

Healthy Louisiana Claims Report

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

Quarter 3 Calendar Year 2024

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Introduction

Legislation Overview

On June 1, 2018, the Louisiana 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 is the fourth quarterly report on the new Act 233 requirements and covers the third quarter (Q3) of CY 2024.

Provider Categories

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 discreetly identified within these categories, as required by the Louisiana Legislature. In consultation with stakeholders, LDH also agreed that there be 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)
Nonemergency 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 time between the claims adjudication period and the date 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 requests that MCEs verify and possibly update their 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, the state 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 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
United Healthcare 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, along with whether they were rejected or accepted for adjudication and the number of claims denied. 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 Q3 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	8,147	7,930	12,959	6,642	17,784	14,229
# Rejected	5	18	614	1,739	771	0

Source: 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, 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital						
# Adjudicated	4,857	5,056	11,092	4,522	2,581	9,415
# Days Paid	21,148	19,385	46,802	15,760	8,308	29,835
# Days Denied	6,964	6,158	17,147	5,697	3,561	8,043
# Total Days	28,112	25,543	63,949	21,457	11,869	37,878
% Denied	24.8%	24.1%	26.8%	26.6%	30.0%	21.2%
# Adjusted	311	421	1,347	306	161	1,288
# Voided	45	6	0	13	0	0
# Denied as duplicate	125	6	143	43	50	120
Behavioral Hospital						
# Adjudicated	2,466	2,310	3,742	915	1,596	3,097
# Days Paid	12,755	14,601	22,575	5,570	8,119	20,747
# Days Denied	6,053	3,408	9,250	1,838	3,803	3,296
# Total Days	18,808	18,009	31,825	7,408	11,922	24,043
% Denied	32.2%	18.9%	29.1%	24.8%	31.9%	13.7%
# Adjusted	155	457	246	89	146	199
# Voided	481	4	0	2	0	0
# Denied as duplicate	50	2	40	31	16	58

All Other Inpatient						
# Adjudicated	20	172	30	119	14,366	1,019
# Days Paid	25	1,893	95	724	52,005	2,249
# Days Denied	229	1,146	286	291	16,888	1,021
# Total Days	254	3,039	381	1,015	68,893	3,270
% Denied	90.2%	37.7%	75.1%	28.7%	24.5%	31.2%
# Adjusted	0	19	8	16	724	108
# Voided	2	0	0	-	0	0
# Denied as duplicate	0	0	0	5	227	5

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 1.3 provides the average days to adjudicate inpatient claims.

Table 1.3 Average Days to Adjudicate Inpatient Claims, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute Hospital	22.8	10.9	5.5	4.6	39.0	8.2
Behavioral Hospital	42.1	10.0	6.4	4.5	29.8	8.4
All Other Inpatient Hospital	18.6	11.3	4.8	5.0	31.7	15.4

Source: 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute Hospital												
1	57	15.1%	111	51.4%	160	53.2%	117	39.1%	175	32.5%	175	22.7%
2	51	26.0%	91	36.0%	127	21.3%	82	50.3%	59	22.2%	92	17.9%
3	32	100.0%	48	16.3%	116	20.4%	59	12.9%	36	22.4%	91	17.4%
4	14	14.3%	42	15.0%	110	32.9%	49	27.5%	29	24.2%	58	21.4%
5	9	21.4%	33	20.6%	97	24.8%	40	12.4%	23	32.4%	54	20.7%

Behavioral Health Hospital												
1	36	20.9%	27	34.6%	58	56.9%	25	40.3%	85	24.6%	21	8.4%
2	19	13.0%	16	11.2%	49	38.0%	12	22.6%	56	76.7%	20	28.6%
3	15	38.5%	14	15.2%	38	31.9%	9	60.0%	36	40.9%	15	22.1%
4	10	8.8%	12	21.1%	31	19.7%	7	41.2%	26	27.4%	15	31.9%
5	9	19.1%	11	19.0%	31	100.0%	7	21.9%	25	16.4%	14	10.7%
All Other Inpatient Hospital												
1	5	100.0%	7	77.8%	4	100.0%	6	75.0%	184	32.1%	70	16.2%
2	0	0.0%	4	100.0%	3	50.0%	2	5.9%	170	20.9%	21	95.5%
3	0	0.0%	3	33.3%	2	100.0%	2	18.2%	157	29.1%	17	6.9%
4	0	0.0%	3	100.0%	2	100.0%	1	50.0%	124	18.8%	7	87.5%
5	0	0.0%	3	21.4%	1	100.0%	1	25.0%	117	24.8%	6	100.0%

Source: 152 Act 710 Healthy Louisiana Claims Report

Claim Reconsiderations, Appeals & 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 the requesting legislation, requests for independent reviews are excluded from this quarterly report. There were no arbitrations reported across the MCOs for Q3 2024.

MCOs report inpatient hospital claims in two categories: behavioral health and non-behavioral 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 rate of overturned denied claims is calculated by dividing the total number of overturned claims by the total number of reconsiderations submitted.

Table 1.5 MCO Reconsiderations Submitted for Inpatient Denied Claims, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and Non-behavioral Health Hospital						
# Submitted	197	611	1,133	76	304	957
% Overturned	14.2%	13.6%	34.2%	30.3%	40.5%	43.2%
Behavioral Health Hospital						
# Submitted	45	-	141	15	115	-
% Overturned	26.7%	N/A	39.0%	33.3%	28.7%	N/A

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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and Non-behavioral Health Hospital						
# Submitted	35	26	120	3	49	247
% Overturned	14.3%	7.7%	11.7%	0.0%	28.6%	24.3%
Behavioral Health Hospital						
# Submitted	51	2	17	-	22	3
% Overturned	7.8%	0.0%	41.2%	N/A	4.5%	0.0%

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 Q3 2024.

Table 1.7 Rejected Outpatient and Professional Claims (Line-Level), CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	2,872,674	3,372,819	5,883,577	1,827,517	8,197,498	7,423,998
# Rejected	5	4,105	2,727	4,532	43,917	13,395

Source: 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult						
# Adjudicated	24,101	0	27,225	11,451	147	17,804
% Denied	5.5%	0.0%	22.9%	28.1%	82.3%	10.4%
# Total Denied	1,314	0	6,240	3,223	121	1,850
# Adjusted	522	0	26	297	4	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	171	0	3	423	0	0
Home Health						
# Adjudicated	4,261	3,567	128	2,794	29,398	18,695
% Denied	20.1%	48.5%	27.3%	14.7%	18.8%	12.3%
# Total Denied	856	1,730	35	412	5,516	2,305
# Adjusted	508	75	42	79	2,414	7,318
# Voided	0	0	0	8	0	0
# Denied as Duplicate	388	1	7	8	196	386
Outpatient Hospital						
# Adjudicated	633,784	556,192	219,195	360,661	321,259	1,199,658
% Denied	7.2%	9.5%	6.9%	14.9%	21.0%	10.9%
# Total Denied	45,401	53,016	15,018	53,759	67,342	130,291
# Adjusted	173,351	84,458	34,510	20,644	29,567	227,731
# Voided	43	1,048	0	1,315	0	0
# Denied as Duplicate	11,086	832	345	3,514	5,896	16,075
Outpatient – Other						
# Adjudicated	43,502	40,751	17,324	6,391	1,196,385	132,331
% Denied	19.0%	21.5%	24.3%	26.4%	16.4%	46.2%
# Total Denied	8,270	8,750	4,214	1,688	196,395	61,184
# Adjusted	7,045	3,284	2,052	301	122,817	11,306
# Voided	0	0	0	83	0	0
# Denied as Duplicate	1,659	5	196	117	16,215	1,600

Rehab – Facility-Based						
# Adjudicated	406	52,608	0	2,887	0	22,205
% Denied	31.0%	11.1%	0.0%	10.0%	0.0%	9.2%
# Total Denied	126	5,824	0	290	0	2,033
# Adjusted	0	3,209	0	86	0	2,035
# Voided	0	1	0	-	0	0
# Denied as Duplicate	86	43	0	28	0	337
Rehab – Other						
# Adjudicated	0	0	2,307	-	0	7
% Denied	0.0%	0.0%	13.0%	N/A	0.0%	100.0%
# Total Denied	0	0	300	-	0	7
# Adjusted	0	0	47	-	0	0
# Voided	0	0	0	-	0	0
# Denied as Duplicate	0	0	9	-	0	0
Hospice						
# Adjudicated	0	1,471	365	-	0	3,195
% Denied	0.0%	64.0%	27.4%	N/A	0.0%	29.5%
# Total Denied	0	942	100	-	0	944
# Adjusted	0	115	34	-	0	604
# Voided	0	0	0	-	0	0
# Denied as Duplicate	0	0	3	-	0	54
Ambulance – EMT and NEAT						
# Adjudicated	18,953	22,179	7,111	24,972	75,186	45,301
% Denied	15.8%	10.1%	8.2%	26.9%	11.7%	10.8%
# Total Denied	2,986	2,244	586	6,705	8,767	4,900
# Adjusted	1,165	3,844	144	1,288	35,535	14,281
# Voided	0	73	0	30	0	0
# Denied as Duplicate	222	12	60	385	2,206	819
Nonemergency Medical Transportation (NEMT)						
# Adjudicated	68,175	51,982	95,620	28,177	124,433	58,504
% Denied	0.0%	5.4%	0.0%	0.0%	7.8%	1.1%
# Total Denied	0	2,833	0	0	9,666	634
# Adjusted	0	0	0	0	0	214
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	0	0	0	0

DME/Supplies						
# Adjudicated	33,951	25,884	3,902	15,685	62,226	70,454
% Denied	23.7%	21.6%	20.7%	33.1%	22.9%	20.5%
# Total Denied	8,045	5,595	808	5,196	14,259	14,472
# Adjusted	2,042	1,451	418	3,649	2,249	6,229
# Voided	0	28	0	18	0	0
# Denied as Duplicate	759	7	46	165	1,085	1,071
Therapies (PT/OT/ST)						
# Adjudicated	11,699	31,642	39,521	281	76,275	3,172
% Denied	29.0%	13.5%	8.4%	31.7%	13.7%	19.8%
# Total Denied	3,398	4,276	3,316	89	10,450	629
# Adjusted	584	844	1,499	8	1,111	329
# Voided	0	4	0	-	0	0
# Denied as Duplicate	214	5	451	-	1,132	197
Primary Care – Pediatrics						
# Adjudicated	9,698	151,960	81,620	9,633	422,802	28,473
% Denied	10.5%	7.2%	12.0%	55.7%	12.3%	20.2%
# Total Denied	1,020	10,979	9,763	5,367	51,886	5,748
# Adjusted	1,621	24,980	5,028	973	33,057	2,024
# Voided	0	94	0	-	0	0
# Denied as Duplicate	627	64	1,436	71	6,524	2,620
Primary Care – Others						
# Adjudicated	83,452	451,603	371,661	139,539	779,191	607,360
% Denied	10.4%	7.1%	15.7%	42.2%	18.7%	6.7%
# Total Denied	8,694	31,887	58,512	58,856	145,591	40,719
# Adjusted	8,997	105,890	24,007	18,114	74,778	86,828
# Voided	4	189	0	53	0	0
# Denied as Duplicate	2,995	169	6,268	1,035	13,882	6,311
OB-GYN and MFM						
# Adjudicated	1,620	64,438	48,019	3,657	157,503	6,806
% Denied	16.2%	5.0%	12.1%	15.6%	12.9%	7.9%
# Total Denied	262	3,192	5,795	569	20,270	539
# Adjusted	78	13,121	2,645	1,727	15,727	233
# Voided	0	17	0	-	0	0
# Denied as Duplicate	67	38	1,248	11	2,565	158

Pediatric Day Healthcare						
# Adjudicated	2,823	4,964	2,587	130	5,441	9,963
% Denied	3.8%	5.2%	10.7%	65.4%	2.8%	6.7%
# Total Denied	107	258	277	85	154	666
# Adjusted	37	202	51	6	16	200
# Voided	0	0	0	-	0	0
# Denied as Duplicate	16	8	168	4	105	311
Applied Behavior Analysis (ABA)						
# Adjudicated	416	13,982	15,552	29	67,679	925
% Denied	10.3%	3.8%	7.2%	48.3%	7.6%	3.6%
# Total Denied	43	531	1,122	14	5,149	33
# Adjusted	9	355	1,040	14	1,355	10
# Voided	0	8	0	-	0	0
# Denied as Duplicate	2	0	185	-	1,495	22
Radiology/Imaging						
# Adjudicated	3,466	270	115	6,665	210	6,089
% Denied	20.9%	31.5%	27.8%	63.0%	34.3%	23.9%
# Total Denied	726	85	32	4,202	72	1,455
# Adjusted	151	12	5	443	0	565
# Voided	0	0	0	-	0	0
# Denied as Duplicate	48	0	3	25	0	199
Personal Care Services						
# Adjudicated	4,202	0	921	150	16,814	7,124
% Denied	13.8%	0.0%	11.6%	100.0%	14.0%	17.1%
# Total Denied	578	0	107	150	2,361	1,219
# Adjusted	54	0	65	-	79	151
# Voided	0	0	0	-	0	0
# Denied as Duplicate	214	0	21	-	311	551
All Other CMS-1500/PT04						
# Adjudicated	13,777	632,429	248,917	1,005,306	1,630,047	2,154,370
% Denied	14.8%	14.2%	18.1%	42.0%	23.5%	12.9%
# Total Denied	2,039	89,555	44,956	422,090	382,757	277,978
# Adjusted	0	82,307	6,566	165,015	68,501	181,533
# Voided	0	605	0	12,158	0	0
# Denied as Duplicate	19	258	6,269	6,159	55,249	33,583

Behavioral Health – Residential						
# Adjudicated	52,100	36,810	13,980	16,431	59,782	72,608
% Denied	9.4%	9.0%	11.8%	13.0%	12.7%	10.2%
# Total Denied	4,904	3,331	1,646	2,138	7,563	7,425
# Adjusted	2,949	1,217	459	1,938	1,257	2,659
# Voided	0	90	0	6	0	0
# Denied as Duplicate	290	0	48	134	528	666
All Other Specialized Behavioral Health						
# Adjudicated	392,809	36,148	170,531	35,219	701,077	298,644
% Denied	13.1%	11.4%	22.7%	10.6%	17.8%	24.4%
# Total Denied	51,381	4,133	38,657	3,746	124,574	72,874
# Adjusted	34,646	7,426	18,193	1,006	59,299	6,034
# Voided	8	1	0	6	0	0
# Denied as Duplicate	13,233	31	7,026	235	10,062	45,971

Source: 152 Act 710 Healthy Louisiana Claims Report

Table 1.9 provides the average number of days MCOs took to adjudicate outpatient claims during Q3 CY 2024, from claim receipt to payment or notification of nonpayment.

Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental - Adult	17.0	-	11.4	9.4	5.5	6.1
Home Health	20.6	8.5	1.2	2.7	33.9	6.8
Outpatient Hospital	42.3	7.6	1.0	4.1	34.2	6.9
Outpatient - Other	33.3	7.7	0.6	6.5	37.0	6.2
Rehab - Facility-Based	5.3	8.5	-	5.1	-	5.9
Rehab - Other	-	-	3.1	-	-	3.0
Hospice	-	12.7	0.3	-	-	12.4
Ambulance – EMT and NEAT	38.8	6.6	9.4	5.0	127.0	14.3
Nonemergency Medical Transportation	11.3	8.1	11.3	9.0	11.3	10.8
DME/Supplies	14.4	8.9	4.7	3.5	24.1	5.6
Therapies (PT/OT/ST)	64.2	13.0	3.5	4.1	14.1	6.2
Primary Care – Pediatrics	124.5	6.5	1.6	3.2	30.9	5.0
Primary Care – Others	16.7	6.2	2.0	3.7	37.1	7.5
OB-GYN and MFM	8.1	6.5	2.2	1.3	33.1	6.3

Pediatric Day Healthcare	7.5	14.0	2.1	17.2	8.0	6.2
Applied Behavior Analysis	14.5	8.6	2.4	0.1	17.8	5.8
Radiology/Imaging	15.0	9.2	1.5	5.5	27.4	6.1
Personal Care Services	7.3	-	0.8	1.0	8.5	5.4
All Other CMS-1500/PT04	12.6	7.0	2.1	4.0	26.7	6.2
Behavioral Health – Residential	21.3	8.0	1.3	3.3	16.7	12.4
All Other Specialized Behavioral Health	19.8	8.5	3.3	4.1	22.9	6.9

Source: 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Dental – Adult												
1	384	28.9%	0	0.0%	55	27.9%	117	23.1%	74	92.5%	143	38.0%
2	235	26.7%	0	0.0%	36	17.1%	85	17.6%	15	71.4%	47	45.2%
3	46	8.0%	0	0.0%	3	17.6%	61	16.4%	7	87.5%	21	91.3%
4	75	13.1%	0	0.0%	0	0.0%	39	13.3%	6	100.0%	20	60.6%
5	42	8.9%	0	0.0%	0	0.0%	24	10.2%	5	100.0%	19	63.3%
Home Health												
1	544	29.6%	138	24.8%	35	55.6%	75	60.5%	482	24.8%	297	36.1%
2	77	20.2%	136	50.0%	11	22.0%	44	60.3%	472	31.6%	192	6.8%
3	53	26.5%	78	22.0%	10	34.5%	42	7.3%	336	27.2%	186	10.6%
4	33	20.4%	64	33.5%	8	18.6%	33	100.0%	292	19.4%	186	99.5%
5	18	81.8%	45	25.9%	6	31.6%	33	100.0%	289	41.9%	162	22.5%
Outpatient Hospital												
1	3,637	4.6%	1,288	2.7%	3,355	4.1%	4,523	10.8%	10,986	20.5%	8,160	9.4%
2	1,563	7.2%	1,089	3.6%	3,119	5.9%	3,027	11.4%	6,444	29.1%	7,204	8.0%
3	1,007	7.4%	612	5.8%	2,608	7.9%	2,389	23.8%	5,835	23.2%	7,025	11.4%
4	783	3.2%	603	3.0%	2,200	7.4%	2,346	16.9%	2,831	19.8%	4,498	16.3%
5	326	14.2%	589	1.8%	2,048	10.4%	2,337	14.5%	2,757	15.8%	4,353	12.3%

Outpatient – Other												
1	228	6.3%	88	4.7%	1,768	48.8%	311	46.4%	12,202	53.0%	4,561	13.5%
2	187	82.4%	57	2.3%	1,440	22.8%	245	100.0%	11,960	28.6%	2,067	95.1%
3	130	8.4%	50	83.3%	1,133	27.3%	141	59.7%	11,396	12.7%	1,758	7.3%
4	44	39.6%	26	2.5%	1,110	17.1%	136	40.5%	11,344	14.4%	1,634	85.0%
5	30	100.0%	25	1.2%	1,014	18.7%	93	53.1%	8,750	15.0%	1,568	88.6%
Rehab – Facility-Based												
1	0	0.0%	617	14.2%	0	0.0%	110	6.2%	-	N/A	81	41.8%
2	0	0.0%	398	15.6%	0	0.0%	64	18.7%	-	N/A	72	29.4%
3	0	0.0%	353	19.2%	0	0.0%	32	25.2%	-	N/A	72	80.9%
4	0	0.0%	300	24.9%	0	0.0%	31	58.5%	-	N/A	61	11.2%
5	0	0.0%	163	13.0%	0	0.0%	25	8.6%	-	N/A	59	10.7%
Rehab – Other												
1	0	0.0%	0	0.0%	227	46.8%	0	0.0%	-	N/A	6	100.0%
2	0	0.0%	0	0.0%	40	76.9%	0	0.0%	-	N/A	1	100.0%
3	0	0.0%	0	0.0%	33	4.7%	0	0.0%	-	N/A	-	N/A
4	0	0.0%	0	0.0%	30	7.6%	0	0.0%	-	N/A	-	N/A
5	0	0.0%	0	0.0%	24	10.7%	0	0.0%	-	N/A	-	N/A
Hospice												
1	0	0.0%	22	9.5%	426	57.0%	0	0.0%	-	N/A	254	97.3%
2	0	0.0%	17	32.7%	190	31.2%	0	0.0%	-	N/A	127	19.3%
3	0	0.0%	12	60.0%	168	26.5%	0	0.0%	-	N/A	99	100.0%
4	0	0.0%	12	36.4%	95	100.0%	0	0.0%	-	N/A	61	33.2%
5	0	0.0%	10	8.3%	72	65.5%	0	0.0%	-	N/A	59	63.4%
Ambulance – EMT and NEAT												
1	710	8.1%	547	22.0%	139	100.0%	2,575	35.3%	3,511	8.8%	58	5.9%
2	85	7.1%	109	11.9%	107	9.1%	1,427	14.3%	218	9.9%	15	37.5%
3	2	100.0%	106	1.1%	69	79.3%	350	98.9%	195	27.3%	-	N/A
4	0	0.0%	49	4.8%	56	14.7%	227	25.0%	125	7.1%	-	N/A
5	0	0.0%	42	13.9%	38	4.7%	100	79.4%	72	9.4%	-	N/A

Non-Emergency Medical Transportation												
1	0	0.0%	268	25.8%	0	0.0%	0	0.0%	1,049	50.3%	114	47.5%
2	0	0.0%	228	49.9%	0	0.0%	0	0.0%	806	35.9%	54	18.4%
3	0	0.0%	137	19.1%	0	0.0%	0	0.0%	596	16.8%	29	10.9%
4	0	0.0%	128	58.4%	0	0.0%	0	0.0%	497	69.4%	24	6.7%
5	0	0.0%	109	19.3%	0	0.0%	0	0.0%	415	43.5%	19	7.5%
DME/Supplies												
1	1,131	74.6%	615	33.9%	254	100.0%	707	34.6%	1,991	35.2%	602	72.5%
2	535	30.6%	200	20.6%	85	77.3%	384	28.1%	1,104	31.1%	1,528	59.4%
3	224	40.9%	166	19.1%	63	16.8%	310	59.4%	956	34.2%	863	52.9%
4	202	19.1%	154	14.7%	38	13.5%	250	30.7%	565	15.3%	608	16.5%
5	141	37.1%	94	20.1%	38	33.6%	208	49.5%	424	16.0%	-	N/A
Therapies (PT/OT/ST)												
1	590	39.1%	269	32.3%	193	14.0%	58	63.0%	626	67.7%	85	49.1%
2	348	38.6%	123	14.8%	186	10.1%	2	33.3%	478	15.1%	54	62.1%
3	277	34.3%	110	47.4%	155	19.9%	0	0.0%	426	5.7%	49	100.0%
4	207	61.1%	100	16.9%	149	3.7%	0	0.0%	333	27.6%	46	51.1%
5	103	29.3%	97	5.2%	147	38.6%	0	0.0%	293	14.5%	25	56.8%
Primary Care – Pediatrics												
1	285	52.4%	659	16.3%	3,168	99.1%	1,601	70.2%	4,421	14.9%	1,657	60.8%
2	120	1.5%	464	7.3%	1,492	6.4%	698	86.2%	3,224	8.0%	1,040	35.7%
3	97	28.8%	258	10.7%	771	73.5%	485	89.8%	2,998	15.1%	668	31.8%
4	35	1.9%	248	3.9%	657	5.2%	195	67.5%	2,344	14.5%	315	26.7%
5	9	3.2%	236	1.5%	586	53.4%	184	47.1%	2,274	17.0%	143	23.2%
Primary Care – Others												
1	750	26.0%	970	2.5%	5,505	12.6%	9,238	45.1%	11,176	23.0%	1,795	90.0%
2	242	27.5%	786	30.9%	4,823	98.4%	8,815	61.0%	6,862	87.5%	1,678	87.0%
3	218	26.3%	750	32.9%	3,423	93.0%	4,938	48.6%	5,115	17.1%	1,235	90.1%
4	142	4.5%	664	5.2%	3,084	20.7%	4,365	75.5%	4,407	26.3%	582	88.9%
5	119	32.5%	478	7.8%	3,042	7.6%	2,377	76.3%	3,904	10.6%	582	95.6%

OB-GYN and MFM												
1	168	22.4%	173	37.2%	1,798	36.6%	142	65.1%	2,106	9.7%	79	14.1%
2	13	6.4%	152	2.3%	1,648	74.6%	86	76.1%	1,880	13.4%	43	30.3%
3	11	8.9%	140	12.9%	934	11.2%	30	22.9%	1,685	78.5%	38	29.0%
4	5	5.7%	138	1.4%	668	7.4%	23	95.8%	1,348	16.0%	19	13.5%
5	0	0.0%	95	27.7%	621	96.0%	21	75.0%	1,033	30.7%	-	N/A
Pediatric Day Healthcare												
1	0	0.0%	60	4.0%	455	36.7%	28	49.1%	92	12.8%	250	21.3%
2	0	0.0%	4	1.9%	69	18.0%	4	100.0%	22	1.9%	101	15.5%
3	0	0.0%	2	0.3%	46	13.8%	2	100.0%	15	2.4%	67	9.4%
4	0	0.0%	2	5.7%	20	7.6%	0	0.0%	13	1.0%	52	81.3%
5	0	0.0%	1	0.3%	16	2.5%	0	0.0%	6	1.0%	34	8.2%
Applied Behavioral Analysis												
1	0	0.0%	77	55.0%	308	43.9%	13	68.4%	486	30.7%	12	7.5%
2	0	0.0%	62	75.6%	133	3.9%	1	100.0%	423	26.3%	10	2.6%
3	0	0.0%	24	92.3%	132	64.4%	0	0.0%	420	19.3%	3	4.1%
4	0	0.0%	20	3.6%	127	30.0%	0	0.0%	288	8.3%	-	N/A
5	0	0.0%	19	2.1%	102	4.4%	0	0.0%	185	16.4%	-	N/A
Radiology/Imaging												
1	119	14.3%	20	21.3%	36	18.2%	1,458	96.9%	70	38.0%	104	83.2%
2	86	43.2%	9	14.1%	26	100.0%	1,326	39.7%	2	13.3%	100	31.1%
3	84	19.3%	3	9.1%	13	31.7%	574	98.0%	-	N/A	88	28.5%
4	61	29.8%	2	33.3%	13	100.0%	212	100.0%	-	N/A	68	27.1%
5	30	4.5%	2	14.3%	3	15.8%	107	100.0%	-	N/A	67	81.7%
Personal Care Services												
1	175	100.0%	0	0.0%	160	53.2%	147	100.0%	397	12.2%	115	25.4%
2	70	21.3%	0	0.0%	127	21.3%	3	100.0%	328	16.0%	90	100.0%
3	16	9.6%	0	0.0%	116	20.4%	0	0.0%	209	73.6%	60	20.1%
4	0	0.0%	0	0.0%	110	32.9%	0	0.0%	166	58.7%	40	38.8%
5	0	0.0%	0	0.0%	97	24.8%	0	0.0%	120	10.4%	35	13.4%

All Other CMS-1500/PT04												
1	120	31.7%	2,632	5.8%	6,739	40.8%	31,609	50.2%	51,515	51.7%	16,534	15.9%
2	82	89.1%	1,787	7.0%	5,658	8.3%	20,946	14.3%	25,001	71.7%	3,586	8.5%
3	70	31.4%	1,518	33.2%	2,688	9.4%	14,838	75.5%	18,323	16.1%	3,530	13.3%
4	62	53.4%	1,422	3.0%	2,641	19.4%	12,212	91.1%	14,158	22.3%	3,431	9.6%
5	55	19.4%	1,132	6.2%	2,411	6.6%	11,656	58.4%	9,563	20.8%	2,080	12.7%
Behavioral Health – Residential												
1	1,308	23.1%	623	12.4%	1,302	14.4%	478	90.2%	3,228	92.5%	1,666	17.9%
2	505	16.4%	113	6.4%	222	26.9%	393	22.9%	1,120	99.1%	196	9.4%
3	416	24.3%	95	27.2%	152	14.3%	221	6.8%	632	7.9%	193	21.1%
4	95	16.6%	36	6.9%	142	54.8%	179	5.8%	243	15.1%	179	82.5%
5	24	3.9%	34	8.6%	131	4.3%	63	37.7%	213	2.8%	176	13.8%
All Other Specialized Behavioral Health												
1	1,624	18.2%	630	89.2%	1,806	86.2%	308	36.2%	17,647	40.9%	14,996	71.4%
2	375	19.8%	156	23.1%	1,732	65.0%	204	37.6%	7,928	16.1%	14,228	71.4%
3	218	30.2%	109	20.4%	1,561	99.9%	191	4.4%	7,831	24.1%	10,166	69.1%
4	207	61.1%	85	80.2%	1,449	81.9%	153	15.3%	5,060	24.4%	8,944	73.8%
5	103	29.3%	79	95.2%	860	15.6%	138	13.8%	4,931	92.2%	959	8.6%

Source: 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. No outpatient arbitrations were reported across the MCOs for Q3 2024.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q3 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	8	50.0%	10	10.0%	-	N/A	7	28.6%	74	33.8%	214	27.1%
Outpatient Hospital	551	26.1%	-	N/A	-	N/A	56	35.7%	2,420	33.4%	1,991	39.0%
Hospice	11	9.1%	6	16.7%	23	39.1%	-	N/A	41	4.9%	53	64.2%
Transportation	5	0.0%	11	36.4%	61	60.7%	10	30.0%	31	22.6%	239	49.4%
DME	124	14.5%	248	31.9%	698	43.0%	74	63.5%	491	33.8%	408	22.1%
PCP or Specialist	1,062	17.3%	1,048	12.9%	3,684	42.1%	674	41.2%	4,443	38.3%	3,294	42.6%
Applied Behavioral Analysis	3	33.3%	-	N/A	192	39.1%	-	N/A	9	66.7%	-	N/A
Rural Health Clinics/FQHC	7	0.0%	-	N/A	30	3.3%	5	80.0%	104	37.5%	663	47.2%
Other	163	9.8%	335	14.6%	1,181	37.4%	61	19.7%	261	33.7%	1,153	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, as well as the number of denied claims that were 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 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	3	33.3%	1	0.0%	-	N/A	-	N/A	61	37.7%	48	14.6%
Outpatient Hospital	35	5.7%	18	11.1%	-	N/A	5	20.0%	213	36.2%	169	14.8%
Hospice	-	N/A	2	0.0%	1	100.0%	-	N/A	4	0.0%	5	100.0%
Transportation	-	N/A	7	28.6%	11	36.4%	-	N/A	24	16.7%	9	22.2%

DME	20	35.0%	1	0.0%	62	21.0%	-	N/A	61	42.6%	18	50.0%
PCP or Specialist	126	7.1%	24	16.7%	310	18.1%	7	28.6%	650	52.5%	227	14.1%
Applied Behavioral Analysis	-	N/A	-	N/A	40	15.0%	-	N/A	-	N/A	3	66.7%
Rural Health Clinics/FQHC	2	0.0%	-	N/A	3	0.0%	-	N/A	7	28.6%	-	N/A
Other	13	0.0%	7	0.0%	75	18.7%	1	0.0%	173	6.4%	127	19.7%

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, or denied arbitrations.

Adjudicated Claims

Table 1.13 presents the adjudicated pharmacy claims data for Q3 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy						
# Adjudicated	1,060,890	1,041,209	1,963,900	471,209	2,756,824	2,617,635
# Total Denied	410,919	388,691	747,029	182,929	989,747	995,965
% Denied	38.7%	37.3%	38.0%	38.8%	35.9%	38.0%
# Adjusted	0	0	0	0	0	0
# Voided	160,608	157,405	293,538	75,499	422,374	397,075
# Denied as Duplicate	2,076	2,294	4,157	997	5,627	6,657

Source: 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Pharmacy	5.5	5.6	5.6	5.4	5.8	5.5

Source: 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-Q3

		ABH	ACLA	HBL	HHH	LHCC	UHC
1	Denied	2,996	2,185	4,323	1,386	5,850	5,866
	% Denied	41.5%	37.1%	38.4%	38.5%	37.6%	38.4%
2	Denied	2,497	2,177	4,222	1,173	5,627	5,612
	% Denied	43.4%	36.4%	37.3%	42.1%	37.4%	39.2%
3	Denied	2,424	1,916	3,361	1,156	5,587	5,508
	% Denied	37.7%	35.4%	41.0%	36.6%	37.2%	38.9%
4	Denied	2,246	1,800	3,322	953	5,343	5,346
	% Denied	43.3%	43.7%	39.8%	37.2%	29.1%	40.0%
5	Denied	2,215	1,670	3,206	951	4,972	5,296
	% Denied	52.1%	40.5%	34.0%	35.6%	38.5%	38.7%

Source: 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, allowing LDH to capture all information about MCO medical expenditures and 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 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Institutional Encounter Claims						
# Submitted	978,134	752,362	1,718,200	1,033,042	1,670,964	2,202,327
# Rejected	15,108	6,378	25,291	32,381	0	86,471
Outpatient and Professional Encounter Claims						
# Submitted	1,675,518	1,763,477	3,706,809	1,219,099	3,662,196	3,935,169
# Rejected	44,575	35,852	0	38,854	3,654	20,000
Pharmacy Encounter Claims						
# Submitted	1,044,619	889,619	1,976,667	457,870	2,693,067	2,572,747
# Rejected	0	2,263	12,000	0	18,000	12,000

Source: 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 a high risk and/or 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 own policies and procedures for identification and assessment. As such, the reporting for case management has shown some variation across MCOs.

Medicaid Enrollees Identified for Case Management

Tables 1.17 to 1.19 provide the total number of Medicaid enrollees 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 Q3 2024, broken down by identification method and MCO.

Table 1.17 Case Management by Identification Method, CY 2024-Q3

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	28	0	2	0	2	843
	Enrolled	19	0	0	0	2	1
	Not Enrolled	2	0	1	0	0	99
Predictive Modeling	Identified	470	3,249	2,538	1,708	9,181	9,623
	Enrolled	195	416	130	239	283	744
	Not Enrolled	59	41	742	954	921	3,101
Provider Referral	Identified	1	49	5	157	111	85
	Enrolled	0	5	2	28	22	18
	Not Enrolled	0	1	0	89	21	19
Self-Referral	Identified	77	107	152	12	216	326
	Enrolled	67	50	12	7	138	54
	Not Enrolled	3	3	44	3	4	126
State Referral	Identified	12	11	3	2	5	323
	Enrolled	11	1	1	1	0	237
	Not Enrolled	0	1	0	1	0	4

Source: PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q3 2024, broken down by the reason for identification and the MCO. The data shows a range of needs, including special healthcare 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-Q3

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	32	592	1,431	523	3,899	4,569
	Enrolled	21	281	96	124	189	285
	Not Enrolled	4	14	492	247	435	1,648

SHCN-BH	Identified	161	905	526	572	4,079	1,294
	Enrolled	114	171	7	28	97	107
	Not Enrolled	11	10	164	335	240	377
SHCN-BOTH	Identified	41	52	251	212	10	329
	Enrolled	24	3	51	47	0	325
	Not Enrolled	4	0	5	117	3	2
SHCN-DOJ-AR	Identified	160	30	13	30	235	424
	Enrolled	23	3	0	2	24	17
	Not Enrolled	29	5	8	25	57	159
SHCN-421	Identified	0	16	25	2	94	18
	Enrolled	0	2	5	0	6	3
	Not Enrolled	0	0	7	2	29	2
MED non-SHCN	Identified	111	1,473	225	587	571	4,256
	Enrolled	70	15	10	66	85	335
	Not Enrolled	12	8	85	320	76	955
BH non-SHCN	Identified	0	421	281	8	713	972
	Enrolled	0	3	0	1	53	39
	Not Enrolled	0	9	28	2	106	217
BOTH non-SHCN	Identified	135	36	7	19	0	73
	Enrolled	78	0	4	11	0	72
	Not Enrolled	4	0	0	4	0	0

Source: PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q3 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-Q3

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	154	729	493	387	1,295	1,907
		Enrolled	66	98	19	67	58	179
		Not Enrolled	18	9	161	211	108	553
Baton Rouge	2	Identified	64	452	313	443	1,088	1,745
		Enrolled	37	84	20	71	50	217
		Not Enrolled	7	8	91	255	95	585

Thibodaux	3	Identified	44	197	161	131	653	1,152
		Enrolled	16	21	4	14	35	93
		Not Enrolled	4	0	46	76	51	340
Lafayette	4	Identified	74	423	407	213	1,656	1,663
		Enrolled	41	58	32	24	85	151
		Not Enrolled	8	2	134	123	174	526
Lake Charles	5	Identified	18	157	149	88	1,007	460
		Enrolled	10	14	12	14	51	44
		Not Enrolled	0	4	45	54	112	127
Alexandria	6	Identified	52	289	204	93	795	751
		Enrolled	23	37	9	13	41	68
		Not Enrolled	5	3	56	50	85	256
Shreveport	7	Identified	84	486	292	192	907	1,435
		Enrolled	49	62	14	32	38	131
		Not Enrolled	11	12	73	101	99	372
Monroe	8	Identified	47	390	281	88	907	976
		Enrolled	26	57	12	13	44	77
		Not Enrolled	5	6	61	41	100	270
Mandeville	9	Identified	51	277	395	241	1,208	1,054
		Enrolled	23	42	23	28	43	94
		Not Enrolled	6	1	119	136	122	320
Out of State		Identified	1	8	3	0	0	2
		Enrolled	1	0	0	0	0	0
		Not Enrolled	0	1	1	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 case management 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 case management 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Tier 1 (Low)	73	271	95	126	56	624
Tier 2 (Med)	157	200	34	119	236	405
Tier 3 (High)	65	8	17	31	153	71

Source: PQ039 Case Management Report

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

Table 1.21 presents the total case management enrollment counts and the percentage of those enrolled with high-risk pregnancies, those who have sickle cell disease, and those who received specialized behavioral health (SBH) services during Q3 2024.

Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell, and Specialized Behavioral Health, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Enrolled	290	471	145	274	445	1,052
# High Risk Pregnancy	14	86	10	17	16	265
% High Risk Pregnancy	4.8%	18.3%	6.9%	6.2%	3.6%	25.2%
# Sickle Cell	1	2	5	0	1	4
% Sickle Cell	0.3%	0.4%	3.4%	0.0%	0.2%	0.4%
# Specialized Behavioral Health	32	80	0	16	106	82
% Specialized Behavioral Health	11.0%	17.0%	0.0%	5.8%	23.8%	7.8%

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 links to 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	aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/ABHLA_Prior_Authorization_Requirements.pdf
ACLA	amerihealthcaritasla.com/provider/resources/priorauth/index.aspx
HBL	provider.healthybluel.com/docs/gpp/LA_HBPAlist.pdf?v=202405102052
HHH	docushare-app (humana.com)
LHCC	louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx;!!CCC_mTA!5CRQF5DX1BOmHfI83JSyrgoUwe_9dv6mW2JXlpDPDzofEIMBEpwiBGa2v9JD0Fz80OFND56QDMX8PkUuvHf6Cn0UjU\$
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 subject to prior authorization, categorized by inpatient health service type.

Table 1.22 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
CS – Child						
% Approved	N/A	N/A	100.0%	N/A	N/A	N/A
% Denied	N/A	N/A	0.0%	N/A	N/A	N/A
CS – Adult						
% Approved	76.7%	N/A	100.0%	100.0%	100.0%	100.0%
% Denied	23.3%	N/A	0.0%	0.0%	0.0%	0.0%
IP-0-12						
% Approved	N/A	83.3%	100.0%	100.0%	N/A	100.0%
% Denied	N/A	16.7%	0.0%	0.0%	N/A	0.0%
IP-13-17						
% Approved	N/A	100.0%	96.8%	100.0%	N/A	100.0%
% Denied	N/A	0.0%	3.2%	0.0%	N/A	0.0%

IP-18+						
% Approved	N/A	98.7%	98.9%	99.1%	N/A	100.0%
% Denied	N/A	1.3%	1.1%	0.9%	N/A	0.0%
PRTF						
% Approved	96.4%	77.8%	99.1%	100.0%	34.2%	57.6%
% Denied	3.6%	22.2%	0.9%	0.0%	65.8%	42.4%
TGH						
% Approved	90.0%	100.0%	100.0%	N/A	N/A	100.0%
% Denied	10.0%	0.0%	0.0%	N/A	N/A	0.0%
ASAM 3.1						
% Approved	N/A	94.4%	98.6%	97.7%	N/A	99.1%
% Denied	N/A	5.6%	1.4%	2.3%	N/A	0.9%
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	97.1%	99.2%	99.8%	N/A	99.7%
% Denied	N/A	2.9%	0.8%	0.2%	N/A	0.3%
ASAM 3.7						
% Approved	N/A	97.8%	88.7%	N/A	N/A	100.0%
% Denied	N/A	2.2%	11.3%	N/A	N/A	0.0%
ASAM 3.7 WM						
% Approved	N/A	100.0%	98.4%	97.9%	N/A	100.0%
% Denied	N/A	0.0%	1.6%	2.1%	N/A	0.0%
ASAM 4 WM						
% Approved	N/A	N/A	100.0%	84.6%	N/A	100.0%
% Denied	N/A	N/A	0.0%	15.4%	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 subject 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-Q3

	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	-	-	-	0.0
CS – Adult	0.7	1.0	-	0.0	0.0	0.0	0.6	0.0	0.1	0.0	0.0	0.0
IP-0-12	-	0.0	0.2	0.0	0.0	0.0	0.6	1.0	-	-	1.1	0.0
IP-13-17	-	0.0	0.2	0.0	0.4	0.0	0.8	1.0	-	-	0.9	0.0
IP-18+	-	0.0	0.3	0.0	0.7	1.0	0.8	1.0	-	-	1.1	0.0
PRTF	0.7	1.0	0.7	1.0	0.3	1.0	0.6	1.0	1.0	1.0	1.6	0.0
TGH	0.6	1.0	0.2	0.0	0.4	0.0	-	0.0	-	-	0.0	0.0
ASAM 3.1	-	0.0	0.5	0.0	0.3	1.0	1.0	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	0.3	0.0	-	0.0	-	-	12.5	12.5
ASAM 3.5	-	0.0	0.6	0.0	0.4	1.0	0.9	1.0	-	-	1.9	0.0
ASAM 3.7	-	0.0	0.5	0.0	0.5	1.0	-	0.0	-	-	0.0	0.0
ASAM 3.7 WM	-	0.0	0.4	0.0	0.5	1.0	0.9	1.0	-	-	0.2	0.0
ASAM 4 WM	-	0.0	-	0.0	0.4	1.0	1.0	1.0	-	-	0.6	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 subject to prior authorization, categorized by inpatient health service type.

Table 1.24 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q3

	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 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-Q3

	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	3.0	3.0
IP-13-17	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.3	0.0
IP-18+	-	-	-	0.0	-	0.0	-	0.0	-	0.0	0.4	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	-	-	-	0.0	-	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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
PSR						
% Approved	87.3%	99.7%	92.9%	97.9%	70.8%	94.7%
% Denied	12.7%	0.3%	7.1%	2.1%	29.2%	5.3%
CPST						
% Approved	89.4%	99.7%	93.7%	96.4%	71.5%	96.1%
% Denied	10.6%	0.3%	6.3%	3.6%	28.5%	3.9%
ACT						
% Approved	94.0%	100.0%	98.2%	90.8%	97.6%	95.2%
% Denied	6.0%	0.0%	1.8%	9.2%	2.4%	4.8%
MST						
% Approved	93.8%	100.0%	100.0%	92.9%	90.6%	100.0%
% Denied	6.3%	0.0%	0.0%	7.1%	9.4%	0.0%
FFT						
% Approved	98.3%	98.9%	100.0%	100.0%	95.6%	99.1%
% Denied	1.7%	1.1%	0.0%	0.0%	4.4%	0.9%
Homebuilders						
% Approved	100.0%	100.0%	100.0%	N/A	97.0%	100.0%
% Denied	0.0%	0.0%	0.0%	N/A	3.0%	0.0%

Crisis Intervention						
% Approved	92.5%	100.0%	97.9%	100.0%	85.0%	89.5%
% Denied	7.5%	0.0%	2.1%	0.0%	15.0%	10.5%
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%	100.0%
% Denied	N/A	N/A	N/A	N/A	0.0%	0.0%
Psychotherapy						
% Approved	N/A	80.0%	99.2%	100.0%	80.2%	75.0%
% Denied	N/A	20.0%	0.8%	0.0%	19.8%	25.0%
Med. Management						
% Approved	N/A	75.0%	99.2%	100.0%	N/A	N/A
% Denied	N/A	25.0%	0.8%	0.0%	N/A	N/A
ASAM 1						
% Approved	64.3%	N/A	N/A	N/A	N/A	N/A
% Denied	35.7%	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	91.6%	87.7%	98.5%	96.3%	96.7%	98.3%
% Denied	8.4%	12.3%	1.5%	3.7%	3.3%	1.7%
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	N/A	N/A	N/A	100.0%
% Denied	0.0%	N/A	N/A	N/A	N/A	0.0%
Psychological Testing						
% Approved	95.0%	18.1%	68.4%	100.0%	97.8%	95.7%
% Denied	5.0%	81.9%	31.6%	0.0%	2.2%	4.3%

PCS						
% Approved	44.4%	N/A	94.7%	50.0%	100.0%	96.0%
% Denied	55.6%	N/A	5.3%	50.0%	0.0%	4.0%
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	94.2%	N/A	N/A	N/A	95.1%	100.0%
% Denied	5.8%	N/A	N/A	N/A	4.9%	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 subject 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
PSR	3.9	4.0	1.0	1.0	3.4	6.0	4.4	5.0	2.4	2.0	0.7	0.0
CPST	4.1	5.0	1.0	1.0	3.4	4.0	4.3	4.0	2.4	2.0	0.7	0.0
ACT	4.9	5.0	1.0	1.0	2.3	2.0	4.6	5.0	2.2	2.0	1.4	1.0
MST	4.9	5.0	1.2	1.0	2.0	2.0	5.7	5.0	2.4	2.0	0.6	0.0
FFT	3.7	4.0	1.0	1.0	1.0	0.0	4.4	5.0	2.1	2.0	0.4	0.0
Homebuilders	3.7	4.0	2.0	1.0	0.0	0.0	-	0.0	1.8	1.0	0.9	1.0
Crisis Intervention	1.2	1.0	0.3	0.0	1.0	1.0	1.8	1.0	0.7	1.0	0.3	0.0
BHCC	-	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	0.0	0.0	0.0
Psychotherapy	-	0.0	1.0	1.0	2.4	2.0	0.5	0.5	1.6	1.0	0.0	0.0
Med. Management	-	0.0	0.8	1.0	2.4	2.0	0.0	0.0	-	-	-	0.0
ASAM 1	5.2	6.5	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	3.3	2.0	0.9	1.0	1.3	1.0	2.7	2.0	1.6	1.0	0.8	0.0
ASAM 2	0.2	0.0	1.1	1.0	-	0.0	-	0.0	1.3	1.0	0.0	0.0
OTP	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

PSS	4.0	4.0	-	0.0	-	0.0	-	0.0	-	0.0	8.0	1.0
Psychological Testing	2.9	2.0	0.9	1.0	1.7	2.0	3.5	2.0	1.3	1.0	0.5	0.0
PCS	4.9	4.0	-	0.0	1.9	2.0	7.1	5.0	4.0	3.0	2.1	2.0
IPS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Others	3.5	3.0	-	0.0	-	2.0	-	0.0	1.7	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-Q3

	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	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
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	100.0%	N/A	N/A
% Denied	N/A	N/A	N/A	0.0%	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	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	0.0%	N/A	N/A	N/A	N/A	N/A
% Denied	100.0%	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	100.0%	N/A
% Denied	0.0%	N/A	N/A	N/A	0.0%	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 the 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-Q3

	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	-	0.0	-	0.0	-	0.0
CPST	-	0.0	-	0.0	-	0.0	-	1.0	-	0.0	-	0.0
ACT	7.0	7.0	-	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	-	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	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med. Management	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 1	1.5	1.5	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	10.0	0.0	-	0.0	-	0.0	-	0.0	-	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	5.0	5.0	-	0.0	-	0.0	-	0.0	1.0	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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
IP	0.0%	37.5%	66.7%	0.0%	N/A	0.0%
PRTF	0.0%	N/A	N/A	N/A	29.4%	0.0%
TGH	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 3.1	N/A	0.0%	N/A	N/A	N/A	0.0%
ASAM 3.5	N/A	33.3%	0.0%	0.0%	N/A	N/A
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 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
ACT	N/A	N/A	N/A	0.0%	N/A	N/A
ASAM 1	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2	N/A	N/A	N/A	N/A	N/A	N/A
ASAM 2.1	N/A	25.0%	N/A	N/A	N/A	N/A
CPST/PSR	100.0%	50.0%	0.0%	N/A	25.0%	16.7%
Psychological Testing	0.0%	N/A	N/A	N/A	N/A	N/A
ASAM 3.7	N/A	N/A	N/A	N/A	N/A	0.0%
FFT	N/A	N/A	N/A	N/A	0.0%	N/A

PCS	N/A	0.0%	N/A	N/A	N/A	0.0%
Psychotherapy	N/A	N/A	50.0%	N/A	N/A	N/A
Other – MHO	100.0%	0.0%	100.0%	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 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-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	86.7%	92.3%	93.2%	76.6%	99.1%	96.3%
% Denied	13.3%	7.7%	6.8%	23.4%	0.9%	3.7%
Rehabilitation						
% Approved	60.3%	66.7%	91.2%	89.7%	92.7%	59.5%
% Denied	39.7%	33.3%	8.8%	10.3%	7.3%	40.5%
Skilled Nursing Facility						
% Approved	84.6%	100.0%	100.0%	78.3%	74.2%	74.7%
% Denied	15.4%	0.0%	0.0%	21.7%	25.8%	25.3%
Long-term Acute Care Hospital						
% Approved	55.7%	100.0%	97.5%	89.7%	90.9%	64.8%
% Denied	44.3%	0.0%	2.5%	10.3%	9.1%	35.2%
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	94.0%	97.1%	N/A	N/A
% Denied	N/A	N/A	6.0%	2.9%	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 Q3 2024.

Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Acute	1.0	1.0	0.6	0.0	0.4	0.0	0.6	1.0	1.0	0.0	1.9	1.0
Rehabilitation	1.2	1.0	0.7	1.0	0.5	0.0	0.8	1.0	0.8	1.0	1.1	1.0
Skilled Nursing Facility	0.9	1.0	1.0	1.0	1.0	1.0	0.7	1.0	1.0	1.0	1.5	1.0
Long-term Acute Care Hospital	0.9	1.0	1.0	1.0	0.5	0.0	0.8	1.0	0.7	1.0	1.1	1.0
Hospice	-	0.0	0.0	0.0	-	0.0	0.5	0.5	2.3	1.0	-	0.0
Others	-	0.0	-	0.0	0.5	0.0	0.4	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 that were approved and denied during Q3 2024.

Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	97.3%	96.6%	N/A	0.0%	100.0%	100.0%
% Denied	2.7%	3.4%	N/A	100.0%	0.0%	0.0%
Rehabilitation						
% Approved	N/A	94.5%	N/A	N/A	33.3%	59.1%
% Denied	N/A	5.5%	N/A	N/A	66.7%	40.9%
Skilled Nursing Facility						
% Approved	N/A	75.5%	N/A	N/A	N/A	N/A
% Denied	N/A	24.5%	N/A	N/A	N/A	N/A
Long-term Acute Care Hospital						
% Approved	N/A	97.3%	N/A	N/A	N/A	N/A
% Denied	N/A	2.7%	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
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 times (in days) for expedited prior authorization requests during Q3 2024.

Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Acute	0.8	1.0	0.7	0.0	-	0.0	0.0	0.0	0.5	0.0	1.0	1.0
Rehabilitation	-	1.0	1.0	1.0	-	0.0	-	0.0	1.3	4.0	0.9	1.0
Skilled Nursing Facility	-	0.0	1.1	1.0	-	0.0	-	0.0	-	0.0	-	0.0
Long-term Acute Care Hospital	-	0.0	1.3	1.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	1.0	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 that were approved, denied, or approved after appeal, as well as the average and median processing times.

Table 1.36 provides the percentage of standard prior authorization requests that were approved and denied during Q3 2024.

Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	96.7%	89.6%	100.0%	98.4%	74.1%	96.3%
% Denied	3.3%	10.4%	0.0%	1.6%	25.9%	3.7%
Home Healthcare						
% Approved	87.3%	96.3%	98.9%	94.7%	97.4%	99.9%
% Denied	12.7%	3.7%	1.1%	5.3%	2.6%	0.1%
DME, OP, and Supplies						
% Approved	81.4%	94.0%	93.4%	96.2%	94.0%	92.6%
% Denied	18.6%	6.0%	6.6%	3.8%	6.0%	7.4%
PCS						
% Approved	80.0%	N/A	83.7%	100.0%	89.4%	78.6%
% Denied	20.0%	N/A	16.3%	0.0%	10.6%	21.4%
Med. Proc. and Dx Test						
% Approved	23.7%	73.4%	85.3%	92.4%	87.5%	96.2%
% Denied	76.3%	26.6%	14.7%	7.6%	12.5%	3.8%
Transportation						
% Approved	66.7%	100.0%	N/A	100.0%	100.0%	100.0%
% Denied	33.3%	0.0%	N/A	0.0%	0.0%	0.0%
Radiation Therapy						
% Approved	92.7%	N/A	N/A	N/A	100.0%	N/A
% Denied	7.3%	N/A	N/A	N/A	0.0%	N/A
Surgery						
% Approved	82.5%	92.6%	82.3	N/A	95.9%	97.7%
% Denied	17.5%	7.4%	17.7	N/A	4.1%	2.3%
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	100.0%	N/A	100.0%	N/A	96.7%	100.0%
% Denied	0.0%	N/A	0.0%	N/A	3.3%	0.0%

Phys. Admin. Drugs						
% Approved	79.4%	N/A	74.5%	100.0%	93.3%	100.0%
% Denied	20.6%	N/A	25.5%	0.0%	6.7%	0.0%
Observation						
% Approved	N/A	N/A	N/A	91.3%	77.0%	N/A
% Denied	N/A	N/A	N/A	8.7%	23.0%	N/A
Radiology/Imaging						
% Approved	81.0%	67.8%	N/A	99.2%	73.9%	85.8%
% Denied	19.0%	32.2%	N/A	0.8%	26.1%	14.2%
PDHC						
% Approved	89.2%	100.0%	97.4%	66.7%	94.9%	100.0%
% Denied	10.8%	0.0%	2.6%	33.3%	5.1%	0.0%
Hospice						
% Approved	96.6%	81.7%	N/A	100.0%	93.3%	100.0%
% Denied	3.4%	18.3%	N/A	0.0%	6.7%	0.0%
ABA						
% Approved	95.4%	89.2%	96.0%	98.3%	99.9%	97.5%
% Denied	4.6%	10.8%	4.0%	1.7%	0.1%	2.5%
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	92.4%	N/A	N/A	N/A	N/A	N/A
% Denied	7.6%	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	80.1%	80.0%	95.8%	97.5%	N/A	N/A
% Denied	19.9%	20.0%	4.2%	2.5%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.37 provides the average and median processing times (in days) for standard outpatient prior authorization requests during Q3 2024.

Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2024-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Rehabilitation	1.0	0.0	2.9	2.0	4.0	4.0	3.0	2.0	1.3	1.0	1.4	1.0
Home Healthcare	1.4	0.0	3.4	2.0	2.6	2.0	3.1	2.0	2.7	2.0	1.1	1.0
DME, OP, and Supplies	2.9	2.0	3.1	2.0	0.8	0.0	1.5	0.0	2.3	1.0	2.6	2.0
PCS	3.6	4.0	-	0.0	2.1	2.0	4.0	4.0	3.8	2.0	7.8	6.0
Med. Proc. and Dx Test	2.6	2.0	2.8	2.0	0.2	0.0	0.6	0.0	2.4	1.0	1.8	1.0
Transportation	3.2	2.0	4.3	2.5	-	0.0	1.6	1.0	1.0	1.0	1.5	1.5
Radiation Therapy	2.3	2.0	-	0.0	-	0.0	-	0.0	1.9	1.0	-	0.0
Surgery	2.8	2.0	2.6	2.0	0.8	0.0	-	0.0	1.8	1.0	1.7	1.0
Transplant	2.0	2.0	1.0	1.0	-	0.0	0.8	1.0	2.7	2.0	-	0.0
Hemodialysis	3.0	2.0	-	0.0	2.0	2.0	-	0.0	1.4	1.0	0.3	0.0
Phys. Admin. Drugs	1.7	1.0	-	0.0	0.0	0.0	0.1	0.0	2.9	2.0	1.3	0.5
Observation	-	0.0	-	0.0	-	0.0	1.3	1.0	1.3	1.0	-	0.0
Radiology/Imaging	0.8	0.0	0.8	1.0	-	0.0	0.4	0.0	2.0	1.0	0.0	1.0
PDHC	3.8	3.0	3.9	2.0	2.3	2.0	6.3	4.0	3.6	4.0	2.7	2.0
Hospice	2.4	2.0	3.6	1.0	-	0.0	1.8	1.0	3.7	3.0	2.0	2.0
ABA	3.7	3.0	1.0	1.0	2.7	2.0	0.0	0.0	2.1	1.0	1.8	1.0
Vision – EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
VAS – Adult Dental	2.8	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	0.9	0.0	5.2	4.0	1.8	2.0	0.5	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 Q3 2024.

Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
Rehabilitation						
% Approved	88.1%	0.0%	N/A	100.0%	N/A	100.0%
% Denied	11.9%	100.0%	N/A	0.0%	N/A	0.0%
Home Health Care						
% Approved	100.0%	N/A	N/A	100.0%	100.0%	100.0%
% Denied	0.0%	N/A	N/A	0.0%	0.0%	0.0%
DME, OP, and Supplies						
% Approved	79.3%	87.4%	N/A	100.0%	100.0%	78.6%
% Denied	20.7%	12.6%	N/A	0.0%	0.0%	21.4%
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. and Dx Test						
% Approved	50.0%	96.2%	N/A	77.8%	100.0%	95.5%
% Denied	50.0%	3.8%	N/A	22.2%	0.0%	4.5%
Transportation						
% Approved	100.0%	N/A	N/A	N/A	N/A	100.0%
% Denied	0.0%	N/A	N/A	N/A	N/A	0.0%
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	94.2%	91.7%	N/A	N/A	100.0%	100.0%
% Denied	5.8%	8.3%	N/A	N/A	0.0%	0.0%
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	71.0%	N/A	N/A	N/A	99.0%	N/A
% Denied	29.0%	N/A	N/A	N/A	1.0%	N/A
Observation						
% 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
Radiology/Imaging						
% Approved	52.2%	66.7%	N/A	100.0%	77.8%	87.1%
% Denied	47.8%	33.3%	N/A	0.0%	22.2%	12.9%
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	N/A	N/A	N/A	100.0%	N/A	100.0%
% Denied	N/A	N/A	N/A	0.0%	N/A	0.0%
ABA						
% 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
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	93.8%	N/A	N/A	N/A	N/A	N/A
% Denied	6.3%	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	71.7%	N/A	N/A	100.0%	N/A	N/A
% Denied	28.3%	N/A	N/A	0.0%	N/A	N/A

Source: 188 Physical Health - Service Authorizations

Table 1.39 provides the average and median processing times (in days) for expedited outpatient prior authorization requests during Q3 2024.

Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2024-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Rehabilitation	0.8	0.0	2.0	2.0	-	0.0	0.0	0.0	-	0.0	-	0.0
Home Healthcare	0.5	0.0	-	0.0	-	0.0	0.8	1.0	0.9	1.0	1.3	1.0
DME, OP, and Supplies	0.8	1.0	0.7	1.0	-	0.0	0.2	0.0	0.6	0.0	1.1	1.0
PCS	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Med. Proc. and Dx Test	1.0	1.0	0.8	0.0	-	0.0	0.1	0.0	0.2	0.0	0.9	1.0
Transportation	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
Radiation Therapy	1.6	1.0	-	0.0	-	0.0	-	0.0	0.3	0.0	-	0.0
Surgery	0.8	1.0	0.6	1.0	-	0.0	-	0.0	0.6	0.0	0.8	1.0
Transplant	-	0.0	-	0.0	-	0.0	-	0.0	2.0	2.0	-	0.0
Hemodialysis	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Phys Admin Drugs	1.3	1.0	-	0.0	-	0.0	-	0.0	0.8	1.0	-	0.0
Observation	-	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0
Radiology/Imaging	1.0	1.0	0.3	0.0	-	0.0	0.5	0.0	0.1	1.0	0.0	1.0
PDHC	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
Hospice	-	0.0	-	0.0	-	0.0	0.0	0.0	-	0.0	0.0	0.0
ABA	1.0	1.0	-	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	0.8	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	1.0	1.0	-	0.0	-	0.0	0.3	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 the 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Acute	1	0.0%	3	0.0	1	0.0%	-	N/A	-	N/A	4	25.0%
Rehabilitation	3	66.7%	-	N/A	5	40.0%	-	N/A	1	0.0%	7	42.9%
Surgery	-	N/A	-	N/A	11	9.1%	-	N/A	-	N/A	-	N/A
SNF	1	0.0%	1	100.0%	-	N/A	-	N/A	-	N/A	5	40.0%
LTAC	2	0.0%	-	N/A	-	N/A	-	N/A	-	N/A	5	20.0%
Hospice	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Inpatient Others	-	N/A	6	0.0%	1	0.0%	-	N/A	-	N/A	-	N/A

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

Table 1.41 provides the percentage of the 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-Q3

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Rehabilitation	1	0.0%	-	N/A	-	N/A	-	N/A	67	26.9%	-	N/A
Home Health	2	0.0%	1	100.0%	-	N/A	-	N/A	1	100.0%	-	N/A
DME, OP, and Supplies	23	17.4%	10	20.0%	23	26.1%	3	33.3%	99	67.7%	23	0.0%
PCS	-	N/A	-	N/A	-	N/A	-	N/A	3	0.0%	1	0.0%
Med. Proc. and Dx Test	7	57.1%	1	0.0%	14	14.3%	1	0.0%	3	33.3%	-	N/A
Radiation Therapy	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	4	50.0%
Surgery	4	0.0%	2	50.0%	6	16.7%	1	0.0%	2	100.0%	3	0.0%
Phys. Admin. Drugs	10	20.0%	12	16.7%	43	16.3%	4	25.0%	3	33.3%	16	25.0%
Other Prescription Drugs	15	13.3%	5	20.0%	42	11.9%	-	N/A	49	57.1%	-	N/A
Radiology/Imaging	6	50.0%	20	45.0%	25	12.0%	-	N/A	124	34.7%	71	45.1%
ABA	-	N/A	3	66.7%	5	20.0%	-	N/A	-	N/A	10	40.0%

PDHC	1	0.0%	1	100.0%	-	N/A	-	N/A	3	66.7%	-	N/A
Dental Services	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
Transplant	-	N/A	-	N/A	-	N/A	-	N/A	1	100.0%	-	N/A
Others	5	60.0%	10	40.0%	18	27.8%	2	50.0%	6	83.3%	2	100.0%

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 enrollee 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 Q3 2024.

Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Total Submitted	3,826	3,518	-	1,769	10,448	9,702
% Approved	73.7%	76.5%	N/A	70.1%	76.7%	75.7%
% Denied	26.3%	23.5%	N/A	29.9%	23.3%	24.3%

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 Q3 2024.

Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2024-Q3

	ABH	ACLA	HBL	HHH	LHCC	UHC
Average Hours	1.0	0.9	-	1.0	0.9	0.9
Median Hours	0.0	0.0	-	0.1	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 enrollees.

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 enrollees under 21. The Adult program is for eligible enrollees ages 21 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, or 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 pre-adjudication edits, accepting all submitted claims into their adjudication systems and processing them directly for payment or denial.

Table 2.1 presents the total number of DBPM claims received in Q3 2024.

Table 2.1 Claims Rejected, CY 2024-Q3

	DQ	MCNA
# Received	492,690	482,203
# Rejected	0	0

Source: 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 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.

Table 2.2 Claims Adjudicated, CY 2024-Q3

	DQ	MCNA
EPSDT		
# Adjudicated	450,021	421,085
# Denied	7,952	35,681
% Denied	1.8%	8.5%
# Denied as Duplicate	1,733	6,371
# Adjusted	770	2,049
# Voided	156	0
Adult		
# Adjudicated	42,516	6,782
# Denied	12,322	3,882
% Denied	29.0%	57.2%
# Denied as Duplicate	1,335	211
# Adjusted	24	173
# Voided	34	0

Source: 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-Q3

	DQ	MCNA
EPSDT	14.2	6.9
Adult	10.4	7.6

Source: 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 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-Q3

		DQ		MCNA	
		Denied	%	Denied	%
EPSDT	1	1,325	21.0%	594	15.9%
	2	972	14.9%	517	7.8%
	3	221	3.4%	497	34.7%
	4	211	2.6%	496	23.7%
	5	156	2.0%	457	25.0%
Adult	1	2,062	95.7%	221	100.0%
	2	592	89.8%	145	96.7%
	3	514	99.0%	98	97.0%
	4	442	74.0%	98	79.0%
	5	385	66.3%	81	94.2%

Source: 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-Q3

	DQ	MCNA
# Submitted	355	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 total overturned claims divided by total appeals submitted.

Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2024-Q3

	DQ	MCNA
# Submitted	85	4
% Overturned	100.0%	75.0%

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	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 an 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-Q3

	DQ	MCNA
	%	%
EPSDT		
% Approved	86.9%	84.9%
% Denied	13.1%	15.1%
Adult		
% Approved	80.8%	71.7%
% Denied	19.2%	28.3%

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-Q3

	DQ		MCNA	
	Avg.	Med.	Avg.	Med.
EPSDT	0.5	0.0	1.1	1.0
Adult	0.8	0.0	1.5	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-Q3

	DQ	MCNA
	%	%
EPSDT		
% Approved	92.0%	86.7%
% Denied	8.0%	13.3%
Adult		
% Approved	73.9%	67.2%
% Denied	26.1%	32.8%

Source: PQ188 PA Summary (Dental)

Table 2.10 provides the average and median processing time (in days) between the submission of a request and a determination by the DBP, 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-Q3

	DQ		MCNA	
	Avg.	Med.	Avg.	Med.
EPSDT	0.2	0.0	0.3	0.0
Adult	0.2	0.0	0.8	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, 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 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 submitted and rejected by each DBPM to the state or its designee.

Table 2.11 Encounters Submitted and Rejected, CY 2024-Q3

	DQ	MCNA
Submitted	436,618	442,743
Rejected	19,216	7,672

Source: 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 WM	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 1.23
CS - Child	Crisis Stabilization-Child	Table 1.23
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 1.36
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	Nonemergency Ambulance Transportation	Table 1.8
NEMT	Nonemergency 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 Healthcare	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

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