,908.93	$75.60	$78,283.09	$0.55
November 2023	$10,555,174.04	$72.94	$79,210.85	$0.55
December 2023	$10,332,531.13	$70.69	$70,422.96	$0.48

Table H-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$7,571,718.11	$53.14	$23,925.98	$0.17
February 2023	$9,089,816.38	$66.00	$104,680.32	$0.76
March 2023	$11,731,946.00	$85.24	$306,000.00	$2.22
April 2023	$11,192,447.95	$81.10	$20,788.77	$0.15
May 2023	$12,741,868.00	$90.54	$86,921.74	$0.62
June 2023	$12,791,593.58	$89.37	$105,245.81	$0.74
July 2023	$12,307,102.95	$85.62	$38,295.36	$0.27
August 2023	$14,847,554.61	$102.98	$74,704.92	$0.52
September 2023	$14,927,215.30	$104.21	$84,061.50	$0.59

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
October 2023	$15,857,707.32	$110.92	$81,021.10	$0.57
November 2023	$15,840,675.60	$109.46	$191,552.89	$1.32
December 2023	$15,753,008.12	$107.77	$371,516.14	$2.54

Table H-7—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$47,041.45	$0.33	$0.00	$0.00
February 2023	$58,404.68	$0.42	$0.00	$0.00
March 2023	$77,755.99	$0.56	$0.00	$0.00
April 2023	$77,631.71	$0.56	$0.00	$0.00
May 2023	$94,507.89	$0.67	$0.00	$0.00
June 2023	$80,737.33	$0.56	$0.00	$0.00
July 2023	$100,413.93	$0.70	$0.00	$0.00
August 2023	$142,942.97	$0.99	$0.00	$0.00
September 2023	$110,812.89	$0.77	$0.00	$0.00
October 2023	$134,330.77	$0.94	$0.00	$0.00
November 2023	$112,414.66	$0.78	$0.00	$0.00
December 2023	$117,508.05	$0.80	$0.00	$0.00

Table H-8—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$812.70	$0.01	$0.00	$0.00
February 2023	$1,232.57	$0.01	$0.00	$0.00
March 2023	$2,356.44	$0.02	$0.00	$0.00
April 2023	$2,819.35	$0.02	$0.00	$0.00
May 2023	$3,728.51	$0.03	$0.00	$0.00
June 2023	$3,970.56	$0.03	$0.00	$0.00
July 2023	$4,032.13	$0.03	$0.00	$0.00
August 2023	$4,964.76	$0.03	$0.00	$0.00
September 2023	$5,379.67	$0.04	$0.00	$0.00
October 2023	$754,417.08	$5.28	$3,792.99	$0.03

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
November 2023	$8,237,744.05	$56.93	$120,495.53	$0.83
December 2023	$7,119,695.32	$48.71	$106,334.77	$0.73

Table H-9 displays the percentage of duplicate encounters for each encounter type.

Table H-9—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,757,709	10,477	0.6%
Institutional	910,431	5,784	0.6%
Dental	18,963	364	1.9%
Pharmacy	123,877	7	<0.1%

Encounter Data Timeliness

Table H-10 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table H-10—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	37.1%	11.8%	3.3%	19.4%
Received within 60 days	47.0%	15.1%	11.1%	90.8%
Received within 90 days	51.7%	17.0%	19.7%	95.7%
Received within 120 days	57.4%	17.9%	31.7%	97.9%
Received within 150 days	61.1%	18.7%	38.9%	99.1%
Received within 180 days	64.5%	28.0%	50.2%	99.7%
Received within 210 days	66.6%	89.1%	64.6%	99.8%
Received within 240 days	69.5%	90.9%	77.9%	99.9%
Received within 270 days	73.0%	93.5%	97.5%	99.9%
Received within 300 days	76.9%	94.7%	100%	99.9%
Received within 330 days	79.0%	95.3%	100%	99.9%
Received within 360 days	81.1%	95.9%	100%	>99.9%
Received after 360 days	100%	100%	100%	100%

Table H-11 through Table H-14 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table H-11—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	0												0
202302	0	0											0
202303	23	0	0										23
202304	6,580	8,136	1,351	0									16,067
202305	12,406	4,842	4,174	4,035	0								25,457
202306	3,633	4,683	7,461	22,062	31,403	9,320							78,562
202307	2,617	3,514	21,613	10,572	3,499	19,924	2,841						64,580
202308	9,247	15,626	12,168	3,787	11,052	13,598	36,539	15,001					117,018
202309	938	1,162	2,309	2,450	2,986	3,372	5,091	25,779	5,924				50,011
202310	2,960	2,044	2,800	1,653	1,717	1,998	3,509	15,965	31,329	16,729			80,704
202311	1,824	1,548	1,022	411	522	517	832	2,084	5,068	31,707	7,830		53,365
202312	1,803	2,649	2,761	1,879	2,443	3,461	3,070	5,995	13,258	10,897	46,495	13,153	107,864
202401	540	885	727	704	761	1,160	2,633	2,099	1,622	3,747	7,496	38,966	61,340
202402	1,984	1,986	2,269	1,627	1,460	1,462	1,578	1,789	1,823	2,109	2,383	4,515	24,985
202403	8,388	3,881	5,701	4,410	4,676	2,582	2,597	4,667	6,743	10,183	9,670	12,040	75,538
202404	736	653	1,407	1,232	2,543	4,670	4,439	3,151	1,312	1,360	1,717	2,350	25,570
202405	533	508	675	957	747	824	1,614	1,973	1,418	1,646	1,739	1,906	14,540
202406	1,465	1,351	1,967	1,742	2,480	2,432	3,169	1,767	2,452	2,894	2,305	2,193	26,217
202407	10,403	7,545	9,592	8,110	9,826	9,897	9,017	7,255	12,876	13,683	8,273	1,389	107,866
202408	330	354	438	352	786	643	642	1,287	1,916	1,974	1,796	1,988	12,506
202409	143	290	613	469	688	549	502	624	935	1,007	1,197	4,079	11,096
202410	1,202	434	399	287	358	376	338	271	405	609	694	519	5,892
202411	234	217	323	375	463	717	606	507	594	754	975	1,031	6,796
202412	58	41	36	41	88	154	132	157	231	299	299	401	1,937
202501	15,344	12,444	15,184	11,832	13,133	13,159	14,154	17,041	16,999	17,876	15,159	6,020	168,345
Total	**83,391**	**74,793**	**94,990**	**78,987**	**91,631**	**90,815**	**93,303**	**107,412**	**104,905**	**117,474**	**108,028**	**90,550**	**1,136,279**
MM	**142,490**	**137,721**	**137,629**	**138,003**	**140,728**	**143,127**	**143,733**	**144,176**	**143,247**	**142,967**	**144,711**	**146,171**	**1,704,703**
PMPM	**0.585**	**0.543**	**0.690**	**0.572**	**0.651**	**0.635**	**0.649**	**0.745**	**0.732**	**0.822**	**0.747**	**0.619**	**0.667**

Table H-12—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	0												0
202302	0	0											0
202303	0	1	0										1
202304	3,100	3,244	273	0									6,617
202305	832	1,361	5,032	952	0								8,177
202306	498	654	1,013	5,093	6,472	1,593							15,323
202307	108	69	199	187	516	4,303	134						5,516
202308	402	526	875	585	895	971	4,820	3,187					12,261
202309	667	356	493	154	187	230	470	3,634	626				6,817
202310	230	223	257	165	272	135	216	694	5,487	359			8,038
202311	129	85	90	128	133	93	107	184	289	2,604	577		4,419
202312	192	163	261	195	869	937	504	793	1,649	6,375	11,236	3,774	26,948
202401	33	38	52	51	76	89	130	161	202	327	1,051	10,299	12,509
202402	253	220	304	303	492	958	2,447	2,114	1,289	605	1,129	4,273	14,387
202403	1,134	526	587	474	544	647	720	411	379	389	466	752	7,029
202404	171	84	181	162	194	145	133	268	216	431	536	464	2,985
202405	183	103	189	187	274	237	124	207	277	335	556	651	3,323
202406	255	295	287	272	353	361	288	504	469	564	790	1,112	5,550
202407	780	740	1,418	5,528	7,155	7,034	7,210	9,046	8,864	8,377	4,508	266	60,926
202408	31,321	35,346	43,853	36,541	38,546	38,508	37,759	44,935	43,718	45,119	24,940	217	420,803
202409	227	116	257	272	307	338	407	685	3,323	1,595	864	394	8,785
202410	87	44	40	86	43	64	68	872	751	964	1,045	748	4,812
202411	360	292	350	412	438	501	669	676	647	765	767	656	6,533
202412	64	41	45	32	34	30	40	64	94	151	139	222	956
202501	11,502	4,894	4,287	3,737	3,677	2,774	1,965	2,015	1,771	2,829	2,448	2,427	44,326
Total	**52,528**	**49,421**	**60,343**	**55,516**	**61,477**	**59,948**	**58,211**	**70,450**	**70,051**	**71,789**	**51,052**	**26,255**	**687,041**
MM	**142,490**	**137,721**	**137,629**	**138,003**	**140,728**	**143,127**	**143,733**	**144,176**	**143,247**	**142,967**	**144,711**	**146,171**	**1,704,703**
PMPM	**0.369**	**0.359**	**0.438**	**0.402**	**0.437**	**0.419**	**0.405**	**0.489**	**0.489**	**0.502**	**0.353**	**0.180**	**0.403**

Table H-13—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	0												0
202302	0	0											0
202303	0	0	0										0
202304	0	0	0	0									0
202305	0	0	0	0	0								0
202306	0	0	0	0	0	0							0
202307	0	0	0	0	0	0	0						0
202308	0	0	0	0	0	0	0	0					0
202309	327	443	559	521	621	520	471	315	1				3,778
202310	0	0	0	0	0	0	0	0	0	0			0
202311	0	0	0	0	0	0	0	0	0	0	0		0
202312	0	0	0	0	0	0	0	0	0	0	0	0	0
202401	0	0	0	0	0	0	0	0	0	0	0	0	0
202402	0	0	0	0	0	0	0	0	0	0	0	0	0
202403	0	0	0	0	0	0	0	0	0	0	0	0	0
202404	0	0	0	0	0	0	0	0	0	0	0	0	0
202405	0	2	4	1	13	12	23	371	152	0	0	0	578
202406	15	16	36	27	49	50	143	157	534	789	626	632	3,074
202407	0	0	0	0	0	0	0	0	0	0	0	0	0
202408	0	1	4	1	5	6	11	12	11	26	20	20	117
202409	0	0	0	0	0	1	0	6	0	4	1	0	12
202410	0	0	0	0	0	0	0	0	0	0	5	3	8
202411	0	0	0	0	0	0	0	0	0	6	4	12	22
202412	0	0	0	0	0	0	0	3	0	0	0	2	5
202501	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**342**	**462**	**603**	**550**	**688**	**589**	**648**	**864**	**698**	**825**	**656**	**669**	**7,594**
MM	**142,490**	**137,721**	**137,629**	**138,003**	**140,728**	**143,127**	**143,733**	**144,176**	**143,247**	**142,967**	**144,711**	**146,171**	**1,704,703**
PMPM	**0.002**	**0.003**	**0.004**	**0.004**	**0.005**	**0.004**	**0.005**	**0.006**	**0.005**	**0.006**	**0.005**	**0.005**	**0.004**

Table H-14—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	0												0
202302	0	0											0
202303	0	0	0										0
202304	0	0	0	0									0
202305	0	0	0	0	0								0
202306	0	0	0	0	0	0							0
202307	85	127	257	286	405	391	289						1,840
202308	0	0	0	0	2	4	146	428					580
202309	0	0	0	0	0	4	3	87	432				526
202310	0	0	0	0	0	1	0	3	127	497			628
202311	0	0	0	1	4	7	5	3	0	71	530		621
202312	0	0	0	0	0	0	0	0	0	4	135	505	644
202401	0	0	0	0	0	0	0	0	0	3,827	38,386	33,047	75,260
202402	0	0	0	0	0	0	0	0	0	2	12	10,800	10,814
202403	0	0	0	0	0	0	0	0	0	0	3	135	138
202404	0	0	0	0	0	0	0	0	0	142	1,424	1,382	2,948
202405	0	0	0	0	0	0	0	0	0	1	10	18	29
202406	0	0	0	0	0	0	0	0	0	1,493	15,875	10,647	28,015
202407	0	0	0	0	0	0	0	0	0	0	0	1	1
202408	0	0	0	0	0	0	0	0	0	105	840	589	1,534
202409	0	0	0	0	0	0	0	0	0	0	0	14	14
202410	0	0	0	0	0	0	0	0	0	0	7	15	22
202411	0	0	0	0	0	0	0	0	0	0	19	0	19
202412	0	0	0	0	0	0	0	0	0	8	135	79	222
202501	0	0	0	0	0	0	0	0	0	1	10	11	22
Total	**85**	**127**	**257**	**287**	**411**	**407**	**443**	**521**	**559**	**6,151**	**57,386**	**57,243**	**123,877**
MM	**142,490**	**137,721**	**137,629**	**138,003**	**140,728**	**143,127**	**143,733**	**144,176**	**143,247**	**142,967**	**144,711**	**146,171**	**1,704,703**
PMPM	**0.001**	**0.001**	**0.002**	**0.002**	**0.003**	**0.003**	**0.003**	**0.004**	**0.004**	**0.043**	**0.397**	**0.392**	**0.073**

Field-Level Completeness and Accuracy

Table H-15 through Table H-18 display the percent present and percent valid for the key data elements for each encounter type.

Table H-15—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	1,136,279	1,136,279	100%	1,117,249	1,136,279	98.3%
Detail Service From Date[D]	1,757,709	1,757,709	100%	1,757,709	1,757,709	100%
Detail Service To Date[D]	1,757,709	1,757,709	100%	1,757,696	1,757,709	>99.9%
Billing Provider NPI[H]	1,136,279	1,136,279	100%	1,133,815	1,136,279	99.8%
Rendering Provider NPI[H]	1,136,279	1,136,279	100%	1,123,604	1,136,279	98.9%
Referring Provider NPI[H]	508,347	1,136,279	44.7%	494,061	508,347	97.2%
Rendering Provider Taxonomy Code[H]	1,130,958	1,136,279	99.5%	1,111,031	1,130,958	98.2%
Primary Diagnosis Code[H]	1,136,279	1,136,279	100%	1,136,279	1,136,279	100%
Secondary Diagnosis Codes[H]	698,813	1,136,279	61.5%	1,790,470	1,790,485	>99.9%
Procedure Code[D]	1,757,709	1,757,709	100%	1,755,527	1,757,709	99.9%
Procedure Code Modifiers[D]	684,508	1,757,709	38.9%	871,420	871,618	>99.9%
NDC[D]	35,372	1,757,709	2.0%	33,174	35,372	93.8%
Submit Date[D]	1,757,709	1,757,709	100%	1,757,709	1,757,709	100%
MCE Paid Date[D]	1,757,709	1,757,709	100%	1,757,709	1,757,709	100%
Detail Paid Amount[D]	1,757,709	1,757,709	100%	1,757,709	1,757,709	100%
Detail TPL Paid Amount[D]	1,757,709	1,757,709	100%	1,757,709	1,757,709	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table H-16—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	687,041	687,041	100%	677,231	687,041	98.6%
Detail Service From Date[D]	910,431	910,431	100%	910,431	910,431	100%
Detail Service To Date[D]	910,431	910,431	100%	910,431	910,431	100%
Billing Provider NPI[H]	687,041	687,041	100%	686,369	687,041	99.9%
Attending Provider NPI[H]	685,204	687,041	99.7%	675,486	685,204	98.6%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	671,733	687,041	97.8%	664,290	671,733	98.9%
Primary Diagnosis Code[H]	687,041	687,041	100%	687,041	687,041	100%
Secondary Diagnosis Codes[H]	534,583	687,041	77.8%	1,751,669	1,751,712	>99.9%
Procedure Code[D]	715,490	910,431	78.6%	714,920	715,490	99.9%
Procedure Code Modifiers[D]	140,677	910,431	15.5%	148,615	148,619	>99.9%
Primary Surgical Procedure Code[H]	7,704	687,041	1.1%	7,704	7,704	100%
Secondary Surgical Procedure Codes[H]	4,283	687,041	0.6%	9,381	9,383	>99.9%
Revenue Code[D]	909,334	910,431	99.9%	909,334	909,334	100%
Type of Bill Code[H]	687,041	687,041	100%	687,041	687,041	100%
NDC[D]	67,907	910,431	7.5%	66,051	67,907	97.3%
Submit Date[D]	910,431	910,431	100%	910,431	910,431	100%
MCE Paid Date[D]	910,431	910,431	100%	910,431	910,431	100%
Detail Paid Amount[D]	787,644	910,431	86.5%	787,644	787,644	100%
Detail TPL Paid Amount[D]	787,644	910,431	86.5%	787,644	787,644	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table H-17—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	7,594	7,594	100%	7,594	7,594	100%
Detail Service From Date[D]	18,963	18,963	100%	18,963	18,963	100%
Detail Service To Date[D]	18,963	18,963	100%	18,963	18,963	100%
Billing Provider NPI[H]	7,594	7,594	100%	7,394	7,594	97.4%
Rendering Provider NPI[H]	7,594	7,594	100%	7,142	7,594	94.0%
Rendering Provider Taxonomy Code[H]	7,594	7,594	100%	7,568	7,594	99.7%
Procedure Code[D]	18,963	18,963	100%	18,963	18,963	100%
Tooth Number[D]	7,010	18,963	37.0%	7,006	7,010	99.9%
Tooth Surface[D]	2,672	18,963	14.1%	5,843	5,843	100%
Oral Cavity Code[D]	0	18,963	0.0%	0	0	—

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Submit Date[D]	18,963	18,963	100%	18,963	18,963	100%
MCE Paid Date[D]	18,963	18,963	100%	18,963	18,963	100%
Detail Paid Amount[D]	18,963	18,963	100%	18,963	18,963	100%
Detail TPL Paid Amount[D]	18,963	18,963	100%	18,963	18,963	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table H-18—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	123,877	123,877	100%	122,800	123,877	99.1%
DOS[D]	123,877	123,877	100%	123,877	123,877	100%
Billing Provider NPI[H]	123,877	123,877	100%	46,346	123,877	37.4%
Prescribing Provider NPI[H]	123,877	123,877	100%	109,711	123,877	88.6%
NDC[D]	123,877	123,877	100%	118,814	123,877	95.9%
Submit Date[D]	123,877	123,877	100%	123,877	123,877	100%
MCE Paid Date[D]	123,877	123,877	100%	123,877	123,877	100%
Detail Paid Amount[D]	123,877	123,877	100%	123,877	123,877	100%
Detail TPL Paid Amount[D]	123,877	123,877	100%	123,877	123,877	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table H-19 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table H-19—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	114,255	112,529	98.5%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	197,030	112,529	57.1%

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	36,228	35,815	98.9%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	197,030	35,815	18.2%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	36,228	34,555	95.4%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	114,255	34,555	30.2%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	30,750	27,678	90.0%
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	45,911	27,678	60.3%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	12,590	9,863	78.3%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	49,844	9,863	19.8%

Encounter Data Logic

Table H-20 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table H-20—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	197,030	34,146	17.3%
Medical encounters only	197,030	78,383	39.8%
Pharmacy encounters only	197,030	1,669	0.8%
Without either medical or pharmacy encounters	197,030	82,832	42.0%

Table H-21 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table H-21—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	197,030	52,075	26.4%
Six to 11 months	197,030	46,234	23.5%
Full year	197,030	98,721	50.1%

Strengths, Opportunities for Improvement, and Recommendations

Based on HUM's administrative profile evaluation, the following strengths were identified:

- HUM had low duplicate rates for professional encounters (0.6 percent), institutional encounters (0.6 percent), and pharmacy (<0.1 percent).
- For institutional encounters, HUM had all key data elements populated with at least 95.0 percent of valid values.

Based on HUM's administrative profile evaluation, the following opportunities for improvement were identified:

- HUM submitted only 47.0 percent of professional encounters, 15.1 percent of institutional encounters, and 11.1 percent of dental encounters to LDH within 60 days from the payment date.
- The LDH-submitted data did not contain any values for the Oral Cavity Code field for HUM's dental encounters.
- HUM had the following data elements with less than 95.0 percent of valid values:
  - Professional Encounters: NDC (93.8 percent)
  - Dental: Rendering Provider NPI (94.0 percent)
  - Pharmacy: Billing Provider NPI (37.4 percent) and Prescribing Provider NPI (88.6 percent)
- For referential integrity, HUM had a low percentage of providers in the pharmacy encounter file who were also in the provider data, at approximately 78.3 percent.

Based on HUM's administrative profile evaluation, the following recommendations were identified:

- HUM should monitor its encounter data submission to LDH to ensure professional, institutional, and pharmacy encounters are submitted to LDH in a timely manner after payment.
- For dental encounters, HUM should work with LDH to decide whether HUM should submit values (if any) for the Oral Cavity Code field to LDH.
- HUM should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.
- HUM should work with LDH to ensure both entities have an accurate and complete database of contracted providers for pharmacy encounters.

Appendix I. Results for Louisiana Healthcare Connections

Appendix I contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for LHCC.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on LHCC's IS review, the following strengths were identified:

- LHCC and/or its dental and vision subcontractors noted that they performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on the corresponding encounters.
- LHCC reported less than 1.0 percent of pharmacy encounters as initially rejected and not yet accepted.

Based on LHCC's IS review, the following opportunities for improvement were identified:

- **Quality Checks for Subcontractor Data**:
  - NEMT: Neither LHCC nor its subcontractor performed claim volume or timeliness checks on the NEMT encounters.
  - Pharmacy: Neither LHCC nor its subcontractor performed claim volume, completeness and accuracy, or timeliness checks on the pharmacy encounters.
- LHCC did not report claim volume and timeliness checks on encounters collected by the MCE (i.e., non-subcontractor data).
- LHCC had 6.4 percent of professional encounters and 5.6 percent of institutional encounters classified as encounters initially rejected and not yet accepted by LDH.

Based on LHCC's IS review, the following recommendations were identified:

- LHCC should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from its NEMT and pharmacy subcontractors.
- LHCC should build additional encounter data quality monitoring reports to evaluate encounter data completeness and timeliness.
- LHCC should build a process with LDH to ensure that rejected non-subcontractor professional and institutional encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table I-1 through Table I-4 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table I-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	494,011	514,140	960.8
February 2023	454,945	518,787	876.9
March 2023	537,014	522,200	1,028.4
April 2023	457,435	525,250	870.9
May 2023	509,273	526,174	967.9
June 2023	465,750	525,347	886.6
July 2023	438,507	517,735	847.0
August 2023	523,688	510,221	1,026.4
September 2023	472,329	501,794	941.3
October 2023	492,122	494,513	995.2
November 2023	470,030	487,721	963.7
December 2023	440,804	481,281	915.9

Table I-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	104,726	514,140	203.7
February 2023	96,240	518,787	185.5
March 2023	111,947	522,200	214.4
April 2023	98,614	525,250	187.7
May 2023	107,837	526,174	204.9
June 2023	101,934	525,347	194.0
July 2023	96,647	517,735	186.7
August 2023	109,359	510,221	214.3
September 2023	99,508	501,794	198.3

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
October 2023	103,618	494,513	209.5
November 2023	98,356	487,721	201.7
December 2023	94,094	481,281	195.5

Table I-3—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	6,067	514,140	11.8
February 2023	5,442	518,787	10.5
March 2023	6,620	522,200	12.7
April 2023	5,315	525,250	10.1
May 2023	5,924	526,174	11.3
June 2023	5,468	525,347	10.4
July 2023	4,802	517,735	9.3
August 2023	5,614	510,221	11.0
September 2023	4,718	501,794	9.4
October 2023	4,852	494,513	9.8
November 2023	4,374	487,721	9.0
December 2023	3,940	481,281	8.2

Table I-4—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	552,506	514,140	1,074.6
February 2023	501,964	518,787	967.6
March 2023	580,484	522,200	1,111.6
April 2023	515,871	525,250	982.1
May 2023	557,871	526,174	1,060.2
June 2023	519,561	525,347	989.0
July 2023	505,106	517,735	975.6
August 2023	569,080	510,221	1,115.4
September 2023	525,318	501,794	1,046.9
October 2023	545,830	494,513	1,103.8

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
November 2023	526,957	487,721	1,080.4
December 2023	499,410	481,281	1,037.7

Table I-5 through Table I-8 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table I-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$61,113,662.87	$118.87	$1,406,282.94	$2.74
February 2023	$57,415,202.49	$110.67	$1,378,993.63	$2.66
March 2023	$67,104,118.70	$128.50	$1,644,032.21	$3.15
April 2023	$58,568,825.40	$111.51	$1,462,181.95	$2.78
May 2023	$63,401,169.45	$120.49	$1,637,503.22	$3.11
June 2023	$59,767,394.39	$113.77	$1,486,865.49	$2.83
July 2023	$59,967,058.69	$115.83	$1,330,101.91	$2.57
August 2023	$70,883,315.56	$138.93	$1,563,144.27	$3.06
September 2023	$64,139,947.16	$127.82	$1,336,387.71	$2.66
October 2023	$66,590,682.40	$134.66	$1,473,871.20	$2.98
November 2023	$63,866,597.43	$130.95	$1,358,133.12	$2.78
December 2023	$60,873,061.11	$126.48	$1,425,307.28	$2.96

Table I-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$54,307,542.31	$105.63	$2,620,052.25	$5.10
February 2023	$58,105,120.61	$112.00	$2,724,256.25	$5.25
March 2023	$66,663,407.98	$127.66	$3,208,443.67	$6.14
April 2023	$62,422,641.86	$118.84	$2,932,914.67	$5.58
May 2023	$67,335,279.59	$127.97	$3,617,771.43	$6.88
June 2023	$66,416,732.91	$126.42	$3,675,071.33	$7.00
July 2023	$60,944,880.02	$117.71	$2,768,082.07	$5.35
August 2023	$69,796,066.37	$136.80	$3,019,158.57	$5.92
September 2023	$63,606,752.30	$126.76	$3,113,752.59	$6.21

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
October 2023	$64,593,917.66	$130.62	$2,737,251.70	$5.54
November 2023	$61,226,602.04	$125.54	$2,799,164.04	$5.74
December 2023	$66,488,355.02	$138.15	$2,439,325.34	$5.07

Table I-7—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$1,161,803.16	$2.26	$0.00	$0.00
February 2023	$900,263.15	$1.74	$0.00	$0.00
March 2023	$915,678.78	$1.75	$0.00	$0.00
April 2023	$743,484.44	$1.42	$0.00	$0.00
May 2023	$830,009.38	$1.58	$0.00	$0.00
June 2023	$762,414.04	$1.45	$0.00	$0.00
July 2023	$706,186.78	$1.36	$0.00	$0.00
August 2023	$856,040.96	$1.68	$0.00	$0.00
September 2023	$704,625.21	$1.40	$0.00	$0.00
October 2023	$730,517.40	$1.48	$0.00	$0.00
November 2023	$644,950.52	$1.32	$0.00	$0.00
December 2023	$592,706.03	$1.23	$0.00	$0.00

Table I-8—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$68,685,971.08	$133.59	$2,103,492.71	$4.09
February 2023	$64,482,592.91	$124.29	$2,162,061.03	$4.17
March 2023	$75,483,786.47	$144.55	$2,841,868.80	$5.44
April 2023	$68,669,409.87	$130.74	$2,330,143.86	$4.44
May 2023	$75,783,866.41	$144.03	$2,595,404.13	$4.93
June 2023	$71,745,720.74	$136.57	$2,399,928.71	$4.57
July 2023	$67,582,501.66	$130.53	$2,130,325.23	$4.11
August 2023	$74,027,455.17	$145.09	$2,329,451.08	$4.57
September 2023	$67,117,563.94	$133.76	$2,269,411.57	$4.52
October 2023	$71,004,510.71	$143.58	$2,022,860.02	$4.09

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
November 2023	$77,051,813.99	$157.98	$1,262,051.15	$2.59
December 2023	$66,693,348.41	$138.57	$1,185,433.10	$2.46

Table I-9 displays the percentage of duplicate encounters for each encounter type.

Table I-9—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	13,675,944	45,905	0.3%
Institutional	5,779,496	2,755	<0.1%
Dental	181,175	9,034	5.0%
Pharmacy	6,400,577	1	<0.1%

Encounter Data Timeliness

Table I-10 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table I-10—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	83.9%	77.0%	80.7%	84.4%
Received within 60 days	91.4%	82.3%	89.7%	99.4%
Received within 90 days	93.3%	85.2%	93.2%	99.8%
Received within 120 days	94.6%	87.8%	95.2%	99.8%
Received within 150 days	95.9%	89.1%	95.9%	99.9%
Received within 180 days	96.6%	90.0%	96.1%	99.9%
Received within 210 days	97.1%	90.7%	97.0%	99.9%
Received within 240 days	97.7%	91.3%	97.5%	>99.9%
Received within 270 days	98.0%	92.0%	97.9%	>99.9%
Received within 300 days	98.3%	93.5%	98.0%	>99.9%
Received within 330 days	98.6%	94.2%	98.3%	>99.9%
Received within 360 days	98.8%	94.8%	98.7%	>99.9%
Received after 360 days	100%	100%	100%	100%

Table I-11 through Table I-14 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table I-11—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	82,628												82,628
202302	261,144	44,948											306,092
202303	82,319	236,254	8,105										326,678
202304	53,265	135,301	418,096	67,552									674,214
202305	17,752	19,414	57,430	274,876	89,012								458,484
202306	13,736	28,440	41,207	58,432	324,842	110,157							576,814
202307	15,646	16,650	27,639	16,788	42,139	284,414	67,538						470,814
202308	5,770	6,332	8,694	14,463	22,939	43,574	294,381	111,900					508,053
202309	7,668	9,063	13,778	32,157	18,668	14,761	48,363	247,662	25,064				417,184
202310	9,484	13,436	21,524	20,953	26,715	28,495	52,269	169,967	380,010	89,700			812,553
202311	11,997	9,022	12,870	13,805	26,040	25,973	35,541	46,502	66,632	306,877	114,639		669,898
202312	1,508	1,162	2,043	1,850	3,293	3,539	9,295	10,610	14,874	47,672	186,944	59,551	342,341
202401	5,967	7,176	6,603	3,647	4,455	4,026	20,902	27,135	29,165	65,844	140,021	312,144	627,085
202402	2,545	2,024	3,035	3,366	3,304	2,311	2,701	4,440	5,674	9,618	29,134	55,736	123,888
202403	2,981	2,714	3,067	2,668	2,914	3,126	3,868	5,398	7,709	11,818	16,882	15,417	78,562
202404	1,432	1,923	8,781	2,266	3,005	2,827	4,698	9,584	10,580	13,590	16,693	17,235	92,614
202405	2,440	2,223	3,122	3,577	6,406	4,076	4,005	5,919	5,172	8,337	9,432	9,344	64,053
202406	285	419	1,219	1,243	2,285	4,916	5,543	6,562	1,720	2,622	6,929	2,931	36,674
202407	3,839	3,749	3,831	3,230	4,424	3,610	6,061	7,061	8,168	13,082	8,530	12,464	78,049
202408	3,976	7,958	3,074	3,749	19,590	4,670	5,050	5,964	5,321	7,634	7,649	10,267	84,902
202409	607	798	521	639	1,011	1,862	1,795	4,949	3,982	4,757	6,168	6,761	33,850
202410	962	642	825	824	1,766	1,263	2,258	2,019	2,699	3,651	2,845	2,819	22,573
202411	1,688	1,574	1,708	1,822	2,551	1,625	5,720	2,599	2,670	4,529	5,960	3,986	36,432
202412	732	334	458	423	417	500	632	1,156	1,051	940	1,748	1,745	10,136
202501	1,709	1,516	2,884	2,207	2,057	1,765	2,521	4,518	6,429	2,695	4,631	7,904	40,836
Total	**592,080**	**553,072**	**650,514**	**530,537**	**607,833**	**547,490**	**573,141**	**673,945**	**576,920**	**593,366**	**558,205**	**518,304**	**6,975,407**
MM	**514,140**	**518,787**	**522,200**	**525,250**	**526,174**	**525,347**	**517,735**	**510,221**	**501,794**	**494,513**	**487,721**	**481,281**	**6,125,163**
PMPM	**1.152**	**1.066**	**1.246**	**1.010**	**1.155**	**1.042**	**1.107**	**1.321**	**1.150**	**1.200**	**1.145**	**1.077**	**1.139**

Table I-12—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	20,002												20,002
202302	44,879	5,730											50,609
202303	8,754	45,207	0										53,961
202304	81,485	56,421	89,832	12,224									239,962
202305	5,266	6,085	8,279	64,918	21,739								106,287
202306	2,612	3,633	9,487	17,254	58,237	18,025							109,248
202307	1,424	1,065	1,811	2,409	7,680	60,860	7,325						82,574
202308	1,347	1,272	1,589	2,587	7,630	7,387	70,955	19,732					112,499
202309	3,408	3,288	5,101	4,913	3,953	5,928	7,588	48,603	10,424				93,206
202310	1,924	1,451	1,987	2,202	2,357	4,575	5,336	22,596	67,421	29,380			139,229
202311	5,516	3,780	4,390	6,308	22,708	8,862	12,838	15,022	11,549	58,698	21,571		171,242
202312	744	924	1,105	1,492	1,806	1,473	14,278	2,035	3,551	4,887	41,092	13,284	86,671
202401	933	1,435	1,647	1,181	1,717	1,960	4,260	3,858	3,282	3,340	14,015	57,184	94,812
202402	548	633	972	1,221	945	653	987	712	946	1,416	1,672	4,168	14,873
202403	804	743	783	838	785	815	2,263	1,333	1,625	1,703	6,211	3,262	21,165
202404	802	817	1,444	881	1,413	1,190	1,175	1,933	2,401	3,111	12,322	12,728	40,217
202405	685	736	1,331	1,374	1,315	1,201	1,244	1,420	1,486	2,045	2,412	2,487	17,736
202406	1,658	1,957	2,798	1,986	2,212	3,095	2,493	3,198	2,194	1,221	733	825	24,370
202407	1,113	1,444	1,511	1,699	1,800	1,862	2,157	1,995	3,533	2,346	2,172	1,919	23,551
202408	2,791	2,704	3,240	2,483	3,390	1,958	1,871	2,564	4,507	10,007	7,926	4,877	48,318
202409	571	577	765	782	928	647	504	653	932	1,284	833	841	9,317
202410	182	242	308	258	360	229	277	434	590	794	514	553	4,741
202411	312	163	256	215	350	277	411	256	327	634	653	451	4,305
202412	1,731	984	939	996	1,365	2,175	1,583	2,776	1,502	1,536	1,471	1,764	18,822
202501	5,066	6,785	6,016	4,178	4,236	4,844	4,726	4,778	4,233	4,298	4,531	4,774	58,465
Total	**194,557**	**148,076**	**145,591**	**132,399**	**146,926**	**128,016**	**142,271**	**133,898**	**120,503**	**126,700**	**118,128**	**109,117**	**1,646,182**
MM	**514,140**	**518,787**	**522,200**	**525,250**	**526,174**	**525,347**	**517,735**	**510,221**	**501,794**	**494,513**	**487,721**	**481,281**	**6,125,163**
PMPM	**0.378**	**0.285**	**0.279**	**0.252**	**0.279**	**0.244**	**0.275**	**0.262**	**0.240**	**0.256**	**0.242**	**0.227**	**0.269**

Table I-13—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	51												51
202302	5,912	1,574											7,486
202303	1,469	3,921	637										6,027
202304	57	141	2,813	2,034									5,045
202305	102	216	2,497	2,701	2,070								7,586
202306	72	95	96	98	3,023	1,492							4,876
202307	62	92	210	190	258	3,487	1,736						6,035
202308	10	45	68	87	149	170	2,574	2,605					5,708
202309	132	87	304	79	355	82	202	2,179	83				3,503
202310	67	55	105	114	69	65	146	399	3,139	1,035			5,194
202311	10	10	18	19	29	39	200	338	1,302	3,547	2,439		7,951
202312	1	0	1	1	9	3	32	31	22	21	853	178	1,152
202401	6	6	5	3	5	37	21	60	24	64	111	1,242	1,584
202402	5	6	5	8	12	17	29	31	34	72	727	1,595	2,541
202403	0	1	2	9	7	11	25	42	38	69	200	926	1,330
202404	0	0	1	2	7	2	11	12	5	13	8	15	76
202405	112	88	104	69	263	212	165	229	232	185	133	19	1,811
202406	0	0	0	1	0	4	2	2	4	2	14	4	33
202407	0	0	0	0	0	2	4	4	1	3	3	7	24
202408	14	0	0	0	0	0	0	0	0	0	0	0	14
202409	0	0	0	0	0	0	0	0	0	0	0	0	0
202410	0	0	0	0	0	0	0	0	2	0	0	0	2
202411	0	0	0	0	12	0	0	146	110	90	78	21	457
202412	0	0	0	0	0	0	0	0	0	0	0	0	0
202501	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**8,082**	**6,337**	**6,866**	**5,415**	**6,268**	**5,623**	**5,147**	**6,078**	**4,996**	**5,101**	**4,566**	**4,007**	**68,486**
MM	**514,140**	**518,787**	**522,200**	**525,250**	**526,174**	**525,347**	**517,735**	**510,221**	**501,794**	**494,513**	**487,721**	**481,281**	**6,125,163**
PMPM	**0.016**	**0.012**	**0.013**	**0.010**	**0.012**	**0.011**	**0.010**	**0.012**	**0.010**	**0.010**	**0.009**	**0.008**	**0.011**

Table I-14—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	296,598												296,598
202302	253,871	256,637											510,508
202303	909	243,429	260,244										504,582
202304	752	1,333	318,639	162,862									483,586
202305	271	371	1,235	351,319	270,309								623,505
202306	100	117	234	1,115	273,187	101,643							376,396
202307	20	14	34	106	1,553	417,434	285,335						704,496
202308	25	20	26	37	12,546	309	218,134	264,980					496,077
202309	8	64	76	83	166	78	861	299,261	197,408				498,005
202310	1	2	2	13	37	48	355	4,566	327,515	186,379			518,918
202311	0	0	0	0	11	7	373	134	226	112,615	0		113,366
202312	2	2	11	23	18	57	70	93	122	223	0	0	621
202401	1	0	0	0	2	1	2	8	26	35,394	267,379	0	302,813
202402	2	1	5	0	1	2	0	6	16	21	39,216	355,162	394,432
202403	0	13	52	381	99	46	16	81	9	10	27	137	871
202404	0	0	0	3	3	6	14	20	47	188,417	2,936	2,476	193,922
202405	0	0	0	0	0	0	0	0	0	4,440	40,974	26,685	72,099
202406	0	0	0	0	0	0	0	0	0	18,022	173,453	113,045	304,520
202407	0	0	0	0	0	0	0	0	0	3	13	13	29
202408	0	0	0	0	0	0	0	0	0	13	49	27	89
202409	0	0	0	0	0	0	0	0	0	3	4	67	74
202410	0	0	0	0	0	0	0	0	0	71	70	13	154
202411	0	0	0	0	0	0	0	0	0	78	1,162	722	1,962
202412	0	0	0	0	0	0	0	0	0	133	1,197	666	1,996
202501	0	0	0	0	0	0	0	0	0	60	493	405	958
Total	**552,560**	**502,003**	**580,558**	**515,942**	**557,932**	**519,631**	**505,160**	**569,149**	**525,369**	**545,882**	**526,973**	**499,418**	**6,400,577**
MM	**514,140**	**518,787**	**522,200**	**525,250**	**526,174**	**525,347**	**517,735**	**510,221**	**501,794**	**494,513**	**487,721**	**481,281**	**6,125,163**
PMPM	**1.075**	**0.968**	**1.112**	**0.982**	**1.060**	**0.989**	**0.976**	**1.115**	**1.047**	**1.104**	**1.080**	**1.038**	**1.045**

Field-Level Completeness and Accuracy

Table I-15 through Table I-18 display the percent present and percent valid for the key data elements for each encounter type.

Table I-15—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	6,975,407	6,975,407	100%	6,969,384	6,975,407	99.9%
Detail Service From Date[D]	13,675,944	13,675,944	100%	13,675,944	13,675,944	100%
Detail Service To Date[D]	13,675,944	13,675,944	100%	13,675,943	13,675,944	>99.9%
Billing Provider NPI[H]	6,975,407	6,975,407	100%	6,825,368	6,975,407	97.8%
Rendering Provider NPI[H]	6,975,407	6,975,407	100%	6,735,348	6,975,407	96.6%
Referring Provider NPI[H]	2,950,046	6,975,407	42.3%	2,780,159	2,950,046	94.2%
Rendering Provider Taxonomy Code[H]	6,974,178	6,975,407	>99.9%	6,821,028	6,974,178	97.8%
Primary Diagnosis Code[H]	6,975,407	6,975,407	100%	6,975,406	6,975,407	>99.9%
Secondary Diagnosis Codes[H]	3,749,496	6,975,407	53.8%	9,439,310	9,439,329	>99.9%
Procedure Code[D]	13,675,944	13,675,944	100%	13,666,938	13,675,944	99.9%
Procedure Code Modifiers[D]	5,336,370	13,675,944	39.0%	6,917,593	6,917,605	>99.9%
NDC[D]	82,647	13,675,944	0.6%	81,481	82,647	98.6%
Submit Date[D]	13,675,944	13,675,944	100%	13,675,944	13,675,944	100%
MCE Paid Date[D]	13,675,944	13,675,944	100%	13,675,944	13,675,944	100%
Detail Paid Amount[D]	13,675,944	13,675,944	100%	13,675,944	13,675,944	100%
Detail TPL Paid Amount[D]	13,675,944	13,675,944	100%	13,675,944	13,675,944	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table I-16—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	1,646,182	1,646,182	100%	1,645,293	1,646,182	99.9%
Detail Service From Date[D]	5,779,496	5,779,496	100%	5,779,496	5,779,496	100%
Detail Service To Date[D]	5,779,496	5,779,496	100%	5,779,496	5,779,496	100%
Billing Provider NPI[H]	1,646,182	1,646,182	100%	1,624,133	1,646,182	98.7%
Attending Provider NPI[H]	1,597,195	1,646,182	97.0%	1,530,341	1,597,195	95.8%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	1,456,196	1,646,182	88.5%	1,340,819	1,456,196	92.1%
Primary Diagnosis Code[H]	1,646,182	1,646,182	100%	1,646,182	1,646,182	100%
Secondary Diagnosis Codes[H]	1,225,907	1,646,182	74.5%	4,375,497	4,375,497	100%
Procedure Code[D]	4,770,359	5,779,496	82.5%	4,763,568	4,770,359	99.9%
Procedure Code Modifiers[D]	807,483	5,779,496	14.0%	845,611	845,611	100%
Primary Surgical Procedure Code[H]	29,495	1,646,182	1.8%	29,495	29,495	100%
Secondary Surgical Procedure Codes[H]	16,453	1,646,182	1.0%	36,186	36,186	100%
Revenue Code[D]	5,741,263	5,779,496	99.3%	5,741,263	5,741,263	100%
Type of Bill Code[H]	1,646,182	1,646,182	100%	1,646,182	1,646,182	100%
NDC[D]	481,068	5,779,496	8.3%	476,447	481,068	99.0%
Submit Date[D]	5,779,496	5,779,496	100%	5,779,496	5,779,496	100%
MCE Paid Date[D]	5,779,496	5,779,496	100%	5,779,496	5,779,496	100%
Detail Paid Amount[D]	5,269,689	5,779,496	91.2%	5,269,689	5,269,689	100%
Detail TPL Paid Amount[D]	5,269,689	5,779,496	91.2%	5,269,689	5,269,689	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table I-17—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	68,486	68,486	100%	68,417	68,486	99.9%
Detail Service From Date[D]	181,175	181,175	100%	181,175	181,175	100%
Detail Service To Date[D]	181,175	181,175	100%	181,175	181,175	100%
Billing Provider NPI[H]	68,486	68,486	100%	68,007	68,486	99.3%
Rendering Provider NPI[H]	68,486	68,486	100%	68,137	68,486	99.5%
Rendering Provider Taxonomy Code[H]	68,486	68,486	100%	65,111	68,486	95.1%
Procedure Code[D]	181,175	181,175	100%	181,175	181,175	100%
Tooth Number[D]	0	181,175	0.0%	0	0	—
Tooth Surface[D]	0	181,175	0.0%	0	0	—
Oral Cavity Code[D]	0	181,175	0.0%	0	0	—

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Submit Date[D]	181,175	181,175	100%	181,175	181,175	100%
MCE Paid Date[D]	181,175	181,175	100%	181,175	181,175	100%
Detail Paid Amount[D]	181,175	181,175	100%	181,175	181,175	100%
Detail TPL Paid Amount[D]	181,175	181,175	100%	181,175	181,175	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table I-18—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	6,400,577	6,400,577	100%	6,390,790	6,400,577	99.8%
DOS[D]	6,400,577	6,400,577	100%	6,400,577	6,400,577	100%
Billing Provider NPI[H]	6,400,577	6,400,577	100%	6,362,460	6,400,577	99.4%
Prescribing Provider NPI[H]	6,400,577	6,400,577	100%	6,008,522	6,400,577	93.9%
NDC[D]	6,400,577	6,400,577	100%	6,395,623	6,400,577	99.9%
Submit Date[D]	6,400,577	6,400,577	100%	6,400,577	6,400,577	100%
MCE Paid Date[D]	6,400,577	6,400,577	100%	6,400,577	6,400,577	100%
Detail Paid Amount[D]	6,400,577	6,400,577	100%	6,400,577	6,400,577	100%
Detail TPL Paid Amount[D]	6,400,577	6,400,577	100%	6,400,577	6,400,577	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table I-19 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table I-19—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	450,400	449,699	99.8%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	567,299	449,699	79.3%

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	382,767	380,906	99.5%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	567,299	380,906	67.1%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	382,767	367,948	96.1%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	450,400	367,948	81.7%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	45,572	41,572	91.2%
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	123,339	41,572	33.7%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	38,494	30,595	79.5%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	166,963	30,595	18.3%

Encounter Data Logic

Table I-20 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table I-20—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	567,299	367,567	64.8%
Medical encounters only	567,299	82,132	14.5%
Pharmacy encounters only	567,299	13,339	2.4%
Without either medical or pharmacy encounters	567,299	104,261	18.4%

Table I-21 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table I-21—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	567,299	39,304	6.9%
Six to 11 months	567,299	101,130	17.8%
Full year	567,299	426,865	75.2%

Strengths, Opportunities for Improvement, and Recommendations

Based on LHCC's administrative profile evaluation, the following strengths were identified:

- LHCC had low duplicate rates for professional encounters (0.3 percent), institutional encounters (<0.1 percent), and pharmacy (<0.1 percent).
- LHCC submitted 99.4 percent of pharmacy encounters within 60 days from the payment date.
- For dental encounters, LHCC had all key data elements populated with at least 95.0 percent of valid values.

Based on LHCC's administrative profile evaluation, the following opportunities for improvement were identified:

- LHCC had the second highest duplicate encounter rate (5.0 percent) among the MCEs with dental encounters.
- LHCC only submitted 82.3 percent of institutional encounters and 89.7 percent of dental encounters within 60 days from the payment date.
- The LDH-submitted data did not contain any values for the Tooth Number, Tooth Surface, and Oral Cavity Code fields for LHCC's dental encounters.
- LHCC had the following data elements with less than 95.0 percent of valid values:
  - Professional Encounters: Referring Provider NPI (94.2 percent)
  - Institutional: Attending Provider Taxonomy Code (92.1 percent)
  - Pharmacy: Prescribing Provider NPI (93.9 percent)
- For referential integrity, LHCC had a low percentage of providers in the pharmacy encounter file who were also in the provider file, at approximately 79.5 percent.

Based on LHCC's administrative profile evaluation, the following recommendations were identified:

- LHCC should review its system for identifying and handling duplicates for dental encounters. Identification and appropriate handling of duplicate encounters is crucial for accurate financial and actuarial calculations.
- LHCC should monitor its encounter data submission to LDH to ensure institutional and dental encounters are submitted to LDH in a timely manner after payment.
- For dental encounters, LHCC should work with LDH to decide whether LHCC should submit values (if any) for the Tooth Number, Tooth Surface, and Oral Cavity Code fields to LDH.
- LHCC should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.
- LHCC should work with LDH to ensure both entities have an accurate and complete database of contracted providers for pharmacy encounters.

Appendix J. Results for UnitedHealthcare Community

Appendix E contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for UHC.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on UHC's IS review, the following strengths were identified:

- For NEMT and vision encounters collected by its subcontractors, UHC noted that it stored and reviewed encounter data before submission to LDH, did not modify the data before submission, and reviewed the encounters after submission to LDH. In addition, UHC and/or its dental, NEMT, and vision subcontractors noted that they performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on the corresponding encounters.
- For the encounters collected by UHC, it noted that it performed claim volume, completeness and accuracy, timeliness, and reconciliation with financial reports checks on encounters.
- UHC reported less than 1.0 percent of pharmacy encounters as initially rejected and not yet accepted.

Based on UHC's IS review, the following opportunities for improvement were identified:

- UHC noted that it did not store its pharmacy subcontractor data or review the data prior to submission to LDH. In addition, neither UHC nor its pharmacy subcontractor performed claim volume, completeness and accuracy, or timeliness checks on the pharmacy encounters.
- Among the seven MCEs with institutional encounters, UHC had the highest percentage of institutional encounters initially rejected and not yet accepted by LDH at 6.3 percent.

Based on UHC's IS review, the following recommendations were identified:

- UHC should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of encounter data received from its pharmacy subcontractor.
- UHC should build a process with LDH to ensure that rejected institutional encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table J-1 through Table J-4 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table J-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	435,532	463,055	940.6
February 2023	395,632	467,373	846.5
March 2023	464,023	469,020	989.3
April 2023	396,102	469,671	843.4
May 2023	435,388	470,305	925.8
June 2023	397,723	469,359	847.4
July 2023	379,911	461,220	823.7
August 2023	450,915	453,722	993.8
September 2023	409,721	444,790	921.2
October 2023	428,229	436,770	980.4
November 2023	411,712	430,213	957.0
December 2023	386,132	423,414	911.9

Table J-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	94,417	463,055	203.9
February 2023	86,098	467,373	184.2
March 2023	100,123	469,020	213.5
April 2023	86,781	469,671	184.8
May 2023	95,572	470,305	203.2
June 2023	90,208	469,359	192.2
July 2023	87,168	461,220	189.0
August 2023	98,453	453,722	217.0
September 2023	89,765	444,790	201.8

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
October 2023	91,234	436,770	208.9
November 2023	86,748	430,213	201.6
December 2023	82,478	423,414	194.8

Table J-3—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	2,919	463,055	6.3
February 2023	2,312	467,373	4.9
March 2023	2,677	469,020	5.7
April 2023	2,115	469,671	4.5
May 2023	2,610	470,305	5.5
June 2023	2,325	469,359	5.0
July 2023	2,082	461,220	4.5
August 2023	2,529	453,722	5.6
September 2023	2,048	444,790	4.6
October 2023	2,403	436,770	5.5
November 2023	2,022	430,213	4.7
December 2023	1,771	423,414	4.2

Table J-4—Encounter Volume by Service Month for Pharmacy Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	511,027	463,055	1,103.6
February 2023	457,052	467,373	977.9
March 2023	528,128	469,020	1,126.0
April 2023	464,816	469,671	989.7
May 2023	505,014	470,305	1,073.8
June 2023	469,157	469,359	999.6
July 2023	450,740	461,220	977.3
August 2023	494,951	453,722	1,090.9
September 2023	449,921	444,790	1,011.5
October 2023	471,409	436,770	1,079.3

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
November 2023	462,449	430,213	1,074.9
December 2023	443,170	423,414	1,046.7

Table J-5 through Table J-8 displays the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table J-5—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$55,492,478.61	$119.84	$1,700,175.62	$3.67
February 2023	$51,505,551.56	$110.20	$1,662,577.13	$3.56
March 2023	$59,405,096.64	$126.66	$2,094,061.29	$4.46
April 2023	$51,361,651.41	$109.36	$1,919,460.01	$4.09
May 2023	$55,978,087.73	$119.03	$1,993,967.72	$4.24
June 2023	$52,314,517.19	$111.46	$1,853,589.90	$3.95
July 2023	$52,620,676.44	$114.09	$1,699,590.87	$3.68
August 2023	$61,487,097.64	$135.52	$1,965,650.72	$4.33
September 2023	$56,499,757.27	$127.03	$1,817,287.35	$4.09
October 2023	$58,881,639.29	$134.81	$1,768,350.47	$4.05
November 2023	$57,285,637.04	$133.16	$1,774,626.55	$4.12
December 2023	$54,958,182.55	$129.80	$1,702,505.67	$4.02

Table J-6—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$51,094,040.48	$110.34	$4,623,652.94	$9.99
February 2023	$52,949,732.55	$113.29	$4,469,098.07	$9.56
March 2023	$62,164,140.06	$132.54	$5,679,638.05	$12.11
April 2023	$55,518,909.63	$118.21	$5,083,296.75	$10.82
May 2023	$61,510,828.70	$130.79	$5,564,965.43	$11.83
June 2023	$60,292,788.72	$128.46	$5,443,469.79	$11.60
July 2023	$57,440,068.35	$124.54	$4,931,312.71	$10.69
August 2023	$62,126,026.52	$136.93	$5,456,363.77	$12.03
September 2023	$59,281,111.18	$133.28	$4,664,007.10	$10.49

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
October 2023	$57,768,745.50	$132.26	$4,371,844.15	$10.01
November 2023	$56,498,367.64	$131.33	$4,242,450.23	$9.86
December 2023	$57,918,332.19	$136.79	$3,986,083.90	$9.41

Table J-7—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$326,269.67	$0.70	$9.04	$0.00
February 2023	$263,890.64	$0.56	$16.09	$0.00
March 2023	$307,960.75	$0.66	$52.01	$0.00
April 2023	$245,682.57	$0.52	$694.92	$0.00
May 2023	$303,668.72	$0.65	$24.00	$0.00
June 2023	$273,785.69	$0.58	$23.30	$0.00
July 2023	$260,519.87	$0.56	$18.40	$0.00
August 2023	$332,872.07	$0.73	$34.24	$0.00
September 2023	$272,253.99	$0.61	$8.18	$0.00
October 2023	$325,694.82	$0.75	$5.92	$0.00
November 2023	$273,977.36	$0.64	$0.00	$0.00
December 2023	$237,268.42	$0.56	$0.00	$0.00

Table J-8—Paid Amount and TPL Paid Amount PMPM by Service Month for Pharmacy Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$63,067,331.51	$136.20	$1,787,732.28	$3.86
February 2023	$60,480,099.31	$129.40	$1,929,834.32	$4.13
March 2023	$71,367,789.93	$152.16	$2,445,237.39	$5.21
April 2023	$65,258,105.28	$138.94	$2,173,419.25	$4.63
May 2023	$71,853,010.94	$152.78	$2,398,489.77	$5.10
June 2023	$68,320,897.69	$145.56	$2,226,282.52	$4.74
July 2023	$63,085,553.12	$136.78	$1,969,704.65	$4.27
August 2023	$68,064,356.52	$150.01	$1,999,028.87	$4.41
September 2023	$62,086,636.11	$139.59	$1,879,242.48	$4.23
October 2023	$65,645,981.18	$150.30	$1,753,339.66	$4.01

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
November 2023	$69,035,272.11	$160.47	$1,631,130.91	$3.79
December 2023	$60,819,997.74	$143.64	$1,452,948.63	$3.43

Table J-9 displays the percentage of duplicate encounters for each encounter type.

Table J-9—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	11,887,942	3,132	<0.1%
Institutional	5,377,599	24,691	0.5%
Dental	79,281	74	0.1%
Pharmacy	5,707,865	0	0.0%

Encounter Data Timeliness

Table J-10 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table J-10—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional	Dental	Pharmacy
Received within 30 days	98.6%	86.5%	98.9%	90.2%
Received within 60 days	99.0%	91.9%	99.1%	99.7%
Received within 90 days	99.3%	98.2%	99.2%	99.8%
Received within 120 days	99.5%	98.9%	99.6%	99.8%
Received within 150 days	99.6%	99.0%	99.8%	99.9%
Received within 180 days	99.6%	99.2%	99.9%	99.9%
Received within 210 days	99.7%	99.3%	>99.9%	99.9%
Received within 240 days	99.8%	99.4%	>99.9%	99.9%
Received within 270 days	99.8%	99.4%	>99.9%	>99.9%
Received within 300 days	99.9%	99.5%	>99.9%	>99.9%
Received within 330 days	99.9%	99.6%	>99.9%	>99.9%
Received within 360 days	99.9%	99.6%	100%	>99.9%
Received after 360 days	100%	100%	100%	100%

Table J-11 through Table J-14 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table J-11—Encounter Data Lag Triangle for Professional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	99,275												99,275
202302	216,151	85,102											301,253
202303	102,651	272,032	178,395										553,078
202304	18,148	28,017	214,109	123,233									383,507
202305	14,736	18,396	47,423	221,589	173,086								475,230
202306	17,036	18,991	27,510	40,774	208,464	146,744							459,519
202307	4,573	5,071	8,080	11,126	25,847	197,794	106,126						358,617
202308	3,789	3,971	5,712	6,337	20,658	35,277	223,965	170,682					470,391
202309	2,857	3,013	3,744	3,800	10,228	13,009	25,392	212,094	130,090				404,227
202310	4,426	4,520	6,007	6,070	16,041	19,844	41,795	84,604	227,726	128,331			539,364
202311	3,024	3,062	3,966	3,637	4,879	5,270	8,110	18,964	36,727	257,786	164,495		509,920
202312	1,584	1,871	2,670	2,721	4,999	4,558	13,492	19,411	20,949	34,749	208,504	153,445	468,953
202401	2,055	1,399	1,766	1,764	2,353	2,704	4,166	6,568	9,158	14,097	30,370	200,790	277,190
202402	9,348	8,053	9,925	8,328	8,759	7,781	8,402	10,214	3,915	6,440	9,341	21,141	111,647
202403	5,430	5,839	8,277	6,725	6,979	5,579	6,341	7,149	6,388	8,111	10,904	14,219	91,941
202404	896	553	1,000	2,207	2,871	2,803	4,236	6,124	6,569	6,131	8,119	9,277	50,786
202405	2,357	2,714	2,618	1,939	2,180	1,698	2,971	3,404	3,559	5,138	5,646	7,352	41,576
202406	294	238	617	559	637	1,033	9,624	10,341	9,620	9,375	8,816	8,847	60,001
202407	254	324	307	636	752	847	1,602	2,288	1,957	2,137	2,943	4,957	19,004
202408	403	357	456	465	551	670	1,178	2,768	2,486	3,277	3,847	3,717	20,175
202409	2,285	1,449	758	626	930	1,101	1,440	2,429	2,755	2,771	3,316	3,420	23,280
202410	315	239	298	254	364	579	699	926	3,115	2,491	2,934	3,464	15,678
202411	120	107	179	135	1,847	2,806	2,643	3,146	2,649	3,389	3,843	3,359	24,223
202412	406	333	448	423	540	514	596	578	735	1,063	1,784	2,739	10,159
202501	123	107	175	125	178	175	212	249	258	254	345	884	3,085
Total	**512,536**	**465,758**	**524,440**	**443,473**	**493,143**	**450,786**	**462,990**	**561,939**	**468,656**	**485,540**	**465,207**	**437,611**	**5,772,079**
MM	**463,055**	**467,373**	**469,020**	**469,671**	**470,305**	**469,359**	**461,220**	**453,722**	**444,790**	**436,770**	**430,213**	**423,414**	**5,458,912**
PMPM	**1.107**	**0.997**	**1.118**	**0.944**	**1.049**	**0.960**	**1.004**	**1.239**	**1.054**	**1.112**	**1.081**	**1.034**	**1.057**

Table J-12—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	11,224												11,224
202302	42,734	12,838											55,572
202303	11,776	52,784	37,197										101,757
202304	97,024	32,374	48,068	24,995									202,461
202305	4,455	6,233	9,914	50,660	39,632								110,894
202306	2,395	2,340	3,296	5,044	41,807	31,355							86,237
202307	907	774	991	1,657	4,294	41,323	19,134						69,080
202308	4,289	3,642	4,084	3,565	4,562	8,180	50,062	33,968					112,352
202309	4,939	4,125	3,900	3,573	2,036	1,648	6,389	42,554	24,476				93,640
202310	4,321	4,468	5,522	7,565	11,842	30,593	74,473	58,173	67,845	25,608			290,410
202311	1,016	927	1,118	1,647	2,659	5,186	11,231	12,354	15,751	55,882	34,292		142,063
202312	907	859	857	751	1,197	1,410	1,169	1,803	2,225	4,909	41,209	30,186	87,482
202401	1,075	865	1,089	799	956	1,000	2,168	2,222	2,566	3,043	5,208	42,738	63,729
202402	981	512	494	376	642	553	1,198	7,628	6,405	7,008	6,570	8,172	40,539
202403	556	557	677	578	808	796	1,130	1,215	1,227	1,590	1,331	1,858	12,323
202404	237	199	252	323	269	419	321	474	509	761	722	1,029	5,515
202405	558	589	495	533	684	813	582	857	912	1,325	1,711	2,090	11,149
202406	91	141	349	169	190	373	394	414	544	465	742	753	4,625
202407	434	676	944	802	979	913	801	1,034	895	1,438	1,254	1,237	11,407
202408	268	231	286	240	325	445	306	662	1,113	1,094	882	834	6,686
202409	746	949	886	600	834	1,086	1,814	2,205	2,047	2,333	1,663	1,456	16,619
202410	428	524	598	487	615	557	601	673	897	1,235	1,234	1,130	8,979
202411	24	84	96	73	43	90	92	215	1,943	3,254	3,385	3,490	12,789
202412	115	39	85	122	176	176	361	308	391	553	949	782	4,057
202501	4	13	34	23	33	68	80	60	54	135	87	230	821
Total	**191,504**	**126,743**	**121,232**	**104,582**	**114,583**	**126,984**	**172,306**	**166,819**	**129,800**	**110,633**	**101,239**	**95,985**	**1,562,410**
MM	**463,055**	**467,373**	**469,020**	**469,671**	**470,305**	**469,359**	**461,220**	**453,722**	**444,790**	**436,770**	**430,213**	**423,414**	**5,458,912**
PMPM	**0.414**	**0.271**	**0.258**	**0.223**	**0.244**	**0.271**	**0.374**	**0.368**	**0.292**	**0.253**	**0.235**	**0.227**	**0.286**

Table J-13—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	699												699
202302	1,771	471											2,242
202303	222	1,516	913										2,651
202304	22	135	1,383	471									2,011
202305	64	40	136	1,186	729								2,155
202306	21	7	47	233	1,623	801							2,732
202307	50	19	36	43	104	991	469						1,712
202308	50	53	73	437	58	84	1,084	613					2,452
202309	1	7	2	4	15	69	74	849	123				1,144
202310	80	59	85	74	77	1,174	1,146	2,672	2,592	646			8,605
202311	15	23	40	9	10	16	25	56	65	1,512	879		2,650
202312	2	2	0	3	6	15	117	221	134	243	1,047	694	2,484
202401	5	4	4	1	5	6	182	255	186	115	143	1,013	1,919
202402	1	6	6	0	2	3	24	89	7	22	49	34	243
202403	0	0	5	2	2	4	0	15	12	6	19	31	96
202404	0	0	0	1	5	1	2	3	8	6	19	6	51
202405	0	0	0	1	16	4	3	6	8	9	22	3	72
202406	0	0	0	0	0	1	3	2	3	7	7	4	27
202407	0	0	0	0	0	0	2	2	3	3	8	6	24
202408	0	0	0	0	0	0	2	0	2	3	3	3	13
202409	0	0	0	0	0	8	11	6	12	18	11	14	80
202410	0	0	0	0	0	0	0	0	0	6	13	6	25
202411	0	0	0	0	0	0	0	0	0	1	5	0	6
202412	0	0	0	0	0	0	0	0	0	0	0	2	2
202501	0	0	0	0	0	0	0	0	0	0	0	2	2
Total	**3,003**	**2,342**	**2,730**	**2,465**	**2,652**	**3,177**	**3,144**	**4,789**	**3,155**	**2,597**	**2,225**	**1,818**	**34,097**
MM	**463,055**	**467,373**	**469,020**	**469,671**	**470,305**	**469,359**	**461,220**	**453,722**	**444,790**	**436,770**	**430,213**	**423,414**	**5,458,912**
PMPM	**0.006**	**0.005**	**0.006**	**0.005**	**0.006**	**0.007**	**0.007**	**0.011**	**0.007**	**0.006**	**0.005**	**0.004**	**0.006**

Table J-14—Encounter Data Lag Triangle for Pharmacy Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	203,348												203,348
202302	305,856	255,112											560,968

Month of Service													
202303	591	200,257	240,754										441,602
202304	71	432	285,440	184,770									470,713
202305	281	378	638	278,508	309,487								589,292
202306	9	7	51	342	193,336	93,457							287,202
202307	35	29	69	118	990	374,203	166,133						541,577
202308	815	811	1,125	1,018	1,088	1,349	284,035	200,352					490,593
202309	0	0	4	22	27	35	405	293,184	88,481				382,158
202310	5	7	28	22	39	78	119	1,287	360,795	188,441			550,821
202311	11	10	9	9	40	32	33	96	538	232,078	0		232,856
202312	1	4	4	3	4	0	6	11	30	184	0	0	247
202401	0	1	0	1	0	0	2	1	6	28,445	262,999	224,813	516,268
202402	1	1	0	1	1	0	2	14	19	26	127	89,449	89,641
202403	0	0	1	0	0	1	0	0	3	7	11	37	60
202404	3	3	5	2	2	0	1	1	3	204	2,786	4,244	7,254
202405	0	0	0	0	0	0	1	1	2	9,236	85,587	54,372	149,199
202406	0	0	0	0	0	1	2	3	2	11,614	107,072	68,538	187,232
202407	0	0	0	0	0	1	1	1	2	10	19	52	86
202408	0	0	0	0	0	0	0	0	0	322	1,451	46	1,819
202409	0	0	0	0	0	0	0	0	1	62	287	3	353
202410	0	0	0	0	0	0	0	0	39	473	2	6	520
202411	0	0	0	0	0	0	0	0	0	54	30	10	94
202412	0	0	0	0	0	0	0	0	0	76	1,117	1,538	2,731
202501	0	0	0	0	0	0	0	0	0	179	977	75	1,231
Total	**511,027**	**457,052**	**528,128**	**464,816**	**505,014**	**469,157**	**450,740**	**494,951**	**449,921**	**471,411**	**462,465**	**443,183**	**5,707,865**
MM	**463,055**	**467,373**	**469,020**	**469,671**	**470,305**	**469,359**	**461,220**	**453,722**	**444,790**	**436,770**	**430,213**	**423,414**	**5,458,912**
PMPM	**1.104**	**0.978**	**1.126**	**0.990**	**1.074**	**1.000**	**0.977**	**1.091**	**1.012**	**1.079**	**1.075**	**1.047**	**1.046**

Field-Level Completeness and Accuracy

Table J-15 through Table J-18 display the percent present and percent valid for the key data elements for each encounter type.

Table J-15—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	5,772,079	5,772,079	100%	5,765,162	5,772,079	99.9%
Detail Service From Date[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Detail Service To Date[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%
Billing Provider NPI[H]	5,772,079	5,772,079	100%	5,575,735	5,772,079	96.6%
Rendering Provider NPI[H]	5,772,079	5,772,079	100%	5,569,936	5,772,079	96.5%
Referring Provider NPI[H]	2,594,254	5,772,079	44.9%	2,467,732	2,594,254	95.1%
Rendering Provider Taxonomy Code[H]	5,772,079	5,772,079	100%	5,767,055	5,772,079	99.9%
Primary Diagnosis Code[H]	5,772,079	5,772,079	100%	5,772,079	5,772,079	100%
Secondary Diagnosis Codes[H]	3,237,450	5,772,079	56.1%	8,249,948	8,250,003	>99.9%
Procedure Code[D]	11,887,942	11,887,942	100%	11,879,208	11,887,942	99.9%
Procedure Code Modifiers[D]	4,789,323	11,887,942	40.3%	6,388,521	6,389,950	>99.9%
NDC[D]	158,762	11,887,942	1.3%	150,452	158,762	94.8%
Submit Date[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%
MCE Paid Date[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%
Detail Paid Amount[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%
Detail TPL Paid Amount[D]	11,887,942	11,887,942	100%	11,887,942	11,887,942	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table J-16—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	1,562,410	1,562,410	100%	1,561,278	1,562,410	99.9%
Detail Service From Date[D]	5,377,599	5,377,599	100%	5,377,599	5,377,599	100%
Detail Service To Date[D]	5,377,599	5,377,599	100%	5,377,599	5,377,599	100%
Billing Provider NPI[H]	1,562,410	1,562,410	100%	1,466,141	1,562,410	93.8%
Attending Provider NPI[H]	1,542,248	1,562,410	98.7%	1,482,128	1,542,248	96.1%
Attending Provider Taxonomy Code[H]	1,191,681	1,562,410	76.3%	900,821	1,191,681	75.6%
Primary Diagnosis Code[H]	1,562,410	1,562,410	100%	1,562,410	1,562,410	100%
Secondary Diagnosis Codes[H]	1,177,489	1,562,410	75.4%	4,426,924	4,426,926	>99.9%
Procedure Code[D]	4,418,168	5,377,599	82.2%	4,413,553	4,418,168	99.9%
Procedure Code Modifiers[D]	831,029	5,377,599	15.5%	868,862	868,863	>99.9%
Primary Surgical Procedure Code[H]	23,762	1,562,410	1.5%	23,762	23,762	100%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Secondary Surgical Procedure Codes[H]	13,596	1,562,410	0.9%	30,782	30,782	100%
Revenue Code[D]	5,357,705	5,377,599	99.6%	5,357,705	5,357,705	100%
Type of Bill Code[H]	1,562,410	1,562,410	100%	1,562,410	1,562,410	100%
NDC[D]	674,802	5,377,599	12.5%	662,659	674,802	98.2%
Submit Date[D]	5,377,599	5,377,599	100%	5,377,599	5,377,599	100%
MCE Paid Date[D]	5,377,599	5,377,599	100%	5,377,599	5,377,599	100%
Detail Paid Amount[D]	4,955,281	5,377,599	92.1%	4,955,281	4,955,281	100%
Detail TPL Paid Amount[D]	4,955,281	5,377,599	92.1%	4,955,281	4,955,281	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table J-17—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	34,097	34,097	100%	34,074	34,097	99.9%
Detail Service From Date[D]	79,281	79,281	100%	79,281	79,281	100%
Detail Service To Date[D]	79,281	79,281	100%	79,281	79,281	100%
Billing Provider NPI[H]	34,097	34,097	100%	33,052	34,097	96.9%
Rendering Provider NPI[H]	34,097	34,097	100%	33,713	34,097	98.9%
Rendering Provider Taxonomy Code[H]	34,097	34,097	100%	34,097	34,097	100%
Procedure Code[D]	79,281	79,281	100%	79,278	79,281	>99.9%
Tooth Number[D]	5,737	79,281	7.2%	5,737	5,737	100%
Tooth Surface[D]	148	79,281	0.2%	294	294	100%
Oral Cavity Code[D]	5,939	79,281	7.5%	5,939	5,939	100%
Submit Date[D]	79,281	79,281	100%	79,281	79,281	100%
MCE Paid Date[D]	79,281	79,281	100%	79,281	79,281	100%
Detail Paid Amount[D]	79,281	79,281	100%	79,281	79,281	100%
Detail TPL Paid Amount[D]	79,281	79,281	100%	79,281	79,281	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table J-18—Key Data Element Percent Present and Percent Valid for Pharmacy Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	5,707,865	5,707,865	100%	5,704,629	5,707,865	99.9%
DOS[D]	5,707,865	5,707,865	100%	5,707,865	5,707,865	100%
Billing Provider NPI[H]	5,707,865	5,707,865	100%	5,698,840	5,707,865	99.8%
Prescribing Provider NPI[H]	5,707,865	5,707,865	100%	5,473,335	5,707,865	95.9%
NDC[D]	5,707,865	5,707,865	100%	5,706,661	5,707,865	>99.9%
Submit Date[D]	5,707,865	5,707,865	100%	5,707,865	5,707,865	100%
MCE Paid Date[D]	5,707,865	5,707,865	100%	5,707,865	5,707,865	100%
Detail Paid Amount[D]	5,707,865	5,707,865	100%	5,707,865	5,707,865	100%
Detail TPL Paid Amount[D]	5,707,865	5,707,865	100%	5,707,865	5,707,865	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table J-19 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table J-19—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	394,454	391,289	99.2%
Percentage of Members in the Enrollment File With a Medical/Dental Encounter	514,796	391,289	76.0%
Percentage of Members With a Pharmacy Encounter Who Were Also in the Enrollment File	325,880	325,426	99.9%
Percentage of Members in the Enrollment File With a Pharmacy Encounter	514,796	325,426	63.2%
Percentage of Members With a Medical/Dental Encounter Who Also Have a Pharmacy Encounter	325,880	314,408	96.5%
Percentage of Members With a Pharmacy Encounter Who Also Have a Medical/Dental Encounter	394,454	314,408	79.7%
Percentage of Providers in the Medical/Dental Encounter File Who Were Also in the Provider File	55,131	50,452	91.5%

Study Indicator	Denominator	Numerator	Rate
Percentage of Providers in the Provider File Who Were Also in the Medical/Dental Encounter File	201,080	50,452	25.1%
Percentage of Providers in the Pharmacy Encounter File Who Were Also in the Provider File	28,638	27,547	96.2%
Percentage of Providers in the Provider File Who Were Also in the Pharmacy Encounter File	209,213	27,547	13.2%

Encounter Data Logic

Table J-20 displays the percentage of members with both medical and pharmacy encounters, medical encounters only, pharmacy encounters only, or neither from January 1, 2023, through December 31, 2023.

Table J-20—Percentage of Members Who Had an Encounter for Each Encounter Type

Category	Denominator	Numerator	Rate
Both medical and pharmacy encounters	514,796	314,172	61.0%
Medical encounters only	514,796	77,117	15.0%
Pharmacy encounters only	514,796	11,254	2.2%
Without either medical or pharmacy encounters	514,796	112,253	21.8%

Table J-21 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table J-21—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	514,796	43,252	8.4%
Six to 11 months	514,796	99,850	19.4%
Full year	514,796	371,694	72.2%

Strengths, Opportunities for Improvement, and Recommendations

Based on UHC's administrative profile evaluation, the following strengths were identified:

- UHC had a rate of duplicate encounters of less than 1.0 percent for each encounter type.
- UHC submitted 99.0 percent of professional encounters, 99.1 percent of dental encounters, and 99.7 percent of pharmacy encounters within 60 days from the payment date.

- For dental and pharmacy encounters, UHC had all key data elements populated with at least 95.0 percent of valid values.
- For referential integrity, UHC had the highest rate of providers in the pharmacy encounter file where were also in the provider file, at approximately 96.2 percent.

Based on UHC's administrative profile evaluation, the following opportunities for improvement were identified:

- UHC had the following data elements with less than 95.0 percent of valid values:
  - Professional Encounters: NDC (94.8 percent)
  - Institutional: Billing Provider NPI (93.8 percent), and Attending Provider Taxonomy Code (75.6 percent)

Based on UHC's administrative profile evaluation, the following recommendations were identified:

- UHC should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.

Appendix K. Results for DentaQuest USA Insurance Company (DentaQuest)

Appendix K contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for DQ.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on DQ's IS review, HSAG did not identify any strengths for DQ.

Based on DQ's IS review, the following opportunities for improvement were identified:

- DQ did not report performing completeness and accuracy, timeliness, or reconciliation with financial reports checks on its dental encounters.
- DQ had 5.8 percent of dental encounters classified as encounters initially rejected and not yet accepted by LDH.

Based on DQ's IS review, the following recommendations were identified:

- DQ should build additional encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of its dental encounter data.
- DQ should build a process with LDH to ensure that rejected dental encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table K-1 displays the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month.

Table K-1—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	36,959	965,107	38.3
February 2023	32,654	967,318	33.8
March 2023	41,105	971,451	42.3

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
April 2023	33,429	974,426	34.3
May 2023	34,347	978,446	35.1
June 2023	36,057	978,163	36.9
July 2023	32,963	965,130	34.2
August 2023	41,337	952,609	43.4
September 2023	34,335	935,783	36.7
October 2023	37,457	920,582	40.7
November 2023	33,032	908,883	36.3
December 2023	28,170	896,571	31.4

Table K-2 displays the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table K-2—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$6,086,153.92	$6.31	$0.00	$0.00
February 2023	$5,327,146.29	$5.51	$0.00	$0.00
March 2023	$6,575,339.95	$6.77	$0.00	$0.00
April 2023	$5,354,020.57	$5.49	$0.00	$0.00
May 2023	$5,789,488.91	$5.92	$0.00	$0.00
June 2023	$5,789,755.72	$5.92	$0.00	$0.00
July 2023	$6,714,453.72	$6.96	$0.00	$0.00
August 2023	$8,893,749.39	$9.34	$0.00	$0.00
September 2023	$7,744,269.52	$8.28	$0.00	$0.00
October 2023	$8,631,273.34	$9.38	$0.00	$0.00
November 2023	$7,953,788.77	$8.75	$0.00	$0.00
December 2023	$6,868,513.27	$7.66	$0.00	$0.00

Table K-3 displays the percentage of duplicate encounters.

Table K-3—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Dental	1,516,142	94	<0.1%

Encounter Data Timeliness

Table K-4 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments.

Table K-4—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Dental
Received within 30 days	92.5%
Received within 60 days	92.9%
Received within 90 days	93.1%
Received within 120 days	93.3%
Received within 150 days	93.5%
Received within 180 days	94.2%
Received within 210 days	94.5%
Received within 240 days	94.7%
Received within 270 days	94.9%
Received within 300 days	98.7%
Received within 330 days	99.4%
Received within 360 days	99.5%
Received after 360 days	100%

Table K-5 displays a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table K-5—Encounter Data Lag Triangle for Dental Encounters

Month of Service													
Submission Month	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	Total
202301	20,431												20,431
202302	12,860	19,299											32,159
202303	974	11,332	29,353										41,659
202304	263	706	9,802	23,441									34,212
202305	156	286	1,005	7,691	20,071								29,209
202306	119	161	468	1,576	11,072	23,434							36,830
202307	77	98	226	306	649	8,047	2,767						12,170
202308	59	68	105	190	315	1,445	27,003	24,716					53,901
202309	52	61	122	113	225	465	20,009	19,775	22,281				63,103
202310	41	40	88	78	135	272	9,965	11,815	14,882	25,153			62,469

Month of Service													
202311	32	32	89	139	468	7,479	1,749	1,606	1,833	12,893	24,215		50,535
202312	2,762	1,442	953	800	2,427	1,785	1,322	1,094	1,015	1,014	7,566	20,609	42,789
202401	28	29	22	36	39	128	917	761	174	364	1,260	7,041	10,799
202402	5	24	31	39	33	73	489	733	176	262	397	847	3,109
202403	698	611	832	611	668	770	846	1,173	752	859	827	739	9,386
202404	0	3	4	33	51	32	71	80	78	187	222	203	964
202405	367	77	105	75	128	118	18,039	127	73	75	90	61	19,335
202406	3	3	14	18	26	33	91	52	76	47	66	67	496
202407	2	3	5	11	10	7	101	86	13	16	28	46	328
202408	0	6	9	5	4	0	11	45	66	30	57	43	276
202409	0	0	0	0	0	1	30	46	31	39	20	17	184
202410	0	2	6	28	136	49	17	20	24	45	98	60	485
202411	0	0	0	0	0	0	0	1	1	0	30	10	42
202412	0	0	0	0	9	0	3	5	3	0	6	30	56
202501	7	2	0	1	10	1	9	4	23	33	27	14	131
Total	**38,936**	**34,285**	**43,239**	**35,191**	**36,476**	**44,139**	**83,439**	**62,139**	**41,501**	**41,017**	**34,909**	**29,787**	**525,058**
MM	**965,107**	**967,318**	**971,451**	**974,426**	**978,446**	**978,163**	**965,130**	**952,609**	**935,783**	**920,582**	**908,883**	**896,571**	**11,414,469**
PMPM	**0.040**	**0.035**	**0.045**	**0.036**	**0.037**	**0.045**	**0.086**	**0.065**	**0.044**	**0.045**	**0.038**	**0.033**	**0.046**

Field-Level Completeness and Accuracy

Table K-6 displays the percent present and percent valid for the key data elements

Table K-6—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	525,058	525,058	100%	524,656	525,058	99.9%
Detail Service From Date[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
Detail Service To Date[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
Billing Provider NPI[H]	525,058	525,058	100%	498,997	525,058	95.0%
Rendering Provider NPI[H]	525,058	525,058	100%	480,332	525,058	91.5%
Rendering Provider Taxonomy Code[H]	525,058	525,058	100%	524,868	525,058	>99.9%
Procedure Code[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
Tooth Number[D]	482,974	1,516,142	31.9%	477,304	482,974	98.8%
Tooth Surface[D]	233,916	1,516,142	15.4%	380,773	380,773	100%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Oral Cavity Code[D]	5,248	1,516,142	0.3%	5,248	5,248	100%
Submit Date[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
MCE Paid Date[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
Detail Paid Amount[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%
Detail TPL Paid Amount[D]	1,516,142	1,516,142	100%	1,516,142	1,516,142	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table K-7 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table K-7—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Dental Encounter Who Were Also in the Enrollment File	222,347	222,155	99.9%
Percentage of Members in the Enrollment File With a Dental Encounter	1,065,354	222,155	20.9%
Percentage of Providers in the Dental Encounter File Who Were Also in the Provider File	974	954	97.9%
Percentage of Providers in the Provider File Who Were Also in the Dental Encounter File	1,205	954	79.2%

Encounter Data Logic

Table K-8 displays the percentage of members with and without dental encounters from January 1, 2023, through December 31, 2023.

Table K-8—Percentage of Members Who Had a Dental Encounter

Category	Denominator	Numerator	Rate
With dental encounters	1,065,354	222,155	20.9%
Without dental encounters	1,065,354	843,199	79.1%

Table K-9 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table K-9—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	1,065,354	79,707	7.5%
Six to 11 months	1,065,354	193,967	18.2%
Full year	1,065,354	791,680	74.3%

Strengths, Opportunities for Improvement, and Recommendations

Based on DQ's administrative profile evaluation, the following strengths were identified:

- Less than 0.1 percent of dental encounters were duplicates.
- For referential integrity, DQ had 97.9 percent of providers in the dental data that were found in the provider data.

Based on DQ's administrative profile evaluation, the following opportunities for improvement were identified:

- DQ had the following data element with less than 95.0 percent of valid values:
  - Dental Encounters: Rendering Provider NPI (91.5 percent)

Based on DQ's administrative profile evaluation, the following recommendations were identified:

- DQ should investigate the root causes for the data element with less than 95.0 percent of valid values (i.e., the one listed in the opportunities for improvement section) to improve accuracy.

Appendix L. Results for Managed Care North America

Appendix L contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for MCNA.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on MCNA's IS review, the following strengths were identified:

- MCNA reported less than 1.0 percent of dental encounters as initially rejected and not yet accepted.

Based on MCNA's IS review, the following opportunities for improvement were identified:

- MCNA did not report performing completeness and accuracy, timeliness, or reconciliation with financial reports checks on its dental encounters.

Based on MCNA's IS review, the following recommendations were identified:

- MCNA should build additional encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of its dental encounter data.

Administrative Profile

Encounter Data Completeness

Table L-1 displays the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month.

Table L-1—Encounter Volume by Service Month for Dental Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	38,208	928,086	41.2
February 2023	32,854	929,769	35.3
March 2023	41,137	931,921	44.1
April 2023	34,249	933,880	36.7

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
May 2023	36,014	935,756	38.5
June 2023	37,188	933,588	39.8
July 2023	36,686	918,608	39.9
August 2023	42,503	903,202	47.1
September 2023	34,409	885,742	38.8
October 2023	38,066	869,828	43.8
November 2023	34,463	856,820	40.2
December 2023	29,017	843,601	34.4

Table L-2 displays the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table L-2—Paid Amount and TPL Paid Amount PMPM by Service Month for Dental Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$6,778,109.47	$7.30	$0.00	$0.00
February 2023	$5,763,053.68	$6.20	$0.00	$0.00
March 2023	$7,183,189.49	$7.71	$0.00	$0.00
April 2023	$6,089,930.53	$6.52	$0.00	$0.00
May 2023	$6,457,491.74	$6.90	$0.00	$0.00
June 2023	$6,529,132.07	$6.99	$0.00	$0.00
July 2023	$8,669,175.58	$9.44	$0.00	$0.00
August 2023	$10,271,643.99	$11.37	$0.00	$0.00
September 2023	$8,379,553.78	$9.46	$0.00	$0.00
October 2023	$9,403,273.38	$10.81	$0.00	$0.00
November 2023	$8,655,630.55	$10.10	$0.00	$0.00
December 2023	$7,298,581.57	$8.65	$0.00	$0.00

Table L-3 displays the percentage of duplicate encounters.

Table L-3—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Dental	1,561,511	601	<0.1%

Encounter Data Timeliness

Table L-4 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments.

Table L-4—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Dental
Received within 30 days	91.2%
Received within 60 days	98.4%
Received within 90 days	98.7%
Received within 120 days	98.7%
Received within 150 days	98.9%
Received within 180 days	99.3%
Received within 210 days	99.4%
Received within 240 days	99.5%
Received within 270 days	99.5%
Received within 300 days	99.5%
Received within 330 days	99.5%
Received within 360 days	99.6%
Received after 360 days	100%

Table L-5 displays a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table L-5—Encounter Data Lag Triangle for Dental Encounters

	Month of Service												
Submission Month	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	Total
202301	16,694												16,694
202302	19,459	14,931											34,390
202303	2,193	16,866	15,856										34,915
202304	1,278	2,793	24,475	12,118									40,664
202305	471	798	3,098	22,335	10,984								37,686
202306	0	0	0	0	0	0							0
202307	3,333	1,760	2,156	3,917	28,589	38,367	6,063						84,185
202308	278	215	345	680	1,115	3,475	38,769	29,821					74,698
202309	75	210	269	242	305	651	22,463	15,244	19,689				59,148
202310	113	68	169	148	230	297	777	1,757	14,492	17,538			35,589

Month of Service													
202311	145	102	200	191	223	337	680	995	2,017	21,084	18,653		44,627
202312	56	99	77	109	241	178	387	460	738	1,738	14,866	17,605	36,554
202401	70	110	111	97	113	277	621	610	544	949	2,495	11,609	17,606
202402	25	73	36	124	151	108	267	423	242	468	758	1,062	3,737
202403	17	8	102	119	138	188	192	212	196	391	469	649	2,681
202404	5	3	14	63	57	72	57	98	145	125	231	281	1,151
202405	7	17	46	25	51	73	86	108	85	172	151	223	1,044
202406	0	2	1	6	16	77	80	86	57	160	134	148	767
202407	0	0	3	0	4	25	71	123	51	54	140	81	552
202408	1	8	6	16	12	21	11	75	97	83	97	111	538
202409	20	24	24	16	19	27	29	90	239	193	135	87	903
202410	6	15	12	5	13	9	5	8	21	67	81	34	276
202411	0	0	4	0	1	0	26	15	12	46	58	48	210
202412	0	0	10	9	0	5	0	2	2	5	16	34	83
202501	23	21	27	26	16	24	46	64	400	557	575	576	2,355
Total	**44,269**	**38,123**	**47,041**	**40,246**	**42,278**	**44,211**	**70,630**	**50,191**	**39,027**	**43,630**	**38,859**	**32,548**	**531,053**
MM	**928,086**	**929,769**	**931,921**	**933,880**	**935,756**	**933,588**	**918,608**	**903,202**	**885,742**	**869,828**	**856,820**	**843,601**	**10,870,801**
PMPM	**0.048**	**0.041**	**0.050**	**0.043**	**0.045**	**0.047**	**0.077**	**0.056**	**0.044**	**0.050**	**0.045**	**0.039**	**0.049**

Field-Level Completeness and Accuracy

Table L-6 displays the percent present and percent valid for the key data elements.

Table L-6—Key Data Element Percent Present and Percent Valid for Dental Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	531,053	531,053	100%	530,670	531,053	99.9%
Detail Service From Date[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%
Detail Service To Date[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%
Billing Provider NPI[H]	531,053	531,053	100%	531,053	531,053	100%
Rendering Provider NPI[H]	531,053	531,053	100%	531,051	531,053	>99.9%
Rendering Provider Taxonomy Code[H]	531,053	531,053	100%	512,179	531,053	96.4%
Procedure Code[D]	1,561,511	1,561,511	100%	1,561,510	1,561,511	>99.9%
Tooth Number[D]	477,129	1,561,511	30.6%	477,129	477,129	100%
Tooth Surface[D]	187,078	1,561,511	12.0%	345,911	345,911	100%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Oral Cavity Code[D]	315	1,561,511	<0.1%	315	315	100%
Submit Date[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%
MCE Paid Date[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%
Detail Paid Amount[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%
Detail TPL Paid Amount[D]	1,561,511	1,561,511	100%	1,561,511	1,561,511	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table L-7 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table L-7—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Dental Encounter Who Were Also in the Enrollment File	216,872	216,698	99.9%
Percentage of Members in the Enrollment File With a Dental Encounter	998,968	216,698	21.7%
Percentage of Providers in the Dental Encounter File Who Were Also in the Provider File	1,206	1,205	99.9%
Percentage of Providers in the Provider File Who Were Also in the Dental Encounter File	2,112	1,205	57.1%

Encounter Data Logic

Table L-8 displays the percentage of members with and without dental encounters from January 1, 2023, through December 31, 2023.

Table L-8—Percentage of Members Who Had a Dental Encounter

Category	Denominator	Numerator	Rate
With dental encounters	998,968	216,698	21.7%
Without dental encounters	998,968	782,270	78.3%

Table L-9 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table L-9—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	998,968	60,298	6.0%
Six to 11 months	998,968	169,632	17.0%
Full year	998,968	769,038	77.0%

Strengths, Opportunities for Improvement, and Recommendations

Based on MCNA's administrative profile evaluation, the following strengths were identified:

- Less than 0.1 percent of dental encounters are duplicates.
- MCNA submitted 98.4 percent of dental encounters to LDH within 60 days.
- For dental encounters, MCNA had all key data elements populated with at least 95.0 percent of valid values.
- For referential integrity, MCNA had 99.9 percent of providers in the dental data that were found in the provider data.

Based on MCNA's administrative profile evaluation, HSAG did not identify any opportunities for improvement; therefore, HSAG did not provide any recommendation to MCNA in this section.

Appendix M. Results for Magellan of Louisiana

Appendix M contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that were identified from the EDV study for Magellan.

Information Systems Review

Strengths, Opportunities for Improvement, and Recommendations

Based on Magellan's IS review, the following strengths were identified:

- Magellan had 0.0 percent of institutional encounters classified as initially rejected and not yet accepted by LDH.

Based on Magellan's IS review, the following opportunities for improvement were identified:

- Magellan did not report claim volume, completeness and accuracy, timeliness, or reconciliation with financial reports checks on encounters collected by the MCE (i.e., non-subcontractor data).
- Magellan had 19.8 percent of institutional encounters classified as encounters initially rejected and not yet accepted by LDH.

Based on Magellan's IS review, the following recommendations were identified:

- Magellan should develop a comprehensive suite of encounter data quality monitoring reports to assess the accuracy, completeness, and timeliness of its encounter data.
- Magellan should build a process with LDH to ensure that rejected professional encounters will be submitted to LDH with correct information.

Administrative Profile

Encounter Data Completeness

Table M-1 and Table M-2 display the monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur) and the monthly encounter volume per 1,000 MM by service month for each encounter type.

Table M-1—Encounter Volume by Service Month for Professional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	47,198	2,449	19,272.4
February 2023	43,022	2,481	17,340.6
March 2023	48,746	2,584	18,864.6
April 2023	46,129	2,576	17,907.2
May 2023	46,846	2,627	17,832.5
June 2023	45,955	2,574	17,853.5
July 2023	48,116	2,483	19,378.2
August 2023	48,941	2,464	19,862.4
September 2023	46,055	2,333	19,740.7
October 2023	45,089	2,318	19,451.7
November 2023	32,087	2,240	14,324.6
December 2023	33,661	2,279	14,770.1

Table M-2—Encounter Volume by Service Month for Institutional Encounters

Service Month and Year	Encounter Volume	Number of Members	Encounter Volume per 1,000 MM
January 2023	66	2,449	26.9
February 2023	77	2,481	31.0
March 2023	101	2,584	39.1
April 2023	90	2,576	34.9
May 2023	103	2,627	39.2
June 2023	81	2,574	31.5
July 2023	57	2,483	23.0
August 2023	64	2,464	26.0
September 2023	75	2,333	32.1
October 2023	74	2,318	31.9
November 2023	70	2,240	31.3
December 2023	72	2,279	31.6

Table M-3 and Table M-4 display the paid amount PMPM by service month and the TPL paid amount PMPM by service month.

Table M-3—Paid Amount and TPL Paid Amount PMPM by Service Month for Professional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$3,068,892.42	$1,253.12	$556.78	$0.23
February 2023	$2,876,549.73	$1,159.43	$812.98	$0.33
March 2023	$3,276,346.48	$1,267.94	$1,033.88	$0.40
April 2023	$3,214,714.13	$1,247.95	$815.74	$0.32
May 2023	$3,296,483.71	$1,254.85	$366.57	$0.14
June 2023	$3,203,475.88	$1,244.55	$535.59	$0.21
July 2023	$3,248,713.10	$1,308.38	$756.06	$0.30
August 2023	$3,198,854.68	$1,298.24	$1,042.01	$0.42
September 2023	$3,135,391.60	$1,343.93	$368.51	$0.16
October 2023	$3,219,342.88	$1,388.85	$775.61	$0.33
November 2023	$3,142,136.16	$1,402.74	$233.57	$0.10
December 2023	$3,388,065.79	$1,486.65	$300.74	$0.13

Table M-4—Paid Amount and TPL Paid Amount PMPM by Service Month for Institutional Encounters

Service Month and Year	Paid Amount	Paid Amount PMPM	TPL Paid Amount	TPL Paid Amount PMPM
January 2023	$245,154.79	$100.10	$12,916.14	$5.27
February 2023	$306,287.13	$123.45	$2,422.40	$0.98
March 2023	$388,108.90	$150.20	$27,455.10	$10.63
April 2023	$438,749.65	$170.32	$17,148.85	$6.66
May 2023	$461,362.35	$175.62	$4,001.68	$1.52
June 2023	$384,014.10	$149.19	$3,243.50	$1.26
July 2023	$263,574.80	$106.15	$10,244.63	$4.13
August 2023	$324,232.26	$131.59	$0.00	$0.00
September 2023	$344,902.71	$147.84	$0.00	$0.00
October 2023	$380,308.87	$164.07	$7,865.30	$3.39
November 2023	$308,501.14	$137.72	$2,992.56	$1.34
December 2023	$382,521.84	$167.85	$0.00	$0.00

Table M-5 displays the percentage of duplicate encounters for each encounter type.

Table M-5—Percentage of Duplicate Encounters

Encounter Type	Total Number of Records	Number of Duplicate Records	Percentage of Duplicate Records
Professional	656,423	877	0.1%
Institutional	1,670	3	0.2%

Encounter Data Timeliness

Table M-6 displays the percentage of encounters received by LDH within 360 days, from the payment date, in 30-day increments, for each encounter type.

Table M-6—Percentage of Encounters Received by LDH From Payment Date

Submission Time Frame	Professional	Institutional
Received within 30 days	82.2%	91.9%
Received within 60 days	85.0%	92.7%
Received within 90 days	93.5%	92.9%
Received within 120 days	95.4%	93.1%
Received within 150 days	97.0%	93.1%
Received within 180 days	97.1%	93.3%
Received within 210 days	97.2%	93.5%
Received within 240 days	97.2%	94.4%
Received within 270 days	98.1%	97.7%
Received within 300 days	98.7%	97.7%
Received within 330 days	98.7%	99.2%
Received within 360 days	98.7%	99.6%
Received after 360 days	100%	100%

Table M-7 and Table M-8 display a lag triangle illustrating the percentage of encounters received by LDH within two calendar months, three months, …, and such from the service month.

Table M-7—Encounter Data Lag Triangle for Professional Encounters

	Month of Service												
Submission Month	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	Total
202301	23,592												23,592
202302	13,153	17,283											30,436

Month of Service													
202303	3,726	15,461	22,145										41,332
202304	590	2,343	12,528	22,192									37,653
202305	691	636	1,535	9,820	19,777								32,459
202306	12,720	11,624	2,410	1,180	7,729	22,456							58,119
202307	445	753	3,310	2,303	3,913	11,088	23,053						44,865
202308	2,313	2,923	3,502	3,374	1,508	989	2,098	1					16,708
202309	249	388	913	1,050	2,820	12,626	3,606	22,991	26,264				70,907
202310	1,465	668	1,399	233	289	2,411	23,124	21,527	22,505	24,203			97,824
202311	48	49	117	665	771	905	2,075	8,628	2,380	23,724	28,472		67,834
202312	28	56	47	154	99	207	213	1,070	465	948	7,103	24,120	34,510
202401	95	168	751	2,436	6,166	66	100	184	372	869	425	12,304	23,936
202402	324	458	444	115	155	145	172	283	364	356	70	663	3,549
202403	1	6	35	1	9	38	55	60	118	134	563	48	1,068
202404	1	1	52	103	109	7	15	8	15	41	28	882	1,262
202405	49	22	3,629	2,455	1,995	576	572	755	661	677	801	989	13,181
202406	2	4	2,957	3,923	4,310	33	27	21	15	20	25	34	11,371
202407	1	3	502	637	799	36	120	67	29	16	29	54	2,293
202408	10	42	2,500	2,312	2,361	78	85	102	85	271	180	169	8,195
202409	55	21	6	398	335	277	388	357	346	345	475	486	3,489
202410	1	0	0	921	1,010	999	647	779	798	829	1,073	1,014	8,071
202411	0	0	0	0	0	0	0	1	31	10	26	63	131
202412	38	42	89	460	367	157	150	246	177	204	193	271	2,394
202501	1	0	6	4	16	44	186	1,509	1,570	1,516	1,302	1,327	7,481
Total	**59,598**	**52,951**	**58,877**	**54,736**	**54,538**	**53,138**	**56,686**	**58,589**	**56,195**	**54,163**	**40,765**	**42,424**	**642,660**
MM	**2,449**	**2,481**	**2,584**	**2,576**	**2,627**	**2,574**	**2,483**	**2,464**	**2,333**	**2,318**	**2,240**	**2,279**	**29,408**
PMPM	**24.336**	**21.343**	**22.785**	**21.248**	**20.761**	**20.644**	**22.830**	**23.778**	**24.087**	**23.366**	**18.199**	**18.615**	**21.853**

Table M-8—Encounter Data Lag Triangle for Institutional Encounters

Month of Service													
Submission Month	**202301**	**202302**	**202303**	**202304**	**202305**	**202306**	**202307**	**202308**	**202309**	**202310**	**202311**	**202312**	**Total**
202301	12												12
202302	32	27											59
202303	12	31	40										83
202304	1	5	46	38									90
202305	1	2	1	38	29								71
202306	0	5	1	8	23	37							74
202307	1	0	0	0	6	35	12						54
202308	1	0	3	0	2	5	18	21					50
202309	1	1	2	1	1	1	10	28	24				69
202310	1	1	0	0	0	0	7	5	26	21			61
202311	0	1	1	0	0	0	4	6	8	29	23		72
202312	0	0	0	0	1	1	1	0	5	6	23	20	57
202401	3	4	7	3	38	1	1	1	3	3	16	29	109
202402	0	0	0	0	0	0	2	1	2	7	4	11	27
202403	1	0	0	0	2	0	0	0	2	2	0	5	12
202404	0	0	0	1	0	0	0	0	1	1	1	2	6
202405	0	0	0	1	0	0	0	1	1	0	0	2	5
202406	0	0	0	0	0	0	1	0	1	0	1	0	3
202407	0	0	0	0	1	0	0	1	0	0	0	1	3
202408	0	0	0	0	0	0	0	0	0	1	0	0	1
202409	0	0	0	0	0	0	0	0	0	0	0	0	0
202410	0	0	0	0	0	0	0	0	0	0	0	1	1
202411	0	0	0	0	0	0	0	0	0	1	0	0	1
202412	0	0	0	0	0	1	1	0	2	3	2	1	10
202501	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**66**	**77**	**101**	**90**	**103**	**81**	**57**	**64**	**75**	**74**	**70**	**72**	**930**
MM	**2,449**	**2,481**	**2,584**	**2,576**	**2,627**	**2,574**	**2,483**	**2,464**	**2,333**	**2,318**	**2,240**	**2,279**	**29,408**
PMPM	**0.027**	**0.031**	**0.039**	**0.035**	**0.039**	**0.031**	**0.023**	**0.026**	**0.032**	**0.032**	**0.031**	**0.032**	**0.032**

Field-Level Completeness and Accuracy

Table M-9 and Table M-10 display the percent present and percent valid for the key data elements for each encounter type.

Table M-9—Key Data Element Percent Present and Percent Valid for Professional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	642,660	642,660	100%	625,376	642,660	97.3%
Detail Service From Date[D]	656,423	656,423	100%	656,423	656,423	100%
Detail Service To Date[D]	656,423	656,423	100%	656,423	656,423	100%
Billing Provider NPI[H]	642,660	642,660	100%	642,451	642,660	>99.9%
Rendering Provider NPI[H]	642,660	642,660	100%	640,913	642,660	99.7%
Referring Provider NPI[H]	0	642,660	0.0%	0	0	—
Rendering Provider Taxonomy Code[H]	642,660	642,660	100%	640,807	642,660	99.7%
Primary Diagnosis Code[H]	642,660	642,660	100%	642,660	642,660	100%
Secondary Diagnosis Codes[H]	48,326	642,660	7.5%	68,146	68,146	100%
Procedure Code[D]	656,423	656,423	100%	656,423	656,423	100%
Procedure Code Modifiers[D]	29,497	656,423	4.5%	55,254	55,254	100%
NDC[D]	0	656,423	0.0%	0	0	—
Submit Date[D]	656,423	656,423	100%	656,423	656,423	100%
MCE Paid Date[D]	656,423	656,423	100%	656,423	656,423	100%
Detail Paid Amount[D]	656,423	656,423	100%	656,423	656,423	100%
Detail TPL Paid Amount[D]	656,423	656,423	100%	656,423	656,423	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Table M-10—Key Data Element Percent Present and Percent Valid for Institutional Encounters

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Member ID[H]	930	930	100%	907	930	97.5%
Detail Service From Date[D]	1,670	1,670	100%	1,670	1,670	100%
Detail Service To Date[D]	1,670	1,670	100%	1,670	1,670	100%
Billing Provider NPI[H]	930	930	100%	919	930	98.8%
Attending Provider NPI[H]	930	930	100%	790	930	84.9%

Key Data Element	Percent Present			Percent Valid		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Attending Provider Taxonomy Code[H]	930	930	100%	651	930	70.0%
Primary Diagnosis Code[H]	930	930	100%	930	930	100%
Secondary Diagnosis Codes[H]	873	930	93.9%	5,196	5,196	100%
Procedure Code[D]	0	1,670	0.0%	0	0	—
Procedure Code Modifiers[D]	0	1,670	0.0%	0	0	—
Primary Surgical Procedure Code[H]	18	930	1.9%	18	18	100%
Secondary Surgical Procedure Codes[H]	0	930	0.0%	0	0	—
Revenue Code[D]	1,670	1,670	100%	1,670	1,670	100%
Type of Bill Code[H]	930	930	100%	930	930	100%
NDC[D]	0	1,670	0.0%	0	0	—
Submit Date[D]	1,670	1,670	100%	1,670	1,670	100%
MCE Paid Date[D]	1,670	1,670	100%	1,670	1,670	100%
Detail Paid Amount[D]	930	1,670	55.7%	930	930	100%
Detail TPL Paid Amount[D]	930	1,670	55.7%	930	930	100%

[H] Conduct evaluation at the header level.
[D] Conduct evaluation at the detail level.

Encounter Data Referential Integrity

Table M-11 illustrates key study indicators of how the data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are present in both the encounter data and member enrollment files) through varying directions of comparison.

Table M-11—Referential Integrity Comparison

Study Indicator	Denominator	Numerator	Rate
Percentage of Members With a Medical/Dental Encounter Who Were Also in the Enrollment File	4,747	4,685	98.7%
Percentage of Members in the Enrollment File With a Medical Encounter	4,937	4,685	94.9%
Percentage of Providers in the Medical Encounter File Who Were Also in the Provider File	1,767	1,693	95.8%
Percentage of Providers in the Provider File Who Were Also in the Medical Encounter File	12,294	1,693	13.8%

Encounter Data Logic

Table M-12 displays the percentage of members with and without medical encounters from January 1, 2023, through December 31, 2023.

Table M-12—Percentage of Members Who Had a Medical Encounter

Category	Denominator	Numerator	Rate
With medical encounters	4,937	4,685	94.9%
Without medical encounters	4,937	252	5.1%

Table M-13 displays the percentage of members who were enrolled for a total of less than six months, six to 11 months, or continuously enrolled during the measurement year, January 1, 2023, through December 31, 2023.

Table M-13—Percentage of Members Who Were Continuously Enrolled

Enrollment Category	Denominator	Numerator	Rate
Less than six months	4,937	2,448	49.6%
Six to 11 months	4,937	1,791	36.3%
Full year	4,937	698	14.1%

Strengths, Opportunities for Improvement, and Recommendations

Based on Magellan's administrative profile evaluation, the following strengths were identified:

- Magellan had low duplicate rates for professional encounters (0.1 percent) and institutional encounters (0.2 percent).
- For professional encounters, Magellan had all key data elements populated with at least 95.0 percent of valid values.
- For referential integrity, Magellan had approximately 95.8 percent of providers in the medical data that were found in the provider data.

Based on Magellan's administrative profile evaluation, the following opportunities for improvement were identified:

- Magellan only submitted 85.0 percent of professional encounters within 60 days from the payment date.
- The LDH-submitted data did not contain any values for the Referring Provider NPI and NDC fields for Magellan's professional encounters.
- Magellan had the following data elements with less than 95.0 percent of valid values:
  - Institutional: Attending Provider NPI (84.9 percent) and Attending Provider Taxonomy Code (70.0 percent)

Based on Magellan's administrative profile evaluation, the following recommendations were identified:

- Magellan should monitor its encounter data submission to LDH to ensure professional encounters are submitted to LDH after payment in a timely manner.
- For professional encounters, Magellan should work with LDH to decide whether Magellan should submit values (if any) for the Referring Provider NPI and NDC fields to LDH.
- Magellan should investigate the root causes for data elements with less than 95.0 percent of valid values (i.e., those listed in the opportunities for improvement section) to improve accuracy.