

Healthy Louisiana Claims Report

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

Quarter 2 Calendar Year 2024

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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 to 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 third quarterly report on the new Act 233 requirements and covers the second quarter (Q2) 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 & professional.” Behavioral health providers are discretely identified within these categories, as required by the Louisiana State Legislature. In consultation with stakeholders, LDH also agreed to further segmentation of the non-behavioral 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

* 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 (MCEs). To allow time for the MCEs to accumulate data for the report, there is a lag 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 MCO submits the data as a blank or zero.

Report Structure

There are two distinct MCE types in the Healthy Louisiana Managed Care Program: Medicaid managed care organizations (MCOs) and dental benefit program managers (DBPMs). In this report, LDH presents MCOs and DBPM sections separately. LDH distinguishes between physical and behavioral health providers within these two sections, further separating these into inpatient, outpatient, and professional, pharmacy, encounters, case management, and utilization management categories. The table of contents provides the outline of the topics in each section in order to meet the 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, the state began a new three-year contract for the five continuing MCOs, adding Humana Healthy Horizons (HHH) as the sixth health plan 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 detailed in alphabetical order 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 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 Q2 2024, revealing variations in front-end edit processes across MCOs. A rejected claim is a claim that did not pass the standard, front-end HIPAA edits. These edits indicate missing or invalid data, so there is not enough information to process the claim. Pharmacy claims that are not paid and have an NCPDP reject code should be categorized as denied, not rejected.

Table 1.1 Rejected Inpatient Hospital Claims, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	6,715	7,491	12,631	19,308	17,825	13,666
# Rejected	6	31	614	3,453	860	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 during the current reporting period, 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 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 of determination.

Table 1.2 Inpatient Claims Adjudicated, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	4,264	4,584	10,919	4,680	2,569	9,202
# Days Paid	17,805	17,722	51,931	16,583	8,018	30,185
# Days Denied	7,696	6,325	20,309	6,778	3,376	9,490
# Total Days	25,501	24,047	72,240	23,361	11,394	39,675
% Denied	30.2%	26.3%	28.1%	29.0%	29.6%	23.9%
# Adjusted	279	334	1,249	714	171	953
# Voided	64	5	0	10	0	0
# Denied as duplicate	140	9	155	75	64	139
Behavioral Health Hospital						
# Adjudicated	1,958	1,921	3,745	987	1,665	3,132
# Days Paid	12,257	11,039	21,351	5,726	7,741	19,988
# Days Denied	3,211	2,304	9,063	2,042	5,187	3,645
# Total Days	15,468	13,343	30,414	7,768	12,928	23,633
% Denied	20.8%	17.3%	29.8%	26.3%	40.1%	15.4%
# Adjusted	84	187	269	129	115	186
# Voided	14	9	0	5	0	0
# Denied as duplicate	88	2	75	27	18	81

All Other Inpatient						
# Adjudicated	9	194	23	170	14,424	1,049
# Days Paid	44	2,641	43	1,249	49,341	2,698
# Days Denied	74	955	183	271	16,702	2,043
# Total Days	118	3,596	226	1,520	66,043	4,741
% Denied	62.7%	26.6%	81.0%	17.8%	25.3%	43.1%
# Adjusted	1	20	3	37	742	138
# Voided	1	0	0	0	0	0
# Denied as duplicate	1	0	0	2	278	5

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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	23.6	8.5	6.1	3.3	40.5	7.6
Behavioral Health Hospital	18.1	8.3	7.2	3.5	25.9	7.6
All Other Inpatient Hospital	159.3	10.7	6.2	8.2	30.1	7.4

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 categorized by hospital type with the most denied inpatient claims for each MCO. 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	49	18.8%	106	48.8%	150	24.8%	87	21.1%	180	34.8%	167	19.0%
2	18	14.2%	88	33.5%	119	36.2%	77	21.4%	58	26.1%	115	21.9%
3	10	16.9%	50	23.5%	110	18.9%	73	54.9%	42	29.6%	54	14.5%
4	10	10.5%	41	15.4%	102	33.7%	73	27.0%	41	56.2%	53	18.2%
5	4	14.8%	31	70.5%	101	23.9%	49	15.2%	33	22.1%	53	19.6%

Behavioral Health Hospital												
1	24	34.8%	39	22.3%	62	75.6%	22	36.1%	74	21.0%	52	50.0%
2	13	12.6%	26	30.2%	36	32.7%	13	52.0%	55	29.9%	17	20.2%
3	8	7.3%	15	10.1%	35	55.6%	11	19.6%	52	66.7%	14	14.9%
4	5	11.6%	12	22.2%	33	14.5%	10	45.5%	34	51.5%	13	5.9%
5	4	4.1%	10	10.4%	32	20.1%	10	23.8%	29	35.4%	12	10.7%
All Other Inpatient Hospital												
1	1	100.0%	6	100.0%	3	100.0%	14	17.7%	241	24.4%	96	22.1%
2	1	50.0%	6	100.0%	3	100.0%	3	17.6%	225	37.5%	30	11.0%
3	1	50.0%	3	33.3%	2	100.0%	2	50.0%	203	30.5%	21	67.7%
4	0	0.0%	3	75.0%	1	100.0%	2	40.0%	145	21.2%	7	100.0%
5	0	0.0%	3	33.3%	1	100.0%	2	100.0%	131	25.4%	5	83.3%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals and Arbitrations

MCOs are required to 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. No arbitrations were reported across the MCOs for Q2 2024.

MCOs report inpatient hospital claims in two categories: behavioral health and nonbehavioral health. Acute hospital is included in the broader non-behavioral 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-behavioral Health Hospital						
# Submitted	55	611	1,477	56	350	1,202
% Overturned	9.1%	11.8%	33.0%	33.9%	0.0%	37.6%
Behavioral Health Hospital						
# Submitted	20	2	160	19	129	2
% Overturned	30.0%	0.0%	41.9%	42.1%	0.0%	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 results from 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 that denied the claim.

Table 1.6 MCO Appeals Submitted for Inpatient Denied Claims, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute & Non-Behavioral Health Hospital						
# Submitted	38	60	179	1	118	235
% Overturned	10.5%	10.0%	8.9%	0.0%	0.0%	11.9%
Behavioral Health Hospital						
# Submitted	38	-	23	-	28	5
% Overturned	5.3%	N/A	26.1%	N/A	0.0%	20.0%

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 Q2 of CY 2024.

Table 1.7 Rejected Outpatient and Professional Claims (Line Level), CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	3,498,237	3,491,673	6,114,035	1,863,181	8,453,729	7,711,590
# Rejected	6	4,148	2,060	10,202	50,900	13,642

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Adjudicated Claims

Table 1.8 provides the count of unique outpatient and professional 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 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 of determination.

Table 1.8 Outpatient and Professional Claims Adjudicated, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult						
# Adjudicated	32,545	0	42,302	11,451	1,185	19,555
% Denied	21.8%	0.0%	47.5%	28.1%	64.1%	12.0%
# Total Denied	7,094	0	20,110	3,223	759	2,346
# Adjusted	1,431	0	1,817	297	106	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	1,572	0	12,209	423	0	0
Home Health						
# Adjudicated	5,674	3,109	148	2,681	31,532	13,871
% Denied	33.3%	23.3%	27.7%	9.9%	30.3%	22.4%
# Total Denied	1,889	724	41	266	9,540	3,112
# Adjusted	711	217	20	15	362	1,999
# Voided	57	0	0	19	0	0
# Denied as Duplicate	1,050	3	3	12	506	414
Outpatient Hospital						
# Adjudicated	805,510	609,391	204,818	409,674	330,666	1,295,916
% Denied	7.4%	8.1%	7.2%	21.5%	21.0%	13.7%
# Total Denied	59,823	49,558	14,704	87,883	69,555	177,440
# Adjusted	305,885	91,178	13,800	84,276	11,045	134,074
# Voided	21,147	937	0	514	0	0
# Denied as Duplicate	21,913	386	1,433	3,423	6,049	15,085
Outpatient – Other						
# Adjudicated	46,209	34,396	17,542	6,110	1,236,311	126,727
% Denied	18.6%	21.7%	27.2%	34.9%	16.2%	43.0%
# Total Denied	8,608	7,450	4,776	2,131	199,906	54,508
# Adjusted	10,891	2,569	1,670	481	51,764	7,295
# Voided	1,010	0	0	63	0	0
# Denied as Duplicate	659	0	369	213	13,237	664

Rehab – Facility Based						
# Adjudicated	47	53,302	0	2,329	0	19,356
% Denied	27.7%	11.3%	N/A	12.7%	N/A	8.8%
# Total Denied	13	6,029	0	295	0	1,697
# Adjusted	9	2,724	0	17	0	591
# Voided	0	0	0	-	0	0
# Denied as Duplicate	0	4	0	18	0	227
Rehab – Other						
# Adjudicated	0	0	2,535	-	0	30
% Denied	0.0%	0.0%	12.5%	N/A	0.0%	20.0%
# Total Denied	0	0	317	-	0	6
# Adjusted	0	0	159	-	0	0
# Voided	0	0	0	-	0	0
# Denied as Duplicate	0	0	25	-	0	0
Hospice						
# Adjudicated	0	2,397	420	-	0	3,807
% Denied	0.0%	68.5%	28.8%	N/A	0.0%	17.3%
# Total Denied	0	1,641	121	-	0	659
# Adjusted	0	257	118	-	0	718
# Voided	0	13	0	-	0	0
# Denied as Duplicate	0	1	6	-	0	117
Ambulance – EMT & NEAT						
# Adjudicated	49,601	72,314	16,097	82,338	112,083	93,873
% Denied	5.2%	5.2%	3.6%	55.7%	5.0%	7.0%
# Total Denied	2,582	3,789	587	45,830	5,654	6,529
# Adjusted	40,596	60,390	8,952	23,198	83,488	79,056
# Voided	21	38	0	5	0	0
# Denied as Duplicate	487	407	24	206	434	383
Nonemergency Medical Transportation (NEMT)						
# Adjudicated	66,268	52,172	89,050	25,359	105,517	36,519
% Denied	0.0%	7.1%	0.0%	0.0%	0.4%	0.7%
# Total Denied	0	3,716	0	0	387	248
# Adjusted	0	0	0	0	0	82
# Voided	0	0	2	0	0	0
# Denied as Duplicate	0	0	0	0	0	0

DME/Supplies						
# Adjudicated	38,028	27,073	3,859	11,071	67,214	71,055
% Denied	20.2%	18.7%	18.9%	36.0%	21.0%	19.5%
# Total Denied	7,663	5,066	728	3,984	14,126	13,866
# Adjusted	2,480	1,775	317	762	6,814	4,555
# Voided	91	41	0	21	0	0
# Denied as Duplicate	1,030	15	37	55	1,266	2,096
Therapies (PT/OT/ST)						
# Adjudicated	12,071	28,535	41,332	185	85,216	2,823
% Denied	28.4%	12.4%	8.4%	17.8%	13.8%	21.3%
# Total Denied	3,428	3,542	3,481	33	11,751	602
# Adjusted	493	1,496	2,146	8	1,861	75
# Voided	6	0	0	-	0	0
# Denied as Duplicate	321	32	541	-	1,165	139
Primary Care - Pediatrics						
# Adjudicated	12,961	143,816	86,777	9,329	450,891	34,685
% Denied	25.7%	9.0%	9.6%	52.2%	16.0%	33.6%
# Total Denied	3,334	13,012	8,312	4,867	72,104	11,644
# Adjusted	2,012	11,642	7,010	915	30,930	869
# Voided	0	14	0	5	0	0
# Denied as Duplicate	1,907	172	1,387	180	18,351	5,471
Primary Care - Others						
# Adjudicated	96,393	450,411	411,691	182,288	826,715	577,386
% Denied	15.2%	8.1%	13.8%	51.9%	18.5%	6.3%
# Total Denied	14,666	36,633	56,937	94,581	152,776	36,554
# Adjusted	10,067	45,582	42,686	31,337	77,611	64,062
# Voided	46	110	0	26	0	0
# Denied as Duplicate	3,150	265	7,397	1,175	19,381	5,211
OB-GYN & MFM						
# Adjudicated	1,839	58,522	52,494	6,297	162,209	6,870
% Denied	19.4%	5.5%	9.9%	22.5%	14.5%	7.5%
# Total Denied	356	3,203	5,202	1,418	23,519	516
# Adjusted	61	4,926	7,104	3,807	13,812	312
# Voided	0	24	0	-	0	0
# Denied as Duplicate	142	21	597	20	3,345	64

Pediatric Day Health Care						
# Adjudicated	3,363	4,243	2,375	53	6,367	10,653
% Denied	8.4%	1.4%	7.7%	15.1%	7.9%	7.3%
# Total Denied	283	59	184	8	505	781
# Adjusted	106	171	98	5	180	368
# Voided	0	1	0	-	0	0
# Denied as Duplicate	119	0	100	2	101	254
Applied Behavior Analysis						
# Adjudicated	422	15,530	15,907	79	69,779	1,138
% Denied	21.3%	5.2%	6.7%	8.9%	6.5%	8.5%
# Total Denied	90	814	1,067	7	4,552	97
# Adjusted	61	963	1,153	18	2,237	19
# Voided	0	0	0	-	0	0
# Denied as Duplicate	22	32	168	-	1,329	16
Radiology/Imaging						
# Adjudicated	3,895	474	91	5,885	305	1,762
% Denied	20.7%	30.2%	33.0%	65.9%	20.3%	30.6%
# Total Denied	807	143	30	3,879	62	539
# Adjusted	220	93	7	119	143	26
# Voided	2	0	0	0	0	0
# Denied as Duplicate	67	0	2	47	5	56
Personal Care Services						
# Adjudicated	3,737	0	732	197	16,620	6,023
% Denied	11.0%	0.0%	13.4%	100.0%	15.5%	9.6%
# Total Denied	410	0	98	197	2,584	576
# Adjusted	39	0	5	-	177	54
# Voided	0	0	0	-	0	0
# Denied as Duplicate	211	0	15	-	445	285
All Other CMS-1500/PT04						
# Adjudicated	15,102	621,860	263,621	919,454	1,705,780	2,288,766
% Denied	15.3%	15.2%	16.0%	45.8%	25.3%	12.2%
# Total Denied	2,311	94,606	42,057	421,531	431,409	278,587
# Adjusted	0	47,402	26,094	118,685	101,847	306,773
# Voided	0	279	0	552	0	0
# Denied as Duplicate	31	236	1,946	4,605	88,738	28,164

Behavioral Health – Residential						
# Adjudicated	48,621	36,180	15,477	15,376	56,090	73,099
% Denied	12.4%	7.0%	11.2%	11.8%	10.7%	7.9%
# Total Denied	6,032	2,515	1,726	1,812	5,991	5,787
# Adjusted	1,280	700	1,550	751	1,538	1,879
# Voided	21	87	0	11	0	0
# Denied as Duplicate	624	0	171	195	529	788
All Other Specialized Behavioral Health						
# Adjudicated	392,926	47,934	173,523	33,046	691,855	255,070
% Denied	16.1%	10.2%	23.6%	12.7%	18.3%	12.7%
# Total Denied	63,356	4,871	41,014	4,210	126,395	32,475
# Adjusted	20,523	12,629	19,792	1,975	21,924	4,740
# Voided	305	4	0	7	0	0
# Denied as Duplicate	14,012	14	7,114	424	12,228	8,390

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Table 1.9 provides the average number of days taken by MCOs to adjudicate outpatient claims during Q2 CY2024, from claim receipt to payment or notification of non-payment.

Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult	9.7	0.0	1.8	9.4	5.8	6.3
Home Health	25.2	7.9	1.2	2.9	12.8	6.6
Outpatient Hospital	62.8	7.3	1.1	3.7	27.5	5.5
Outpatient - Other	51.7	8.7	0.7	6.5	26.6	5.2
Rehab - Facility Based	108.8	8.0	0.0	4.8	0.0	5.7
Rehab – Other	0.0	0.0	2.7	0.0	0.0	5.3
Hospice	0.0	12.3	0.4	0.0	0.0	10.8
Ambulance - EMT & NEAT	72.3	3.0	6.1	2.6	151.3	3.9
Nonemergency Medical Transportation	11.8	8.2	11.5	11.5	15.5	10.6
DME/Supplies	21.0	7.4	5.0	4.9	25.3	5.4
Therapies (PT/OT/ST)	26.0	10.2	3.6	3.0	20.2	6.6
Primary Care - Pediatrics	30.0	6.7	1.8	2.6	29.7	5.5
Primary Care - Others	23.5	6.9	2.0	2.6	26.2	5.7
OB-GYN & MFM	19.0	6.9	2.1	0.7	20.8	5.4

Pediatric Day Health Care	21.4	12.8	1.9	9.6	29.2	5.7
Applied Behavior Analysis	100.8	8.3	2.5	3.1	28.0	5.6
Radiology/Imaging	24.0	7.3	1.5	6.8	50.1	6.0
Personal Care Services	17.1	0.0	0.9	1.0	9.1	6.2
All Other CMS-1500/PT04	8.2	7.0	1.9	3.6	37.6	5.2
Behavioral Health- Residential	14.6	7.3	1.4	5.0	14.1	8.3
All Other Specialized Behavioral Health	18.9	7.9	3.3	3.7	19.5	5.9

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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental – Adult												
1	479	24.1%	0	0.0%	167	23.4%	117	23.1%	146	94.8%	197	28.2%
2	457	23.7%	0	0.0%	122	17.9%	85	17.6%	102	68.9%	151	50.0%
3	421	23.2%	0	0.0%	101	19.3%	61	16.4%	99	97.1%	116	73.0%
4	226	17.4%	0	0.0%	99	24.0%	39	13.3%	67	50.0%	52	27.4%
5	224	17.3%	0	0.0%	78	23.6%	24	10.2%	44	88.0%	45	27.4%
Home Health												
1	723	70.4%	34	23.9%	14	22.6%	35	100.0%	823	53.6%	369	46.0%
2	405	68.0%	25	6.3%	14	100.0%	33	31.7%	784	40.7%	316	42.0%
3	311	40.1%	15	6.6%	11	9.9%	26	3.2%	681	45.7%	243	36.4%
4	211	33.0%	15	28.3%	8	100.0%	26	100.0%	662	27.1%	196	38.7%
5	27	19.6%	13	6.7%	5	17.9%	22	51.2%	470	38.7%	193	87.3%
Outpatient Hospital												
1	11,239	10.4%	1,559	2.4%	3,200	18.8%	18,226	49.4%	10,501	22.8%	46,340	49.8%
2	2,784	8.7%	863	2.1%	2,746	3.4%	5,593	13.9%	7,698	28.6%	9,079	9.4%
3	1,367	4.9%	734	3.4%	2,407	12.8%	5,204	18.2%	4,515	26.8%	6,496	9.5%
4	1,113	5.8%	624	3.2%	2,401	7.1%	3,511	23.1%	4,294	19.3%	6,025	10.9%
5	804	2.5%	576	4.8%	2,146	11.7%	2,543	15.5%	3,176	21.5%	5,459	13.2%

Outpatient – Other												
1	690	91.5%	52	3.1%	2,309	70.7%	584	69.9%	13,252	15.1%	4,512	13.7%
2	617	8.8%	47	3.1%	1,665	25.2%	344	100.0%	11,402	12.7%	1,703	92.0%
3	182	7.9%	36	100.0%	1,516	37.5%	160	38.9%	9,155	22.9%	1,665	6.5%
4	30	90.9%	35	54.7%	1,196	16.2%	155	42.5%	9,125	39.5%	1,443	91.8%
5	1	100.0%	33	17.3%	1,055	27.5%	114	53.8%	9,116	15.0%	1,302	81.7%
Rehab – Facility Based												
1	1	5.6%	337	17.1%	0	0.0%	76	38.4%	0	0.0%	120	64.9%
2	1	11.1%	233	20.7%	0	0.0%	75	5.4%	0	0.0%	74	30.7%
3	0	0.0%	216	10.8%	0	0.0%	31	21.2%	0	0.0%	71	31.0%
4	0	0.0%	211	5.0%	0	0.0%	25	100.0%	0	0.0%	40	10.6%
5	0	0.0%	183	6.7%	0	0.0%	17	24.6%	0	0.0%	40	42.1%
Rehab – Other												
1	0	0.0%	0	0.0%	316	51.3%	0	0.0%	0	0.0%	4	100.0%
2	0	0.0%	0	0.0%	66	35.5%	0	0.0%	0	0.0%	1	100.0%
3	0	0.0%	0	0.0%	24	6.8%	0	0.0%	0	0.0%	1	100.0%
4	0	0.0%	0	0.0%	24	11.1%	0	0.0%	0	0.0%	0	0.0%
5	0	0.0%	0	0.0%	23	7.5%	0	0.0%	0	0.0%	0	0.0%
Hospice												
1	0	0.0%	19	42.2%	242	89.0%	0	0.0%	0	0.0%	54	100.0%
2	0	0.0%	17	54.8%	186	31.6%	0	0.0%	0	0.0%	40	95.2%
3	0	0.0%	16	3.1%	110	42.3%	0	0.0%	0	0.0%	35	60.3%
4	0	0.0%	12	3.2%	93	100.0%	0	0.0%	0	0.0%	34	27.4%
5	0	0.0%	11	20.8%	91	49.2%	0	0.0%	0	0.0%	31	16.1%
Ambulance - EMT & NEAT												
1	589	1.2%	578	14.6%	104	17.7%	24,857	64.8%	2,872	4.2%	126	5.8%
2	141	1.7%	200	0.5%	82	9.1%	3,534	64.2%	335	4.7%	4	100.0%
3	48	2.1%	123	9.6%	61	33.0%	2,501	22.3%	171	7.9%	2	100.0%
4	19	100.0%	113	3.7%	60	10.5%	583	46.1%	157	5.4%	0	0.0%
5	8	100.0%	97	6.8%	33	13.4%	438	93.6%	109	6.0%	0	0.0%

Non-Emergency Medical Transportation												
1	0	0.0%	277	60.9%	0	0.0%	0	0.0%	200	41.2%	57	31.3%
2	0	0.0%	160	33.5%	0	0.0%	0	0.0%	96	23.7%	46	7.0%
3	0	0.0%	127	27.0%	0	0.0%	0	0.0%	83	45.4%	37	8.3%
4	0	0.0%	124	50.6%	0	0.0%	0	0.0%	19	26.0%	24	10.1%
5	0	0.0%	114	6.1%	0	0.0%	0	0.0%	16	100.0%	15	6.7%
DME/Supplies												
1	652	31.0%	454	25.6%	255	99.6%	587	40.1%	1,289	22.6%	2,148	99.0%
2	550	14.5%	223	20.3%	49	7.3%	265	34.1%	1,195	35.6%	554	24.4%
3	538	40.5%	206	24.0%	46	13.7%	212	27.2%	967	29.4%	548	35.2%
4	379	77.8%	157	14.2%	30	12.8%	168	52.2%	655	16.2%	543	22.2%
5	371	72.2%	140	12.1%	28	28.9%	142	55.0%	643	39.9%	314	27.1%
Therapies (PT/OT/ST)												
1	649	39.9%	119	6.6%	307	20.5%	6	46.2%	697	6.5%	156	70.0%
2	411	45.5%	110	17.6%	281	40.0%	1	50.0%	521	50.7%	56	84.8%
3	216	61.2%	108	14.2%	237	40.9%	1	16.7%	461	64.4%	53	20.1%
4	128	49.8%	107	5.0%	138	12.7%	0	0.0%	440	30.5%	45	84.9%
5	95	32.0%	72	10.0%	121	15.9%	0	0.0%	407	72.4%	30	100.0%
Primary Care - Pediatrics												
1	1,383	76.2%	437	12.7%	2,796	82.5%	605	86.1%	5,384	87.5%	8,094	89.6%
2	296	4.8%	369	6.3%	1,287	5.9%	525	94.1%	4,652	15.3%	440	22.1%
3	250	14.8%	309	14.0%	576	8.9%	288	71.1%	4,337	23.4%	419	19.7%
4	68	34.0%	297	4.2%	498	3.1%	232	29.4%	4,292	10.7%	206	23.3%
5	64	14.3%	252	5.3%	463	3.5%	230	75.9%	3,595	14.2%	173	16.3%
Primary Care - Others												
1	840	26.4%	629	10.4%	4,871	11.0%	27,469	73.5%	18,602	34.4%	961	41.2%
2	330	29.0%	600	8.5%	3,788	95.7%	11,820	71.1%	5,731	30.7%	489	78.1%
3	216	69.9%	534	3.0%	2,832	16.5%	7,905	52.5%	4,796	17.4%	307	59.6%
4	184	4.1%	526	4.3%	2,691	6.8%	4,450	64.2%	3,810	10.0%	282	35.6%
5	136	21.8%	518	9.4%	2,160	84.8%	3,844	72.6%	3,625	13.8%	279	34.1%

OB-GYN & MFM												
1	213	29.3%	198	3.3%	1,624	36.1%	119	73.5%	2,154	9.6%	110	17.4%
2	27	12.7%	178	7.1%	754	9.2%	94	51.1%	1,833	29.8%	72	43.4%
3	7	5.0%	97	11.7%	722	7.3%	92	96.8%	1,792	11.7%	35	16.8%
4	6	6.5%	90	1.7%	555	7.7%	62	44.3%	1,328	14.6%	31	23.8%
5	1	16.7%	77	2.5%	535	100.0%	61	8.2%	1,191	12.3%	15	7.4%
Pediatric Day Health Care												
1	101	100.0%	7	1.5%	122	15.3%	4	13.3%	209	14.2%	124	12.8%
2	94	31.2%	3	1.1%	64	6.5%	4	66.7%	76	11.5%	110	18.5%
3	6	6.3%	2	0.9%	35	6.4%	0	0.0%	73	8.4%	97	23.0%
4	5	5.9%	2	0.3%	19	4.8%	0	0.0%	38	2.3%	76	76.8%
5	2	100.0%	2	0.8%	10	2.8%	0	0.0%	35	10.3%	43	6.0%
Applied Behavioral Analysis												
1	24	8.6%	102	7.3%	262	68.1%	3	100.0%	280	21.2%	63	16.0%
2	0	0.0%	74	14.1%	160	5.2%	2	4.4%	223	48.4%	6	100.0%
3	0	0.0%	49	28.8%	142	4.3%	1	100.0%	191	5.4%	4	100.0%
4	0	0.0%	26	100.0%	114	5.6%	1	100.0%	173	7.9%	2	25.0%
5	0	0.0%	20	6.2%	104	26.9%	0	0.0%	172	27.8%	1	0.5%
Radiology/Imaging												
1	236	21.8%	18	9.4%	43	37.1%	1,482	95.7%	55	20.2%	42	100.0%
2	116	29.5%	8	14.5%	15	26.8%	1,098	38.5%	7	43.8%	39	26.2%
3	41	5.6%	8	21.1%	15	100.0%	322	93.9%	0	0.0%	24	40.7%
4	15	15.5%	8	19.5%	10	66.7%	219	100.0%	0	0.0%	23	27.7%
5	12	12.1%	5	26.3%	6	20.7%	168	99.4%	0	0.0%	23	42.6%
Personal Care Services												
1	98	39.5%	0	0.0%	150	24.8%	197	100.0%	627	26.3%	115	25.4%
2	67	11.5%	0	0.0%	119	36.2%	0	0.0%	481	68.8%	90	100.0%
3	48	30.6%	0	0.0%	110	18.9%	0	0.0%	239	34.4%	60	20.1%
4	21	26.6%	0	0.0%	102	33.7%	0	0.0%	122	50.2%	40	38.8%
5	15	33.3%	0	0.0%	101	23.9%	0	0.0%	103	65.2%	35	13.4%

All Other CMS-1500/PT04												
1	103	33.2%	2,593	5.8%	8,566	37.9%	30,688	48.5%	49,729	33.0%	13,950	14.1%
2	102	26.8%	1,590	32.3%	5,566	7.7%	20,168	67.8%	49,324	56.8%	4,616	9.6%
3	80	21.2%	1,584	6.6%	3,715	9.0%	15,099	80.0%	34,211	39.4%	4,412	9.6%
4	73	49.3%	1,403	6.0%	2,781	6.8%	14,797	55.0%	21,325	37.8%	3,790	48.3%
5	66	21.9%	1,183	5.8%	2,649	15.4%	14,266	20.9%	15,517	24.3%	3,363	11.3%
Behavioral Health- Residential												
1	1,234	82.5%	639	13.9%	900	10.5%	258	7.6%	1,960	70.0%	906	9.7%
2	950	20.5%	185	30.9%	277	21.1%	236	68.0%	890	11.2%	527	16.9%
3	404	45.0%	67	4.9%	181	28.3%	152	82.2%	734	86.4%	411	21.6%
4	93	82.3%	45	12.3%	176	19.6%	140	14.7%	300	11.6%	207	30.0%
5	80	3.1%	39	2.5%	130	27.2%	136	96.5%	225	13.4%	167	34.7%
All Other Specialized Behavioral Health												
1	1,480	21.4%	272	50.6%	933	76.9%	763	54.1%	17,098	30.0%	2,425	30.0%
2	907	11.8%	271	46.1%	869	27.6%	634	13.8%	8,954	29.2%	744	6.9%
3	775	34.4%	226	15.2%	721	54.1%	251	48.8%	6,033	23.2%	369	63.8%
4	720	13.4%	134	94.4%	714	44.8%	236	54.3%	5,268	14.9%	305	87.4%
5	128	49.8%	95	41.9%	699	17.7%	158	51.6%	3,598	47.6%	262	47.3%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & Arbitrations

MCOs are required to 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 review are excluded from this quarterly report. No outpatient arbitrations were reported across the MCOs for Q2 of CY 2024.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q2 of CY 2024. The table shows the number of reconsideration requests submitted for each service category and the percentage of reconsiderations that resulted in overturned denials. The percentage of overturned denied claims results from total overturned claims divided by total 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	7	42.9%	-	N/A	-	N/A	3	33.3%	96	0.0%	243	36.2%
Outpatient Hospital	230	20.4%	1	100.0%	5	20.0%	97	34.0%	2,060	0.0%	2,727	37.6%
Hospice	4	50.0%	3	33.3%	28	42.9%	1	0.0%	12	0.0%	31	74.2%
Transportation	7	42.9%	31	48.4%	36	58.3%	26	23.1%	48	0.0%	222	53.2%
DME	68	22.1%	268	41.0%	604	44.5%	39	30.8%	329	0.0%	584	28.4%
PCP or Specialist	1,126	18.7%	1,009	14.0%	4,495	40.7%	303	38.0%	2,905	0.0%	5,452	41.7%
Applied Behavioral Analysis	6	83.3%	-	N/A	211	62.1%	-	N/A	5	0.0%	-	N/A
Rural Health Clinics/FQHC	7	0.0%	-	N/A	20	0.0%	30	13.3%	148	0.0%	872	44.3%
Other	130	6.2%	261	8.8%	1,402	31.6%	66	36.4%	152	0.0%	1,596	42.5%

Source: 182 Provider Complaints Summary

Table 1.12 presents the total number of outpatient and professional denied claims submitted to the MCO for appeal and the number of denied claims overturned. The data includes the total number of submitted appeals and the percentage of reversed denials after the appeal process. The percentage of overturned denied claims is the result of the total overturned claims divided by the total appeals submitted.

Table 1.12 MCO Appeals Submitted for Outpatient and Professional Denied Claims CY 2024-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	-	N/A	-	N/A	-	N/A	-	N/A	34	0.0%	57	15.8%
Outpatient Hospital	25	4.0%	8	12.5%	1	0.0%	3	0.0%	294	0.0%	448	8.9%
Hospice	-	N/A	2	50.0%	2	100.0%	-	N/A	2	0.0%	3	0.0%
Transportation	4	0.0%	2	0.0%	6	33.3%	-	N/A	9	0.0%	2	50.0%
DME	7	14.3%	4	0.0%	63	27.0%	2	100.0%	57	0.0%	14	0.0%

PCP or Specialist	87	11.5%	11	9.1%	321	17.8%	7	42.9%	566	0.0%	214	12.1%
Applied Behavioral Analysis	-	N/A	-	N/A	9	11.1%	-	N/A	-	N/A	25	36.0%
Rural Health Clinics/FQHC	4	0.0%	-	N/A	-	N/A	-	N/A	25	0.0%	-	N/A
Other	12	16.7%	9	0.0%	83	6.0%	-	N/A	166	0.0%	146	17.1%

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 are required to 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 or denied arbitrations.

Adjudicated Claims

Table 1.13 shows the adjudicated pharmacy claims data for Q2 of CY 2024, including the total number of adjudicated pharmacy claims, number denied, percentage denied, number adjusted, number voided, and number denied as duplicates for each MCO. 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. 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,107,309	1,138,167	2,117,050	459,262	3,026,427	2,843,407
# Total Denied	382,815	370,642	707,516	159,903	945,738	951,824
% Denied	34.6%	32.6%	33.4%	34.8%	31.2%	33.5%
# Adjusted	0	0	0	0	0	0
# Voided	163,900	161,756	302,249	73,362	434,016	401,869
# Denied as Duplicate	2,588	1,758	3,640	802	4,986	8,276

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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	6.8	7.2	6.9	6.6	7.1	6.8

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-Q2

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	2,357	2,019	3,937	1,215	5,266	5,123
	% Denied	43.1%	35.3%	34.9%	36.4%	35.5%	37.4%
2	Denied	2,345	1,921	3,899	989	4,908	4,909
	% Denied	36.9%	36.5%	37.2%	34.4%	21.4%	35.9%
3	Denied	2,095	1,863	3,171	984	4,895	4,868
	% Denied	34.9%	34.0%	68.1%	39.7%	35.2%	39.3%
4	Denied	1,966	1,849	3,144	883	4,848	4,851
	% Denied	51.1%	44.9%	39.1%	33.2%	34.0%	36.7%
5	Denied	1,843	1,714	3,072	852	4,832	4,587
	% Denied	38.6%	39.1%	37.1%	32.2%	47.4%	33.1%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Encounter Submissions

The MCOs are required to send all claims that they have adjudicated — both paid and denied — to LDH so that LDH can 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 are required to submit encounters in a pre-determined 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	1,753,708	742,688	2,827,724	427,210	1,474,924	2,223,604
# Rejected	84,389	7,048	3,059	5,526	0	87,871
Outpatient and Professional Encounter Claims						
# Submitted	1,758,754	1,704,766	3,797,835	1,078,481	3,707,463	4,157,645
# Rejected	70,327	42,820	494	15,037	4,333	0
Pharmacy Encounter Claims						
# Submitted	1,177,429	1,098,912	2,137,255	463,661	3,391,869	3,110,052
# Rejected	0	3,674	6,000	18,000	12,000	0

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 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 own 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 Q2 of CY 2024, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method, CY 2024-Q2

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	16	0	3	1	15	660
	Enrolled	13	0	1	0	8	14
	Not Enrolled	3	0	2	0	5	85
Predictive Modeling	Identified	669	4,315	3,436	1,703	12,710	9,288
	Enrolled	126	502	172	227	337	721
	Not Enrolled	81	49	1,197	954	1,383	2,672
Provider Referral	Identified	4	57	9	143	88	56
	Enrolled	1	5	3	25	16	18
	Not Enrolled	1	1	3	53	8	15
Self-Referral	Identified	66	120	138	20	177	379
	Enrolled	49	47	15	6	108	65
	Not Enrolled	2	1	33	11	6	130
State Referral	Identified	4	25	3	3	7	313
	Enrolled	4	0	3	1	1	270
	Not Enrolled	0	0	0	1	0	1

Source: PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q2 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-Q2

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	35	731	1,768	613	4,574	4,559
	Enrolled	21	299	136	137	211	283
	Not Enrolled	4	9	825	286	783	1,255

SHCN-BH	Identified	111	1,291	470	431	6,473	1,257
	Enrolled	41	210	26	26	72	132
	Not Enrolled	9	12	192	223	263	556
SHCN-BOTH	Identified	33	80	509	256	20	316
	Enrolled	17	10	64	45	5	314
	Not Enrolled	2	0	15	163	5	2
SHCN-DOJ-AR	Identified	467	76	56	10	211	465
	Enrolled	44	7	4	1	17	33
	Not Enrolled	62	0	26	5	61	184
SHCN-421	Identified	2	36	27	6	72	11
	Enrolled	1	6	1	0	4	2
	Not Enrolled	1	0	11	5	29	3
MED non-SHCN	Identified	81	1,840	458	593	868	3,877
	Enrolled	54	16	13	42	106	268
	Not Enrolled	5	23	123	337	118	665
BH non-SHCN	Identified	0	559	406	20	879	990
	Enrolled	0	4	0	11	63	70
	Not Enrolled	0	7	44	4	143	249
BOTH non-SHCN	Identified	72	63	9	16	0	52
	Enrolled	38	0	3	10	0	52
	Not Enrolled	4	0	2	4	0	0

Source: PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q2 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-Q2

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	177	936	644	433	1,641	1,894
		Enrolled	46	120	31	47	50	220
		Not Enrolled	16	11	243	221	158	527
Baton Rouge	2	Identified	95	582	480	361	1,352	1,673
		Enrolled	18	99	22	61	59	177
		Not Enrolled	13	6	164	195	143	467

Thibodaux	3	Identified	62	249	210	139	893	1,151
		Enrolled	8	26	7	15	34	112
		Not Enrolled	9	4	76	79	95	307
Lafayette	4	Identified	100	519	582	221	2,274	1,574
		Enrolled	24	63	36	30	81	151
		Not Enrolled	10	4	179	120	253	463
Lake Charles	5	Identified	29	208	205	104	1,415	469
		Enrolled	7	16	14	21	48	38
		Not Enrolled	3	3	63	61	149	149
Alexandria	6	Identified	59	359	266	88	1,068	673
		Enrolled	18	45	12	14	37	76
		Not Enrolled	6	6	91	54	116	169
Shreveport	7	Identified	112	654	365	181	1,182	1,344
		Enrolled	35	67	18	26	57	123
		Not Enrolled	13	6	131	95	140	315
Monroe	8	Identified	50	542	342	88	1,396	880
		Enrolled	14	47	24	7	56	88
		Not Enrolled	8	4	115	53	163	232
Mandeville	9	Identified	73	440	495	253	1,769	943
		Enrolled	20	67	30	38	48	108
		Not Enrolled	8	7	166	141	185	273
Out of State ¹		Identified	5	9	10	0	0	5
		Enrolled	1	0	0	0	0	0
		Not Enrolled	1	0	6	0	0	1

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 social determinants of health (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.

- 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.

Table 1.20 Total Enrollment in Case Management by Tier Assignment, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	30	294	93	105	66	707
Tier 2 (Med)	118	258	78	129	255	325
Tier 3 (High)	45	14	23	30	152	111

Source: PQ039 Case Management Report

Case Management Enrollees with High-risk Pregnancy, Sickle Cell Disease, and SBH

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 (SBH) services, during Q2 of CY 2024.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell Disease or Specialized Behavioral Health CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	190	548	192	259	470	1,087
# High Risk Pregnancy	1	106	17	11	33	234
% High Risk Pregnancy	0.5%	19.3%	8.9%	4.2%	7.0%	21.5%
# Sickle Cell	0	1	2	0	2	7
% Sickle Cell	0.0%	0.2%	1.0%	0.0%	0.4%	0.6%
# Specialized Behavioral Health	20	120	0	35	89	102
% Specialized Behavioral Health	10.5%	21.9%	0.0%	13.5%	18.9%	9.4%

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, certain 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 between 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

Plan Name	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.healthybluel.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!5CRQF5DX1B0mHfl83JSyrgoUwe_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 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-Q2

	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	82.6%	100.0%	100.0%	100.0%	100.0%	100.0%
% Denied	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%
IP - 0-12						
% Approved	N/A	100.0%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	0.0%	0.0%	N/A	0.0%
IP - 13-17						
% Approved	N/A	100.0%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	0.0%	0.0%	N/A	0.0%

IP - 18+						
% Approved	N/A	97.7%	99.5%	99.7%	N/A	100.0%
% Denied	N/A	2.3%	0.5%	0.3%	N/A	0.0%
PRTF						
% Approved	96.5%	80.0%	100.0%	100.0%	42.2%	68.2%
% Denied	3.5%	20.0%	0.0%	0.0%	57.8%	31.8%
TGH						
% Approved	100.0%	100.0%	100.0%	N/A	N/A	100.0%
% Denied	0.0%	0.0%	0.0%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	96.2%	99.4%	100.0%	N/A	100.0%
% Denied	N/A	3.8%	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	100.0%	N/A	N/A	100.0%
% Denied	N/A	N/A	0.0%	N/A	N/A	0.0%
ASAM 3.5						
% Approved	N/A	98.1%	99.2%	99.4%	N/A	99.7%
% Denied	N/A	1.9%	0.8%	0.6%	N/A	0.3%
ASAM 3.7						
% Approved	N/A	97.1%	89.6%	N/A	N/A	100.0%
% Denied	N/A	2.9%	10.4%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	100.0%	98.7%	98.0%	N/A	99.7%
% Denied	N/A	0.0%	1.3%	2.0%	N/A	0.3%
ASAM 4 WM						
% Approved	N/A	N/A	98.1%	100.0%	N/A	100.0%
% Denied	N/A	N/A	1.9%	0.0%	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 1.23 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 inpatient health service type.

Table 1.23 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q2

	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	-	0.0	-	-	-	0.0
CS – Adult	0.8	1.0	0.3	0.0	0.4	1.0	0.4	1.0	0.1	-	0.0	0.0
IP - 0-12	-	0.0	0.2	0.0	0.4	1.0	0.4	1.0	-	-	0.6	0.0
IP - 13-17	-	0.0	0.2	0.0	0.5	0.0	0.5	1.0	-	-	0.7	0.0
IP - 18+	-	0.0	0.2	0.0	0.6	0.0	0.6	1.0	-	1.0	1.0	0.0
PRTF	0.6	1.0	1.3	0.0	2.0	1.0	2.0	4.0	1.1	-	-0.1	0.0
TGH	0.9	1.0	0.7	0.5	-	0.0	-	0.0	-	-	0.0	0.0
ASAM 3.1	-	0.0	0.5	0.0	-	0.0	0.9	1.0	-	-	1.4	0.0
ASAM 3.2 WM	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 3.3	-	0.0	-	0.0	-	0.0	-	0.0	-	-	0.0	0.0
ASAM 3.5	-	0.0	0.5	1.0	0.6	0.0	0.6	1.0	-	-	1.7	0.0
ASAM 3.7	-	0.0	0.4	0.0	-	0.0	-	0.0	-	-	0.1	0.0
ASAM 3.7 WM	-	0.0	0.4	0.0	0.6	0.0	0.6	1.0	-	-	0.2	0.0
ASAM 4 WM	-	0.0	-	0.0	0.9	1.0	0.9	1.0	-	-	0.7	0.0
Others	-	0.0	-	0.0	-	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-Q2

	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	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
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	100.0%	N/A	N/A	N/A	N/A
% Denied	N/A	0.0%	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 subjected 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-Q2

	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	-	-	-	0.0
CS – Adult	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
IP - 0-12	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
IP - 13-17	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.8	0.0
IP - 18+	-	-	-	0.0	-	0.0	-	0.0	-	0.0	1.0	0.0
PRTF	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
TGH	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.1	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.2 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.3	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

ASAM 3.5	-	-	0.5	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.7	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 3.7 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
ASAM 4 WM	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
Others	-	-	-	0.0	-	0.0	-	0.0	-	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 subject 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	85.4%	99.7%	93.1%	97.7%	72.0%	93.9%
% Denied	14.6%	0.3%	6.9%	2.3%	28.0%	6.1%
CPST						
% Approved	88.3%	99.6%	93.2%	97.8%	72.3%	95.4%
% Denied	11.7%	0.4%	6.8%	2.2%	27.7%	4.6%
ACT						
% Approved	91.4%	98.9%	99.1%	93.5%	98.7%	94.6%
% Denied	8.6%	1.1%	0.9%	6.5%	1.3%	5.4%
MST						
% Approved	81.8%	100.0%	100.0%	93.8%	95.6%	100.0%
% Denied	18.2%	0.0%	0.0%	6.3%	4.4%	0.0%
FFT						
% Approved	85.5%	100.0%	100.0%	100.0%	94.8%	98.9%
% Denied	14.5%	0.0%	0.0%	0.0%	5.2%	1.1%
Homebuilders						
% Approved	86.7%	86.7%	100.0%	N/A	97.6%	100.0%
% Denied	13.3%	13.3%	0.0%	N/A	2.4%	0.0%

Crisis Intervention						
% Approved	95.9%	100.0%	97.2%	80.0%	89.4%	90.0%
% Denied	4.1%	0.0%	2.8%	20.0%	10.6%	10.0%
BHCC						
% Approved	100.0%	N/A	N/A	100.0%	N/A	N/A
% Denied	0.0%	N/A	N/A	0.0%	N/A	N/A
CBCS						
% Approved	N/A	N/A	N/A	N/A	80.0%	100.0%
% Denied	N/A	N/A	N/A	N/A	20.0%	0.0%
Psychotherapy						
% Approved	N/A	80.0%	97.0%	100.0%	89.7%	100.0%
% Denied	N/A	20.0%	3.0%	0.0%	10.3%	0.0%
Med Management						
% Approved	N/A	0.0%	100.0%	100.0%	N/A	N/A
% Denied	N/A	100.0%	0.0%	0.0%	N/A	N/A
ASAM 1						
% Approved	92.9%	N/A	N/A	N/A	N/A	N/A
% Denied	7.1%	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	93.1%	88.9%	97.5%	97.6%	96.0%	99.7%
% Denied	6.9%	11.1%	2.5%	2.4%	4.0%	0.3%
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	100.0%	N/A	100.0%	N/A	N/A	0.0%
% Denied	0.0%	N/A	0.0%	N/A	N/A	100.0%
Psychological Testing						
% Approved	97.9%	24.3%	45.5%	100.0%	90.3%	97.5%
% Denied	2.1%	75.7%	54.5%	0.0%	9.7%	2.5%

PCS						
% Approved	100.0%	N/A	100.0%	40.0%	93.5%	76.5%
% Denied	0.0%	N/A	0.0%	60.0%	6.5%	23.5%
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	89.9%	N/A	N/A	100.0%	95.5%	100.0%
% Denied	10.1%	N/A	N/A	0.0%	4.5%	0.0%

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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	4.3	5.0	0.6	0.0	3.0	3.0	2.8	5.0	2.2	2.0	0.6	0.0
CPST	4.5	5.0	0.6	0.0	3.1	3.0	3.3	5.0	2.3	2.0	0.6	0.0
ACT	5.6	5.0	0.7	0.0	2.2	2.0	3.5	5.0	1.9	1.0	1.4	1.0
MST	3.3	3.0	0.3	0.0	1.9	2.0	3.1	5.0	1.8	1.0	0.7	0.0
FFT	4.1	4.0	0.5	0.0	1.0	3.0	4.0	5.0	1.8	1.0	0.4	0.0
Homebuilders	4.9	5.0	1.2	0.0	1.3	2.0	-	0.0	1.1	1.0	0.8	1.0
Crisis Intervention	1.5	1.0	0.5	0.0	0.8	1.0	1.2	1.5	0.6	1.0	0.2	0.0
BHCC	0.0	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0	-	0.0
CBCS	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	0.0	0.0
Psychotherapy	-	0.0	1.0	1.0	1.7	2.0	0.0	0.0	1.7	1.0	0.0	0.0
Med Management	-	0.0	0.6	0.0	1.0	1.0	0.0	0.0	-	-	-	0.0
ASAM 1	4.5	3.5	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	3.6	3.0	0.6	0.0	1.2	1.0	2.5	2.0	1.3	1.0	0.6	0.0
ASAM 2	2.6	2.0	0.6	0.0	-	0.0	-	0.0	1.0	1.0	0.0	0.0

OTP	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PSS	2.0	2.0	-	0.0	4.0	4.0	-	0.0	-	0.0	9.0	4.5
Psychological Testing	3.0	2.0	0.5	0.0	1.8	2.0	3.1	4.0	0.9	1.0	0.3	0.0
PCS	3.5	3.0	-	0.0	1.4	1.0	2.6	4.0	2.5	2.0	1.6	1.0
IPS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	3.6	2.0	-	0.0	-	0.0	0.0	0.0	1.5	1.0	0.0	0.0

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 subject to prior authorizations, categorized by outpatient health service type.

Table 1.28 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	100.0%	N/A	N/A	100.0%	N/A	N/A
% Denied	0.0%	N/A	N/A	0.0%	N/A	N/A
CPST						
% 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
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	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
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	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
ASAM 2.1						
% 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
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	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 1.29 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 subject 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
PSR	1.0	1.0	-	0.0	-	0.0	2.0	2.0	-	0.0	-	0.0
CPST	-	0.0	-	0.0	-	0.0	2.0	2.0	-	0.0	-	0.0
ACT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
MST	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
FFT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Homebuilders	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Crisis Intervention	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
BHCC	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
CBCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Psychotherapy	3.0	3.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med Management	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 1	1.0	1.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	-	0.0	-	0.0	-	0.0	2.0	2.0	-	0.0	-	0.0
ASAM 2	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
OTP	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PSS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Psychological Testing	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
IPS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	-	0.0	-	0.0	-	0.0	-	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 standard prior authorization requests approved after appeal for all items and services subject to prior authorization, categorized by inpatient health service type.

Table 1.30 Percentage of Inpatient Standard Prior Authorization Requests Approved Post Appeal, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	N/A	0.0%	50.0%	0.0%	N/A	N/A
PRTF	N/A	N/A	0.0%	N/A	46.7%	0.0%
TGH	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1	N/A	100.0%	N/A	N/A	N/A	N/A
ASAM 3.5	0.0%	0.0%	0.0%	0.0%	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 provides the percentage of standard prior authorization requests approved after 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-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	25.0%	N/A	N/A	N/A	N/A	20.0%
ASAM 1	N/A	N/A	N/A	N/A	100.0%	N/A
ASAM 2	N/A	N/A	N/A	N/A	N/A	N/A

ASAM 2.1	0.0%	50.0%	0.0%	N/A	N/A	0.0%
CPST/PSR	33.3%	0.0%	0.0%	N/A	0.0%	0.0%
Psychological Testing	N/A	0.0%	N/A	N/A	N/A	0.0%
Other – MHO	0.0%	25.0%	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 standard prior authorization requests approved and denied for all items and services subject to prior authorization, categorized by inpatient health service type.

Table 1.32 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	81.9%	97.6%	91.8%	77.0%	97.9%	97.4%
% Denied	18.1%	2.4%	8.2%	23.0%	2.1%	2.6%
Rehabilitation						
% Approved	65.0%	100.0%	91.7%	94.9%	91.5%	65.9%
% Denied	35.0%	0.0%	8.3%	5.1%	8.5%	34.1%
Skilled Nursing Facility						
% Approved	84.7%	100.0%	N/A	95.2%	76.4%	71.0%
% Denied	15.3%	0.0%	N/A	4.8%	23.6%	29.0%
Long Term Acute Care Hospital						
% Approved	44.6%	N/A	95.4%	74.1%	90.9%	62.0%
% Denied	55.4%	N/A	4.6%	25.9%	9.1%	38.0%
Hospice						
% Approved	N/A	100.0%	N/A	100.0%	100.0%	N/A
% Denied	N/A	0.0%	N/A	0.0%	0.0%	N/A
Others						
% Approved	N/A	N/A	92.1%	98.5%	N/A	N/A
% Denied	N/A	N/A	7.9%	1.5%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.33 provides average and median processing time (in days) for standard prior authorization requests during Q2 2024.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	1.0	1.0	0.4	0.0	0.4	0.0	0.5	1.0	0.9	1.0	1.5	1.0
Rehabilitation	0.9	1.0	1.0	0.0	0.4	0.0	0.5	1.0	0.9	1.0	1.0	1.0
Skilled Nursing Facility	0.8	1.0	0.0	0.0	-	0.0	0.6	1.0	1.5	1.0	1.1	1.0
Long Term Acute Care Hospital	0.8	1.0	-	0.0	0.3	0.0	0.4	0.0	0.9	1.0	1.2	1.0
Hospice	-	0.0	0.0	0.0	-	0.0	0.0	0.0	1.9	2.0	-	0.0
Others	-	0.0	-	0.0	0.4	0.0	0.3	0.0	-	0.0	-	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 Q2 2024.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	93.8%	99.4%	N/A	100.0%	100.0%	97.2%
% Denied	6.2%	0.6%	N/A	0.0%	0.0%	2.8%
Rehabilitation						
% Approved	N/A	90.0%	N/A	0.0%	100.0%	56.3%
% Denied	N/A	10.0%	N/A	100.0%	0.0%	43.8%
Skilled Nursing Facility						
% Approved	N/A	97.4%	N/A	N/A	N/A	100.0%
% Denied	N/A	2.6%	N/A	N/A	N/A	0.0%

Long Term Acute Care Hospital						
% Approved	N/A	91.2%	N/A	N/A	N/A	N/A
% Denied	N/A	8.8%	N/A	N/A	N/A	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 Q2 2024.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Acute	1.0	1.0	0.5	1.0	-	0.0	0.0	0.0	1.3	1.0	0.9	1.0
Rehabilitation	-	0.0	0.9	0.5	-	0.0	0.0	0.0	0.0	0.0	0.8	1.0
Skilled Nursing Facility	-	0.0	1.1	1.0	-	0.0	-	0.0	-	0.0	1.0	1.0
Long Term Acute Care Hospital	-	0.0	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Other Medical/Physical Inpatient	-	0.0	-	0.0	-	0.0	-	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 approved, denied, and approved after appeal, as well as the average and median processing time.

Table 1.36 provides the percentage of standard prior authorization requests approved and denied during Q2 2024.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	96.2%	97.5%	N/A	97.7%	76.0%	100.0%
% Denied	3.8%	2.5%	N/A	2.3%	24.0%	0.0%
Home Health Care						
% Approved	93.2%	96.7%	99.5%	95.9%	97.2%	99.9%
% Denied	6.8%	3.3%	0.5%	4.1%	2.8%	0.1%
DME, OP & Supplies						
% Approved	82.5%	94.7%	95.1%	97.8%	92.4%	95.1%
% Denied	17.5%	5.3%	4.9%	2.2%	7.6%	4.9%
PCS						
% Approved	80.6%	N/A	88.1%	0.0%	89.6%	64.0%
% Denied	19.4%	N/A	11.9%	100.0%	10.4%	36.0%
Med Proc & Dx Test						
% Approved	34.6%	78.6%	84.4%	90.0%	87.6%	96.6%
% Denied	65.4%	21.4%	15.6%	10.0%	12.4%	3.4%
Transportation						
% Approved	100.0%	100.0%	N/A	100.0%	100.0%	50.0%
% Denied	0.0%	0.0%	N/A	0.0%	0.0%	50.0%
Radiation Therapy						
% Approved	97.5%	N/A	N/A	N/A	100.0%	N/A
% Denied	2.5%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	85.4%	98.3%	90.7%	N/A	95.4%	98.1%
% Denied	14.6%	1.7%	9.3%	N/A	4.6%	1.9%
Transplant						
% Approved	100.0%	N/A	N/A	100.0%	96.2%	N/A
% Denied	0.0%	N/A	N/A	0.0%	3.8%	N/A

Hemodialysis						
% Approved	50.0%	N/A	71.4%	N/A	94.7%	100.0%
% Denied	50.0%	N/A	28.6%	N/A	5.3%	0.0%
Phys Admin Drugs						
% Approved	80.6%	79.4%	73.1%	100.0%	96.0%	100.0%
% Denied	19.4%	20.6%	26.9%	0.0%	4.0%	0.0%
Observation						
% Approved	N/A	N/A	N/A	86.7%	85.6%	N/A
% Denied	N/A	N/A	N/A	13.3%	14.4%	N/A
Radiology/Imaging						
% Approved	82.9%	68.8%	94.2%	99.4%	74.7%	88.0%
% Denied	17.1%	31.2%	5.8%	0.6%	25.3%	12.0%
PDHC						
% Approved	97.4%	100.0%	100.0%	100.0%	95.0%	99.2%
% Denied	2.6%	0.0%	0.0%	0.0%	5.0%	0.8%
Hospice						
% Approved	96.4%	90.2%	100.0%	92.9%	91.7%	100.0%
% Denied	3.6%	9.8%	0.0%	7.1%	8.3%	0.0%
ABA						
% Approved	94.6%	88.6%	94.6%	100.0%	99.9%	97.9%
% Denied	5.4%	11.4%	5.4%	0.0%	0.1%	2.1%
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	95.9%	N/A	N/A	N/A	N/A	N/A
% Denied	4.1%	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	81.1%	96.6%	96.3%	98.5%	N/A	N/A
% Denied	18.9%	3.4%	3.7%	1.5%	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 Q2 2024.

Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2024-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	1.0	0.0	2.3	2.0	-	0.0	2.1	2.0	1.2	1.0	0.8	1.0
Home Health Care	1.2	0.0	2.2	2.0	2.3	2.0	2.1	2.0	2.1	2.0	1.0	1.0
DME, OP & Supplies	2.4	2.0	2.8	2.0	0.7	0.0	0.9	0.0	1.8	1.0	2.2	1.0
PCS	3.6	2.0	-	0.0	1.9	2.0	0.0	0.0	3.5	2.0	7.0	6.0
Med Proc & Dx Test	2.4	2.0	2.3	1.0	0.2	0.0	0.4	0.0	1.9	1.0	1.4	1.0
Transportation	1.7	2.0	2.6	1.0	-	0.0	0.1	1.0	2.0	2.0	2.0	2.0
Radiation Therapy	1.9	1.0	-	0.0	-	0.0	-	0.0	2.4	2.0	-	0.0
Surgery	2.5	2.0	0.8	1.0	0.6	0.0	-	0.0	1.6	1.0	1.4	1.0
Transplant	1.7	2.0	-	0.0	-	0.0	0.8	1.0	2.2	2.0	-	0.0
Hemodialysis	2.8	3.0	-	0.0	3.7	4.0	-	0.0	2.2	1.0	3.0	3.0
Phys Admin Drugs	1.5	1.0	0.4	0.3	0.0	0.0	0.1	0.0	1.7	1.0	1.1	1.0
Observation	-	0.0	-	0.0	-	0.0	1.1	2.0	1.3	1.0	-	0.0
Radiology/Imaging	0.5	0.0	2.5	1.5	0.0	0.0	0.2	0.0	2.4	1.0	0.0	1.0
PDHC	3.7	4.0	2.7	2.0	1.9	2.0	3.0	3.0	2.8	2.0	3.0	2.0
Hospice	1.7	0.0	1.8	1.0	1.0	1.0	1.4	2.0	2.5	2.0	1.5	1.0
ABA	4.1	3.0	0.7	1.0	2.9	2.0	0.0	0.0	1.6	1.0	2.0	1.0
Vision - EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Dental	2.0	2.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Vision	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Other	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	0.7	0.0	4.4	1.0	1.8	2.0	0.3	0.0	-	0.0	-	0.0

Source: 188 Physical Health - Service Authorizations

Expedited Prior Authorization Requests

Table 1.38 provides the percentage of outpatient expedited prior authorization requests approved and denied during Q2 2024.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	89.7%	80.0%	N/A	100.0%	N/A	100.0%
% Denied	10.3%	20.0%	N/A	0.0%	N/A	0.0%
Home Health Care						
% Approved	96.4%	N/A	N/A	100.0%	100.0%	100.0%
% Denied	3.6%	N/A	N/A	0.0%	0.0%	0.0%
DME, OP & Supplies						
% Approved	83.2%	99.1%	N/A	85.7%	97.9%	78.9%
% Denied	16.8%	0.9%	N/A	14.3%	2.1%	21.1%
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
Med Proc & Dx Test						
% Approved	0.0%	91.9%	N/A	87.5%	100.0%	100.0%
% Denied	100.0%	8.1%	N/A	12.5%	0.0%	0.0%
Transportation						
% Approved	N/A	N/A	N/A	N/A	50.0%	N/A
% Denied	N/A	N/A	N/A	N/A	50.0%	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	41.5%	95.7%	N/A	N/A	100.0%	99.1%
% Denied	58.5%	4.3%	N/A	N/A	0.0%	0.9%
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	100.0%
% Denied	N/A	N/A	N/A	N/A	N/A	0.0%
Phys Admin Drugs						
% Approved	89.4%	81.6%	N/A	100.0%	100.0%	N/A
% Denied	10.6%	18.4%	N/A	0.0%	0.0%	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	60.0%	N/A	N/A	100.0%	80.0%	82.8%
% Denied	40.0%	N/A	N/A	0.0%	20.0%	17.2%
PDHC						
% 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
Hospice						
% Approved	100.0%	0.0%	N/A	100.0%	N/A	N/A
% Denied	0.0%	100.0%	N/A	0.0%	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	89.5%	N/A	N/A	N/A	N/A	N/A
% Denied	10.5%	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	50.0%	N/A	N/A	N/A	N/A	N/A
% Denied	50.0%	N/A	N/A	N/A	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 Q2 of CY 2024.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2024-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Rehabilitation	0.4	0.0	0.4	0.0	-	0.0	0.3	0.0	-	0.0	1.0	1.0
Home Health Care	1.3	1.0	-	0.0	-	0.0	0.0	0.0	0.6	0.0	0.0	0.0
DME, OP & Supplies	0.9	1.0	0.6	0.0	-	0.0	0.3	0.0	0.6	0.0	1.0	1.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med Proc & Dx Test	1.0	1.0	0.7	1.0	-	0.0	0.3	0.5	0.3	0.0	1.1	1.0
Transportation	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0
Radiation Therapy	2.8	1.0	-	0.0	-	0.0	-	0.0	0.6	1.0	-	0.0
Surgery	0.9	1.0	0.3	0.0	-	0.0	-	0.0	0.8	1.0	0.7	1.0
Transplant	-	0.0	-	0.0	-	0.0	-	0.0	3.0	3.0	-	0.0
Hemodialysis	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
Phys Admin Drugs	1.2	1.0	0.4	0.3	-	0.0	0.0	0.0	0.5	0.0	-	0.0
Observation	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Radiology/Imaging	1.2	1.0	-	0.0	-	0.0	0.0	0.0	1.0	1.0	0.0	1.0
PDHC	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0
Hospice	0.0	0.0	1.0	1.0	-	0.0	0.0	0.0	-	0.0	-	0.0
ABA	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0
Vision - EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Dental	1.1	1.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Adult Vision	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS - Other	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	0.6	1.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	2	0.0%	8	12.5%	1	0.0%	1	0.0%	1	0.0%	6	33.3%
Rehabilitation	6	50.0%	2	0.0%	-	N/A	-	N/A	2	0.0%	9	33.3%
Surgery	-	N/A	-	N/A	10	20.0%	-	N/A	-	N/A	-	N/A
SNF	2	0.0%	-	N/A	2	50.0%	-	N/A	-	N/A	6	50.0%
LTAC	4	0.0%	-	N/A	-	N/A	-	N/A	-	N/A	6	33.3%
Hospice	-	N/A	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A
Inpatient Others	2	50.0%	2	0.0%	2	50.0%	1	0.0%	1	100.0%	-	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 subject 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-Q2

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	2	50.0%	-	N/A	-	N/A	-	N/A	75	24.0%	-	N/A
Home Health	2	0.0%	2	50.0%	1	0.0%	-	N/A	1	100.0%	-	N/A
DME, OP & Supplies	14	57.1%	5	80.0%	27	29.6%	-	N/A	117	59.0%	25	4.0%
PCS	-	N/A	-	N/A	-	N/A	-	N/A	2	100.0%	8	0.0%
Med Proc & Dx Test	6	33.3%	-	N/A	2	0.0%	1	0.0%	4	75.0%	1	0.0%
Radiation Therapy	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	11	18.2%
Surgery	5	40.0%	1	100.0%	3	00.0%	-	N/A	1	100.0%	1	100.0%
Phys Admin Drugs	10	20.0%	8	50.0%	28	17.9%	3	0.0%	5	100.0%	19	52.6%

Other Prescription Drugs	15	0.0%	-	N/A	51	11.8%	-	N/A	29	58.6%	-	N/A
Radiology/Imaging	5	60.0%	19	68.4%	24	12.5%	-	N/A	139	38.8%	71	32.4%
ABA	1	0.0%	3	66.7%	7	42.9%	-	N/A	-	N/A	10	10.0%
PDHC	-	N/A	-	N/A	-	N/A	-	N/A	2	100.0%	-	N/A
Dental Services	-	N/A	-	N/A	-	N/A	1	0.0%	-	N/A	-	N/A
Others	15	60.0%	13	69.2%	36	36.1%	3	0.0%	7	85.7%	6	16.7%

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 Q2 of CY 2024.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	4,747	4,653	-	2,183	13,198	12,986
% Approved	79.1%	79.3%	N/A	76.9%	79.9%	79.6%
% Denied	20.9%	20.7%	N/A	23.1%	20.1%	20.4%

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 Q2 of CY 2024.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2024-Q2

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	1.3	1.2	-	1.3	1.2	1.2
Median Hours	0.0	0.0	-	0.0	0.0	0.0

Source: 055 Pharmacy Report

Section II: Dental Benefit Program Managers (DBPM)

For the Calendar Year 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 it 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 members under the age of 21. The adult program includes eligible members 21 years or older. Most members 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, Residential Options Waiver, the Supports Waiver or who reside in intermediate care facilities 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 and whether they were rejected or accepted for adjudication. Both DBPMs are currently not applying any front-end pre-adjudication 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 Q2 of CY 2024.

Table 2.1 Claims Rejected, CY 2024-Q2

	DQ	MCNA
# Received	462,537	453,093
# Rejected	0	0

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claims Adjudicated

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 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 of determination.

Table 2.2 Claims Adjudicated, CY 2024-Q2

	DQ	MCNA
EPSDT		
# Adjudicated	407,683	408,376
# Denied	6,534	40,139
% Denied	1.6%	9.8%
# Denied as Duplicate	2,652	6,584
# Adjusted	405	2,395
# Voided	187	0
Adult		
# Adjudicated	54,464	7,582
# Denied	12,969	4,083
% Denied	23.8%	53.9%
# Denied as Duplicate	1,276	252
# Adjusted	15	159
# Voided	45	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-Q2

	DQ	MCNA
EPSDT	13.2	6.6
Adult	9.7	8.3

Source: Report 152 Act 710 Healthy Louisiana Claims Report

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

Table 2.4 lists the top five network participating providers with the highest number of total denied claims, including the number of total denied claims expressed as a ratio to all claims adjudicated for the individual provider.

Table 2.4 Claims Top 5 Denied, CY 2024-Q2

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	133	10.6%	888	18.7%
	2	91	7.4%	770	16.5%
	3	60	4.6%	658	47.9%
	4	58	2.0%	641	20.7%
	5	48	2.1%	605	27.3%
Adult	1	312	88.4%	187	89.0%
	2	204	92.3%	103	83.7%
	3	186	95.4%	91	70.5%
	4	184	63.2%	84	75.7%
	5	75	33.6%	73	94.8%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & 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-Q2

	DQ	MCNA
# Submitted	228	0
% Overturned	0.0%	N/A

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 the total overturned claims divided by the total appeals submitted.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2024-Q2

	DQ	MCNA
# Submitted	73	15
% Overturned	100.0%	26.7%

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 approved, denied, and approved after appeal. Note that the PS113 Grievance, Appeal and Fair Hearing Log report does not provide a breakout of 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-Q2

	DQ	MCNA
	%	%
EPSDT		
% Approved	86.0%	85.8%
% Denied	14.0%	14.2%
Adult		
% Approved	81.4%	69.0%
% Denied	18.6%	31.0%

Source: PQ188 PA Summary (Dental)

Table 2.8 provides the average and median processing times (in days) between the submission of a request and the determination by the DBPM, 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-Q2

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	1.7	1.0	1.0	1.0
Adult	2.6	2.0	1.1	1.0

Source: PQ188 PA Summary (Dental)

Expedited Prior Authorization Requests

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

Table 2.9 Expedited Prior Authorizations Submitted and the Percentage Approved and Denied, CY 2024-Q2

	DQ	MCNA
	%	%
EPSDT		
% Approved	88.7%	86.2%
% Denied	11.3%	13.8%
Adult		
% Approved	70.4%	77.6%
% Denied	29.6%	22.4%

Source: PQ188 PA Summary (Dental)

Table 2.10 provides the average and median processing times (in days) 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-Q2

	DQ		MCNA	
	Avg	Med	Avg	Med
EPSDT	0.2	0.0	0.3	0.0
Adult	0.4	0.0	0.7	1.0

Source: PQ188 PA Summary (Dental)

Encounter Submissions

The DBPMs must send all claims that they have adjudicated — both paid and denied — to LDH for 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 pre-determined 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-Q2

	DQ	MCNA
Submitted	424,954	430,056
Rejected	16,809	5,679

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
CPST	Community Psychiatric Support & Treatment	Table 1.26
CS-Adult	Crisis Stabilization-Adult	Table 1.22
CS-Child	Crisis Stabilization-Child	Table 1.22
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 & DX	Medical Procedure and Diagnosis	Table 1.36
MFM	Maternal Fetal Medicine	Table 1.8
Other - MHO	Mental Health Outpatient	Table 1.31
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
OTP	Opioid X 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
PDHC	Pediatric Day Health Care	Table 1.36
CMS-1500/PT04	Physical Therapy Claims Form	Table 1.8
Vision - EPSDT	Vision - Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36
Dental - EPSDT	Dental - Early and Periodic Screening, Diagnostic, and Treatment	Table 2.2

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