

Healthy Louisiana Claims Report

*Response to R.S. 46:460.91, as amended by
Act 233 of the 2023 Regular Legislative Session*

Quarter 1, Calendar Year 2024

Prepared by:

Louisiana Department of Health

Bureau of Health Services Financing

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Introduction

Legislation Overview

On June 1, 2018, the Louisiana State Legislature passed House Bill 734, which was subsequently enrolled and enacted as Act 710 of the 2018 Regular Legislative Session, amending R.S. 46:460.91 to require quarterly reporting on the Healthy Louisiana Medicaid Managed Care Program. In October 2023, the law was amended by Act 233, which updated the specifications for provider claims, expanded requirements for case management, and added reporting requirements for provider appeals and prior authorizations. The Louisiana Department of Health (LDH) is mandated to produce and submit the “Healthy Louisiana Claims Report” to the Joint Legislative Committee on the Budget and the House and Senate Committees on Health and Welfare.

The newly added Act 233, “Healthy Louisiana Claims Report,” initially covered the fourth quarter (Q4) of Calendar Year (CY) 2023. Medicaid submits subsequent reports quarterly. This report serves as the second quarterly report on the new Act 233 requirements and covers the first quarter (Q1) of CY 2024.

Provider Types

Act 233 requires distinguishing inpatient (acute) and outpatient providers from other provider types. The two distinctions in this report are labeled “inpatient” and “outpatient and professional.” Behavioral health providers are discretely identified within these categories, as required by the Louisiana Legislature. In consultation with stakeholders, LDH also agreed that there be further segmentation of the nonbehavioral health providers for discrete reporting. LDH reports on the following provider categories on an ongoing basis:

Institutional Claim Type (837I)
Inpatient hospital
Outpatient hospital
Home Health
All other services submitted on an institutional claim not specified above
Dental Claims (DQ and MCNA Only)*
Pediatric dental care
Adult denture services
Pharmacy Claims
(no additional breakouts)
Professional Services Claim Type (837P)
Primary care
Pediatrician
OB-GYN
Therapists (physical, speech, and occupational)
Non-emergency medical transportation
Medical equipment and supplies
Mental or behavioral health rehabilitation
Specialized behavioral health services
All other services submitted on a professional claim not specified above

* Managed care entity (MCE) value-added dental services are included in the Professional Services Claim Type category.

Data Collection

The information included in this report is collected from multiple reports submitted by managed care entities (MCE). To allow time for the MCEs to accumulate data for the report, there is a lag time between the claims adjudication period and the date that the MCEs submit the reports to LDH as allowed by Act 233. The data source for each item is listed below the referenced table.

Limitations of the data: MCEs self-report all data to LDH. LDH conducts a validation process upon submission of reports each quarter. In some situations, LDH asks the MCEs to verify and possibly update reporting to confirm the accuracy of the initial submission, if the submission deviates from trends reported in the prior period. There are instances where data is not reported for specific services or processes. In these cases, the data is submitted as a blank or zero by the MCO.

Report Structure

There are two distinct managed care entities (MCEs) in the Healthy Louisiana Managed Care Program: Medicaid Managed Care Organizations (MCOs) and Dental Benefit Program Management (DBPM). In this report, LDH presents MCOs and DBPM sections separately. LDH distinguishes between physical and behavioral health providers, further separating these into inpatient, outpatient, and professional, pharmacy, encounters, case management, and utilization management categories. The table of contents outlines the topics in each section to meet legislative requirements. For a complete list of acronyms used, refer to Appendix A.

For this report, instances where data gaps exist in the MCOs or DBPMs submitted reports are standardized and represented in the tables as "N/A" for percentages and dashes ("-") for other data fields. Additionally, each table containing data not reported is preceded by an excerpt with a clearly labeled note explaining whether the MCO or DBPM reports on the measure or did not provide the data. This methodology ensures transparency and facilitates accurate interpretation of reported performance metrics.

Section I: Medicaid Managed Care Organization (MCO)

Effective January 1, 2023, Louisiana began a new three-year contract for the five continuing MCOs, adding Humana Healthy Horizons (HHH) as the sixth health plan contracted to manage the healthcare needs of enrolled Louisiana Medicaid recipients. The state also contracted for the managed care of covered dental services through two dental benefit program managers (DBPMs) which will be detailed in Section II.

The names of the contracted entities and their commonly used abbreviations are below.

Contracted Managed Care Organizations

Plan Name	Plan Type	Common Abbreviation
Aetna Better Health, Inc.	Managed Care Organization	ABH
AmeriHealth Caritas Louisiana, Inc.	Managed Care Organization	ACLA
Healthy Blue	Managed Care Organization	HBL
Humana Healthy Horizons Louisiana	Managed Care Organization	HHH
Louisiana Healthcare Connections, Inc.	Managed Care Organization	LHCC
UnitedHealthcare of Louisiana, Inc.	Managed Care Organization	UHC

Provider Claims

Inpatient Hospital

Rejected Claims—Pre-adjudication

LDH requires each MCO to report the number of claims received each quarter and whether they were rejected or accepted for adjudication. As with all claim counts presented in this report, inpatient claims are reported at the header level, which contains information for the entire stay, while detail claim lines list individual services or charges provided during the stay.

Table 1.1 provides the rejection counts for inpatient hospital claims during Q1 2024, revealing variations in front-end edit processes across MCOs. Note that HHH has not reported rejected inpatient service claims for Q1 2024. A rejected claim is a claim that did not pass the standard, front-end Health Insurance Portability and Accountability Act (HIPAA) edits. These edits indicate that there is either missing or invalid data, so there is not enough information to process the claim. Pharmacy claims not paid that also have a National Council for Prescription Drug Programs (NCPDP) reject code should be categorized as denied, not rejected.

Table 1.1 Rejected Inpatient Hospital Claims, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	6,848	7,845	13,427	-	17,815	14,387
# Rejected	96	56	846	-	1,174	0

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.2 provides the count of unique inpatient header-level claims adjudicated, along with the breakdown requested in the legislation. It includes original claims received in the reporting period and claims originally received in a prior quarter that were adjusted or voided in the current reporting period. This report utilizes a key metric: the Percentage of Denied Inpatient Days to determine the proportion of inpatient hospital stays that encounter claim denials. This figure is derived by dividing the Number of Denied Inpatient Days by the Total Number of Inpatient Days, and then multiplying the result by 100 to express it as a percentage. Note that all claims are reported based on the status of the last adjudication decision made during the current reporting period. This may not be the final determination, as the claim may be adjusted in a future reporting period. Those adjustments and voids will be reported in the quarter in which they are determined.

Table 1.2 Inpatient Claims Adjudicated, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	4,361	5,204	13,560	4,228	2,807	9,903
# Days Paid	17,588	19,407	65,517	14,875	9,331	31,673
# Days Denied	8,154	6,921	29,365	5,659	3,441	8,412
# Total Days	25,742	26,328	94,882	20,534	12,772	40,085
% Denied	31.7%	26.3%	30.9%	27.6%	26.9%	21.0%
# Adjusted	206	365	1,138	309	143	873
# Voided	196	10	0	6	0	0
# Denied as Duplicate	147	6	152	50	51	130
Behavioral Hospital						
# Adjudicated	1,915	2,027	3,847	855	1,859	3,247
# Days Paid	11,872	12,042	21,632	4,988	8,050	20,599
# Days Denied	2,845	2,671	6,398	1,013	4,753	2,817
# Total Days	14,717	14,713	28,030	6,001	12,803	23,416
% Denied	19.3%	18.2%	22.8%	16.9%	37.1%	12.0%
# Adjusted	91	224	246	93	102	330
# Voided	26	2	0	0	0	0
# Denied as Duplicate	51	1	60	21	19	46

All Other Inpatient						
# Adjudicated	36	166	43	92	13,925	1,012
# Days Paid	56	2,097	164	275	48,284	3,094
# Days Denied	130	391	343	373	13,318	1,514
# Total Days	186	2,488	507	648	61,602	4,608
% Denied	69.9%	15.7%	67.7%	57.6%	21.6%	32.9%
# Adjusted	6	24	8	11	1,162	166
# Voided	9	0	0	0	0	0
# Denied as duplicate	1	0	2	2	253	10

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 1.3 provides the average number of days to adjudicate inpatient claims.

Table 1.3 Average Days to Adjudicate Inpatient Claims, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	19.7	9.6	10.2	3.3	34.4	6.9
Behavioral Hospital	16.4	9.1	8.7	2.9	23.9	6.1
All Other Inpatient Hospital	50.8	11.4	8.5	13.5	37.7	6.4

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.4 provides data on the top five providers with the most denied inpatient claims for each MCO, categorized by hospital type. The table displays the count of denied claims for each provider and the percentage of total denied claims for that provider.

Table 1.4 Participating Providers with Highest Number of Denied Inpatient Claims, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	63	24.0%	86	41.1%	190	28.8%	84	58.7%	141	30.1%	146	16.5%
2	42	25.3%	77	31.3%	152	43.9%	76	27.0%	83	74.1%	124	23.7%
3	22	14.4%	54	20.8%	143	30.6%	61	14.3%	62	11.5%	66	17.6%
4	9	22.5%	47	14.7%	139	32.2%	49	16.6%	51	21.9%	60	18.5%
5	7	36.8%	32	18.9%	132	26.9%	37	12.8%	23	20.9%	54	7.5%

Behavioral Health Hospital												
1	18	11.7%	27	14.6%	52	41.6%	12	35.3%	90	25.1%	41	43.6%
2	12	18.8%	22	11.2%	46	33.3%	10	25.6%	79	40.5%	11	5.2%
3	8	7.9%	13	15.5%	28	45.2%	9	22.0%	44	51.2%	11	7.4%
4	6	16.2%	12	92.3%	28	48.3%	8	13.6%	39	34.8%	10	8.1%
5	3	3.2%	11	20.8%	25	11.4%	8	20.5%	34	50.0%	10	16.9%
All Other Inpatient Hospital												
1	4	26.7%	10	100.0%	3	100.0%	30	90.9%	273	20.5%	111	24.8%
2	1	100.0%	4	80.0%	3	42.9%	4	100.0%	228	22.6%	18	9.1%
3	1	100.0%	2	15.4%	2	100.0%	2	66.7%	192	32.2%	9	22.0%
4	0	0.0%	2	100.0%	2	40.0%	2	13.3%	95	42.8%	9	40.9%
5	0	0.0%	1	8.3%	2	100.0%	2	66.7%	90	19.3%	8	34.8%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals and Arbitrations

MCOs must provide claim dispute procedures for providers who wish to file formal claim reconsideration requests or claim appeals. In addition, providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may seek resolution through arbitration.

As an alternative to arbitration, a provider may submit a request to LDH for Independent Review under La.R.S. 46:460.81. As specified in requesting legislation, requests for Independent Reviews are excluded from this quarterly report. There were no arbitrations reported across the MCOs for Q1 of CY 2024.

MCOs report inpatient hospital claims in two categories: behavioral health and nonbehavioral health. Acute hospital is included in the broader nonbehavioral health category.

Table 1.5 below provides the total number of claims submitted for reconsideration and the percentage overturned for inpatient denied claims. The percentage of overturned denied claims results from total overturned claims divided by total reconsiderations submitted.

Table 1.5 MCO Reconsiderations Submitted for Inpatient Denied Claims CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and Nonbehavioral Health Hospital						
# Submitted	133	382	1,821	77	168	1,097
% Overturned	11.3%	11.3%	22.5%	15.6%	16.1%	18.9%
Behavioral Health Hospital						
# Submitted	33	0	172	13	112	1
% Overturned	15.2%	0.0%	23.8%	30.8%	9.8%	0.0%

Source: 182 Provider Complaints Summary Report

Table 1.6 provides the total number of Behavioral Health-denied claims submitted to an MCO for appeal of the claim denial. The percentage of overturned denied claims is the result of total overturned claims divided by total appeals submitted. Note that the data below includes the total number submitted for appeals and the percentage of overturned denied claims submitted for appeal to the MCO of the denied claim.

Table 1.6 MCO Appeals Submitted for Inpatient Denied Claims CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and Nonbehavioral Health Hospital						
# Submitted	55	50	211	1	111	192
% Overturned	3.6%	6.0%	10.9%	0.0%	4.5%	8.9%
Behavioral Health Hospital						
# Submitted	30	1	16	1	21	7
% Overturned	6.7%	0.0%	18.8%	0.0%	0.0%	14.3%

Source: 182 Provider Complaints Summary Report

Outpatient and Professional Service Claims

Rejected Claims

LDH requires the MCOs to report the number of claims received each quarter and whether they were rejected or accepted for adjudication. Outpatient and professional service claims are reported at the detail line level. Current MCO reporting for rejected claims includes pharmacy claims.

Table 1.7 presents the total number of claims received and the results of front-end edits applied by each MCO in Q1 of CY 2024. HHH has not reported receiving outpatient and professional service claims for Q1 of CY 2024.

Table 1.7 Rejected Outpatient and Professional Claims (Line Level), CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	2,758,745	3,347,045	6,352,479	-	8,555,838	7,844,512
# Rejected	96	4,769	3,013	286	49,964	17,589

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.8 provides the count of unique outpatient and professional-level claims adjudicated within the current reporting period. It includes original claims received in the reporting period, as well as claims received initially in prior quarters that were adjusted or voided in the current reporting period. All claims are reported based on the status of the last adjudication decision made in the current reporting period. This may not be the final determination, as claims may be adjusted in future reporting periods. Those adjustments and voids will be reported in the quarter in which they are determined.

Table 1.8 Outpatient and Professional Claims Adjudicated, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult						
# Adjudicated	29,482	7	31,057	9,396	9,050	21,260
% Denied	20.6%	28.6%	25.0%	24.6%	39.7%	13.4%
# Total Denied	6,835	2	8,262	2,600	3,594	2,852
# Adjusted	1,609	0	1,198	412	707	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	701	0	508	288	0	0
Home Health						
# Adjudicated	3,235	3,128	150	2,794	34,004	15,504
% Denied	8.6%	17.8%	31.3%	28.3%	27.2%	9.1%
# Total Denied	549	558	48	792	9,723	2,071
# Adjusted	335	249	5	87	3,235	3,354
# Voided	1	0	0	73	0	0
# Denied as Duplicate	271	1	1	2	483	666
Outpatient Hospital						
# Adjudicated	541,153	588,337	23,829	343,218	338,016	1,267,778
% Denied	6.6%	8.4%	6.6%	12.0%	16.8%	9.6%
# Total Denied	50,524	49,289	16,473	44,698	63,029	138,864
# Adjusted	139,521	106,491	42,715	19,396	20,120	117,245
# Voided	2,999	934	0	460	0	0
# Denied as Duplicate	15,038	118	953	3,349	6,192	17,513
Outpatient – Other						
# Adjudicated	30,111	30,812	20,083	4,011	1,234,277	122,578
% Denied	19.7%	10.7%	25.3%	24.9%	13.4%	44.4%
# Total Denied	6,498	3,319	5,315	1,059	177,672	55,778
# Adjusted	2,937	3,784	1,805	211	72,377	4,890
# Voided	137	0	0	0	0	0
# Denied as Duplicate	580	22	236	62	12,196	1,399
Rehab –Facility-Based						
# Adjudicated	137	48,008	0	2,306	0	21,026
% Denied	27.7%	10.4%	0.0%	5.3%	0	8.8%
# Total Denied	38	4,990	0	138	0	2,671
# Adjusted	5	3,935	0	37	0	947
# Voided	0	8	0	4	0	0
# Denied as Duplicate	0	6	0	16	0	811
Rehab – Other						
# Adjudicated	0	0	2,517	0	0	33
% Denied	0	0	11.6%	0	0	9.1%
# Total Denied	0	0	309	0	0	3
# Adjusted	0	0	95	0	0	12
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	16	0	0	0

Hospice						
# Adjudicated	0	2,152	674	0	0	10,974
% Denied	0	54.3%	16.0%	0	0	16.9%
# Total Denied	0	1,199	127	0	0	1,976
# Adjusted	0	273	337	0	0	6,408
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	31	19	0	0	121
Ambulance - EMT and NEAT						
# Adjudicated	18,059	16,322	7,125	22,885	40,332	34,898
% Denied	9.4%	12.3%	6.4%	20.5%	10.2%	15.6%
# Total Denied	3,120	2,018	495	4,750	4,505	5,724
# Adjusted	536	2,164	73	889	908	1,917
# Voided	0	2	0	3	0	0
# Denied as Duplicate	1,429	9	41	48	393	280
Non-Emergency Medical Transportation (NEMT)						
# Adjudicated	62,453	49,772	81,997	19,568	123,258	60,868
% Denied	0.0%	6.3%	0.0%	0.0%	1.7%	0.9%
# Total Denied	0	3,121	0	0	2,112	536
# Adjusted	0	3	34	0	109	196
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	0	0	0	0
DME/Supplies						
# Adjudicated	28,724	25,205	4,156	10,036	63,063	70,647
% Denied	17.3%	17.1%	23.7%	36.9%	19.4%	21.3%
# Total Denied	5,546	4,317	1,033	3,758	13,124	16,285
# Adjusted	1,831	2,101	425	321	2,409	5,883
# Voided	18	67	0	8	0	0
# Denied as Duplicate	564	5	50	54	910	1,221
Therapy (PT/OT/ST)						
# Adjudicated	9,589	23,842	38,723	670	81,713	3,082
% Denied	26.4%	11.7%	14.7%	57.6%	17.8%	17.8%
# Total Denied	2,695	2,797	6,278	386	15,769	595
# Adjusted	844	1,489	1,793	70	974	269
# Voided	0	4	0	0	0	0
# Denied as Duplicate	163	16	585	0	1,229	46
Primary Care – Pediatrics						
# Adjudicated	6,457	124,365	88,893	170,794	459,223	30,952
% Denied	3.9%	6.7%	8.4%	82.2%	13.4%	9.0%
# Total Denied	316	8,358	9,170	140,585	73,340	3,605
# Adjusted	640	5,961	7,307	26,147	35,631	1,322
# Voided	0	74	0	1	0	0
# Denied as Duplicate	65	59	1,662	217	11,655	814

Primary Care – Others						
# Adjudicated	78,370	383,211	411,404	152,198	863,051	603,997
% Denied	9.3%	7.9%	13.6%	50.3%	16.6%	4.9%
# Total Denied	9,908	30,375	63,878	78,530	157,468	34,208
# Adjusted	6,657	34,692	30,680	12,271	59,862	54,588
# Voided	9	118	0	25	0	0
# Denied as Duplicate	2,596	62	8,023	2,003	14,407	4,375
OB-GYN and MFM						
# Adjudicated	1,516	54,451	46,920	4,468	150,553	6,335
% Denied	9.3%	5.0%	10.1%	49.4%	13.2%	6.8%
# Total Denied	226	2,762	5,391	2,228	22,896	494
# Adjusted	61	5,238	2,118	585	6,387	380
# Voided	0	20	0	0	0	0
# Denied as Duplicate	85	31	635	21	2,963	63
Pediatric Day Health Care						
# Adjudicated	2,074	2,553	2,131	83	5,240	10,180
% Denied	0.3%	6.0%	4.6%	60.2%	3.5%	7.2%
# Total Denied	43	154	202	50	346	986
# Adjusted	81	178	74	2	287	317
# Voided	0	6	0	0	0	0
# Denied as Duplicate	37	0	104	0	162	252
Applied Behavior Analysis						
# Adjudicated	112	11,435	14,509	130	60,901	1,502
% Denied	0.0%	5.9%	9.4%	33.1%	5.5%	6.7%
# Total Denied	3	685	1,651	44	5,379	102
# Adjusted	5	613	792	7	1,664	481
# Voided	0	0	0	0	0	0
# Denied as Duplicate	3	5	283	1	2,042	1
Radiology/Imaging						
# Adjudicated	3,455	372	141	4,165	319	377
% Denied	16.0%	43.0%	22.0%	75.3%	42.6%	45.1%
# Total Denied	601	160	37	3,146	147	173
# Adjusted	96	7	13	140	72	9
# Voided	0	0	0	0	0	0
# Denied as Duplicate	49	0	6	10	11	3
Personal Care Services						
# Adjudicated	2,500	0	665	44	16,265	6,024
% Denied	9.0%	0.0	4.7%	100.0%	23.9%	12.3%
# Total Denied	299	0	50	44	4,726	1,198
# Adjusted	106	0	27	0	230	311
# Voided	0	0	0	0	0	0
# Denied as Duplicate	75	0	19	0	832	459

All Other CMS-1500/PT04						
# Adjudicated	26,966	571,267	254,060	820,173	1,596,457	2,296,041
% Denied	11.1%	13.7%	16.6%	46.5%	20.0%	11.8%
# Total Denied	3,069	79,766	44,035	384,409	344,908	299,103
# Adjusted	0	58,332	20,135	56,370	74,555	282,524
# Voided	0	647	0	482	0	0
# Denied as Duplicate	69	1,411	1,825	3,187	25,894	27,637
Behavioral Health - Residential						
# Adjudicated	44,754	31,055	13,542	13,768	58,191	66,066
% Denied	8.5%	7.8%	20.9%	9.3%	9.8%	6.6%
# Total Denied	4,015	2,441	2,879	1,304	6,059	4,890
# Adjusted	2,383	761	243	1,045	479	2,136
# Voided	5	45	0	26	0	0
# Denied as Duplicate	230	6	55	17	364	559
All Other Specialized Behavioral Health						
# Adjudicated	355,408	31,688	166,747	32,932	724,771	262,930
% Denied	10.7%	11.3%	26.8%	13.3%	16.1%	7.9%
# Total Denied	47,571	3,588	50,755	4,967	125,413	28,886
# Adjusted	22,796	4,956	16,710	2,436	15,393	28,082
# Voided	101	8	0	0	0	0
# Denied as Duplicate	9,535	5	6,146	592	8,854	8,070

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 1.9 provides the average number of days MCOs took to adjudicate outpatient claims during Q1 of CY 2024, from claim receipt to payment or notification of nonpayment.

Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult	8.8	5.3	8.4	7.3	5.6	6.4
Home Health	60.0	7.3	1.9	1.6	43.7	5.8
Outpatient Hospital	45.7	7.0	1.2	3.6	44.8	5.4
Outpatient – Other	32.2	7.1	1.0	4.8	41.6	5.1
Rehab – Facility-Based	158.7	8.2	0.0	5.6	0.0	5.2
Rehab – Other	0.0	0.0	2.9	0.0	0.0	5.1
Hospice	0.0	11.3	0.4	0.0	0.0	4.7
Ambulance – EMT and NEAT	14.9	6.4	10.3	4.3	17.8	5.8
Non-Emergency Medical Transportation	11.4	8.3	11.4	11.3	15.4	10.7
DME/Supplies	17.1	7.7	5.2	5.1	22.4	5.5
Therapy (PT/OT/ST)	27.0	9.6	3.8	1.4	15.5	6.2

Primary Care – Pediatrics	17.6	6.8	1.8	0.3	25.5	5.5
Primary Care – Others	21.1	6.9	2.2	4.1	22.2	5.4
OB-GYN and MFM	17.4	6.6	2.3	1.9	21.9	5.3
Pediatric Day Health Care	10.1	11.6	2.1	9.1	30.2	5.7
Applied Behavior Analysis	9.8	8.7	3.0	5.1	25.0	4.3
Radiology/Imaging	14.1	9.5	2.2	2.7	69.7	5.0
Personal Care Services	11.5	0.0	0.8	1.0	16.3	6.2
All Other CMS-1500/PT04	9.7	6.6	2.3	3.6	21.9	5.0
Behavioral Health- Residential	24.7	7.4	1.3	3.9	9.5	6.1
All Other Specialized Behavioral Health	19.3	8.9	3.4	3.6	12.7	5.0

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.10 provides data on the top five participating providers with the highest number of denied outpatient claims for each MCO, categorized by hospital type. The table displays the count of denied claims for each provider and the percentage of total denied claims for that provider.

Table 1.10 Participating Providers with Highest Number of Denied Outpatient Claims, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental – Adult												
1	163	23.3%	2	28.6%	0	0.0%	27	15.1%	422	80.4%	562	67.5%
2	119	17.8%	0	0.0%	0	0.0%	19	18.3%	292	85.9%	96	15.9%
3	98	19.2%	0	0.0%	0	0.0%	11	15.3%	237	41.4%	85	15.3%
4	97	24.0%	0	0.0%	0	0.0%	9	16.1%	171	37.6%	83	17.0%
5	76	23.5%	0	0.0%	0	0.0%	2	14.3%	154	22.3%	41	9.5%
Home Health												
1	306	30.3%	14	4.3%	36	34.3%	73	98.6%	1,120	54.0%	272	29.6%
2	43	5.4%	13	10.2%	23	28.8%	58	43.9%	796	25.5%	226	39.0%
3	36	20.0%	8	21.6%	23	100.0%	49	100.0%	713	44.9%	202	30.9%
4	34	4.1%	7	6.8%	21	53.8%	47	35.3%	612	33.8%	131	49.2%
5	7	100.0%	7	2.5%	19	79.2%	43	100.0%	447	52.4%	119	16.0%

Outpatient Hospital												
1	5,075	8.8%	1,100	3.5%	3,980	5.0%	4,568	11.6%	10,330	20.9%	9,938	9.8%
2	1,841	9.5%	1,013	2.2%	3,095	5.5%	2,672	9.7%	5,201	22.1%	7,616	11.0%
3	1,542	6.0%	698	5.6%	3,052	9.5%	1,815	22.3%	3,533	24.5%	7,165	12.1%
4	1,350	13.8%	632	2.8%	2,700	8.0%	1,730	11.9%	3,396	22.2%	5,679	14.2%
5	903	4.1%	565	3.9%	2,390	9.0%	1,679	9.5%	3,315	31.8%	4,351	15.7%
Outpatient – Other												
1	620	16.2%	60	5.2%	1,923	46.1%	355	100.0%	11,576	13.3%	5,584	18.8%
2	88	17.5%	57	77.0%	1,897	35.5%	73	29.2%	10,356	16.0%	1,833	7.5%
3	83	29.9%	22	8.8%	1,822	25.9%	60	85.7%	10,093	11.0%	1,539	97.7%
4	73	91.3%	21	11.2%	1,701	28.1%	49	30.6%	8,359	37.2%	1,474	93.9%
5	55	45.5%	12	2.0%	1,318	23.6%	33	47.1%	6,857	16.9%	1,289	97.3%
Rehab – Facility-Based												
1	0	0.0%	419	13.0%	0	0.0%	90	6.1%	0	0.0%	228	26.5%
2	0	0.0%	333	14.4%	0	0.0%	20	9.4%	0	0.0%	181	36.1%
3	0	0.0%	328	15.9%	0	0.0%	8	15.1%	0	0.0%	138	68.3%
4	0	0.0%	234	6.6%	0	0.0%	8	3.1%	0	0.0%	117	27.0%
5	0	0.0%	225	16.1%	0	0.0%	3	100.0%	0	0.0%	93	49.5%
Rehab – Other												
1	0	0.0%	0	0.0%	272	48.4%	90	6.1%	0	0.0%	1	7.7%
2	0	0.0%	0	0.0%	49	13.6%	20	9.4%	0	0.0%	1	11.1%
3	0	0.0%	0	0.0%	48	13.7%	8	15.1%	0	0.0%	1	50.0%
4	0	0.0%	0	0.0%	32	3.7%	8	3.1%	0	0.0%	0	0.0%
5	0	0.0%	0	0.0%	26	9.7%	3	100.0%	0	0.0%	0	0.0%
Hospice												
1	0	0.0%	24	15.4%	553	68.2%	0	0.0%	0	0.0%	513	96.1%
2	0	0.0%	23	9.0%	257	34.0%	0	0.0%	0	0.0%	189	95.9%
3	0	0.0%	11	5.1%	219	50.6%	0	0.0%	0	0.0%	172	91.0%
4	0	0.0%	9	52.9%	184	100.0%	0	0.0%	0	0.0%	109	96.5%
5	0	0.0%	9	2.8%	123	49.4%	0	0.0%	0	0.0%	97	54.2%
Ambulance – EMT and NEAT												
1	1,597	19.8%	276	17.6%	80	14.7%	1,705	28.0%	1,390	6.1%	47	7.0%
2	343	24.9%	116	2.2%	77	8.4%	953	9.9%	372	35.5%	8	100.0%
3	4	100.0%	70	5.4%	62	29.1%	188	22.1%	191	22.6%	1	100.0%
4	0	0.0%	60	8.1%	47	9.1%	167	90.3%	172	29.3%	0	0.0%
5	0	0.0%	47	3.6%	26	63.4%	62	12.9%	113	55.1%	0	0.0%

Non-Emergency Medical Transportation												
1	0	0.0%	98	83.8%	0	0.0%	0	0.0%	1,040	100.0%	100	6.8%
2	0	0.0%	93	11.1%	0	0.0%	0	0.0%	559	17.3%	66	66.0%
3	0	0.0%	92	5.5%	0	0.0%	0	0.0%	124	40.1%	65	4.1%
4	0	0.0%	90	46.9%	0	0.0%	0	0.0%	91	63.6%	28	77.8%
5	0	0.0%	86	61.0%	0	0.0%	0	0.0%	71	60.2%	22	2.5%
DME/Supplies												
1	586	29.1%	345	32.0%	288	98.3%	639	45.4%	1,291	25.7%	2,221	99.6%
2	428	95.3%	172	17.4%	183	18.4%	253	37.8%	892	29.4%	653	31.5%
3	418	82.4%	114	11.1%	48	19.3%	252	33.8%	796	27.5%	366	98.4%
4	173	24.6%	100	8.5%	33	29.2%	119	44.1%	645	16.5%	289	22.7%
5	140	8.8%	77	23.6%	29	55.8%	119	32.1%	502	18.1%	254	20.3%
Therapy (PT/OT/ST)												
1	464	43.0%	105	13.2%	804	27.0%	29	96.7%	3,265	19.9%	85	52.5%
2	422	66.6%	96	6.3%	629	36.0%	20	100.0%	643	40.3%	77	45.6%
3	421	39.9%	85	5.4%	460	95.2%	11	11.6%	546	26.3%	75	45.2%
4	86	28.2%	79	13.7%	352	19.9%	10	100.0%	481	64.1%	56	100.0%
5	71	43.6%	67	14.0%	280	42.4%	6	100.0%	395	35.8%	49	47.6%
Primary Care – Pediatrics												
1	154	3.9%	302	6.6%	1,755	88.3%	34,139	83.9%	6,186	19.6%	637	21.2%
2	24	11.1%	244	1.5%	1,457	60.7%	10,525	80.4%	5,527	12.9%	505	19.2%
3	20	3.0%	242	11.7%	1,295	5.9%	10,357	84.8%	4,372	17.8%	271	22.8%
4	15	8.0%	218	3.5%	652	11.0%	6,510	80.8%	4,345	14.5%	233	19.1%
5	6	4.8%	157	11.7%	552	100.0%	6,312	86.8%	3,716	17.7%	120	30.2%
Primary Care – Others												
1	448	24.2%	949	15.1%	5,114	12.7%	12,147	68.6%	20,784	29.2%	541	74.0%
2	422	12.6%	882	9.2%	3,414	8.7%	5,726	50.9%	8,723	18.7%	283	50.6%
3	184	18.6%	512	42.8%	3,247	73.4%	2,928	67.4%	3,500	11.8%	272	33.9%
4	160	24.3%	460	3.9%	2,615	17.5%	2,861	72.0%	3,134	8.9%	242	5.1%
5	117	17.9%	438	2.6%	1,842	99.8%	2,459	71.5%	3,028	18.3%	219	83.3%
OB-GYN and MFM												
1	128	24.8%	143	2.5%	1,333	34.0%	347	87.0%	2,645	33.7%	70	36.5%
2	12	9.0%	140	5.0%	679	8.9%	257	69.3%	1,701	7.9%	54	9.6%
3	6	3.7%	83	3.1%	514	5.6%	147	82.6%	1,377	9.9%	47	22.2%
4	1	8.3%	83	32.3%	493	45.9%	137	86.7%	1,344	55.8%	41	15.9%
5	0	0.0%	73	7.5%	460	5.6%	80	87.9%	1,296	15.3%	20	16.0%

Pediatric Day Health Care												
1	0	0.0%	13	7.4%	128	20.5%	48	70.6%	199	22.2%	401	35.5%
2	0	0.0%	12	6.1%	23	34.3%	2	50.0%	48	13.8%	199	21.2%
3	0	0.0%	7	6.4%	16	7.0%	0	0.0%	40	3.5%	123	18.5%
4	0	0.0%	2	0.8%	13	3.1%	0	0.0%	19	3.8%	43	11.3%
5	0	0.0%	2	1.2%	9	4.1%	0	0.0%	6	0.5%	25	7.8%
Applied Behavioral Analysis												
1	0	0.0%	64	37.9%	591	14.7%	19	86.4%	621	82.1%	76	8.7%
2	0	0.0%	61	11.9%	459	43.0%	8	23.5%	562	42.3%	6	8.6%
3	0	0.0%	36	27.9%	220	9.5%	2	5.9%	370	10.6%	3	100.0%
4	0	0.0%	24	15.0%	185	64.7%	1	50.0%	286	18.7%	2	4.7%
5	0	0.0%	23	4.0%	175	11.7%	1	50.0%	242	7.6%	2	16.7%
Radiology/Imaging												
1	78	16.4%	17	25.4%	41	20.4%	1,366	95.6%	96	61.9%	39	35.5%
2	68	9.7%	14	24.6%	6	100.0%	618	97.0%	41	34.7%	10	100.0%
3	49	34.8%	9	22.0%	4	36.4%	335	30.4%	10	21.7%	5	100.0%
4	42	4.7%	8	20.0%	4	6.7%	265	98.5%	0	0.0%	4	100.0%
5	29	50.9%	4	28.6%	4	50.0%	168	95.5%	0	0.0%	3	100.0%
Personal Care Services												
1	87	23.6%	0	0.0%	190	28.8%	44	100.0%	2,309	85.7%	301	48.9%
2	47	31.5%	0	0.0%	152	43.9%	0	0.0%	314	64.0%	251	56.8%
3	0	0.0%	0	0.0%	143	30.6%	0	0.0%	286	60.5%	139	100.0%
4	0	0.0%	0	0.0%	139	32.2%	0	0.0%	233	30.6%	59	90.8%
5	0	0.0%	0	0.0%	132	26.9%	0	0.0%	205	99.5%	55	35.3%
All Other CMS-1500/PT04												
1	322	25.2%	2,428	5.6%	22,257	98.4%	35,595	54.7%	29,780	23.2%	15,478	15.4%
2	104	26.2%	1,214	6.0%	6,106	8.9%	26,021	55.8%	17,003	24.1%	5,343	12.2%
3	89	20.3%	1,147	5.0%	2,980	17.4%	20,788	81.0%	9,831	25.9%	4,632	16.2%
4	69	22.2%	1,027	7.1%	2,866	7.4%	10,272	70.3%	9,688	18.6%	4,095	51.0%
5	66	13.0%	994	17.4%	2,512	49.9%	9,831	62.3%	8,751	27.0%	3,759	13.7%
Behavioral Health – Residential												
1	842	16.8%	488	12.2%	3,559	45.2%	224	7.1%	1,481	58.3%	746	9.8%
2	262	99.2%	134	25.6%	275	27.4%	103	3.6%	772	27.6%	285	14.4%
3	114	8.7%	57	2.2%	190	15.7%	84	97.7%	510	6.5%	274	10.3%
4	110	31.5%	27	2.6%	135	4.0%	62	96.9%	498	20.9%	270	100.0%
5	98	32.8%	26	2.2%	122	3.7%	56	44.4%	398	46.0%	228	6.8%

All Other Specialized Behavioral Health												
1	1,422	42.3%	154	49.4%	1,705	41.7%	406	7.4%	17,818	23.0%	632	4.9%
2	1,142	56.0%	120	25.7%	1,592	43.0%	394	58.5%	8,185	18.8%	353	43.2%
3	712	37.0%	67	21.3%	1,533	39.1%	387	36.9%	6,346	22.8%	347	100.0%
4	482	50.1%	64	7.6%	1,361	29.7%	339	6.9%	5,156	14.8%	265	78.4%
5	262	99.2%	57	15.4%	1,162	75.2%	315	70.3%	4,210	24.4%	259	4.0%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals and Arbitrations

MCOs must provide claim dispute procedures for providers who wish to file formal claim reconsideration requests or claim appeals. In addition, providers who have completed the MCO dispute process and remain dissatisfied with the MCO's determination may seek resolution through arbitration.

As an alternative to arbitration, a provider may submit a request to LDH for independent review in accordance with La.R.S. 46:460.81; as specified in requesting legislation, requests for independent reviews are excluded from this quarterly report. There were no outpatient arbitrations reported across the MCOs for Q1 of CY 2024.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q1 of CY 2024. The table shows the number of reconsideration requests submitted for each service category and the percentage of those reconsiderations that resulted in overturned denials. The percentage of overturned denied claims is calculated by dividing the total number of overturned claims by the total number of reconsiderations submitted. Note that outpatient and professional claims are reported by MCOs by the type of provider listed below.

Table 1.11 MCO Reconsiderations Submitted for Outpatient and Professional Denied Claims, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	1	0.0%	21	00.0%	0	0.0%	1	0.0%	26	23.1%	159	19.5%
Outpatient Hospital	290	5.5%	2	0.0%	0	0.0%	83	8.4%	3,882	10.0%	2,235	23.5%
Hospice	7	0.0%	2	0.0%	23	21.7%	0	0.0%	38	13.2%	26	57.7%
Transportation	20	5.0%	35	85.7%	45	40.0%	36	0.0%	33	3.0%	170	32.9%
DME	61	27.9%	339	64.3%	567	37.4%	22	45.5%	355	10.0%	575	20.0%
PCP or Specialist	455	6.8%	308	14.0%	5,318	40.5%	279	38.0%	5,364	12.9%	3,471	24.3%
Applied Behavioral Analysis	2	0.0%	0	0.0%	193	33.2%	0	0.0%	7	14.3%	0	0.0%
Rural Health Clinics/FQHC	3	0.0%	0	0.0%	7	0.0%	3	0.0%	61	3.3%	582	30.6%
Other	115	1.7%	172	8.7%	1,206	24.7%	29	6.9%	335	13.1%	1,300	22.8%

Source: 182 Provider Complaints Summary

Table 1.12 presents the total number of outpatient and professional denied claims submitted to the MCO for appeal, along with the number of denied claims that were overturned. The data includes both the total number of submitted appeals and the percentage of reversed denials after the appeal process. The percentage of overturned denied claims is calculated by dividing the total number of overturned claims by the total number of appeals submitted.

Table 1.12 MCO Appeals Submitted for Outpatient and Professional Denied Claims CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	1	0.0%	2	0.0%	0	0.0%	1	0.0%	0	0.0%	63	9.5%
Outpatient Hospital	42	2.4%	18	0.0%	0	0.0%	9	0.0%	104	1.9%	992	1.0%
Hospice	1	0.0%	2	0.0%	4	25.0%	0	0.0%	1	0.0%	2	0.0%
Transportation	37	16.2%	10	0.0%	7	0.0%	1	0.0%	8	0.0%	8	25.0%
DME	8	0.0%	5	0.0%	23	13.0%	0	0.0%	74	2.7%	19	5.3%
PCP or Specialist	35	14.3%	34	2.9%	257	19.8%	1	100.0%	865	1.6%	305	6.2%
Applied Behavioral Analysis	0	0.0%	0	0.0%	44	15.9%	0	0.0%	0	0.0%	44	25.0%
Rural Health Clinics/FQHC	3	33.3%	1	0.0%	3	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	10	10.0%	15	0.0%	56	12.5%	0	0.0%	234	1.7%	243	3.3%

Source: 182 Provider Complaints Summary Report

Pharmacy

As of October 28, 2023, all MCOs provide pharmacy benefits for members enrolled with full benefits coverage. Members enrolled in a partial-benefit plan receive pharmacy services under the fee-for-service (FFS) program and are not included in this report. Per the contract with the Department, MCOs must individually contract with Prime Therapeutics State Government Solutions, LLC (Prime) to provide Pharmacy Benefit Management (PBM) services for its Louisiana Medicaid full-benefit members. Note that pharmacy does not report on rejected claims, denied appeals, denied reconsiderations, and denied arbitrations.

Adjudicated Claims

Table 1.13 shows the adjudicated pharmacy claims data for Q1 of CY 2024, including the total number of adjudicated pharmacy claims, the number denied, the percentage denied, the number adjusted, the number voided, and the number denied as duplicates, for each MCO. It includes original claims received during the reporting period, as well as claims originally received in a prior quarter that were adjusted or voided during the current reporting period. All claims are reported based on the status of the last adjudication decision made in the current reporting period. Note that this may not be the final

determination, as the claim may be adjusted in a future reporting period. Those adjustments and voids will be reported in the quarter of determination.

Table 1.13 Pharmacy Claims Adjudicated, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,115,306	1,133,484	2,111,885	425,186	2,984,684	2,825,597
# Total Denied	419,209	417,115	782,115	159,517	1,040,169	1,068,652
% Denied	37.6%	36.8%	37.0%	37.5%	34.9%	37.8%
# Adjusted	0	0	0	0	0	0
# Voided	172,481	170,933	318,965	68,889	456,293	417,814
# Denied as Duplicate	2,731	2,809	5,207	1,357	8,164	8,554

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 1.14 provides the average number of days from receipt of the claim by the MCO to the date on which the provider is paid or is notified that no payment will be made.

Table 1.14 Average Days to Adjudicate Pharmacy Claims, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	5.7	5.9	5.8	5.6	6.1	5.7

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 1.15 presents the top five de-identified participating providers with the highest number of total denied pharmacy claims, including the total number of denied pharmacy claims expressed as a percentage of the total adjudicated pharmacy claims.

Table 1.15 Participating Providers with Highest Number of Denied Pharmacy Claims, CY 2024-Q1

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	3,030	2,465	0	1,195	5,574	6,296
	% Denied	40.0%	37.4%	0.0%	35.0%	36.1%	39.3%
2	Denied	2,558	2,261	0	977	5,347	6,165
	% Denied	38.0%	40.3%	0.0%	34.6%	24.6%	38.2%
3	Denied	2,373	2,200	0	946	5,108	6,045
	% Denied	40.2%	35.4%	0.0%	35.8%	38.0%	36.6%
4	Denied	2,110	2,175	0	926	5,058	5,694
	% Denied	39.1%	37.7%	0.0%	38.9%	34.6%	41.3%
5	Denied	2,108	1,980	0	888	4,987	5,441
	% Denied	36.6%	38.6%	0.0%	38.7%	35.8%	37.1%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Encounter Submissions

The MCOs must send all claims that they have adjudicated — both paid and denied — to LDH for LDH to capture all information about MCO medical expenditures and to track utilization related to outcome measures. This legislation mandates the collection of detailed encounter submission data, specifically, the total number of encounters submitted to each MCO, the number of rejected encounters per MCO, and the corresponding rejection rate for each.

Encounter acceptance rates vary depending on the type of claim. The MCOs must submit encounters in a predetermined format based on the claim type. They submit encounters separately for each of the following claim types:

- Institutional encounters (837I)
- Professional encounters (837P)
- Pharmacy encounters

Table 1.16 Encounter Submissions, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	534,578	783,425	2,084,616	482,609	1,460,315	2,202,327
# Rejected	12,101	7,094	15,979	7,760	0	86,471
Outpatient and Professional Encounter Claims						
# Submitted	1,266,030	1,485,083	3,986,874	1,238,502	3,476,505	3,935,169
# Rejected	43,404	35,119	0	22,914	4,516	20,000
Pharmacy Encounter Claims						
# Submitted	1,329,579	1,103,186	2,750,691	466,303	3,715,056	3,550,257
# Rejected	11,802	13,968	24,000	0	135,185	30,000

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Case Management

In addition to claims adjudication and encounter submission statistics, the legislation requires the Department to report certain measures on case management in the Medicaid managed care program.

Each MCO is contractually required to develop and implement a case management program through a process that provides appropriate and medically related services, social services, and/or basic and specialized behavioral health services for members who are identified as having special healthcare needs (SHCN) or who have high-risk, unique, chronic, or complex needs.

LDH currently monitors the identification and assessment of members needing case management services and those receiving case management (CM) services through MCO self-reported data provided quarterly. While specific contractual standards require MCOs to complete an assessment within 90 days of identification, each MCO has its policies and procedures for identification and assessment. As such, the reporting for case management has shown some variation across MCOs.

Medicaid Members Identified for Case Management

Tables 1.17 to 1.19 provide the total number of Medicaid members identified for case management delineated by all of the following:

- The method of identification used by the MCO.
- The reason identified for case management.
- The LDH region.

Table 1.17 shows the total number of individuals identified for case management in Q1 of CY 2024, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method, CY 2024-Q1

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	127	0	315	1	49	1,319
	Enrolled	19	0	14	1	11	26
	Not Enrolled	35	0	232	0	6	333
Predictive Modeling	Identified	346	4,839	2,764	2,422	8,708	10,473
	Enrolled	103	489	119	317	370	684
	Not Enrolled	73	12	962	1,521	1,311	3,873
Provider Referral	Identified	2	56	1	61	28	37
	Enrolled	0	10	1	4	8	15
	Not Enrolled	0	0	0	15	2	16
Self-Referral	Identified	86	151	45	28	146	745
	Enrolled	66	54	6	7	102	88
	Not Enrolled	4	0	25	18	1	325
State Referral	Identified	16	53	25	24	8	337
	Enrolled	13	0	1	0	2	291
	Not Enrolled	1	0	17	14	3	7

Source: PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q1 of CY 2024, broken down by the reason for identification and the MCO. The data shows a range of needs, including Special Health Care Needs (SHCN) for medical, behavioral health, and both, as well as medical and behavioral health needs for individuals not designated as SHCN. This table provides insight into the volume and types of case management services required across different entities.

Table 1.18 Case Management by Identification Reason, CY 2024-Q1

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	176	1,031	1,600	899	4,988	5,250
	Enrolled	68	332	96	158	267	219
	Not Enrolled	32	12	855	529	563	1,632
SHCN-BH	Identified	103	1,349	267	741	2,137	1,551
	Enrolled	22	196	2	33	66	85
	Not Enrolled	14	0	79	522	438	760
SHCN-BOTH	Identified	125	75	1,053	103	66	418
	Enrolled	86	3	54	56	1	414
	Not Enrolled	6	0	175	18	11	2
SHCN-DOJ-AR	Identified	111	10	149	89	241	1,130
	Enrolled	9	1	2	3	20	28
	Not Enrolled	47	0	42	71	74	288
SHCN-421	Identified	0	16	33	5	70	26
	Enrolled	0	0	6	1	1	1
	Not Enrolled	0	0	16	3	29	4
MED non-SHCN	Identified	62	2,173	83	779	774	5,300
	Enrolled	19	20	6	67	94	266
	Not Enrolled	12	0	54	441	88	1,495
BH non-SHCN	Identified	12	539	6	20	775	1,613
	Enrolled	1	6	0	8	50	76
	Not Enrolled	2	0	3	7	120	494
BOTH non-SHCN	Identified	3	77	22	19	0	57
	Enrolled	2	0	2	7	0	56
	Not Enrolled	2	0	14	10	0	0

Source: PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q1 of CY 2024, categorized by LDH region. This data highlights regional variations in case management needs and service utilization.

Table 1.19 Case Management by LDH Region, CY 2024-Q1

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	151	1,070	521	636	1,218	2,186
		Enrolled	53	119	26	79	60	241
		Not Enrolled	29	2	215	377	174	644
Baton Rouge	2	Identified	80	721	445	513	1,058	1,988
		Enrolled	24	93	23	84	64	193
		Not Enrolled	15	2	148	305	131	780

Thibodaux	3	Identified	42	298	189	217	598	1,423
		Enrolled	9	34	6	22	36	113
		Not Enrolled	14	1	73	135	81	483
Lafayette	4	Identified	67	600	479	281	1,545	1,894
		Enrolled	19	72	16	32	90	148
		Not Enrolled	10	3	179	174	218	648
Lake Charles	5	Identified	18	244	231	123	911	560
		Enrolled	8	25	16	16	59	46
		Not Enrolled	3	1	76	74	129	221
Alexandria	6	Identified	35	399	257	101	726	848
		Enrolled	17	41	6	14	41	67
		Not Enrolled	7	0	104	64	127	317
Shreveport	7	Identified	79	685	328	202	887	1,673
		Enrolled	32	59	18	23	44	124
		Not Enrolled	18	1	156	122	145	570
Monroe	8	Identified	44	557	260	114	843	1,103
		Enrolled	16	64	6	18	50	59
		Not Enrolled	8	1	111	70	136	444
Mandeville	9	Identified	51	494	414	346	1,152	1,245
		Enrolled	21	46	22	41	48	112
		Not Enrolled	8	1	165	244	182	444
Out of State ¹		Identified	7	17	12	0	0	5
		Enrolled	0	0	0	0	0	0
		Not Enrolled	1	0	4	0	0	2

Source: PQ039 Case Management Report.

Table 1.20 presents the total enrollment in case management by tier assignment. The tier assignment is defined by the following:

- Tier 1 (Low) - Members engaged in this level of case management are of the lowest risk within the CM Program and typically require support in CM and in addressing SDOH.
- Tier 2 (Med) - Members engaged in the medium level of CM are typically of rising risk and need focused attention to support their clinical care needs and to address SDOH.
- Tier 3 (High) - Members engaged in Intensive CM are of the highest need and require the most focused attention to support their clinical care needs and to address SDOH.

¹ Out of State category consists of the following: recipient is listed as homeless, mailing/physical address is a border city, or pending closure based off of pending address change.

Table 1.20 Total Enrollment in Case Management by Tier Assignment, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	22	283	64	133	67	750
Tier 2 (Med)	126	265	48	145	277	271
Tier 3 (High)	51	18	33	56	151	157

Source: PQ039 Case Management Report

Case Management Members with High-Risk Pregnancy, Sickle Cell Disease, Specialized Behavioral Health

Table 1.21 provides the total case management enrollment counts and the percentage of those enrolled with high-risk pregnancies, sickle cell disease, and specialized behavioral health services, during Q1 of CY 2024.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell Disease, or Specialized Behavioral Health CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	197	553	138	328	492	1,097
# High-Risk Pregnancy	8	140	5	20	26	227
% High-Risk Pregnancy	4.1%	25.3%	3.6%	6.1%	5.3%	20.7%
# Sickle Cell Disease	1	4	3	1	4	4
% Sickle Cell Disease	0.5%	0.7%	2.2%	0.3%	0.8%	0.4%
# Specialized Behavioral Health	16	86	13	27	113	107
% Specialized Behavioral Health	8.1%	15.6%	9.4%	8.2%	23.0%	9.8%

Source: PQ039 Case Management Report

Utilization Management – Prior Authorizations

Prior authorization requests ensure that specific services, treatments, or medications are covered under a patient's Medicaid plan before they are provided. This process aims to confirm the medical necessity of proposed services and align them with the plan's coverage policies, helping to control costs and ensure appropriate care.

Common services requiring prior authorization include high-cost medications, specific diagnostic tests, specialty care, inpatient hospital stays, and elective procedures. Healthcare providers usually submit these requests on behalf of patients, providing necessary information such as patient details, service descriptions, clinical justifications, and relevant medical histories.

This section presents information on prior authorization requests, both standard and expedited, received by MCOs. Per the legislation, the prior authorization requirements are divided into three categories: specialized behavioral health services, physical health services, and pharmacy services. These categories are further delineated into inpatient services, outpatient services, and prior authorization appeals. Pharmacy only receives standard prior authorization requests.

Prior Authorization Requirements

The table provides the links for the list of all items and services that require prior authorization from each MCO.

Prior Authorization Requirements by Managed Care Organization

MCO	Link
ABH	https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/ABHLA_Prior_Authorization_Requirements.pdf
ACLA	https://www.amerihealthcaritasla.com/provider/resources/priorauth/index.aspx
HBL	https://provider.healthybluelala.com/docs/gpp/LA_HBPAlist.pdf?v=202405102052
HHH	docushare-app (humana.com)
LHCC	https://urldefense.com/v3/https://www.louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx;!!CCC_mTA!5CRQF5DX1BOMHfI83JSyrgoUwe_9dv6mW2JXlzpDPDzofEIMBEpwiBGa2v9JD0Fz80OFND56QDMX8PkUuvHf6Cn0UjU\$
UHC	UnitedHealthcare Community Plan Prior Authorization Requirements for Louisiana Medicaid - Effective October 1, 2023 (uhcprovider.com)

Specialized Behavioral Health Services

Inpatient Services

Standard Prior Authorization Requests

Table 1.22 provides the percentage of the standard prior authorization requests approved and denied for all items and services subjected to prior authorization categorized by inpatient health service type.

Table 1.22 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
CS-Child						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CS-Adult						
% Approved	83.3%	90.9%	100.0%	100.0%	98.0%	100.0%
% Denied	16.7%	9.1%	0.0%	0.0%	2.0%	0.0%
IP - 0-12						
% Approved	N/A	100.0%	66.7%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	33.3%	0.0%	N/A	0.0%
IP - 13-17						
% Approved	N/A	100.0%	100.0%	97.5%	N/A	100.0%
% Denied	N/A	0.0%	0.0%	2.5%	N/A	0.0%

IP - 18+						
% Approved	N/A	98.2%	98.9%	99.1%	N/A	99.9%
% Denied	N/A	1.8%	1.1%	0.9%	N/A	0.1%
PRTF						
% Approved	97.4%	0.0%	99.7%	100.0%	25.7%	55.3%
% Denied	2.6%	100.0%	0.3%	0.0%	74.3%	44.7%
TGH						
% Approved	90.9%	0.0%	97.5%	N/A	N/A	100.0%
% Denied	9.1%	100.0%	2.5%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	86.1%	99.4%	100.0%	N/A	100.0%
% Denied	N/A	13.9%	0.6%	0.0%	N/A	0.0%
ASAM 3.2 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.3						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.5						
% Approved	N/A	97.9%	99.7%	98.2%	0.0%	99.0%
% Denied	N/A	2.1%	0.3%	1.8%	0.0%	1.0%
ASAM 3.7						
% Approved	N/A	96.7%	94.7%	N/A	N/A	100.0%
% Denied	N/A	3.3%	5.3%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	N/A	96.9%	95.3%	N/A	100.0%
% Denied	N/A	N/A	3.1%	4.7%	N/A	0.0%
ASAM 4 WM						
% Approved	N/A	N/A	100.0%	100.0%	N/A	99.1%
% Denied	N/A	N/A	0.0%	0.0%	N/A	0.9%
Others						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Source: 188BH Specialized Behavioral Health - Service Authorizations.

Table 1.23 provides the average and median processing time (in days) elapsed between the submission of a request and a determination by the MCO for standard prior authorizations for all items and services subjected to prior authorization categorized by inpatient health service type.

Table 1.23 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
CS – Child	-	0	-	0	-	0	-	0	-	0	-	0
CS – Adult	0.5	0	0.3	0	0.3	1	0.3	0	0.2	0	0.0	0
IP - 0-12	-	0	0.5	0	0.6	0	0.6	1	-	0	0.4	0
IP - 13-17	-	0	0.0	0	0.6	0	0.6	1	-	0	0.8	0
IP - 18+	-	0	0.2	0	0.8	0	0.8	1	-	1	1.1	0
PRTF	0.9	1	1.0	0	0.8	0	0.8	1	1.2	0	0.9	0
TGH	1.4	1	2.0	2	0.0	0	-	0	-	0	4.0	4
ASAM 3.1	-	0	0.8	0.8	0.9	0	0.9	1	-	0	0.9	0
ASAM 3.2 WM	-	0	-	0	-	0	-	0	-	0	-	0
ASAM 3.3	-	0	-	0	-	0	-	0	-	0	-	0
ASAM 3.5	-	0	0.5	0.5	1.0	0	1.0	1	-	0	1.7	0
ASAM 3.7	-	0	0.5	0.5	-	0	-	0	-	0	0.4	0
ASAM 3.7 WM	-	0	-	0	0.8	0	0.8	1	-	0	0.1	0
ASAM 4 WM	-	0	-	0	0.8	0	0.8	1	-	0	0.9	0
Others	-	0	-	0	-	0	-	0	-	0	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.24 provides the percentage of expedited prior authorization requests approved and denied for all items and services subjected to prior authorization categorized by inpatient health service type.

Table 1.24 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
CS – Child						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CS – Adult						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
IP – 0-12						
% Approved	N/A	N/A	N/A	N/A	N/A	100%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
IP – 13-17						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
IP – 18+						
% Approved	N/A	N/A	N/A	N/A	N/A	94.6%
% Denied	N/A	0.0%	N/A	N/A	N/A	5.4%
PRTF						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
TGH						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.2 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

ASAM 3.3						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.5						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.7						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.7 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 4 WM						
% Approved	N/A	N/A	N/A	N/A	N/A	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
Others						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.25 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO for expedited prior authorizations for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.25 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
CS – Child	-	-	-	0	-	0	-	0	-	0	-	0
CS – Adult	-	-	-	0	-	0	-	0	-	0	-	0
IP – 0-12	-	-	-	0	-	0	-	0	-	0	4	0
IP – 13-17	-	-	-	0	-	0	-	0	-	0	5.4	0
IP – 18+	-	-	5	0	-	0	-	0	-	0	4.7	0
PRTF	-	-	-	0	-	0	-	0	-	0	-	0

TGH	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.1	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.2 WM	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.3	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.5	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.7	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 3.7 WM	-	-	-	0	-	0	-	0	-	0	-	0
ASAM 4 WM	-	-	-	0	-	0	-	0	-	0	3.3	0
Others	-	-	-	0	-	0	-	0	-	0	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Outpatient Services

Standard Prior Authorization Requests

Table 1.26 provides the percentage of the standard prior authorization requests approved and denied for all items and services subjected to prior authorization categorized by outpatient health service type. Outpatient services are medical procedures or diagnostic tests performed in a medical facility without an overnight stay.

Table 1.26 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	88.1%	99.6%	95.9%	97.3%	69.5%	95.1%
% Denied	11.9%	0.4%	4.1%	2.7%	30.5%	4.9%
CPST						
% Approved	89.7%	99.7%	95.7%	98.4%	70.0%	96.2%
% Denied	10.3%	0.3%	4.3%	1.6%	30.0%	3.8%
ACT						
% Approved	94.0%	99.4%	98.3%	98.9%	97.4%	90.0%
% Denied	6.0%	0.6%	1.7%	1.1%	2.6%	10.0%
MST						
% Approved	100.0%	100.0%	100.0%	100.0%	91.4%	100.0%
% Denied	0.0%	0.0%	0.0%	0.0%	8.6%	0.0%

FFT						
% Approved	100.0%	100.0%	100.0%	100.0%	93.0%	99.6%
% Denied	0.0%	0.0%	0.0%	0.0%	7.0%	0.4%
Homebuilders						
% Approved	100.0%	100.0%	100.0%	N/A	97.6%	100.0%
% Denied	0.0%	0.0%	0.0%	N/A	2.4%	0.0%
Crisis Intervention						
% Approved	98.0%	100.0%	95.1%	100.0%	86.7%	91.7%
% Denied	2.0%	0.0%	4.9%	0.0%	13.3%	8.3%
BHCC						
% Approved	N/A	N/A	N/A	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	N/A	N/A
CBCS						
% Approved	N/A	N/A	N/A	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	N/A
Psychotherapy						
% Approved	N/A	0.0%	100.0%	100.0%	72.7%	83.3%
% Denied	N/A	100.0%	0.0%	0.0%	27.3%	16.7%
Med Management						
% Approved	N/A	N/A	100.0%	100.0%	33.3%	N/A
% Denied	N/A	N/A	0.0%	0.0%	66.7%	N/A
ASAM 1						
% Approved	100.0%	N/A	N/A	N/A	10.0%	N/A
% Denied	0.0%	N/A	N/A	N/A	90.0%	N/A
ASAM 2.1						
% Approved	94.9%	89.8%	98.2%	96.1%	92.5%	98.6%
% Denied	5.1%	10.2%	1.8%	3.9%	7.5%	1.4%
ASAM 2						
% Approved	100.0%	100.0%	N/A	N/A	100.0%	100.0%
% Denied	0.0%	0.0%	N/A	N/A	0.0%	0.0%
OTP						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

PSS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Psychological Testing						
% Approved	97.4%	25.8%	26.7%	100.0%	97.3%	97.8%
% Denied	2.6%	74.2%	73.3%	0.0%	2.7%	2.2%
PCS						
% Approved	62.5%	N/A	100.0%	42.9%	100.0%	96.2%
% Denied	37.5%	N/A	0.0%	57.1%	0.0%	3.8%
IPS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	90.9%	N/A	N/A	N/A	95.0%	66.7%
% Denied	9.1%	N/A	N/A	N/A	5.0%	33.3%

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.27 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO for standard prior authorizations for all items and services subjected to prior authorization categorized by outpatient health service type.

Table 1.27 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	4.8	5	0.6	0	1.8	2	5.6	5	2.3	2	1.0	0
CPST	5.0	5	0.6	0	1.9	2	5.0	5	2.3	2	0.9	0
ACT	5.5	5	0.8	0	1.0	1	4.8	5	1.6	1	1.7	1
MST	5.1	5	0.6	0	1.0	1	5.3	5	1.7	1	0.8	0
FFT	5.0	5	0.4	0	1.6	2	4.1	4	1.7	1	0.8	0
Homebuilders	5.4	5	0.8	0	4.8	2	-	0	1.9	2	0.6	0
Crisis Intervention	0.8	1	0.8	0	0.4	0	4.7	1	0.8	1	0.1	0
BHCC	-	0	-	0	-	0	0.0	0	-	0	-	0
CBCS	-	0	-	0	-	0	-	0	0.0	0	-	0

Psychotherapy	-	0	1.0	1	1.4	2	0.1	0	1.9	1	1.8	0
Med Management	-	0	-	0	0.0	0	0.0	0	1.7	1	-	0
ASAM 1	5.9	9	-	0	-	0	-	0	2.2	1	-	0
ASAM 2.1	3.8	4	0.7	0	0.6	0	3.6	2	1.5	1	0.7	0
ASAM 2	1.1	1	1.0	0	-	0	-	0	1.8	2	2.3	0
OTP	-	0	-	-	-	0	-	0	-	0	-	0
PSS	-	0	-	-	-	0	-	0	-	0	-	0
Psychological Testing	3.2	2	0.8	0.5	1.9	2	2.8	2	1.4	1	0.7	0
PCS	6.8	7	-	0	1.1	1	5.9	5	5.0	4	3.3	4
IPS	-	0	-	0	-	0	0.0	0	-	0	-	0
Others	3.7	4	-	0	-	0	0.0	0	1.5	1	1.3	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.28 provides the percentage of expedited prior authorization requests approved and denied for all items and services subjected to prior authorizations categorized by outpatient health service type.

Table 1.28 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CPST						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ACT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
MST						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

FFT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Homebuilders						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Crisis Intervention						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
BHCC						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
CBCS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Psychotherapy						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Med Management						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 1						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
OTP						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

PSS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Psychological Testing						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
PCS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
IPS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A

Source: 188BH Specialized Behavioral Health - Service Authorizations

Table 1.29 provides the average and median processing time (in days) between the submission of a request and a determination by the MCO for expedited prior authorizations for all items and services subjected to prior authorization categorized by outpatient health service type.

Table 1.29 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	-	0	-	0	-	0	-	0	-	0	-	0
CPST	-	0	-	0	-	0	-	0	-	0	-	0
ACT	-	0	-	0	-	0	-	0	-	0	-	0
MST	-	0	-	0	-	0	-	0	-	0	-	0
FFT	-	0	-	0	-	0	-	0	-	0	-	0
Homebuilders	-	0	-	0	-	0	-	0	-	0	-	0
Crisis Intervention	-	0	-	0	-	0	-	0	-	0	-	0
BHCC	-	0	-	0	-	0	-	0	-	0	-	0
CBCS	-	0	-	0	-	0	-	0	-	0	-	0

Psychotherapy	-	0	-	0	-	0	-	0	-	0	-	0
Med Management	-	0	-	0	-	0	-	0	-	-	-	0
ASAM 1	-	0	-	0	-	0	-	0	-	-	-	0
ASAM 2.1	-	0	-	0	-	0	-	0	-	0	-	0
ASAM 2	-	0	-	0	-	0	-	0	-	0	-	0
OTP	-	0	-	0	-	0	-	0	-	0	-	0
PSS	-	0	-	0	-	0	-	0	-	0	-	0
Psychological Testing	-	0	-	0	-	0	-	0	-	0	-	0
PCS	-	0	-	0	-	0	-	0	-	0	-	0
IPS	-	0	-	0	-	0	-	0	-	0	-	0
Others	0	0	-	0	-	0	-	0	-	0	-	0

Source: 188BH Specialized Behavioral Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

Table 1.30 presents the percentage of the standard prior authorization requests approved after an appeal for all items and services subjected to prior authorization categorized by inpatient health service type.

Table 1.30 Percentage of Inpatient Standard Prior Authorization Requests Approved Post-Appeal CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	N/A	28.6%	26.1%	0.0%	N/A	N/A
PRTF	N/A	N/A	N/A	N/A	12.5%	0.0%
TGH	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1	N/A	N/A	N/A	N/A	N/A	0.0%
ASAM 3.5	0.0%	N/A	0.0%	N/A	N/A	0.0%
ASAM 3.7 WM	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 4 WM	N/A	N/A	N/A	N/A	N/A	N/A

Source: 409 Behavioral Health Grievance, Appeal, and State Fair Hearing Logs

Table 1.31 31 provides the percentage of standard prior authorization requests that were approved after an appeal for all items and services subject to prior authorization, categorized by outpatient health service type.

Table 1.31 Percentage of Outpatient Standard Prior Authorization Requests Approved Post-Appeal, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	75.0%	N/A	N/A	N/A	N/A	0.0%
ASAM 2	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1	N/A	66.7%	N/A	N/A	N/A	N/A
CPST/PSR	0.0%	50.0%	100.0%	N/A	0.0%	N/A
Psychological Testing	N/A	N/A	N/A	N/A	N/A	N/A
Other – MHO	N/A	N/A	N/A	N/A	N/A	N/A

Source: 409 Behavioral Health Grievance, Appeal, and State Fair Hearing Logs

Physical Health Services

Inpatient Services

Standard Prior Authorization Requests

Table 1.32 provides the percentage of the standard prior authorization requests approved and denied for all items and services subjected to prior authorization categorized by inpatient health service type.

Table 1.32 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	80.7%	98.9%	80.8%	85.5%	87.8%	95.0%
% Denied	17.3%	0.4%	8.5%	14.0%	2.7%	2.8%
Rehabilitation						
% Approved	50.4%	75.0%	87.4%	77.6%	78.8%	63.8%
% Denied	46.1%	25.0%	10.1%	22.4%	10.8%	36.3%
Skilled Nursing Facility						
% Approved	73.4%	100.0%	0.0%	100.0%	62.1%	79.7%
% Denied	9.6%	0.0%	100.0%	0.0%	28.4%	20.3%
Long-Term Acute Care Hospital						
% Approved	21.7%	0.0%	90.2%	70.4%	78.9%	56.3%
% Denied	69.6%	100.0%	6.3%	29.6%	5.7%	42.7%

Hospice						
% Approved	N/A	100.0%	N/A	100.0%	105.3%	N/A
% Denied	N/A	0.0%	N/A	0.0%	0.0%	N/A
Others						
% Approved	N/A	N/A	85.3%	98.9%	N/A	N/A
% Denied	N/A	N/A	7.1%	0.9%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.33 provides the average and median processing time (in days) for standard prior authorization requests during Q1 of CY 2024.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.7	1	0.2	0	0.2	0	0.6	1	1.3	1	1.8	2
Rehabilitation	-	0	0.8	1	0.3	0	0.8	1	0.9	1	1.1	1
Skilled Nursing Facility	-	1	2.0	2	0	0	0.7	1	1.3	1	1.1	1
Long-Term Acute Care Hospital	-	1	1.0	1	0.3	0	0.6	1	0.8	1	1.2	1
Hospice	-	0	1.0	1	-	0	0.3	0	3.6	2	-	0
Others	-	0	-	0	0.2	0	0.5	0	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.34 provides the percentage of inpatient expedited prior authorization requests approved and denied during Q1 of CY 2024.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	76.7%	96.7%	N/A	100.0%	56.3%	88.6%
% Denied	11.6%	2.6%	N/A	0.0%	25.0%	5.7%

Rehabilitation						
% Approved	N/A	92.2%	N/A	100.0%	66.7%	61.5%
% Denied	N/A	7.8%	N/A	0.0%	33.3%	38.5%
Skilled Nursing Facility						
% Approved	N/A	93.5%	N/A	N/A	N/A	0.0%
% Denied	N/A	6.5%	N/A	N/A	N/A	100.0%
Long-Term Acute Care Hospital						
% Approved	N/A	97.4%	N/A	N/A	100.0%	N/A
% Denied	N/A	2.6%	N/A	N/A	0.0%	N/A
Hospice						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.35 provides the average and median processing time (in days) for expedited prior authorization requests during Q1 of CY 2024.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	0.7	1	0.2	1	-	0	0.4	0.5	0.6	1	1.2	1
Rehabilitation	-	0	0.8	1	-	0	0	0	1.0	1	1.1	1
Skilled Nursing Facility	-	0	0.9	1	-	0	-	0	-	0	1.0	1
Long-Term Acute Care Hospital	-	0	1.1	1	-	0	-	0	1.0	1	-	0
Hospice	-	0	-	0	-	0	-	0	-	0	-	0
Other Medical/Physical Inpatient	-	0	-	0	-	0	-	0	-	0	-	0

Source: 188 Physical Health - Service Authorizations

Outpatient Services

Standard Prior Authorization Requests

Tables 1.36 to 1.37 present the percentages of standard prior authorization requests that were approved, denied, and approved after appeal, as well as the average and median processing times.

Table 1.36 provides the percentage of standard prior authorization requests approved and denied during Q1 of CY 2024.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	97.8%	99.5%	92.9%	98.0%	77.0%	100.0%
% Denied	2.1%	0.5%	6.8%	2.0%	23.0%	0.0%
Home Health Care						
% Approved	92.0%	97.5%	99.0%	96.4%	95.3%	99.5%
% Denied	8.0%	2.5%	1.0%	3.6%	4.7%	0.5%
DME, OP, and Supplies						
% Approved	85.6%	96.0%	94.5%	97.1%	90.1%	93.5%
% Denied	14.4%	4.0%	5.5%	2.9%	9.9%	6.5%
PCS						
% Approved	62.5%	N/A	93.3%	N/A	89.3%	66.1%
% Denied	37.5%	N/A	6.7%	N/A	10.7%	33.9%
Med Proc and Dx Test						
% Approved	37.6%	82.0%	85.4%	95.3%	87.3%	93.5%
% Denied	62.4%	18.0%	14.6%	4.7%	12.7%	6.5%
Transportation						
% Approved	100.0%	97.6%	N/A	N/A	100.0%	N/A
% Denied	0.00%	2.4%	N/A	N/A	0.0%	N/A
Radiation Therapy						
% Approved	92.6%	N/A	N/A	N/A	100.0%	N/A
% Denied	7.4%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	83.9%	97.0%	90.3%	N/A	94.0%	99.2%
% Denied	16.1%	3.0%	9.7%	N/A	6.0%	0.8%

Transplant						
% Approved	100.0%	100.0%	N/A	100.0%	100.0%	N/A
% Denied	0.0%	0.0%	N/A	0.0%	0.0%	N/A
Hemodialysis						
% Approved	68.0%	N/A	100.0%	N/A	91.4%	100.0%
% Denied	32.0%	N/A	0.0%	N/A	8.6%	0.0%
Phys Admin Drugs						
% Approved	81.3%	79.7%	74.1%	100.0%	95.3%	50.0%
% Denied	18.7%	20.3%	25.9%	0.0%	4.7%	50.0%
Observation						
% Approved	N/A	N/A	N/A	90.0%	74.2%	N/A
% Denied	N/A	N/A	N/A	10.0%	25.8%	N/A
Radiology/Imaging						
% Approved	86.0%	76.0%	N/A	99.5%	73.5%	87.5%
% Denied	14.0%	24.0%	N/A	0.5%	26.5%	12.5%
PDHC						
% Approved	89.1%	97.1%	98.3%	100.0%	96.4%	98.3%
% Denied	10.9%	2.9%	1.7%	0.0%	3.6%	1.7%
Hospice						
% Approved	93.1%	90.1%	N/A	100.0%	94.7%	100.0%
% Denied	6.9%	9.9%	N/A	0.0%	5.3%	0.0%
ABA						
% Approved	97.4%	84.2%	97.1%	98.6%	99.8%	97.8%
% Denied	2.6%	15.8%	2.9%	1.4%	0.2%	2.2%
Vision – EPSDT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS – Adult Dental						
% Approved	97.6%	N/A	N/A	N/A	N/A	N/A
% Denied	2.4%	N/A	N/A	N/A	N/A	N/A
VAS – Adult Vision						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A

VAS – Other						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	86.7%	84.1%	96.5%	99.3%	N/A	N/A
% Denied	13.3%	15.9%	3.5%	0.7%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.37 provides the average and median processing time (in days) for standard outpatient prior authorization requests during Q1 of CY 2024.

Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.0	0	1.7	1	-	-	2.7	2	0.7	0	0.8	1
Home Health Care	1.2	0	2.0	1	1.4	1	2.7	2	3.0	2	1.1	1
DME, OP, and Supplies	2.3	2	2.1	1	0.5	0	1.2	0	2.9	2	2.5	2
PCS	3.5	2	-	-	1.1	1	-	-	3.8	3	6.6	6
Med Proc and Dx Test	2.6	2	2.0	1	0.1	0	0.5	0	3.0	2	1.6	1
Transportation	1.8	0	1.9	1	-	-	1.3	1	1.3	3.0	-	-
Radiation Therapy	1.6	1	-	-	-	-	-	-	2.2	2	-	-
Surgery	3.0	2	1.4	1	0.4	0	-	-	1.3	1	1.8	1
Transplant	4.0	4	3.7	2	0	0	2.3	2.0	1.6	1	-	-
Hemodialysis	4.5	4	-	-	1.0	1	-	-	2.8	2	1	1
Phys Admin Drugs	1.6	1	0.1	0	1.4	1	0.1	0	2.8	2	0.6	0
Observation	-	-	-	-	-	-	1.5	1	1.4	1	-	-
Radiology/Imaging	0.1	0	2.6	2.0	-	-	0.3	0	1.4	1	0	1
PDHC	3.6	3	2.1	1	1.2	1	2.7	2	4.0	1	4.1	2
Hospice	2.2	2	1.7	1	-	-	0.9	0	5.1	4	1.3	1
ABA	5.3	4	0.8	1	1.8	2	-	-	1.6	1	2.1	1
Vision - EPSDT	-	-	-	-	-	-	-	-	-	-	-	-

VAS – Adult Dental	1.3	1	-	-	-	-	-	-	-	-	-	-
VAS – Adult Vision	-	-	-	-	-	-	-	-	-	-	-	-
VAS – Other	-	-	-	-	-	-	-	-	-	-	-	-
Others	0.6	0	3.3	1	1.2	1	0.3	0	-	-	-	-

Source: 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.38 provides the percentage of outpatient expedited prior authorization requests that were approved and denied during Q1 of CY 2024.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	100.0%	100.0%	N/A	100.0%	N/A	N/A
% Denied	0.0%	0.0%	N/A	0.0%	N/A	N/A
Home Health Care						
% Approved	90.9%	100.0%	N/A	100.0%	100.0%	100.0%
% Denied	9.1%	0.0%	N/A	0.0%	0.0%	0.0%
DME, OP, and Supplies						
% Approved	92.2%	100.0%	N/A	100.0%	100.0%	91.1%
% Denied	7.8%	0.0%	N/A	0.0%	0.0%	8.9%
PCS						
% Approved	N/A	N/A	N/A	N/A	N/A	0.0%
% Denied	N/A	N/A	N/A	N/A	N/A	100.0%
Med Proc and Dx Test						
% Approved	0.0%	92.5%	N/A	92.9%	100.0%	98.4%
% Denied	100.0%	7.5%	N/A	7.1%	0.0%	1.6%
Transportation						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Radiation Therapy						
% Approved	100.0%	N/A	N/A	N/A	100.0%	N/A
% Denied	0.0%	N/A	N/A	N/A	0.0%	N/A

Surgery						
% Approved	92.4%	100.0%	N/A	N/A	100.0%	98.6%
% Denied	7.6%	0.0%	N/A	N/A	0.0%	1.4%
Transplant						
% Approved	N/A	N/A	N/A	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	N/A
Hemodialysis						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Phys Admin Drugs						
% Approved	78.0%	81.8%	N/A	N/A	96.7%	N/A
% Denied	22.0%	18.2%	N/A	N/A	3.3%	N/A
Observation						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Radiology/Imaging						
% Approved	100.0%	N/A	N/A	90.0%	71.8%	84.5%
% Denied	0.0%	N/A	N/A	10.0%	28.2%	15.5%
PDHC						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Hospice						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A
ABA						
% Approved	N/A	N/A	N/A	N/A	100.0%	N/A
% Denied	N/A	N/A	N/A	N/A	0.0%	N/A
Vision – EPSDT						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS – Adult Dental						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A

VAS – Adult Vision						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
VAS – Other						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	97.2%	N/A	N/A	50.0%	N/A	N/A
% Denied	2.8%	N/A	N/A	50.0%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.39 provides the average and median processing time (in days) for expedited outpatient prior authorization requests during Q1 of CY 2024.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	0.1	0	0.5	1.0	-	-	0.1	0	-	-	-	-
Home Health Care	0.5	0	-	-	-	-	-	-	0.6	2	1.0	1
DME, OP, and Supplies	0.6	1	0.4	1	-	-	1.7	2	0.5	0	0.9	1
PCS	-	-	-	-	-	-	-	-	-	-	2.0	2
Med Proc and Dx Test	1.0	1	0.4	1	-	-	0.4	0	0.1	0	0.8	1
Transportation	-	-	-	-	-	-	-	-	-	-	-	-
Radiation Therapy	1.0	1	-	-	-	-	-	-	0.3	0	-	-
Surgery	0.4	0	1.0	0	-	-	-	-	1.0	1	0.8	1
Transplant	-	-	-	-	-	-	-	-	0.8	1	-	-
Hemodialysis	-	-	-	-	-	-	-	-	-	-	-	-
Phys Admin Drugs	1.6	1	0.2	0	-	-	-	-	0.9	1	-	-
Observation	-	-	-	-	-	-	-	-	-	-	-	-
Radiology/Imaging	0.4	0	-	-	-	-	0.5	1	0.1	1	0.1	1
PDHC	-	-	-	-	-	-	-	-	-	-	-	-
Hospice	2.0	2	-	-	-	-	-	-	-	-	-	-
ABA	-	-	-	-	-	-	-	-	-	-	-	-
Vision - EPSDT	-	-	-	-	-	-	-	-	-	-	-	-

VAS – Adult Dental	0.5	1	-	-	-	-	-	-	-	-	-	-
VAS – Adult Vision	-	-	-	-	-	-	-	-	-	-	-	-
VAS – Other	-	-	-	-	-	-	-	-	-	-	-	-
Others	1.2	0	-	-	-	-	0.5	1	-	-	-	-

Source: 188 Physical Health - Service Authorizations

Prior Authorization Appeals

Standard Prior Authorization Requests

Table 1.40 provides the percentage of inpatient standard prior authorization requests approved and total submitted post-appeal for all items and services subject to prior authorization categorized by inpatient health service type.

Table 1.40 Percentage of Inpatient Standard Prior Authorization Requests Approved Post-Appeal for Physical Health Service, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	-	N/A	2	0.0%	21	0.0%	2	50.0%	-	N/A	17	23.5%
Rehabilitation	7	57.1%	-	N/A	3	33.3%	1	100.0%	2	50.0%	5	20.0%
Surgery	-	N/A	-	N/A	2	50.0%	-	N/A	-	N/A	-	N/A
SNF	1	0.0%	-	N/A	1	0.0%	-	N/A	-	N/A	-	N/A
LTAC	3	33.3%	-	N/A	1	0.0%	-	N/A	-	N/A	6	16.7%
Inpatient Others	3	33.3%	-	N/A	3	0.0%	-	N/A	-	N/A	-	N/A

Source: 010 Grievance, Appeal, and State Fair Hearing Logs

Table 1.41 provides the percentage of outpatient standard prior authorization requests approved and total submitted post-appeal for all items and services subjected to prior authorization categorized by outpatient health service type.

Table 1.41 Percentage of Outpatient Standard Prior Authorization Requests Submitted and Approved Post-Appeal for Physical Health Service, CY 2024-Q1

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	1	0.0%	-	N/A	-	N/A	-	N/A	44	22.7%	-	N/A
Home Health	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	1	0.0%
DME, OP, and Supplies	8	25.0%	-	N/A	14	28.6%	-	N/A	51	42.2%	4	75.0%
PCS	1	0.0%	-	N/A	-	N/A	-	N/A	3	33.3%	-	N/A

Med Proc and Dx Test	3	66.7%	-	N/A	5	20.0%	-	N/A	1	100.0%	-	N/A
Radiation Therapy	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	11	18.2%
Surgery	6	66.7%	-	100.0%	4	50.0%	-	N/A	-	N/A	2	50.0%
Phys Admin Drugs	5	20.0%	11	27.3%	4	25.0%	-	N/A	2	100.0%	8	75.0%
Other Prescription Drugs	8	12.5%	2	50.0%	28	17.9%	-	N/A	29	75.9%	1	0.0%
Radiology/Imaging	2	100.0%	5	40.0%	13	15.4%	-	N/A	38	47.4%	18	44.4%
ABA	-	N/A	1	0.0%	-	N/A	-	N/A	-	N/A	2	0.0%
Dental Services	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Others	5	20.0%	4	75.0%	15	20.0%	-	N/A	2	100.0%	2	0.0%

Source: 010 Grievance, Appeal, and State Fair Hearing Logs

Pharmacy Services

Prior Authorization Requests Approved and Denied

Per the LDH contract with each MCO, prior authorization requests shall be approved or denied within 24 hours of receipt, seven days a week. The MCO shall notify the requesting practitioner of the approval or disapproval of the request within 24 hours. Denials of prior authorization requests or offering of an alternative medication shall be provided to the prescriber and member in writing.

The percentage of expedited prior authorization requests for pharmacy data is not available. Likewise, the average and median time between request submission and decision for appeals is also unavailable for pharmacy data.

Table 1.42 provides the volume of pharmacy prior authorization requests submitted and their approval percentages for Q1 of CY 2024.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	4,443	4,317	-	2,066	13,196	11,980
% Approved	76.4%	75.4%	N/A	76.1%	79.4%	78.2%
% Denied	23.4%	24.2%	N/A	23.6%	20.2%	21.3%

Source: 055 Pharmacy Report

Prior Authorization Requests-Average and Median Time

Table 1.43 provides the average and median processing times in hours for pharmacy prior authorization requests during Q1 of CY 2024.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2024-Q1

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	2.3	2.2	-	2.0	2.0	1.9
Median Hours	0.1	0.1	-	0.1	0.0	0.0

Source: 055 Pharmacy Report

Section II: Dental Benefit Program Managers (DBPM)

For the CY 2024 reporting period, the Department contracted with two vendors to operate its dental benefit program serving Medicaid members.

Contracted Dental Benefit Program Managers

Plan Name	Plan Type	Common Abbreviation
DentaQuest, Inc.	Dental Benefit Program Manager	DQ
MCNA, Inc.	Dental Benefit Program Manager	MCNA

This section includes the legislatively required data on provider claims, provider appeals, encounter submissions, and prior authorizations. It does not include data for case management as does not apply to DBPMs.

The data for DBPM is currently presented by two categories: EPSDT Dental and Adult. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive dental services to enrollees under 21. The Adult program is for eligible enrollees aged 21 years or older. Most enrollees in the adult program receive coverage for adult dentures and related services only. In 2022 and 2023, the department expanded coverage to adults with developmental or intellectual disabilities (DD/ID) who are enrolled in the New Opportunities Waiver, the Residential Options Waiver, the Supports Waiver, or who reside in an intermediate care facility for individuals with intellectual disabilities (ICF/ID). These individuals are eligible for more comprehensive dental services.

Provider Claims

Rejected Claims

LDH requires the DBPMs to report the number of claims received each quarter, as well as whether they were rejected or accepted for adjudication. Both DBPMs are currently not applying any front-end preadjudication edits, accepting all submitted claims into their adjudication system, and processing directly for payment or denial.

Table 2.1 presents the total number of DBPM claims received in Q1 of CY 2024.

Table 2.1 Claims Rejected, CY 2024-Q1

	DQ	MCNA
# Received	422,199	439,990
# Rejected	0	0

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 2.2 provides the count of unique DBPM line-level claims adjudicated within the current reporting period. It includes original claims received in the reporting period and claims originally received in prior quarters that were adjusted or voided in the current reporting period. All claims are reported by the status of the last adjudication decision made in the current reporting period. Note that this may not be the final determination, as claims may be adjusted in future reporting periods. Those adjustments and voids will be reported in the quarter of determination.

Claims Adjudicated

Table 2.2 Claims Adjudicated, CY 2024-Q1

	DQ	MCNA
EPSDT		
# Adjudicated	388,150	389,868
# Denied	15,458	40,048
% Denied	3.1%	8.0%
# Denied as Duplicate	3,607	8,738
# Adjusted	624	2,617
# Voided	2,676	0
Adult		
# Adjudicated	34,005	7,093
# Denied	6,709	3,979
% Denied	15.5%	51.1%
# Denied as Duplicate	1,445	355
# Adjusted	39	167
# Voided	19	0

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 2.3 shows the average days adjudicated for claims.

Table 2.3 Average Days to Adjudicate Claims, CY 2024-Q1

	DQ	MCNA
EPSDT	12.0	7.0
Adult	12.0	8.5

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Top Five Providers (de-identified) with Most Denied Claims

Table 2. lists the top five network participating providers with the highest number of total denied claims, including the total number of denied claims expressed as a ratio to all claims adjudicated for each individual provider.

Table 2.4 Claims Top 5 Denied, CY 2024-Q1

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	176	3.1%	1,042	32.5%
	2	139	9.7%	865	27.2%
	3	49	3.9%	709	36.1%
	4	20	1.6%	612	47.1%
	5	15	1.2%	606	37.4%

Adult	1	105	54.1%	167	97.1%
	2	103	35.4%	136	76.4%
	3	95	38.9%	107	72.3%
	4	41	22.0%	96	91.4%
	5	30	11.9%	85	94.4%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claims for Reconsiderations, Appeals and Arbitrations

The results are presented in Table 2.5 and Table 2.6. No arbitrations were reported in the current quarter.

Table 2.5 provides the total number and percentage of overturned denied claims submitted to the DBPM for reconsideration of the claim denial. Note: The percentage of overturned denied claims is the result of total overturned claims divided by total reconsiderations submitted.

Table 2.5 Denied Claims Submitted and % Overturned For Reconsideration, CY 2024-Q1

	DQ	MCNA
# Submitted	165	0
% Overturned	0.0%	0.0%

Source: PI182 Provider Complaints Summary Report

Table 2.6 provides the total number and percentage of overturned denied claims submitted to the DBPM for appeal of the claim denial. Note: The percentage of overturned denied claims is the result of total overturned claims divided by total appeals submitted.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2024-Q1

	DQ	MCNA
# Submitted	74	13
% Overturned	100.0%	23.1%

Source: PI182 Provider Complaints Summary Report

DBPM Utilization Management - Prior Authorization (PA)

Prior Authorization Requirements

The table below presents the links for the list of all items and services that require prior authorization by DBPM.

Prior Authorization Requirements by Dental Benefit Program Managers

Plan Name	Link
DQ	https://www.dentaquest.com/content/dam/dentaquest/en/providers/louisiana/la-ldh-preauth-codes.pdf.coredownload.inline.pdf
MCNA	MCNA Dental: Pre-Authorization and Claim Submission Guide

Standard Prior Authorization Requests

Tables 2.7 to 2.8 present the results of standard prior authorization requests, including those that were approved, denied, and approved after appeal. Note that the PS113 Grievance, Appeal, and Fair Hearing Log report does not provide a breakout of the dental services with their percentage approved for standard prior authorizations post-appeal.

Table 2.7 provides the percentage of standard prior authorization requests approved for all items and services subject to prior authorization categorized by dental service.

Table 2.7 Standard Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2024-Q1

	DQ	MCNA
	%	%
EPSDT		
% Approved	85.1%	86.7%
% Denied	14.9%	13.3%
Adult		
% Approved	80.8%	68.7%
% Denied	19.2%	31.3%

Source: PQ188 PA Summary (Dental)

Table 2.8 provides the average and median processing time (in days) between the submission of a request and a determination by the DBP for standard prior authorizations for all items and services subject to prior authorization categorized by dental service.

Table 2.8 Average and Median Time to Process Standard Prior Authorizations, CY 2024-Q1

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	0.5	0.0	1.2	1.0
Adult	0.3	0.0	1.3	1.0

Source: PQ188 PA Summary (Dental)

Expedited Prior Authorization Requests

Table 2.9 provides the percentage of expedited prior authorization requests that were approved and denied for all items and services subject to prior authorization categorized by dental service.

Table 2.9 Expedited Prior Authorizations Percentage Approved and Denied, CY 2024-Q1

	DQ	MCNA
	%	%
EPSDT		
% Approved	91.0%	89.2%
% Denied	9.0%	10.8%
Adult		
% Approved	70.5%	77.6%
% Denied	29.5%	22.4%

Source: PQ188 PA Summary (Dental)

Table 2.10 provides the average and median processing time (in days) elapsed between the submission of a request and a determination by the DBPM, for expedited prior authorizations for all items and services subject to prior authorization categorized by dental service.

Table 2.10 Average and Median Time to Process Expedited Prior Authorizations, CY 2024-Q1

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	0.2	0.1	0.5	1.3
Adult	0.2	0.1	0.9	1.3

Source: PQ188 PA Summary (Dental)

Encounter Submissions

The DBPMs must send all claims that they have adjudicated — both paid and denied — to LDH, allowing LDH to capture all information about DBPM dental expenditures and to track utilization related to outcome measures. The legislation requested specific information on encounter submissions, including the number accepted by LDH and the number rejected.

Encounter acceptance rates vary depending on the type of claim. The DBPMs must submit encounters in a predetermined format based on the claim type. They submit encounters separately for dental claim types: Dental encounters (837D)

Table 2.11 provides the total number of dental encounters – 837D submitted and rejected by each DBPM to the state or its designee.

Table 2.11 Dental Encounters Submitted and Rejected, CY 2024-Q1

	DQ	MCNA
Submitted	434,650	393,888
Rejected	9,323	3,133

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Appendix A: Acronyms

Abbreviation	Description	Section
ABA	Applied Behavior Analysis	Table 1.36
ACT	Assertive Community Treatment	Table 1.26
ASAM 1	American Society of Addiction Medicine Outpatient	Table 1.26
ASAM 2	American Society of Addiction Medicine Ambulatory Withdrawal Management	Table 1.26
ASAM 2.1	American Society of Addiction Medicine Intensive Outpatient Treatment	Table 1.26
ASAM 3.1	American Society of Addiction Medicine Clinically Managed Low-Intensity Residential Treatment	Table 1.22
ASAM 3.2	American Society of Addiction Medicine Clinically Managed Social Withdrawal Management	Table 1.22
ASAM 3.3	American Society of Addiction Medicine Clinically Managed Population-specific High-intensity Residential Treatment	Table 1.22
ASAM 3.5	American Society of Addiction Medicine Clinically Managed Medium-intensity Residential Treatment	Table 1.22
ASAM 3.7	American Society of Addiction Medicine Medically Monitored High-intensity Inpatient Treatment	Table 1.22
ASAM 3.7 WM	American Society of Addiction Medicine Medically Monitored Inpatient Withdrawal Management	Table 1.22
ASAM 4 WM	American Society of Addiction Medicine Medically Monitored Intensive Inpatient Withdrawal Management	Table 1.22
BH non-SHCN	Behavioral Health Non-Special Healthcare Need	Table 1.18
BHCC	Behavioral Health Crisis Care	Table 1.26
BOTH non-SHCN	Both Non-Special Healthcare Need	Table 1.18
CBCS	Community Brief Crisis Support	Table 1.26
CMS-1500/PT04	Physical Therapy Claims Form	Table 1.8
CPST	Community Psychiatric Support and Treatment	Table 1.26
CS-Adult	Crisis Stabilization – Adult	Table 1.22
CS-Child	Crisis Stabilization – Child	Table 1.22
Dental - EPSDT	Dental – Early and Periodic Screening, Diagnostic, and Treatment	Table 2.2
DME	Durable Medical Equipment	Table 1.8
DQ	DentaQuest	Table 2.1
EMT	Emergency Medical Transportation	Table 1.8

EPSDT	Early and Periodic Screening, Diagnostic, and Treatment	Table 2.2
FFT	Functional Family Therapy	Table 1.26
FQHC	Federally Qualified Healthcare Centers	Table 1.11
HNA	Holistic Needs Assessment	Table 1.17
IP-0-12	Psychiatric Inpatient – Child	Table 1.22
IP-13-17	Psychiatric Inpatient – Adolescent	Table 1.22
IP-18+	Psychiatric Inpatient – Adult	Table 1.22
IPS	Individual Placement and Support	Table 1.26
MCNA Dental	Managed Care of North America	Table 2.1
Med Management	American Society of Addiction Medicine Medication Management	Table 1.26
MED Non-SHCN	Medical - Non-Special Healthcare Need	Table 1.18
Med Proc and DX	Medical Procedure and Diagnosis	Table 1.36
MFM	Maternal Fetal Medicine	Table 1.8
MST	Multi-system Therapy	Table 1.26
NEAT	Non-Emergency Ambulance Transportation	Table 1.8
NEMT	Non-Emergency Medical Transportation	Table 1.8
OB-GYN	Obstetrics and Gynecology	Table 1.8
OP	Orthotics and Prosthetics	Table 1.36
OT	Occupational Therapy	Table 1.8
Other – MHO	Mental Health Outpatient	Table 1.31
OTP	Opioid Treatment Program Services	Table 1.26
PA	Standard Prior Authorization	Utilization Management - PA
PCP	Primary Care Physician	Table 1.11
PCS	Personal Care Services	Table 1.26
PDHC	Pediatric Day Health Care	Table 1.36
PRTF	Psychiatric Residential Treatment Facility	Table 1.22
PSR	Psychological Rehabilitation	Table 1.26

PSS	Peer Support Services	Table 1.26
Psychological Testing	Psychological Testing	Table 1.26
PT	Physical Therapy	Table 1.8
SBH	Specialized Behavioral Health	Table 1.21
SDOH	Social Determinants of Health	Table 1.20
SHCN-421	Special Healthcare Need – Act 421 Children's Medicaid Option	Table 1.18
SHCN-BH	Special Healthcare Need – Behavioral Health	Table 1.18
SHCN-BOTH	Special Healthcare Need – Both Medical and Behavioral Health	Table 1.18
SHCN-DOJ-AR	Special Healthcare Need – Department of Justice -At Risk for Nursing Facility Placement	Table 1.18
SHCN-MED	Special Healthcare Need - Medical	Table 1.18
ST	Speech Therapy	Table 1.8
TGH	Therapeutic Group Home	Table 1.22
VAS	Value-Added Service	Table 1.36
Vision – EPSDT	Vision – Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36

Louisiana Department of Health

628 N. 4th St., Baton Rouge, LA 70802

225-342-9500

ldh.la.gov

@ladepthealth

