Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

Responses should be based on *State Fiscal Year 2018 (July 1, 2017 - June 30, 2018)*, unless otherwise noted.

Report Reference Number	LDH Internal Item Number	Task	Questions	MCO Response
1b	2	The total number of employees employed by each Managed Care Organization (MCO) which is based in Louisiana and the ***average*** salary paid of those employees.	What is the total number of individuals who reside in LA?	
			Please complete the template on tab 1b (2).	
1d	4	The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.	What is the total number of contracted providers in SFY18? Please provide a total number and delineate by provider type, provider taxonomy code and parish.	
			How is "Provider Type" defined?	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please describe how providers with multiple taxonomy codes are delineated.	
			Please complete the template on tab 1d (4).	
1e	5	The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.	What is the total number of contracted providers that provided primary care services and that submitted at least one claim for payment for services in SFY18? Please provide a total number and delineate by provider type, provider taxonomy code and parish. **Please include code** used to define, if applicable.	
			How is "Primary Care Services" defined?	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please describe how providers with multiple taxonomy codes are delineated.	
			Please complete the template on tab 1e (5).	
1f	6	The total number of primary care providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.	What are your policies and procedures related to a closed panel status? Please provide policies and procedures.	
			How is "closed panel" defined?	
			What is the frequency of reporting?	
			Please include a copy of the report submitted closest to June 30, 2018.	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please complete the template on tab 1f (6).	
2f	18	The number of members, delineated by each managed care organization who filed an appeal, the number of members who accessed the state fair hearing process, and the total number and percentage of appeals that reversed or otherwise resolved a decision in favor of the member. *For purposes of this subparagraph, "appeal" means a request for review of an action.*	***Please complete the template on tab 2f (18).***	
			Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the 113 Appeal and SFH Report Annual Report for SFY 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	
3d	22	The total number and percentage of regular and expedited service authorization requests processed within the time frame specified by the contract for each managed care organization. In addition, the report shall contain the total number of regular and expedited service authorization requests which resulted in a denial for services for each managed care organization.	***Please complete the template on tab 3d (22).***	
			Note: Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 quarterly Service Authorizations Report for the quarters ending September 2017, December 2017, March 2018 and June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	

Responses should be based on *State Fiscal Year 2018 (July 1, 2017 - June 30, 2018)*, unless otherwise noted.

Report Reference Number	LDH Internal Item Number	Task	Questions	MCO Response
3e	23	The total number and dollar value of all claims paid to out-of-network providers by claim type categorized by emergency services and non-emergency services for each managed care organization by parish.	Please describe how out-of-network claims were determined. **Please include code** used to define out-of-network claims and determine results (annual Report 177, Total and Out of Network Claims).	
3f	24	The following information concerning pharmacy benefits delineated by each managed care organization: - Total number of prescription claims - Total number of prescription claims subject to prior authorization - Total number of prescriptions claims denied - Total number of prescription claims subject to step therapy or fail first protocols.	What is the total number of prescription claims for SFY18?	
			What is the total number of prescription claims subject to a prior authorization (PA) for SFY18?	
			What is the total number of prescription claims denied for SFY18?	
			What is the total number of prescription claims subject to step therapy or fail first protocols for SFY18?	
			Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Rx055 monthly Pharmacy Report for the months ending July 2017 through June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure (***this includes any MCO dental services, value added and other dental services***): - The number of prior authorization requests - The average and range of times for responding to prior authorization requests - The number of prior authorization requests denied, delineated by the reasons for denial - The number of claims denied after prior authorization was approved, delineated by the reasons for denial	Does the MCO or MCO subcontractor require prior authorization for (**any**) dental services? If yes, please answer the questions below.	
			What is the number of prior authorization requests for SFY18?	
			What is the average amount of time for responding to prior authorization requests for SFY18?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY18?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY18?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY18?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY18?	
			Please complete the template on tab 4 (26).	

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

Please provide the following information for all **Louisiana-based MCO employees or contracted staff (FTE of actual filled positions)** for Reporting Period SFY18 (July 1, 2017 - June 30, 2018) and **calculate the average salary** as indicated in column D.

Position/Title	Indicate if the position is a MCO employee or contracted staff	Salary	FTE	Average Salary (Salary x FTE)
Total:				

* Information should agree with **Report 17.**

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
01	Acadia	
02	Allen	
03	Ascension	
04	Assumption	
05	Avoyelles	
06	Beauregard	
07	Bienville	
08	Bossier	
09	Caddo	
10	Calcasieu	
11	Caldwell	
12	Cameron	
13	Catahoula	
14	Claiborne	
15	Concordia	
16	Desoto	
17	East Baton Rouge	
18	East Carroll	
19	East Feliciana	
20	Evangeline	
21	Franklin	
22	Grant	
23	Iberia	
24	Iberville	
25	Jackson	
26	Jefferson	
27	Jefferson Davis	
28	Lafayette	
29	Lafourche	
30	LaSalle	
31	Lincoln	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
01	FISCAL AGENT (WVR)	
02	TRANSITIONAL SUPPORT (WVR)	
03	CHILDREN'S CHOICE (WVR)(IN-ST)	
04	PEDI DAY HLTH CARE (IN-ST)	
05	MANAGED CARE ORG - PREPAID	
06	NOW PROFESSIONAL SERVICES	
07	CASE MGMT-INFT & TODD (IN-ST)	
08	OAAS CASE MGMT (IN-ST)	
09	HOSPICE SERVICES (IN-ST)	
10	COMPREHENSIVE COMM SUPPORT SRV	
11	SHARED LIVING (WVR) (IN-ST)	
12	MULTI-SYSTEMIC THER (IN-ST)	
13	PREVOC REHAB (WVR) (IN-ST)	
14	DAY HABILITAT (WVR) (IN-ST)	
15	ENVIR ACC ADAP (WVR) (IN-ST)	
16	PERS EMERG RESP SYS (WVR)	
17	ASSISTIVE DEVICES (WVR)	
18	COMM MENTAL HLTH CTR/PART HOSP	
19	DR OF OSTEOPATH MED (IND & GP)	
20	PHYSICIAN (IND & GP)	
21	THIRD PARTY BILL AGT/SUBMITTER	
22	PERSONAL CARE ATTENDANT (WVR)	
23	INDEPENDENT LAB	
24	PERSONAL CARE SERVICES (IN-ST)	
25	MOBILE XRAY/RADIATION THRPY CT	
26	PHARMACY	
27	DENTIST (IND & GP)	
28	OPTOMETRIST (IND & GP)	
29	EARLYSTEPS (IND & GP) (IN-ST)	
30	CHIROPRACTOR (IND & GP)	
31	PSYCHOLOGIST (LIC/MED) (IN-ST)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
32	Livingston	
33	Madison	
34	Morehouse	
35	Natchitoches	
36	Orleans	
37	Ouachita	
38	Plaquemines	
39	Pointe Coupee	
40	Rapides	
41	Red River	
42	Richland	
43	Sabine	
44	St Bernard	
45	St Charles	
46	St Helena	
47	St James	
48	St John	
49	St Landry	
50	St Martin	
51	St Mary	
52	St Tammany	
53	Tangipahoa	
54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
32	PODIATRIST (IND & GP)	
33	PRESCRIBING ONLY PROVIDER	
34	AUDIOLOGIST (IN-ST)	
35	PHYSICAL THERAPIST (IN-ST)	
36	NOT ASSIGNED	
37	OCCUPATIONAL THERAPIST (IN-ST)	
38	SCHOOL BSED HEALTH CTR (IN-ST)	
39	SPEECH/LANGUAGE THERAP (IN-ST)	
40	DME	
41	REGISTERED DIETICIAN (IN-ST)	
42	NON-EMER MED TRANSPORT (IN-ST)	
43	CASE MGT - NHV/FTM (IN-ST)	
44	HOME HEALTH AGENCY (IN-ST)	
45	CASE MGMT - CONTRACTOR (IN-ST)	
46	CASE MGMT - HIV	
47	CASE MGMT - CMI	
48	CASE MGMT - PREGNANT WOMEN	
49	CASE MGMT - DEVELOP DISABLED	
50	PACE (ALL-INCLUSIVE CARE-ELD)	
51	AMBULANCE TRANSPORTATION	
52	CO-ORDIN CARE NETWORK-SHARED	
53	SELF DIRECTED/DIRECT SUPPORT	
54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
63	West Feliciana	
64	Winn	
OOS	ALL Out of State	
Grand Total:		

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers
Grand Total:	

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
01	Acadia	
02	Allen	
03	Ascension	
04	Assumption	
05	Avoyelles	
06	Beauregard	
07	Bienville	
08	Bossier	
09	Caddo	
10	Calcasieu	
11	Caldwell	
12	Cameron	
13	Catahoula	
14	Claiborne	
15	Concordia	
16	Desoto	
17	East Baton Rouge	
18	East Carroll	
19	East Feliciana	
20	Evangeline	
21	Franklin	
22	Grant	
23	Iberia	
24	Iberville	
25	Jackson	
26	Jefferson	
27	Jefferson Davis	
28	Lafayette	
29	Lafourche	
30	LaSalle	
31	Lincoln	
32	Livingston	
33	Madison	
34	Morehouse	
35	Natchitoches	
36	Orleans	
37	Ouachita	
38	Plaquemines	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
01	FISCAL AGENT (WVR)	
02	TRANSITIONAL SUPPORT (WVR)	
03	CHILDREN'S CHOICE (WVR)(IN-ST)	
04	PEDI DAY HLTH CARE (IN-ST)	
05	MANAGED CARE ORG - PREPAID	
06	NOW PROFESSIONAL SERVICES	
07	CASE MGMT-INFT & TODD (IN-ST)	
08	OAAS CASE MGMT (IN-ST)	
09	HOSPICE SERVICES (IN-ST)	
10	COMPREHENSIVE COMM SUPPORT SRV	
11	SHARED LIVING (WVR) (IN-ST)	
12	MULTI-SYSTEMIC THER (IN-ST)	
13	PREVOC REHAB (WVR) (IN-ST)	
14	DAY HABILITAT (WVR) (IN-ST)	
15	ENVIR ACC ADAP (WVR) (IN-ST)	
16	PERS EMERG RESP SYS (WVR)	
17	ASSISTIVE DEVICES (WVR)	
18	COMM MENTAL HLTH CTR/PART HOSP	
19	DR OF OSTEOPATH MED (IND & GP)	
20	PHYSICIAN (IND & GP)	
21	THIRD PARTY BILL AGT/SUBMITTER	
22	PERSONAL CARE ATTENDANT (WVR)	
23	INDEPENDENT LAB	
24	PERSONAL CARE SERVICES (IN-ST)	
25	MOBILE XRAY/RADIATION THRPY CT	
26	PHARMACY	
27	DENTIST (IND & GP)	
28	OPTOMETRIST (IND & GP)	
29	EARLYSTEPS (IND & GP) (IN-ST)	
30	CHIROPRACTOR (IND & GP)	
31	PSYCHOLOGIST (LIC/MED) (IN-ST)	
32	PODIATRIST (IND & GP)	
33	PRESCRIBING ONLY PROVIDER	
34	AUDIOLOGIST (IN-ST)	
35	PHYSICAL THERAPIST (IN-ST)	
36	NOT ASSIGNED	
37	OCCUPATIONAL THERAPIST (IN-ST)	
38	SCHOOL BSED HEALTH CTR (IN-ST)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
39	Pointe Coupee	
40	Rapides	
41	Red River	
42	Richland	
43	Sabine	
44	St Bernard	
45	St Charles	
46	St Helena	
47	St James	
48	St John	
49	St Landry	
50	St Martin	
51	St Mary	
52	St Tammany	
53	Tangipahoa	
54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	Out of State	
Grand Total:		

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
39	SPEECH/LANGUAGE THERAP (IN-ST)	
40	DME	
41	REGISTERED DIETICIAN (IN-ST)	
42	NON-EMER MED TRANSPORT (IN-ST)	
43	CASE MGT - NHV/FTM (IN-ST)	
44	HOME HEALTH AGENCY (IN-ST)	
45	CASE MGMT - CONTRACTOR (IN-ST)	
46	CASE MGMT - HIV	
47	CASE MGMT - CMI	
48	CASE MGMT - PREGNANT WOMEN	
49	CASE MGMT - DEVELOP DISABLED	
50	PACE (ALL-INCLUSIVE CARE-ELD)	
51	AMBULANCE TRANSPORTATION	
52	CO-ORDIN CARE NETWORK-SHARED	
53	SELF DIRECTED/DIRECT SUPPORT	
54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of providers contracted to provide healthcare services for each Managed Care Organization (MCO) that provides primary care services and submitted at least one claim for payment for services rendered to an individual enrolled in the health plan delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers
Grand Total:	

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

The total number of primary care providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
01	Acadia	
02	Allen	
03	Ascension	
04	Assumption	
05	Avoyelles	
06	Beauregard	
07	Bienville	
08	Bossier	
09	Caddo	
10	Calcasieu	
11	Caldwell	
12	Cameron	
13	Catahoula	
14	Claiborne	
15	Concordia	
16	Desoto	
17	East Baton Rouge	
18	East Carroll	
19	East Feliciana	
20	Evangeline	
21	Franklin	
22	Grant	
23	Iberia	
24	Iberville	
25	Jackson	
26	Jefferson	
27	Jefferson Davis	
28	Lafayette	
29	Lafourche	
30	LaSalle	
31	Lincoln	
32	Livingston	
33	Madison	
34	Morehouse	
35	Natchitoches	
36	Orleans	
37	Ouachita	
38	Plaquemines	
39	Pointe Coupee	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
01	FISCAL AGENT (WVR)	
02	TRANSITIONAL SUPPORT (WVR)	
03	CHILDREN'S CHOICE (WVR)(IN-ST)	
04	PEDI DAY HLTH CARE (IN-ST)	
05	MANAGED CARE ORG - PREPAID	
06	NOW PROFESSIONAL SERVICES	
07	CASE MGMT-INFT & TODD (IN-ST)	
08	OAAS CASE MGMT (IN-ST)	
09	HOSPICE SERVICES (IN-ST)	
10	COMPREHENSIVE COMM SUPPORT SRV	
11	SHARED LIVING (WVR) (IN-ST)	
12	MULTI-SYSTEMIC THER (IN-ST)	
13	PREVOC REHAB (WVR) (IN-ST)	
14	DAY HABILITAT (WVR) (IN-ST)	
15	ENVIR ACC ADAP (WVR) (IN-ST)	
16	PERS EMERG RESP SYS (WVR)	
17	ASSISTIVE DEVICES (WVR)	
18	COMM MENTAL HLTH CTR/PART HOSP	
19	DR OF OSTEOPATH MED (IND & GP)	
20	PHYSICIAN (IND & GP)	
21	THIRD PARTY BILL AGT/SUBMITTER	
22	PERSONAL CARE ATTENDANT (WVR)	
23	INDEPENDENT LAB	
24	PERSONAL CARE SERVICES (IN-ST)	
25	MOBILE XRAY/RADIATION THRPY CT	
26	PHARMACY	
27	DENTIST (IND & GP)	
28	OPTOMETRIST (IND & GP)	
29	EARLYSTEPS (IND & GP) (IN-ST)	
30	CHIROPRACTOR (IND & GP)	
31	PSYCHOLOGIST (LIC/MED) (IN-ST)	
32	PODIATRIST (IND & GP)	
33	PRESCRIBING ONLY PROVIDER	
34	AUDIOLOGIST (IN-ST)	
35	PHYSICAL THERAPIST (IN-ST)	
36	NOT ASSIGNED	
37	OCCUPATIONAL THERAPIST (IN-ST)	
38	SCHOOL BSED HEALTH CTR (IN-ST)	
39	SPEECH/LANGUAGE THERAP (IN-ST)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of primary care providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
40	Rapides	
41	Red River	
42	Richland	
43	Sabine	
44	St Bernard	
45	St Charles	
46	St Helena	
47	St James	
48	St John	
49	St Landry	
50	St Martin	
51	St Mary	
52	St Tammany	
53	Tangipahoa	
54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	
63	West Feliciana	
64	Winn	
OOS	Out of State	
Grand Total:		

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
40	DME	
41	REGISTERED DIETICIAN (IN-ST)	
42	NON-EMER MED TRANSPORT (IN-ST)	
43	CASE MGT - NHV/FTM (IN-ST)	
44	HOME HEALTH AGENCY (IN-ST)	
45	CASE MGMT - CONTRACTOR (IN-ST)	
46	CASE MGMT - HIV	
47	CASE MGMT - CMI	
48	CASE MGMT - PREGNANT WOMEN	
49	CASE MGMT - DEVELOP DISABLED	
50	PACE (ALL-INCLUSIVE CARE-ELD)	
51	AMBULANCE TRANSPORTATION	
52	CO-ORDIN CARE NETWORK-SHARED	
53	SELF DIRECTED/DIRECT SUPPORT	
54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
67	PRENATAL HLTH CARE CL (IN-ST)	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

The total number of primary care providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	
AU	OPH REGISTERED DIETITIAN	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

The total number of primary care providers contracted to provide healthcare services for each Managed Care Organization (MCO) that has a closed panel for any portion of the reporting period delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers
Grand Total:	

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

Please complete the template below, reporting the number of appeals filed, the number of appeals that accessed the state fair hearing process and the number of appeals that were reversed, overturned or otherwise resolved in favor of the member. For purposes of this template, "appeal" means a request for review of an action.

MCO should only complete the white empty cells. The yellow highlighted cells are formula driven

Appeals and State Fair Hearings	MCO Count	
	Member Count *(Unduplicated)*	**Case Number Count**
Total number of appeals filed in SFY18		
Total number of appeals that **accessed the state fair hearing process** in SFY18		
Total number of appeals with a determination[1] in SFY 2018		
Appeal Determinations		
Total number of appeals at the MCO level in SFY18		
Number of appeals **fully reversed or otherwise resolved in favor of the member at the MCO level**		
Number of appeals **partially reversed or otherwise resolved in favor of the member at the MCO level**		
Total number of appeals reversed or otherwise resolved in favor of the member at the MCO level (Line 18 + Line 19)	**0**	**0**
Number of appeals **fully upheld** at the MCO level		
Total Number of appeals FULLY UPHELD by MCO that went to State Fair Hearing (Do not include appeals partially overturned or partially upheld by MCO		
Number of appeals reversed by the MCO after SFH requested		
Number of appeals **fully overturned at the State Fair Hearing in favor of the member**		
Number of appeals **partially overturned at the State Fair hearing in favor of the member**		
Total number of appeals overturned or otherwise resolved in favor of the member at the SFH level (Line 23 + Line 24 + Line 25)	**0**	**0**
Number of appeals **fully upheld** at the State Fair Hearing		
Total Appeals		
Total number of **appeals** overturned or otherwise resolved a decision in favor of the member in SFY18 (Line 20 + Line 26)	0	0
Percent of **appeals** that overturned or otherwise resolved a decision in favor of the member in SFY18 (Line 29 / Line 15)	#DIV/0!	#DIV/0!

Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Report 113 monthly Grievance, Appeal and SFH Report for the months ending July 2017 through June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.

[1]**Definitions of Determination**
Denied: Appeal requests that are found to be unacceptable for timeliness, coverage or appropriate filing, as determined by the Division of Administrative Law
Order Terminating Adjudication: A decision by the DAL that exhausts the appeal process within the Department of Health and Hospitals
Overturned: A decision at the State Fair Hearing level which reverses the health plan's decision in favor of the member
Reversed: A decision at the health plan level to approve a denied request prior to a State Fair Hearing being scheduled by the Division of Administrative Law.
Upheld: A decision at the State Fair Hearing level which confirms the health plan's denial of the member's request
Withdrawal: A written decision made by the appellant to terminate the appeals process

Standard Service Authorizations

Standard (Regular) Service Authorizations	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Standard (Regular) Pending Authorizations (end of SFY2017)						
Total New Standard (Regular) Authorizations Requested (received during current reporting period)						
Total New Standard (Regular) Authorization Requests Withdrawn or Voided Prior to expiration						
Total Standard (Regular) Authorizations Approved						
Total Standard (Regular) Authorizations Denied or Partially Denied						
Standard (Regular) Authorization Determinations made within **2 business days (5 calendar days for CPST and PSR)** of obtaining appropriate medical information						

Standard (Regular) Service Authorizations Processing Timeframes - NOT EXTENDED	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Completed Standard Authorizations within **14 calendar days****						
Total Expired standard service authorizations						
Total Not Expired Standard Authorizations						

Note:
******Completed in 14 Calendar Days*** *- regular standard service authorization determinations completed during the reporting period that were within 14 calendar days from the receipt of the request for authorization. Do not include any standard authorizations that had a request for an extended deadline for determination.* ***(It should include any standard authorization that were also included in the count of completed within 2 days, as long as they were not extended)***

Expired *- regular standard service authorization where the MCO did not make a determination within 14 day of receipt of the request. (Do not include any standard authorizations that had a request for an extended deadline for determination.)*

Not Expired *- regular standard service authorization where the MCO did not make a determination this reporting period, and the 14 day timeline for determination has not expired, i.e. they are still pending at the end of the reporting period.(Do not include any standard authorizations that had a request for an extended deadline for determination.)*

Standard (Regular) Service Authorizations Processing Timeframes - EXTENDED	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Completed Standard Authorizations within **28 calendar days (25 days for DME)****						
Total Expired standard service authorizations						
Total Not Expired Standard Authorizations						

Note:
***Completed in 28 Calendar Days - standard service authorization determinations that had deadlines for determination extended in accordance with RS 42 §438.210 (d) that were completed within the timeframe of the*

Standard Service Authorizations

Standard (Regular) Service Authorizations	Medical	Behavioral Health	Total

extension, not to exceed a total of 28 days from the date of receipt of the original request for authorization. (It should include any standard authorization that were also included in the count of completed within 2 days if they were extended)

Expired - Extended standard service authorization where the MCO did not make a determination within 14 day of receipt of the request. (Do not include any standard authorizations that had a request for an extended deadline for determination.)

Not Expired - Extended standard service authorization where the MCO did not make a determination this reporting period, and the 14 day timeline for determination has not expired.

Expedited Service Authorizations

Expedited Service Authorizations	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Expedited Pending Authorizations (end of SFY2018)						
Total Expedited Authorizations Requested (received during current reporting period)						
Total Expedited Authorization Requests Withdrawn or Voided Prior to expiration						
Total Expedited Authorizations Approved						
Total Expedited Authorizations Denied or Partially Denied						

Expedited Service Authorizations Processing Timeframes - NOT EXTENDED	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Completed Expedited Authorizations **within 72 Hours**						
Total Expired Expedited service authorizations						
Total Not Expired Expedited Authorizations						

Note:
Completed within 72 hours - expedited service authorization determinations completed during the reporting period that were made within 72 hours from the receipt of the request for authorization. (Do not include any authorizations that had a request for an extended deadline for determination.)

Expired - expedited service authorization where the MCO did not make a determination within 72 hours of receipt of the request. (Do not include any standard authorizations that had a request for an extended deadline for determination.)

Not Expired - expedited service authorization where the MCO did not make a determination this reporting period, and the 72 hour timeframe for determination has not expired. (Do not include any standard authorizations that had a request for an extended deadline for determination.)

Expedited Service Authorizations Processing Timeframes - EXTENDED	Medical		Behavioral Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Total Completed Expedited Authorizations **within 14 Days**						
Total Expired Expedited service authorizations						
Total Not Expired Expedited Authorizations						

Note:
Completed in 14 Days - expedited authorization determinations that had deadlines for determination extended in accordance with RS 42 §438.210 (d) that were completed within the timeframe of the extension, not to exceed a total of 17 days from the date of receipt of the original request for authorization.

Expired - expedited service authorization where the MCO did not make a determination within the extension deadline.

Not Expired - expedited service authorization where the MCO did not make a determination this reporting period, and the deadline for determination has not expired.

Total (All) Prior Authorizations Summary	Medical		Behavioral Health		Behavioral Health Mental Health		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Total Authorizations (Prior Authorizations, PA) Requested								
Total PA Pending (end of SFY2018)								
Total PA Approved								
Total PA Denied								
Note: *Counts should reconcile with reported numbers above*								

Note: Amounts reported should agree with the sum of the quarterly amounts reported to LDH on the 188 quarterly Service Authorizations Report for the quarters ending September 2017, December 2017, March 2018 and June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

Note: All counts should reflect line/detail/service level counts

Prior Authorizations	Total		Diagnostic D0100 - D0999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Preventive D1000 - D1999		Restorative D2000 - D2999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Endodontics D3000 - D3999		Periodontics D4000 - D4999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Louisiana Department of Health (LDH)
Louisiana Medicaid Managed Care Program
Act 158 Transparency Report
Survey for Managed Care Organization (MCO)-Self Reported Items

Note: All counts should reflect line/detail/service level counts

Prior Authorizations	Removable Prosthodontics D5000 - D5899		Maxillofacial Prosthetics D5900 - D5999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Implant Services D6000 - D6199		Fixed Prosthodontics D6200 - D6999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Oral & Maxillofacial Surgery D7000 - D7999		Orthodontics D8000 - D8999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Note: All counts should reflect line/detail/service level counts

Prior Authorizations	Adjunctive General Services D9000 - D9999	
	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18		
Total number of prior authorization requests **DENIED**,		
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**		
Total number of claims denied AFTER prior authorization approval,		
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**		
What is the average time for responding to prior authorization requests?		
What is the range of times for responding to prior authorization requests?		

How are prior authorizations defined?

How are prior authorizations tracked?

What are the policies and procedures for prior authorizations?

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

Responses should be based on *State Fiscal Year 2018 (July 1, 2017 - June 30, 2018)*, unless otherwise noted.

Report Reference Number	LDH Internal Item Number	Task	Questions	MCO Response
1b	2	The total number of employees employed the Managed Care Organization (MCO) which is based in Louisiana and the ***average*** salary paid of those employees.	What is the total number of individuals who reside in LA?	
			Please complete the template on tab 1b (2).	
1d	4	The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.	What is the total number of contracted providers in SFY18? Please provide a total number and delineate by provider type, provider taxonomy code and parish.	
			How is "Provider Type" defined?	
			Please include the methodology and **code** logic used for determining the reported values.	
			Please describe how providers with multiple taxonomy codes are delineated.	
			Please complete the template on tab 1d (4).	
2f	18	The number of members, delineated by each managed care organization who filed an appeal, the number of members who accessed the state fair hearing process, and the total number and percentage of appeals that reversed or otherwise resolved a decision in favor of the member. *For purposes of this subparagraph, "appeal" means a request for review of an action.*	***Please complete the template on tab 2f (18).***	
			Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Report 113 monthly Appeal and SFH Report for the months ending July 2017 through June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.	
3e	23	The total number and dollar value of all claims paid to out-of-network providers by claim type categorized by emergency services and non-emergency services for each managed care organization by parish.	Please describe how out-of-network claims were determined. **Please include the data extraction code** used to define out-of-network claims and determine results (annual Report 177, Total and Out of Network Claims).	

Responses should be based on *State Fiscal Year 2018 (July 1, 2017 - June 30, 2018)*, unless otherwise noted.

Report Reference Number	LDH Internal Item Number	Task	Questions	MCO Response
4	26	For Managed Care Organizations (MCO) that administer dental benefits, the following concerning prior authorization requests, delineated by type of procedure (***this includes any MCO dental services, value added and other dental services***): - The number of prior authorization requests - The average and range of times for responding to prior authorization requests - The number of prior authorization requests denied, delineated by the reasons for denial - The number of claims denied after prior authorization was approved, delineated by the reasons for denial	What is the number of prior authorization requests for SFY18?	
			What is the average amount of time for responding to prior authorization requests for SFY18?	
			What is the longest amount of turnaround time for responding to prior authorization requests for SFY18?	
			What is the shortest amount of turnaround time for responding to prior authorization requests for SFY18?	
			What is the number of prior authorization requests denied, delineated by the reason for denial for SFY18?	
			What is the number of claims denied after prior authorization was approved, delineated by the reasons for denial for SFY18?	
			Please complete the template on tab 4 (26).	

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

Please provide the following information for all **Louisiana-based MCNA employees or contracted staff (FTE of actual filled positions)** for Reporting Period SFY18 (July 1, 2017 - June 30, 2018) and **calculate the average salary** as indicated in column D.

Position/Title	**Indicate if the position is a MCNA employee or contracted staff**	**Salary**	**FTE**	**Average Salary** (Salary x FTE)

Total:

* Information should agree with **Report 17.**

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
01	Acadia	
02	Allen	
03	Ascension	
04	Assumption	
05	Avoyelles	
06	Beauregard	
07	Bienville	
08	Bossier	
09	Caddo	
10	Calcasieu	
11	Caldwell	
12	Cameron	
13	Catahoula	
14	Claiborne	
15	Concordia	
16	Desoto	
17	East Baton Rouge	
18	East Carroll	
19	East Feliciana	
20	Evangeline	
21	Franklin	
22	Grant	
23	Iberia	
24	Iberville	
25	Jackson	
26	Jefferson	
27	Jefferson Davis	
28	Lafayette	
29	Lafourche	
30	LaSalle	
31	Lincoln	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
01	FISCAL AGENT (WVR)	
02	TRANSITIONAL SUPPORT (WVR)	
03	CHILDREN'S CHOICE (WVR)(IN-ST)	
04	PEDI DAY HLTH CARE (IN-ST)	
05	MANAGED CARE ORG - PREPAID	
06	NOW PROFESSIONAL SERVICES	
07	CASE MGMT-INFT & TODD (IN-ST)	
08	OAAS CASE MGMT (IN-ST)	
09	HOSPICE SERVICES (IN-ST)	
10	COMPREHENSIVE COMM SUPPORT SRV	
11	SHARED LIVING (WVR) (IN-ST)	
12	MULTI-SYSTEMIC THER (IN-ST)	
13	PREVOC REHAB (WVR) (IN-ST)	
14	DAY HABILITAT (WVR) (IN-ST)	
15	ENVIR ACC ADAP (WVR) (IN-ST)	
16	PERS EMERG RESP SYS (WVR)	
17	ASSISTIVE DEVICES (WVR)	
18	COMM MENTAL HLTH CTR/PART HOSP	
19	DR OF OSTEOPATH MED (IND & GP)	
20	PHYSICIAN (IND & GP)	
21	THIRD PARTY BILL AGT/SUBMITTER	
22	PERSONAL CARE ATTENDANT (WVR)	
23	INDEPENDENT LAB	
24	PERSONAL CARE SERVICES (IN-ST)	
25	MOBILE XRAY/RADIATION THRPY CT	
26	PHARMACY	
27	DENTIST (IND & GP)	
28	OPTOMETRIST (IND & GP)	
29	EARLYSTEPS (IND & GP) (IN-ST)	
30	CHIROPRACTOR (IND & GP)	
31	PSYCHOLOGIST (LIC/MED) (IN-ST)	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
32	Livingston	
33	Madison	
34	Morehouse	
35	Natchitoches	
36	Orleans	
37	Ouachita	
38	Plaquemines	
39	Pointe Coupee	
40	Rapides	
41	Red River	
42	Richland	
43	Sabine	
44	St Bernard	
45	St Charles	
46	St Helena	
47	St James	
48	St John	
49	St Landry	
50	St Martin	
51	St Mary	
52	St Tammany	
53	Tangipahoa	
54	Tensas	
55	Terrebonne	
56	Union	
57	Vermilion	
58	Vernon	
59	Washington	
60	Webster	
61	West Baton Rouge	
62	West Carroll	

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
32	PODIATRIST (IND & GP)	
33	PRESCRIBING ONLY PROVIDER	
34	AUDIOLOGIST (IN-ST)	
35	PHYSICAL THERAPIST (IN-ST)	
36	NOT ASSIGNED	
37	OCCUPATIONAL THERAPIST (IN-ST)	
38	SCHOOL BSED HEALTH CTR (IN-ST)	
39	SPEECH/LANGUAGE THERAP (IN-ST)	
40	DME	
41	REGISTERED DIETICIAN (IN-ST)	
42	NON-EMER MED TRANSPORT (IN-ST)	
43	CASE MGT - NHV/FTM (IN-ST)	
44	HOME HEALTH AGENCY (IN-ST)	
45	CASE MGMT - CONTRACTOR (IN-ST)	
46	CASE MGMT - HIV	
47	CASE MGMT - CMI	
48	CASE MGMT - PREGNANT WOMEN	
49	CASE MGMT - DEVELOP DISABLED	
50	PACE (ALL-INCLUSIVE CARE-ELD)	
51	AMBULANCE TRANSPORTATION	
52	CO-ORDIN CARE NETWORK-SHARED	
53	SELF DIRECTED/DIRECT SUPPORT	
54	AMBULATORY SURGI CTR (IN-ST)	
55	EMERG ACCESS HOSPITAL (IN-ST)	
56	PRESCRIBER ONLY FOR MCO	
57	OPH REGISTERED NURSE (IN-ST)	
58	NOT ASSIGNED	
59	NEURO REHAB HOSPITAL (IN-ST)	
60	HOSPITAL	
61	VENERIAL DISEASE CL (IN-ST)	
62	TUBERCULOSIS CLINIC	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers
63	West Feliciana	
64	Winn	
OOS	ALL Out of State	
Grand Total:		

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
63	TUBERCULOSIS INPT HOSPITAL	
64	MENTAL HLTH HOSP (FREE-STAND)	
65	REHABILITATION CENTER (IN-ST)	
66	KIDMED SCREENING CLINIC	
68	SUBS/ALCOH ABSE CTR (X-OVERS)	
69	DIST PART PSYCH HOSP (IN-ST)	
70	EPSDT HEALTH SERVICES (IN-ST)	
71	FMLY PLANNING CLINIC (IN-ST)	
72	FED QUALIFIED HLTH CTR (IN-ST)	
73	LIC CL SOCIAL WORKER (IN-ST)	
74	MENTAL HEALTH CLINIC (IN-ST)	
75	OPTICAL SUPPLIER	
76	HEMODIALYSIS CENTER (IN-ST)	
77	MENTAL REHAB AGENCY (IN-ST)	
78	NURSE PRACTITIONER (IND & GP)	
79	RURAL HLTH CL(PROV-BSE)(IN-ST)	
80	NURSING FACILITY (IN-ST)	
81	CASE MGMT - VENT ASSTD CARE	
82	PERS CARE ATTEND (WVR) (IN-ST)	
83	CTR BASED RESPITE CARE (IN-ST)	
84	SUBSTIT FMLY CARE (WVR)(IN-ST)	
85	ADLT DAY HLTH CA (WVR) (IN-ST)	
86	ICF/DD REHABILITATION	
87	RURAL HLTH CL(INDEPEND)(IN-ST)	
88	ICF/DD - GROUP HOME (IN-ST)	
89	SPRVISE INDEP LIV (WVR)(IN-ST)	
90	CERTIFIED NURSE MIDWIFE	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
91	CERT REG NURS ANEST (IND & GP)	
92	PRIVATE DUTY NURSE	
93	CLINICAL NURSE SPECIALIST	
94	PHYSICIAN ASSISTANT	
95	AMERICAN INDIAN/638 FACILITY	
96	PSYCH RESID TREAT FACILITY	
97	ADULT RESIDENTIAL CARE FAC	
98	SUPPORTED EMPLYMENT (IN-ST)	
99	GREAT NO COMM HLTH CONN(IN-ST)	
AA	ASSERTIVE COMM TREAT TEAM	
AB	PREPAID INPATIENT HLTH PLAN	
AC	FAMILY SUPPORT ORGANIZATION	
AD	TRANSITION COORDINATION	
AE	RESPITE CARE SERVICE AGENCY	
AF	CRISIS RECEIVING CENTER	
AG	BEHAVIORAL HLTH REHAB AGENCY	
AH	LIC MARRIAGE & FAMILY THERAPY	
AJ	LICENSED ADDICTION COUNSELOR	
AK	LICENSED PROFESSION COUNSELOR	
AL	COMMUNITY CHOICE WAIVER-NURS	
AM	HOME DELIVERED MEALS	
AN	CAREGIVER TEMPORARY SUPPORT	
AQ	NON-MEDICAL GROUP HOME	
AR	THERAPEUTIC FOSTER CARE	
AS	OPH CLINIC	
AT	THERAPEUTIC GROUP HOME	

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

The total number of healthcare providers contracted to provide healthcare services for each Managed Care Organization (MCO) delineated by provider type, provider taxonomy code, and parish.

By Parish

Parish Code	Parish	Unduplicated Count of Providers

By Provider Type

Provider Type Code	Description	Unduplicated Count of Providers
AU	OPH REGISTERED DIETITIAN	
AV	EXTENDED DUTY DENTAL ASSISTANT	
AW	PERMANENT SUPPOR HOUSING AGENT	
AX	CERTIFIED BEHAVIOR ANALYST	
AY	DENTAL BENEFIT PLAN MANAGER	
AZ	SUBST USE RESIDENT TX FAC	
BC	BIRTH CENTER (FREE-STANDING)	
BI	BEHAVIOR INTERVENTION	
DC	DCFS TARGETED CASE MANAGEMENT	
IP	EHR INCENTIVE PROGRAM	
MI	MONITORED IN-HOME CAREGIVING	
MT	MUSIC THERAPY	
MW	LICENSED MID-WIFE	
PO	OPR (ORDERING, PRESCRIBING, AND REFERRING)	
SP	SUPER PROVIDER/OHCDS	
TS	TRANSPORTATION SUBCONTRACTOR	
XX	ERROR PROVIDER	
Grand Total:		

By Taxonomy

Taxonomy Code	Unduplicated Count of Providers
Grand Total:	

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

Please complete the template below, reporting the number of appeals filed, the number of appeals that accessed the state fair hearing process and the number of appeals that were reversed, overturned or otherwise resolved in favor of the member. For purposes of this template, "appeal" means a request for review of an action.

MCNA should only complete the white empty cells. The yellow highlighted cells are formula driven

Appeals and State Fair Hearings	MCO Count	
	Member Count *(Unduplicated)*	**Case Number Count**
Total number of appeals filed in SFY18		
Total number of appeals that **accessed the state fair hearing process** in SFY18		
Total number of appeals with a determination[1] in SFY 2018		
Appeal Determinations		
Total number of appeals at the MCO level in SFY18		
Number of appeals **fully reversed or otherwise resolved in favor of the member at the MCO level**		
Number of appeals **partially reversed or otherwise resolved in favor of the member at the MCO level**		
Total number of appeals reversed or otherwise resolved in favor of the member at the MCO level (Line 18 + Line 19)	**0**	**0**
Number of appeals **fully upheld** at the MCO level		
Total Number of appeals FULLY UPHELD by MCO that went to State Fair Hearing (Do not include appeals partially overturned or partially upheld by MCO		
Number of appeals reversed by the MCO after SFH requested		
Number of appeals **fully overturned at the State Fair Hearing in favor of the member**		
Number of appeals **partially overturned at the State Fair hearing in favor of the member**		
Total number of appeals overturned or otherwise resolved in favor of the member at the SFH level (Line 23 + Line 24 + Line 25)	**0**	**0**
Number of appeals **fully upheld** at the State Fair Hearing		
Total Appeals		
Total number of **appeals** overturned or otherwise resolved a decision in favor of the member in SFY18 (Line 20 + Line 26)	0	0
Percent of **appeals** that overturned or otherwise resolved a decision in favor of the member in SFY18 (Line 29 / Line 15)	#DIV/0!	#DIV/0!

Note: Amounts reported should agree with the sum of the monthly amounts reported to LDH on the Report 113 monthly Grievance, Appeal and SFH Report for the months ending July 2017 through June 2018. A reconciliation and explanation of any discrepancies, if applicable, should be included with your survey response.

[1]**Definitions of Determination**
Denied: Appeal requests that are found to be unacceptable for timeliness, coverage or appropriate filing, as determined by the Division of Administrative Law
Order Terminating Adjudication: A decision by the DAL that exhausts the appeal process within the Department of Health and Hospitals
Overturned: A decision at the State Fair Hearing level which reverses the health plan's decision in favor of the member
Reversed: A decision at the health plan level to approve a denied request prior to a State Fair Hearing being scheduled by the Division of Administrative Law.
Upheld: A decision at the State Fair Hearing level which confirms the health plan's denial of the member's request
Withdrawal: A written decision made by the appellant to terminate the appeals process

Prior Authorizations	Total		Diagnostic D0100 - D0999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Preventive D1000 - D1999		Restorative D2000 - D2999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Endodontics D3000 - D3999		Periodontics D4000 - D4999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Removable Prosthodontics D5000 -	Maxillofacial Prosthetics D5900 - D5999

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Implant Services D6000 - D6199		Fixed Prosthodontics D6200 - D6999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Oral & Maxillofacial Surgery D7000		Orthodontics D8000 - D8999	
	Valued-added Dental Services	Other Dental Services	Valued-added Dental Services	Other Dental Services
Total number of prior authorization requests for SFY18				
Total number of prior authorization requests **DENIED**,				
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**				
Total number of claims denied AFTER prior authorization approval,				
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**				
What is the average time for responding to prior authorization requests?				
What is the range of times for responding to prior authorization requests?				

Prior Authorizations	Adjunctive General Services D9000	
	Valued-added Dental Services	Other Dental Services

Louisiana Department of Health (LDH)
Dental Benefits Management Program
Act 158 Transparency Report
Survey for Dental Benefits Management Program (DBMP)-Self Reported Items

Total number of prior authorization requests for SFY18		
Total number of prior authorization requests **DENIED**,		
delineated by reasons for denial **(See Tab Line 11 Reasons for Denial)**		
Total number of claims denied AFTER prior authorization approval,		
delineated by reasons for denial **(See Tab Line 13 Reasons for Denial)**		
What is the average time for responding to prior authorization requests?		
What is the range of times for responding to prior authorization requests?		

How are prior authorizations defined?

How are prior authorizations tracked?

What are the policies and procedures for prior authorizations?