

# Healthy Louisiana Claims Report

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

*Quarter 4 Calendar Year 2024*

*Prepared by:*

**Louisiana Department of Health**

*Bureau of Health Services Financing*

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# Introduction

## Legislation Overview

On June 1, 2018, the Louisiana 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, as well as 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 fifth quarterly report on the new Act 233 requirements and covers the fourth quarter (Q4) 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 to further segmentation of the non-behavioral health providers for discrete reporting. LDH reports on the following provider categories on an ongoing basis:

<b>Institutional Claim Type (837I)</b>
Inpatient hospital
Outpatient hospital
Home health
All other services submitted on an institutional claim not specified above
<b>Dental Claims (DQ and MCNA Only)*</b>
Pediatric dental care
Adult denture services
<b>Pharmacy Claims</b>
(no additional breakouts)
<b>Professional Services Claim Type (837P)</b>
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 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 requests that MCEs verify and, if necessary, update reporting to confirm the accuracy of the initial submission, particularly 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, 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 management (DBPM). 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 an outline of 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 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 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 Q4 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	8,515	8,394	12,168	5,561	16,471	13,960
# Rejected	4	14	431	1,073	449	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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Acute Hospital</b>						
# Adjudicated	4,835	5,502	10,206	4,084	2,482	10,342
# Days Paid	21,099	21,211	42,776	13,986	8,254	33,037
# Days Denied	8,774	6,924	15,524	6,714	4,909	9,821
# Total Days	29,873	28,135	58,300	20,700	13,163	42,858
% Denied	29.4%	24.6%	26.6%	32.4%	37.3%	22.9%
# Adjusted	438	939	902	390	135	1,125
# Voided	48	8	0	11	0	0
# Denied as duplicate	108	47	150	68	73	157
<b>Behavioral Hospital</b>						
# Adjudicated	2,058	1,994	3,960	1,094	1,589	2,978
# Days Paid	12,589	11,852	24,045	5,241	8,492	12,563
# Days Denied	6,839	3,439	8,991	2,446	3,566	1,942
# Total Days	19,428	15,291	33,036	7,687	12,058	14,505
% Denied	35.2%	22.5%	27.2%	31.8%	29.6%	13.4%
# Adjusted	173	239	528	235	102	249
# Voided	24	7	0	5	0	0
# Denied as duplicate	47	1	32	26	18	35

All Other Inpatient						
# Adjudicated	14	172	49	99	14,256	963
# Days Paid	89	1,933	400	911	50,432	2,544
# Days Denied	31	1,039	709	564	18,304	964
# Total Days	120	2,972	1,109	1,475	68,736	3,508
% Denied	25.8%	35.0%	63.9%	38.2%	26.6%	27.5%
# Adjusted	0	14	15	11	770	114
# Voided	2	0	0	1	0	0
# Denied as duplicate	0	0	2	3	283	14

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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Acute Hospital</b>	19.6	10.4	6.1	4.4	41.3	13.3
<b>Behavioral Hospital</b>	35.4	11.2	5.9	3.8	28.8	13.2
<b>All Other Inpatient Hospital</b>	24.9	12.3	3.9	4.2	30.0	15.4

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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Acute Hospital</b>												
<b>1</b>	64	27.2%	120	50.0%	167	49.4%	102	33.9%	150	32.1%	150	16.6%
<b>2</b>	41	14.5%	75	28.5%	128	24.5%	99	60.7%	60	45.5%	143	24.7%
<b>3</b>	14	17.7%	68	21.3%	114	32.9%	63	16.9%	47	28.0%	83	13.8%
<b>4</b>	12	14.1%	57	12.0%	99	25.4%	47	54.0%	47	21.7%	55	14.0%
<b>5</b>	10	38.5%	43	17.7%	80	28.7%	42	35.3%	37	54.4%	54	6.7%



Behavioral Health Hospital												
1	34	21.4%	26	15.4%	48	38.7%	19	27.9%	103	24.5%	26	8.4%
2	16	15.1%	25	36.2%	44	36.1%	14	36.8%	66	81.5%	25	67.6%
3	15	10.7%	19	17.9%	42	23.2%	12	17.1%	28	20.7%	13	8.9%
4	10	9.2%	13	37.1%	37	14.0%	11	78.6%	23	26.4%	12	5.3%
5	5	19.2%	10	11.8%	30	44.1%	10	30.3%	22	29.3%	10	19.2%
All Other Inpatient Hospital												
1	3	100.0%	6	17.6%	7	100.0%	5	62.5%	221	23.6%	53	14.4%
2	0	0.0%	5	100.0%	5	100.0%	3	12.5%	217	36.0%	21	8.5%
3	0	0.0%	4	25.0%	2	100.0%	3	25.0%	205	33.0%	8	40.0%
4	0	0.0%	3	60.0%	2	100.0%	2	33.3%	143	29.4%	8	42.1%
5	0	0.0%	0	0.0%	1	100.0%	2	100.0%	123	16.9%	6	17.1%

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 Q4 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 percentage 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute and Non-behavioral Health Hospital						
# Submitted	240	660	1,532	176	385	1,044
% Overturned	22.5%	12.0%	31.2%	38.6%	40.8%	39.8%
Behavioral Health Hospital						
# Submitted	37	12	176	66	129	1
% Overturned	37.8%	16.7%	50.0%	34.8%	29.5%	100.0%

Source: Report 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 calculated by dividing the total number of overturned claims by the total number of 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Acute and Non-behavioral Health Hospital</b>						
# Submitted	48	25	125	-	56	224
% Overturned	18.8%	20.0%	17.6%	N/A	21.4%	12.9%
<b>Behavioral Health Hospital</b>						
# Submitted	59	2	19	-	11	5
% Overturned	8.5%	0.0%	42.1%	N/A	9.1%	0.0%

Source: Report 182 Provider Complaints Summary Report

## Outpatient and Professional Service Claims

### Rejected Claims

LDH requires MCOs to report the number of claims received each quarter, as well as 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 Q4 2024.

**Table 1.7 Rejected Outpatient and Professional Claims (Line Level), CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
# Received	3,605,379	3,492,247	5,970,926	1,838,476	8,170,493	7,381,468
# Rejected	4	4,490	1,806	4,430	35,568	11,626

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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Dental – Adult</b>						
# Adjudicated	26,610	0	9,974	3,523	0	20,454
% Denied	21.8%	0.0%	17.1%	47.2%	0.0%	8.1%
# Total Denied	6,011	0	1,703	6,021	0	1,652
# Adjusted	187	0	49	12	0	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	1,042	0	326	3,523	0	0
<b>Home Health</b>						
# Adjudicated	3,724	4,583	79	2,905	34,057	15,904
% Denied	15.5%	27.0%	22.8%	22.9%	12.6%	25.5%
# Total Denied	577	1,239	18	665	4,276	4,056
# Adjusted	736	210	0	274	3,211	2,675
# Voided	31	31	0	42	0	0
# Denied as Duplicate	299	0	1	5	398	345
<b>Outpatient Hospital</b>						
# Adjudicated	622,935	637,807	222,680	367,874	361,547	1,253,915
% Denied	7.7%	10.5%	7.3%	16.9%	18.5%	11.9%
# Total Denied	48,026	67,111	16,355	62,002	66,944	149,839
# Adjusted	114,047	156,594	31,129	25,091	66,003	186,626
# Voided	1,774	1,211	0	1,074	0	0
# Denied as Duplicate	8,467	3,522	390	4,072	8,040	15,712
<b>Outpatient – Other</b>						
# Adjudicated	38,874	37,578	16,358	9,441	1,559,079	138,036
% Denied	24.3%	29.7%	24.9%	21.8%	17.0%	46.7%
# Total Denied	9,432	11,162	4,074	2,062	265,129	64,412
# Adjusted	2,578	4,163	1,320	2,655	295,678	11,317
# Voided	21	0	0	60	0	0
# Denied as Duplicate	2,450	0	193	77	49,289	1,765

Rehab – Facility-based						
# Adjudicated	447	56,095	0	2,479	0	20,083
% Denied	37.4%	11.6%	0.0%	9.5%	0.0%	8.6%
# Total Denied	167	6,488	0	236	0	1,725
# Adjusted	24	4,848	0	44	0	896
# Voided	0	2	0	1	0	0
# Denied as Duplicate	65	116	0	16	0	527
Rehab – Other						
# Adjudicated	0	0	3,123	-	0	16
% Denied	0.0%	0.0%	13.1%	0.0%	0.0%	31.3%
# Total Denied	0	0	409	0	0	5
# Adjusted	0	0	87	0	0	0
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	36	0	0	0
Hospice						
# Adjudicated	0	1,526	384	0	0	3,213
% Denied	0.0%	56.6%	31.3%	0.0%	0.0%	21.9%
# Total Denied	0	863	120	0	0	703
# Adjusted	0	175	40	0	0	973
# Voided	0	2	0	0	0	0
# Denied as Duplicate	0	0	2	0	0	22
Ambulance - EMT and NEAT						
# Adjudicated	16,575	19,380	6,779	23,271	49,250	31,930
% Denied	12.5%	7.9%	5.7%	27.5%	12.1%	13.9%
# Total Denied	2,065	1,537	385	6,392	5,940	4,448
# Adjusted	500	850	323	835	9,978	1,841
# Voided	46	89	0	12	0	0
# Denied as Duplicate	146	20	15	132	702	442
Nonemergency Medical Transportation (NEMT)						
# Adjudicated	73,171	57,447	100,418	31,049	132,106	68,864
% Denied	0.0%	5.7%	0.0%	0.0%	4.8%	0.9%
# Total Denied	0	3,286	0	0	6,397	654
# Adjusted	0	0	0	0	2	74
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	0	0	0	0	0

DME/Supplies						
# Adjudicated	35,962	26,552	3,767	15,030	73,138	66,303
% Denied	20.6%	23.9%	22.7%	35.6%	24.2%	15.8%
# Total Denied	7,424	6,347	854	5,346	17,720	10,500
# Adjusted	4,196	2,018	368	1,840	2,618	5,122
# Voided	27	13	0	8	0	0
# Denied as Duplicate	1,011	50	35	90	1,863	943
Therapies (PT/OT/ST)						
# Adjudicated	11,295	29,592	41,429	683	85,849	3,828
% Denied	20.4%	11.1%	8.3%	27.5%	18.0%	22.1%
# Total Denied	2,304	3,290	3,452	188	15,461	847
# Adjusted	586	3,039	1,163	61	2,345	158
# Voided	5	10	0	0	0	0
# Denied as Duplicate	57	170	204	5	1,053	112
Primary Care – Pediatrics						
# Adjudicated	8,217	139,242	101,677	7,054	453,615	29,487
% Denied	5.3%	6.9%	10.6%	34.7%	15.4%	18.1%
# Total Denied	435	9,545	10,735	2,446	69,892	5,323
# Adjusted	569	11,189	11,448	291	49,049	1,710
# Voided	52	60	0	0	0	0
# Denied as Duplicate	207	116	1,231	67	8,300	1,899
Primary Care – Others						
# Adjudicated	91,946	446,337	415,013	124,688	865,770	618,082
% Denied	12.0%	7.6%	14.0%	41.6%	16.7%	6.7%
# Total Denied	11,008	33,939	58,190	51,922	144,415	41,710
# Adjusted	6,107	67,077	47,057	7,074	96,282	42,142
# Voided	244	173	0	110	0	0
# Denied as Duplicate	2,829	686	5,573	828	15,207	6,703
OB-GYN and MFM						
# Adjudicated	1,228	58,756	50,137	1,904	153,665	7,020
% Denied	7.2%	6.8%	10.4%	28.9%	12.7%	7.1%
# Total Denied	88	4,002	5,239	551	19,538	495
# Adjusted	11	9,276	4,612	165	16,560	432
# Voided	4	22	0	0	0	0
# Denied as Duplicate	13	159	439	24	2,710	71

Pediatric Day Healthcare						
# Adjudicated	2,268	4,091	2,472	473	5,873	10,577
% Denied	2.9%	3.7%	9.1%	59.4%	5.9%	6.1%
# Total Denied	66	153	226	281	349	644
# Adjusted	2	27	37	51	150	136
# Voided	0	2	0	1	0	0
# Denied as Duplicate	17	9	131	16	199	362
Applied Behavior Analysis (ABA)						
# Adjudicated	385	14,318	16,818	53	69,174	1,349
% Denied	0.3%	4.7%	6.7%	47.2%	10.2%	16.5%
# Total Denied	1	675	1,123	25	7,089	223
# Adjusted	1	817	1,116	23	1,891	54
# Voided	0	0	0	0	0	0
# Denied as Duplicate	0	9	176	0	925	29
Radiology/Imaging						
# Adjudicated	3,127	233	121	4,613	194	5,546
% Denied	13.1%	44.2%	29.8%	77.8%	19.1%	32.0%
# Total Denied	411	103	36	3,589	37	1,777
# Adjusted	62	18	25	32	19	290
# Voided	4	0	0	1	0	0
# Denied as Duplicate	6	0	2	4	0	314
Personal Care Services						
# Adjudicated	3,647	0	949	1,324	22,395	9,602
% Denied	10.4%	0.0%	14.1%	59.6%	19.6%	11.3%
# Total Denied	378	0	134	789	4,397	1,084
# Adjusted	149	0	11	364	222	229
# Voided	0	0	0	0	0	0
# Denied as Duplicate	45	0	12	15	750	247
All Other CMS-1500/PT04						
# Adjudicated	15,383	645,115	256,173	806,986	1,760,422	2,175,578
% Denied	15.4%	14.0%	17.3%	46.0%	20.7%	12.5%
# Total Denied	2,370	90,500	44,295	370,900	364,861	271,096
# Adjusted	0	101,300	8,359	30,259	173,817	157,076
# Voided	0	276	0	735	0	0
# Denied as Duplicate	17	1,212	2,219	4,372	59,073	23,924

Behavioral Health – Residential						
# Adjudicated	51,383	25,784	24,239	18,903	57,910	78,560
% Denied	9.8%	9.7%	6.9%	39.8%	7.4%	8.9%
# Total Denied	5,048	2,495	1,664	7,531	4,266	7,027
# Adjusted	2,334	5,967	8,709	3,222	2,254	7,742
# Voided	4	108	0	42	0	0
# Denied as Duplicate	924	49	142	97	832	2,644
All Other Specialized Behavioral Health						
# Adjudicated	406,621	34,780	168,822	36,352	848,462	244,194
% Denied	10.8%	12.7%	20.1%	15.5%	18.8%	9.8%
# Total Denied	44,003	4,402	33,959	5,639	159,736	23,900
# Adjusted	25,278	3,439	15,096	2,554	76,053	7,555
# Voided	376	48	0	20	0	0
# Denied as Duplicate	7,361	47	3,990	224	18,477	2,644

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 Q4 CY 2024, from claim receipt to payment or notification of non-payment.

**Table 1.9 Average Days to Adjudicate Outpatient Claims, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
Dental – Adult	14.5	-	8.8	8.8	-	6.0
Home Health	20.7	7.2	0.9	2.5	32.0	3.4
Outpatient Hospital	39.2	6.3	1.1	3.7	52.2	9.9
Outpatient – Other	30.0	6.3	0.7	3.6	49.3	9.0
Rehab – Facility-Based	30.0	7.8	-	4.8	-	7.0
Rehab – Other	-	-	3.6	-	-	7.4
Hospice	-	14.2	0.3	-	-	20.0
Ambulance – EMT and NEAT	15.6	6.5	9.0	4.1	73.4	15.8
Nonemergency Medical Transportation	11.3	8.2	11.4	11.3	15.3	10.8
DME/Supplies	25.5	7.9	4.7	4.2	23.8	7.4
Therapies (PT/OT/ST)	20.5	11.5	3.6	3.7	16.1	2.2
Primary Care – Pediatrics	21.5	6.3	1.8	5.0	35.4	5.4
Primary Care – Others	16.1	6.8	2.0	4.6	36.4	8.5
OB-GYN and MFM	8.5	6.1	2.2	3.2	34.9	7.5

Pediatric Day Healthcare	5.7	12.9	2.1	5.6	23.6	4.8
Applied Behavior Analysis	6.3	7.4	2.4	0.3	17.2	4.0
Radiology/Imaging	14.3	6.3	1.7	5.8	34.5	10.0
Personal Care Services	10.2	-	0.6	3.9	9.7	4.8
All Other CMS-1500/PT04	8.3	6.3	2.1	4.6	35.1	8.0
Behavioral Health – Residential	10.9	9.6	1.0	4.2	14.1	10.8
All Other Specialized Behavioral Health	17.9	8.8	3.5	3.5	38.2	5.4

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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Dental – Adult</b>												
1	375	32.9%	0	0.0%	155	15.3%	107	20.9%	-	N/A	56	48.3%
2	302	47.4%	0	0.0%	122	23.7%	82	16.8%	-	N/A	46	100.0%
3	168	17.9%	0	0.0%	108	21.6%	55	15.4%	-	N/A	41	44.6%
4	166	20.2%	0	0.0%	99	30.7%	32	11.3%	-	N/A	31	88.6%
5	119	14.4%	0	0.0%	24	19.8%	19	9.0%	-	N/A	20	100.0%
<b>Home Health</b>												
1	247	24.0%	74	79.6%	18	100.0%	312	42.7%	413	15.8%	447	23.9%
2	95	12.2%	56	43.8%	9	25.7%	83	14.1%	373	12.4%	330	47.2%
3	59	24.7%	48	22.2%	7	100.0%	24	14.2%	215	23.6%	270	32.5%
4	42	32.6%	32	22.2%	3	8.6%	21	100.0%	201	10.5%	212	35.7%
5	30	22.1%	27	26.2%	3	11.1%	20	7.4%	182	21.5%	201	48.3%
<b>Outpatient Hospital</b>												
1	3,540	7.0%	3,226	4.1%	4,890	6.1%	4,480	25.0%	10,418	19.8%	9,673	11.9%
2	1,422	9.5%	1,367	2.9%	2,807	9.0%	4,344	10.4%	3,760	15.8%	8,237	8.3%
3	757	7.1%	1,176	3.7%	2,756	4.9%	3,619	11.8%	3,603	16.2%	6,288	22.4%
4	750	4.3%	727	6.0%	2,206	5.1%	3,119	24.8%	3,388	27.0%	6,166	10.6%
5	313	7.4%	703	3.0%	2,201	7.1%	2,502	23.5%	3,185	22.7%	5,252	12.7%



Outpatient – Other												
1	1,019	58.1%	92	3.1%	1,930	48.0%	515	29.2%	36,045	55.3%	3,883	11.2%
2	795	84.2%	67	2.9%	1,350	30.4%	163	57.0%	13,955	13.0%	2,750	89.8%
3	245	36.8%	63	100.0%	1,236	19.7%	156	16.0%	13,803	13.8%	2,430	9.1%
4	190	7.4%	62	3.8%	1,075	20.8%	142	98.6%	12,557	16.0%	1,737	100.0%
5	77	100.0%	46	3.4%	708	14.6%	133	30.7%	10,018	20.3%	1,705	92.5%
Rehab – Facility-based												
1	95	63.8%	1,534	73.5%	0	0.0%	106	5.4%	-	N/A	234	49.5%
2	92	28.9%	342	24.2%	0	0.0%	73	68.9%	-	N/A	110	24.5%
3	0	0.0%	230	21.1%	0	0.0%	31	60.8%	-	N/A	83	36.7%
4	0	0.0%	202	4.7%	0	0.0%	7	87.5%	-	N/A	53	85.5%
5	0	0.0%	164	7.2%	0	0.0%	4	5.2%	-	N/A	52	30.6%
Rehab – Other												
1	0	0.0%	0	0.0%	249	57.8%	0	0.0%	-	N/A	-	N/A
2	0	0.0%	0	0.0%	66	8.6%	0	0.0%	-	N/A	-	N/A
3	0	0.0%	0	0.0%	39	42.9%	0	0.0%	-	N/A	-	N/A
4	0	0.0%	0	0.0%	38	6.1%	0	0.0%	-	N/A	-	N/A
5	0	0.0%	0	0.0%	37	5.1%	0	0.0%	-	N/A	-	N/A
Hospice												
1	0	0.0%	22	20.4%	188	100.0%	0	0.0%	-	N/A	67	83.8%
2	0	0.0%	13	6.3%	141	26.1%	0	0.0%	-	N/A	62	24.4%
3	0	0.0%	11	11.5%	122	100.0%	0	0.0%	-	N/A	62	26.1%
4	0	0.0%	10	17.9%	92	56.1%	0	0.0%	-	N/A	62	40.0%
5	0	0.0%	7	23.3%	61	71.8%	0	0.0%	-	N/A	35	5.1%
Ambulance – EMT and NEAT												
1	877	11.7%	151	15.2%	54	12.5%	2,339	35.4%	3,133	9.8%	111	15.7%
2	315	93.2%	137	10.3%	38	4.5%	1,190	13.0%	220	8.5%	40	100.0%
3	145	11.7%	99	1.1%	33	5.7%	829	95.6%	152	23.7%	19	18.3%
4	50	45.9%	66	14.9%	24	96.0%	161	18.8%	142	16.1%	6	100.0%
5	19	7.2%	59	6.4%	16	64.0%	134	41.5%	75	12.1%	2	100.0%

Non-Emergency Medical Transportation												
1	0	0.0%	508	27.4%	0	0.0%	0	0.0%	670	49.7%	134	6.7%
2	0	0.0%	146	21.9%	0	0.0%	0	0.0%	524	48.1%	125	37.0%
3	0	0.0%	132	9.0%	0	0.0%	0	0.0%	507	13.6%	97	10.3%
4	0	0.0%	114	19.0%	0	0.0%	0	0.0%	293	15.5%	51	16.5%
5	0	0.0%	99	26.3%	0	0.0%	0	0.0%	236	18.8%	35	10.4%
DME/Supplies												
1	655	20.1%	1,128	41.5%	320	100.0%	671	36.8%	2,844	42.0%	545	14.8%
2	606	30.4%	357	29.8%	55	64.0%	509	32.4%	1,066	31.8%	388	26.5%
3	572	18.2%	167	16.6%	47	13.0%	214	29.6%	1,040	27.7%	323	27.7%
4	401	33.4%	143	17.6%	42	17.2%	180	16.6%	975	18.6%	303	19.2%
5	129	9.1%	103	19.4%	34	5.8%	180	66.4%	875	51.0%	295	18.6%
Therapies (PT/OT/ST)												
1	723	34.7%	227	16.6%	303	6.9%	64	71.9%	1,107	15.0%	271	60.6%
2	105	13.9%	137	22.7%	248	89.2%	36	52.2%	535	39.5%	71	94.7%
3	47	16.4%	106	62.0%	236	17.5%	32	17.0%	504	41.1%	45	30.8%
4	40	21.5%	67	3.8%	224	2.9%	4	8.2%	499	27.5%	44	39.6%
5	37	13.5%	58	9.9%	186	18.2%	2	2.6%	420	14.6%	44	78.6%
Primary Care – Pediatrics												
1	125	3.0%	750	9.5%	11,908	57.6%	566	89.6%	5,517	21.9%	1,273	40.1%
2	23	8.8%	332	11.4%	1,585	47.7%	237	19.3%	3,693	14.4%	1,071	38.6%
3	16	2.9%	241	13.0%	907	99.8%	218	87.9%	3,631	13.4%	763	44.7%
4	15	2.7%	219	4.6%	744	4.2%	111	30.3%	3,392	10.8%	159	14.1%
5	9	3.5%	213	9.6%	726	5.2%	98	22.1%	3,121	11.0%	132	21.0%
Primary Care – Others												
1	463	23.3%	1,626	9.1%	5,366	11.7%	8,922	58.4%	11,910	19.5%	1,368	93.2%
2	398	54.6%	1,433	3.8%	4,492	71.8%	5,890	50.5%	4,900	22.0%	1,363	89.2%
3	149	8.8%	795	8.7%	3,998	100.0%	3,975	74.6%	4,433	10.1%	612	78.0%
4	131	15.4%	585	32.2%	3,251	7.5%	3,343	64.9%	4,215	14.0%	429	84.3%
5	92	2.5%	531	30.4%	3,027	22.0%	1,869	60.5%	3,568	65.7%	420	82.8%

OB-GYN and MFM												
1	20	5.5%	462	6.3%	1,429	31.7%	229	82.7%	1,840	7.7%	75	34.9%
2	18	9.4%	377	5.6%	1,376	99.9%	46	95.8%	1,693	14.3%	66	12.7%
3	9	8.9%	130	3.1%	765	8.2%	36	58.1%	1,122	14.1%	30	12.0%
4	6	4.5%	117	5.5%	683	10.8%	36	63.2%	1,117	20.9%	22	3.4%
5	0	0.0%	111	41.6%	621	8.1%	22	84.6%	1,006	8.9%	21	14.9%
Pediatric Day Healthcare												
1	10	2.1%	37	25.0%	331	35.8%	12	100.0%	204	16.3%	460	35.1%
2	3	9.1%	17	1.4%	51	6.2%	8	27.6%	48	6.9%	28	12.0%
3	3	0.7%	2	0.9%	3	1.2%	6	15.8%	25	4.9%	27	8.6%
4	1	1.9%	2	3.3%	3	0.5%	0	0.0%	21	1.4%	17	3.0%
5	0	0.0%	2	0.6%	1	0.6%	0	0.0%	4	1.1%	42	2.2%
Applied Behavioral Analysis												
1	0	0.0%	73	71.6%	198	6.1%	13	68.4%	716	39.0%	35	100.0%
2	0	0.0%	36	5.1%	154	32.9%	10	90.9%	380	29.7%	2	100.0%
3	0	0.0%	36	6.2%	144	5.4%	2	40.0%	379	47.7%	5	41.7%
4	0	0.0%	32	8.0%	105	92.9%	0	0.0%	376	11.0%	92	23.2%
5	0	0.0%	27	12.2%	102	18.2%	0	0.0%	286	39.8%	81	17.1%
Radiology/Imaging												
1	70	9.3%	32	36.8%	33	26.6%	1,479	97.8%	35	22.2%	336	48.2%
2	31	4.5%	6	18.8%	14	100.0%	902	49.8%	2	7.4%	122	43.3%
3	25	7.0%	3	33.3%	8	44.4%	454	96.2%	0	0.0%	176	41.5%
4	14	24.1%	3	15.8%	7	100.0%	181	99.5%	-	N/A	145	33.5%
5	14	60.9%	2	22.2%	6	28.6%	131	98.5%	-	N/A	84	30.9%
Personal Care Services												
1	77	84.6%	0	0.0%	167	49.4%	658	77.7%	553	44.0%	507	97.3%
2	57	33.3%	0	0.0%	128	24.5%	91	100.0%	532	92.7%	40	34.2%
3	28	5.3%	0	0.0%	114	32.9%	0	0.0%	352	10.1%	209	17.8%
4	26	11.6%	0	0.0%	99	25.4%	0	0.0%	242	37.9%	89	14.6%
5	2	100.0%	0	0.0%	80	28.7%	0	0.0%	210	64.4%	32	7.8%

All Other CMS-1500/PT04												
1	109	37.3%	3,580	11.2%	5,278	7.8%	32,716	51.6%	68,667	56.8%	6,526	19.4%
2	98	19.4%	2,860	5.9%	3,340	18.1%	11,139	57.7%	21,060	15.4%	3,680	12.6%
3	75	52.8%	2,483	6.2%	2,817	11.6%	8,439	60.6%	15,441	19.8%	11,474	12.0%
4	70	29.5%	1,454	35.9%	2,586	6.7%	7,011	75.5%	6,723	14.9%	1,775	12.0%
5	67	46.9%	1,327	5.6%	2,450	11.7%	6,103	89.6%	6,426	11.9%	4,009	9.7%
Behavioral Health – Residential												
1	1,507	22.8%	6	17.6%	1,592	56.8%	1,343	69.5%	552	9.0%	1,924	21.3%
2	578	18.4%	5	100.0%	827	10.1%	1,181	32.2%	480	22.0%	402	14.6%
3	517	68.8%	4	25.0%	155	6.5%	682	100.0%	474	6.6%	381	29.2%
4	226	10.0%	3	60.0%	151	11.5%	623	43.7%	329	15.3%	335	16.5%
5	10	21.7%	3	60.0%	134	9.5%	551	48.8%	267	17.5%	266	37.8%
All Other Specialized Behavioral Health												
1	827	31.4%	446	92.3%	2,206	84.3%	497	42.9%	24,435	27.2%	886	8.6%
2	771	7.4%	149	9.1%	1,011	61.7%	316	64.4%	13,584	31.6%	546	7.2%
3	641	12.6%	138	8.9%	651	21.5%	282	7.3%	6,796	27.2%	424	7.0%
4	588	11.8%	128	16.7%	611	94.3%	247	5.8%	6,639	17.8%	275	36.3%
5	93	25.9%	116	12.1%	602	13.9%	240	56.6%	6,506	44.5%	267	31.1%

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 outpatient arbitrations were reported across the MCOs for Q4 2024.

Table 1.11 provides data on outpatient and professional claim denial reconsiderations submitted to MCOs during Q4 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 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	13	30.8%	1	0.0%	-	N/A	86	1.2%	297	27.3%	62	32.3%
Outpatient Hospital	642	23.8%	-	N/A	13	0.0%	63	20.6%	2,191	30.4%	2,018	32.9%
Hospice	13	7.7%	34	14.7%	32	15.6%	-	N/A	19	0.0%	54	64.8%
Transportation	8	12.5%	2	50.0%	53	67.9%	5	40.0%	35	25.7%	252	53.2%
DME	266	13.9%	301	22.9%	755	42.9%	39	23.1%	492	26.4%	512	27.1%
PCP or Specialist	1,423	19.2%	1,019	15.3%	5,152	34.0%	362	19.1%	3,503	37.0%	3,358	36.9%
Applied Behavioral Analysis	3	33.3%	-	N/A	196	45.9%	-	N/A	18	94.4%	-	N/A
Rural Health Clinics/FQHC	21	4.8%	-	N/A	31	3.2%	3	33.3%	73	45.2%	800	39.8%
Other	138	15.9%	285	8.1%	2,153	25.4%	79	16.5%	598	32.1%	1,169	36.4%

Source: Report 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 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
Home Health	1	0.0%	2	0.0%	-	N/A	-	N/A	16	0.0%	52	40.4%
Outpatient Hospital	33	0.0%	25	8.0%	-	N/A	7	0.0%	135	8.9%	183	15.8%
Hospice	2	0.0%	1	100.0%	3	33.3%	-	N/A	5	0.0%	7	42.9%
Transportation	-	N/A	7	42.9%	2	0.0%	-	N/A	20	5.0%	4	25.0%

<b>DME</b>	16	18.8%	4	0.0%	93	35.5%	1	100.0%	67	55.2%	13	15.4%
<b>PCP or Specialist</b>	134	17.9%	15	13.3%	380	18.4%	-	N/A	183	23.0%	266	14.3%
<b>Applied Behavioral Analysis</b>	-	N/A	-	N/A	20	40.0%	-	N/A	-	N/A	3	0.0%
<b>Rural Health Clinics/FQHC</b>	1	0.0%	-	N/A	3	0.0%	-	N/A	14	0.0%	-	N/A
<b>Other</b>	21	0.0%	7	0.0%	201	10.0%	-	N/A	258	3.9%	499	2.6%

Source: Report 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 Q4 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-Q4**

	<b>ABH</b>	<b>ACLA</b>	<b>HBL</b>	<b>HHH</b>	<b>LHCC</b>	<b>UHC</b>
<b>Pharmacy</b>						
# Adjudicated	1,099,408	1,063,562	2,012,429	501,325	2,820,682	2,684,571
# Total Denied	413,944	383,505	742,300	187,103	979,442	997,657
% Denied	37.7%	36.1%	36.9%	37.3%	34.7%	37.2%
# Adjusted	0	0	0	0	0	0
# Voided	169,484	164,312	307,934	82,368	443,418	413,242
# Denied as Duplicate	2,386	2,450	4,607	1,207	5,693	7,356

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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Pharmacy</b>	6.7	7.0	6.8	6.7	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-Q4**

		ABH	ACLA	HBL	HHH	LHCC	UHC
<b>1</b>	<b>Denied</b>	2,929	2,377	4,590	1,439	5,912	5,930
	<b>% Denied</b>	39.9%	36.9%	39.6%	46.4%	37.4%	34.4%
<b>2</b>	<b>Denied</b>	2,612	2,191	4,226	1,414	5,593	5,883
	<b>% Denied</b>	43.9%	36.6%	36.1%	36.4%	36.8%	38.0%
<b>3</b>	<b>Denied</b>	2,387	2,142	3,529	1,111	5,544	5,375
	<b>% Denied</b>	36.3%	36.2%	39.6%	34.8%	35.2%	35.5%
<b>4</b>	<b>Denied</b>	2,311	2,106	3,346	1,024	5,396	5,369
	<b>% Denied</b>	50.1%	46.7%	33.2%	35.7%	27.9%	37.9%
<b>5</b>	<b>Denied</b>	2,189	1,913	3,341	1,022	5,130	5,232
	<b>% Denied</b>	39.4%	41.8%	38.9%	33.1%	34.1%	38.1%

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 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Institutional Encounter Claims</b>						
# Submitted	976,975	836,259	2,266,057	482,064	2,031,181	2,263,608
# Rejected	16,473	5,500	0	4,029	0	20,000
<b>Outpatient and Professional Encounter Claims</b>						
# Submitted	1,687,282	1,694,050	3,993,484	946,413	3,624,155	4,177,610
# Rejected	45,618	33,404	287	6,661	15,427	45,340
<b>Pharmacy Encounter Claims</b>						
# Submitted	1,041,248	900,712	2,181,255	475,164	2,733,372	2,567,304
# Rejected	0	1,793	16,621	0	24,000	12,000

Source: Report 152 Act 710 Healthy Louisiana Claims Report

## Case Management

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

Each MCO is contractually required to develop and implement a case management program through a process that provides appropriate and medically related services, social services, and/or basic and specialized behavioral health services for members who are identified as having special healthcare needs (SHCN) or who have a high risk and/or 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 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 Q4 2024, broken down by identification method and MCO.

**Table 1.17 Case Management by Identification Method, CY 2024-Q4**

Method	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
Holistic Needs Assessment (HNA)	Identified	34	0	2	0	1	408
	Enrolled	28	0	2	0	0	9
	Not Enrolled	3	0	0	0	0	93
Predictive Modeling	Identified	322	1,760	1,932	1,353	5,657	6,626
	Enrolled	124	321	76	232	180	525
	Not Enrolled	69	135	887	964	901	2,727
Provider Referral	Identified	0	46	4	50	51	50
	Enrolled	0	3	0	19	7	21
	Not Enrolled	0	10	3	26	11	19
Self-Referral	Identified	59	63	95	6	133	191
	Enrolled	50	32	7	3	84	48
	Not Enrolled	6	3	56	2	11	106
State Referral	Identified	4	13	0	0	4	227
	Enrolled	4	0	0	0	0	220
	Not Enrolled	0	0	0	0	0	4

Source: Report PQ039 Case Management Report

Table 1.18 provides the total number of individuals identified for case management during Q4 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-Q4**

Reason	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
SHCN-MED	Identified	25	367	1,089	370	2,740	2,935
	Enrolled	19	206	47	119	100	166
	Not Enrolled	4	18	632	225	447	1,118

SHCN-BH	Identified	109	535	396	404	2,230	843
	Enrolled	70	124	1	25	45	83
	Not Enrolled	20	29	175	311	216	413
SHCN-BOTH	Identified	25	34	293	153	3	265
	Enrolled	14	2	28	30	0	264
	Not Enrolled	6	5	23	107	1	0
SHCN-DOJ-AR	Identified	119	26	74	37	130	205
	Enrolled	12	1	3	3	14	16
	Not Enrolled	31	0	36	29	45	127
SHCN-421	Identified	1	67	13	0	28	11
	Enrolled	1	8	5	0	1	4
	Not Enrolled	0	1	7	0	12	2
MED non-SHCN	Identified	99	695	62	464	409	2,921
	Enrolled	73	16	2	66	79	226
	Not Enrolled	11	71	37	310	99	1,015
BH non-SHCN	Identified	0	200	126	17	407	656
	Enrolled	0	0	0	10	41	28
	Not Enrolled	0	22	37	5	104	280
BOTH non-SHCN	Identified	80	15	2	28	0	66
	Enrolled	47	0	2	15	0	66
	Not Enrolled	6	2	0	9	0	0

Source: Report PQ039 Case Management Report

Table 1.19 provides the total number of individuals identified for case management during Q4 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-Q4**

Region Name	Region #	Category	ABH	ACLA	HBL	HHH	LHCC	UHC
New Orleans	1	Identified	107	761	386	300	798	1,306
		Enrolled	53	133	15	60	28	120
		Not Enrolled	19	33	184	216	128	494
Baton Rouge	2	Identified	40	500	217	287	583	1,175
		Enrolled	13	85	3	58	33	147
		Not Enrolled	6	24	98	212	96	473

Thibodaux	3	Identified	32	220	151	109	403	812
		Enrolled	14	43	2	13	14	96
		Not Enrolled	8	11	80	86	55	276
Lafayette	4	Identified	49	475	316	167	1,015	1,050
		Enrolled	25	88	18	30	44	112
		Not Enrolled	9	19	140	99	148	417
Lake Charles	5	Identified	16	149	118	71	655	296
		Enrolled	5	19	8	15	31	38
		Not Enrolled	3	10	52	52	103	125
Alexandria	6	Identified	29	252	169	62	478	491
		Enrolled	13	49	16	11	24	54
		Not Enrolled	5	9	75	40	61	210
Shreveport	7	Identified	65	498	239	135	565	1,024
		Enrolled	41	87	9	25	39	130
		Not Enrolled	10	17	120	96	91	380
Monroe	8	Identified	37	445	204	69	547	637
		Enrolled	26	60	8	10	33	63
		Not Enrolled	6	13	101	33	105	266
Mandeville	9	Identified	44	361	233	211	802	717
		Enrolled	16	68	6	34	25	69
		Not Enrolled	12	12	93	159	136	306
Out of State		Identified	1	4	4	0	0	2
		Enrolled	0	0	0	0	0	0
		Not Enrolled	0	0	2	0	0	1

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Tier 1 (Low)</b>	56	199	60	121	40	487
<b>Tier 2 (Med)</b>	117	147	16	103	156	267
<b>Tier 3 (High)</b>	37	11	9	34	77	90

Source: Report 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, those who have sickle cell disease, and those who received specialized behavioral health (SBH) services during Q4 2024.

**Table 1.21 Total Enrollment in Case Management with High-Risk Pregnancy, Sickle Cell, and Specialized Behavioral Health CY, 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Total Enrolled</b>	<b>205</b>	<b>354</b>	<b>85</b>	<b>254</b>	<b>271</b>	<b>823</b>
# High-Risk Pregnancy	5	89	6	14	7	172
% High-Risk Pregnancy	2.4%	25.1%	7.1%	5.5%	2.6%	20.9%
# Sickle Cell	0	1	0	1	0	6
% Sickle Cell	0.0%	0.3%	0.0%	0.4%	0.0%	0.7%
# Specialized Behavioral Health	24	66	0	24	57	70
% Specialized Behavioral Health	11.7%	18.6%	0.0%	9.4%	21.0%	8.5%

Source: Report 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	<a href="https://aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/ABHLA_Prior_Authorization_Requirements.pdf">aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/ABHLA_Prior_Authorization_Requirements.pdf</a>
ACLA	<a href="https://amerihealthcaritasla.com/provider/resources/priorauth/index.aspx">amerihealthcaritasla.com/provider/resources/priorauth/index.aspx</a>
HBL	<a href="https://provider.healthybluel.com/docs/gpp/LA_HBPAlist.pdf?v=202405102052">provider.healthybluel.com/docs/gpp/LA_HBPAlist.pdf?v=202405102052</a>
HHH	<a href="#">docushare-app (humana.com)</a>
LHCC	<a href="https://louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx;!!CCC_mTA!5CRQF5DX1BOmHfI83JSyrgoUwe_9dv6mW2JXlpDPDzofEIMBEpwiBGa2v9JD0Fz80OFND56QDMX8PkUuvHf6Cn0UjU\$">louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/LHCC_PriorAuthList_Act233.xlsx;!!CCC_mTA!5CRQF5DX1BOmHfI83JSyrgoUwe_9dv6mW2JXlpDPDzofEIMBEpwiBGa2v9JD0Fz80OFND56QDMX8PkUuvHf6Cn0UjU\$</a>
UHC	<a href="#">UnitedHealthcare Community Plan Prior Authorization Requirements for Louisiana Medicaid - Effective October 1, 2023 (uhcprovider.com)</a>

## Specialized Behavioral Health Services

### Inpatient Services

#### Standard Prior Authorization Requests

Table 1.22 presents 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 1.22 Percentage of Inpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>CS – Child</b>						
% 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
<b>CS – Adult</b>						
% Approved	96.4%	94.1%	100.0%	N/A	99.0%	100.0%
% Denied	3.6%	5.9%	0.0%	N/A	1.0%	0.0%
<b>IP – Ages 0-12</b>						
% Approved	N/A	100.0%	80.0%	N/A	N/A	100.0%
% Denied	N/A	0.0%	20.0%	N/A	N/A	0.0%
<b>IP – Ages 13-17</b>						
% Approved	N/A	98.1%	100.0%	N/A	N/A	100.0%
% Denied	N/A	1.9%	0.0%	N/A	N/A	0.0%

<b>IP – Ages 18+</b>						
% Approved	N/A	99.6%	98.7%	100.0%	N/A	99.9%
% Denied	N/A	0.4%	1.3%	0.0%	N/A	0.1%
<b>PRTF</b>						
% Approved	98.5%	81.0%	98.1%	100.0%	34.4%	68.9%
% Denied	1.5%	19.0%	1.9%	0.0%	65.6%	31.1%
<b>TGH</b>						
% Approved	95.7%	N/A	98.1%	N/A	N/A	100.0%
% Denied	4.3%	N/A	1.9%	N/A	N/A	0.0%
<b>ASAM 3.1</b>						
% Approved	N/A	98.7%	98.9%	100.0%	N/A	98.9%
% Denied	N/A	1.3%	1.1%	0.0%	N/A	1.1%
<b>ASAM 3.2 WM</b>						
% 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
<b>ASAM 3.3</b>						
% Approved	N/A	100.0%	100.0%	N/A	N/A	50.0%
% Denied	N/A	0.0%	0.0%	N/A	N/A	50.0%
<b>ASAM 3.5</b>						
% Approved	N/A	98.2%	99.6%	96.0%	N/A	99.9%
% Denied	N/A	1.8%	0.4%	4.0%	N/A	0.1%
<b>ASAM 3.7</b>						
% Approved	N/A	97.9%	82.9%	N/A	N/A	100.0%
% Denied	N/A	2.1%	17.1%	N/A	N/A	0.0%
<b>ASAM 3.7 WM</b>						
% Approved	N/A	100.0%	97.5%	N/A	N/A	100.0%
% Denied	N/A	0.0%	2.5%	N/A	N/A	0.0%
<b>ASAM 4 WM</b>						
% Approved	N/A	100.0%	87.5%	N/A	N/A	100.0%
% Denied	N/A	0.0%	12.5%	N/A	N/A	0.0%
<b>Others</b>						
% 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: Report 188BH Specialized Behavioral Health - Service Authorizations.

Table 1.23 presents the average and median processing times (in days) between the submission of a request and the 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
<b>CS – Child</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
<b>CS – Adult</b>	0.4	0.0	0.5	0.0	0.0	1.0	-	0.0	0.0	1.0	0.4	0.0
<b>IP – Ages 0-12</b>	-	0.0	0.1	0.0	0.6	1.0	-	0.0	-	-	0.8	0.0
<b>IP – Ages 13-17</b>	-	0.0	1.8	0.0	0.4	0.0	-	0.0	-	-	0.9	0.0
<b>IP – Ages 18+</b>	-	0.0	0.2	0.0	0.4	0.0	0.5	1.0	-	-	1.2	0.0
<b>PRTF</b>	0.6	1.0	1.2	1.0	1.0	0.0	0.5	1.0	1.1	1.0	1.8	0.0
<b>TGH</b>	0.6	1.0	-	0.0	0.8	0.0	-	0.0	-	-	0.2	0.0
<b>ASAM 3.1</b>	-	0.0	0.6	1.0	0.4	0.0	0.3	1.0	-	-	1.0	0.0
<b>ASAM 3.2 WM</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
<b>ASAM 3.3</b>	-	0.0	1.0	1.0	0.7	1.0	-	0.0	-	-	0.5	0.5
<b>ASAM 3.5</b>	-	0.0	0.6	1.0	0.5	0.0	0.9	1.0	-	-	1.9	0.0
<b>ASAM 3.7</b>	-	0.0	0.5	0.0	0.6	1.0	-	0.0	-	-	3.8	0.0
<b>ASAM 3.7 WM</b>	-	0.0	0.5	0.0	0.6	1.0	-	0.0	-	-	0.2	0.0
<b>ASAM 4 WM</b>	-	0.0	0.4	0.0	0.3	0.0	-	0.0	-	-	0.7	0.0
<b>Others</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>CS – Child</b>						
% 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
<b>CS – Adult</b>						
% 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
<b>IP – Ages 0-12</b>						
% 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%
<b>IP – Ages 13-17</b>						
% 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%
<b>IP – Ages 18+</b>						
% 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%
<b>PRTF</b>						
% 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
<b>TGH</b>						
% 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
<b>ASAM 3.1</b>						
% 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
<b>ASAM 3.2 WM</b>						
% 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
<b>ASAM 3.3</b>						
% 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
<b>ASAM 3.5</b>						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A



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

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.25 provides the average and median processing times (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 inpatient health service type.

**Table 1.25 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
<b>CS – Child</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	-	-	0.0
<b>CS – Adult</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>IP – Ages 0-12</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
<b>IP – Ages 13-17</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
<b>IP – Ages 18+</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	0.7	0.0
<b>PRTF</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>TGH</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 3.1</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 3.2 WM</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 3.3</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

<b>ASAM 3.5</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 3.7</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 3.7 WM</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>ASAM 4 WM</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	0.0	0.0
<b>Others</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>PSR</b>						
% Approved	89.0%	99.9%	93.4%	91.7%	85.6%	93.7%
% Denied	11.0%	0.1%	6.6%	8.3%	14.4%	6.3%
<b>CPST</b>						
% Approved	90.5%	99.8%	93.7%	92.8%	85.7%	95.2%
% Denied	9.5%	0.2%	6.3%	7.2%	14.3%	4.8%
<b>ACT</b>						
% Approved	90.1%	100.0%	99.1%	87.1%	98.9%	92.5%
% Denied	9.9%	0.0%	0.9%	12.9%	1.1%	7.5%
<b>MST</b>						
% Approved	100.0%	100.0%	98.1%	83.3%	96.6%	95.9%
% Denied	0.0%	0.0%	1.9%	16.7%	3.4%	4.1%
<b>FFT</b>						
% Approved	96.9%	100.0%	100.0%	100.0%	95.0%	99.2%
% Denied	3.1%	0.0%	0.0%	0.0%	5.0%	0.8%
<b>Homebuilders</b>						
% Approved	100.0%	100.0%	100.0%	N/A	100.0%	92.9%
% Denied	0.0%	0.0%	0.0%	N/A	0.0%	7.1%

Crisis Intervention						
% Approved	100.0%	100.0%	97.9%	100.0%	94.1%	82.0%
% Denied	0.0%	0.0%	2.1%	0.0%	5.9%	18.0%
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	100.0%	33.3%	99.3%	50.0%	76.2%	N/A
% Denied	0.0%	66.7%	0.7%	50.0%	23.8%	N/A
Med Management						
% Approved	N/A	0.0%	99.2%	0.0%	N/A	66.7%
% Denied	N/A	100.0%	0.8%	100.0%	N/A	33.3%
ASAM 1						
% Approved	70.0%	N/A	N/A	N/A	N/A	N/A
% Denied	30.0%	N/A	N/A	N/A	N/A	N/A
ASAM 2.1						
% Approved	93.6%	90.2%	98.6%	93.2%	90.6%	99.0%
% Denied	6.4%	9.8%	1.4%	6.8%	9.4%	1.0%
ASAM 2						
% Approved	100.0%	100.0%	N/A	N/A	66.7%	100.0%
% Denied	0.0%	0.0%	N/A	N/A	33.3%	0.0%
OTP						
% 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
PSS						
% Approved	N/A	N/A	100.0%	100.0%	N/A	N/A
% Denied	N/A	N/A	0.0%	0.0%	N/A	N/A
Psychological Testing						
% Approved	99.3%	38.7%	27.8%	97.6%	94.5%	99.5%
% Denied	0.7%	61.3%	72.2%	2.4%	5.5%	0.5%

PCS						
% Approved	56.3%	66.7%	80.0%	25.0%	100.0%	80.0%
% Denied	43.8%	33.3%	20.0%	75.0%	0.0%	20.0%
IPS						
% 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
Others						
% Approved	89.9%	N/A	N/A	100.0%	93.1%	N/A
% Denied	10.1%	N/A	N/A	0.0%	6.9%	N/A

Source: Report 188BH Specialized Behavioral Health - Service Authorizations

Table 1.27 provides the average and median processing times (in days) between the submission of a request and the 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
PSR	4.0	4.0	0.9	1.0	3.6	4.0	2.9	2.5	2.6	2.0	1.4	0.0
CPST	4.4	5.0	0.9	0.0	3.7	4.0	3.0	2.0	2.6	2.0	1.4	0.0
ACT	5.1	5.0	1.0	1.0	2.3	2.0	3.2	3.0	2.9	3.0	2.3	1.0
MST	4.9	5.0	1.4	1.0	2.2	2.0	2.7	2.5	3.2	3.0	1.2	1.0
FFT	3.5	3.0	1.0	1.0	3.3	4.0	2.6	2.0	3.0	3.0	1.6	1.0
Homebuilders	3.4	4.0	1.1	1.0	2.6	3.0	-	0.0	2.1	2.0	2.0	1.0
Crisis Intervention	0.6	0.0	0.9	1.0	1.4	2.0	0.3	0.0	0.6	1.0	1.8	0.0
BHCC	-	0.0	-	0.0	-	0.0	1.0	1.0	-	0.0	-	0.0
CBCS	-	0.0	-	0.0	-	0.0	-	0.0	0.0	2.0	0.5	0.5
Psychotherapy	0.0	0.0	1.0	1.0	2.1	2.0	0.0	0.0	2.0	2.0	-	0.0
Med. Management	-	0.0	1.7	2.0	2.0	2.0	0.0	0.0	-	-	0.0	0.0
ASAM 1	3.5	3.5	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	3.7	2.0	1.2	1.0	1.6	2.0	2.0	1.0	2.2	2.0	0.9	0.0
ASAM 2	0.3	0.0	1.5	1.0	-	0.0	-	0.0	3.3	4.0	9.3	0.0
OTP	-	0.0	-	0.0	2.0	2.0	-	0.0	-	0.0	-	0.0

<b>PSS</b>	-	0.0	-	0.0	4.0	4.0	3.0	3.0	-	0.0	-	3.0
<b>Psychological Testing</b>	2.3	2.0	1.7	1.0	2.7	2.0	2.0	1.0	2.0	2.0	0.8	0.0
<b>PCS</b>	17.0	3.5	1.2	1.0	4.6	4.0	3.6	3.0	4.3	3.0	2.5	3.0
<b>IPS</b>	-	0.0	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Others</b>	3.6	4.0	-	0.0	-	0.0	1.5	3.0	2.0	2.0	-	0.0

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>PSR</b>						
% 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
<b>CPST</b>						
% Approved	N/A	N/A	N/A	0.0%	N/A	N/A
% Denied	N/A	N/A	N/A	100.0%	N/A	N/A
<b>ACT</b>						
% 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
<b>MST</b>						
% 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
<b>FFT</b>						
% 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
<b>Homebuilders</b>						
% 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
<b>Crisis Intervention</b>						
% 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

<b>BHCC</b>						
% 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
<b>CBCS</b>						
% 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
<b>Psychotherapy</b>						
% 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
<b>Med. Management</b>						
% 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
<b>ASAM 1</b>						
% 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
<b>ASAM 2.1</b>						
% 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
<b>ASAM 2</b>						
% 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
<b>OTP</b>						
% 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
<b>PSS</b>						
% 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
<b>Psychological Testing</b>						
% 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
<b>PCS</b>						
% 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

IPS						
% Approved	N/A	N/A	N/A	N/A	N/A	N/A
% Denied	N/A	N/A	N/A	N/A	N/A	N/A
Others						
% Approved	100.0%	N/A	N/A	N/A	N/A	N/A
% Denied	0.0%	N/A	N/A	N/A	N/A	N/A

Source: Report 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-Q4**

	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	1.0	-	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	-	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	0.5	0.5	-	0.0	-	0.0	-	0.0	-	-	-	0.0
ASAM 2.1	-	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

<b>Psychological Testing</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>PCS</b>	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>IPS</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Others</b>	2.0	2.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
<b>IP</b>	50.0%	33.3%	0.0%	N/A	N/A	N/A
<b>PRTF</b>	0.0%	N/A	N/A	N/A	60.0%	0.0%
<b>TGH</b>	N/A	N/A	N/A	N/A	100.0%	N/A
<b>ASAM 3.1</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>ASAM 3.5</b>	N/A	N/A	0.0%	N/A	N/A	0.0%
<b>ASAM 3.7 WM</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>ASAM 4 WM</b>	N/A	N/A	N/A	N/A	N/A	N/A

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
<b>ACT</b>	N/A	N/A	0.0%	0.0%	N/A	33.3%
<b>ASAM 1</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>ASAM 2</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>ASAM 2.1</b>	N/A	0.0%	N/A	N/A	N/A	N/A



<b>CPST/PSR</b>	50.0%	66.7%	11.1%	0.0%	25.0%	0.0%
<b>Psychological Testing</b>	N/A	50.0%	N/A	N/A	N/A	0.0%
<b>ASAM 3.7</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>FFT</b>	N/A	N/A	N/A	N/A	0.0%	N/A
<b>Medication Management</b>	N/A	N/A	N/A	N/A	N/A	100.0%
<b>PCS</b>	0.0%	N/A	N/A	N/A	N/A	N/A
<b>Psychotherapy</b>	N/A	N/A	50.0%	N/A	N/A	N/A
<b>Other – MHO</b>	N/A	N/A	N/A	N/A	N/A	N/A

Source: Report 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-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Acute</b>						
% Approved	82.0%	93.8%	88.8%	95.5%	95.5%	97.2%
% Denied	18.0%	6.2%	11.2%	4.5%	4.5%	2.8%
<b>Rehabilitation</b>						
% Approved	68.2%	N/A	89.2%	85.4%	88.2%	60.2%
% Denied	31.8%	N/A	10.8%	14.6%	11.8%	39.8%
<b>Skilled Nursing Facility</b>						
% Approved	86.7%	100.0%	100.0%	100.0%	66.7%	66.1%
% Denied	13.3%	0.0%	0.0%	0.0%	33.3%	33.9%
<b>Long-term Acute Care Hospital</b>						
% Approved	50.0%	100.0%	94.9%	87.0%	92.7%	61.3%
% Denied	50.0%	0.0%	5.1%	13.0%	7.3%	38.7%

Hospice						
% Approved	N/A	100.0%	N/A	N/A	100.0%	N/A
% Denied	N/A	0.0%	N/A	N/A	0.0%	N/A
Others						
% Approved	N/A	N/A	93.4%	100.0%	N/A	N/A
% Denied	N/A	N/A	6.6%	0.0%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.33 provides average and median processing time (in days) for standard prior authorization requests during Q4 2024.

**Table 1.33 Average and Median Time to Process Inpatient Standard Prior Authorization Requests, CY 2024-Q4**

	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	0.0	0.7	0.0	0.6	1.0	0.8	0.0	1.8	2.0
Rehabilitation	0.8	1.0	-	0.0	0.5	1.0	0.9	1.0	0.7	1.0	1.0	1.0
Skilled Nursing Facility	0.5	0.0	1.0	1.0	0.0	0.0	0.8	1.0	1.1	1.0	1.6	1.0
Long-term Acute Care Hospital	0.6	1.0	1.0	1.0	0.4	0.0	0.7	1.0	0.7	1.0	1.2	1.0
Hospice	-	0.0	0.0	0.0	-	0.0	-	0.0	3.0	2.0	-	0.0
Others	-	0.0	-	0.0	0.6	0.0	0.3	0.0	-	0.0	-	0.0

Source: Report 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 Q4 2024.

**Table 1.34 Percentage of Inpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
Acute						
% Approved	91.8%	93.9%	N/A	100.0%	100.0%	100.0%
% Denied	8.2%	6.1%	N/A	0.0%	0.0%	0.0%

Rehabilitation						
% Approved	N/A	93.1%	N/A	0.0%	N/A	75.0%
% Denied	N/A	6.9%	N/A	100.0%	N/A	25.0%
Skilled Nursing Facility						
% Approved	N/A	85.0%	N/A	N/A	100.0%	33.3%
% Denied	N/A	15.0%	N/A	N/A	0.0%	66.7%
Long-term Acute Care Hospital						
% Approved	N/A	95.1%	N/A	N/A	100.0%	50.0%
% Denied	N/A	4.9%	N/A	N/A	0.0%	50.0%
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: Report 188 Physical Health - Service Authorizations

Table 1.35 provides the average and median processing time (in days) for expedited prior authorization requests during Q4 2024.

**Table 1.35 Average and Median Time to Process Inpatient Expedited Prior Authorization Requests, CY 2024-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Acute	1.1	1.0	0.6	0.0	-	0.0	0.0	0.0	0.6	0.0	2.0	1.0
Rehabilitation	-	0.0	1.1	1.0	-	0.0	1.0	1.0	-	0.0	1.0	1.0
Skilled Nursing Facility	-	0.0	1.2	1.0	-	0.0	-	0.0	0.0	0.0	1.7	2.0
Long-term Acute Care Hospital	-	0.0	1.2	1.0	-	0.0	-	0.0	0.0	0.0	1.0	1.0
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: Report 188 Physical Health - Service Authorizations

## Outpatient Services

### Standard Prior Authorization Requests

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

Table 1.36 provides the percentage of standard prior authorization requests approved and denied during Q4 2024.

**Table 1.36 Percentage of Outpatient Standard Prior Authorization Requests Approved and Denied, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
<b>Rehabilitation</b>						
% Approved	97.9%	89.4%	100.0%	97.9%	72.6%	100.0%
% Denied	2.1%	10.6%	0.0%	2.1%	27.4%	0.0%
<b>Home Healthcare</b>						
% Approved	89.0%	95.6%	99.3%	97.1%	98.2%	99.7%
% Denied	11.0%	4.4%	0.7%	2.9%	1.8%	0.3%
<b>DME, OP, and Supplies</b>						
% Approved	71.7%	91.2%	93.9%	97.6%	91.7%	91.3%
% Denied	28.3%	8.8%	6.1%	2.4%	8.3%	8.7%
<b>PCS</b>						
% Approved	70.8%	N/A	86.0%	N/A	88.6%	62.3%
% Denied	29.2%	N/A	14.0%	N/A	11.4%	37.7%
<b>Med. Proc. and Dx Test</b>						
% Approved	48.1%	70.5%	83.1%	93.7%	83.2%	95.5%
% Denied	51.9%	29.5%	16.9%	6.3%	16.8%	4.5%
<b>Transportation</b>						
% Approved	75.0%	100.0%	100.0%	85.7%	N/A	44.4%
% Denied	25.0%	0.0%	0.0%	14.3%	N/A	55.6%
<b>Radiation Therapy</b>						
% Approved	80.5%	N/A	100.0%	N/A	100.0%	N/A
% Denied	19.5%	N/A	0.0%	N/A	0.0%	N/A
<b>Surgery</b>						
% Approved	84.9%	93.0%	84.8%	N/A	94.7%	97.6%
% Denied	15.1%	7.0%	15.2%	N/A	5.3%	2.4%

<b>Transplant</b>						
% Approved	100.0%	N/A	N/A	100.0%	100.0%	N/A
% Denied	0.0%	N/A	N/A	0.0%	0.0%	N/A
<b>Hemodialysis</b>						
% Approved	100.0%	N/A	100.0%	N/A	94.7%	100.0%
% Denied	0.0%	N/A	0.0%	N/A	5.3%	0.0%
<b>Phys. Admin. Drugs</b>						
% Approved	80.8%	79.0%	76.7%	100.0%	88.8%	75.0%
% Denied	19.2%	21.0%	23.3%	0.0%	11.2%	25.0%
<b>Observation</b>						
% Approved	N/A	N/A	N/A	96.0%	80.7%	N/A
% Denied	N/A	N/A	N/A	4.0%	19.3%	N/A
<b>Radiology/Imaging</b>						
% Approved	81.4%	65.1%	N/A	99.4%	72.9%	89.7%
% Denied	18.6%	34.9%	N/A	0.6%	27.1%	10.3%
<b>PDHC</b>						
% Approved	93.5%	100.0%	95.4%	100.0%	97.5%	97.6%
% Denied	6.5%	0.0%	4.6%	0.0%	2.5%	2.4%
<b>Hospice</b>						
% Approved	92.6%	86.9%	N/A	100.0%	93.3%	100.0%
% Denied	7.4%	13.1%	N/A	0.0%	6.7%	0.0%
<b>ABA</b>						
% Approved	97.8%	94.0%	95.7%	95.3%	99.3%	97.1%
% Denied	2.2%	6.0%	4.3%	4.7%	0.7%	2.9%
<b>Vision – EPSDT</b>						
% 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
<b>VAS – Adult Dental</b>						
% Approved	94.0%	N/A	N/A	N/A	N/A	N/A
% Denied	6.0%	N/A	N/A	N/A	N/A	N/A
<b>VAS – Adult Vision</b>						
% 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	82.9%	78.9%	96.6%	98.7%	N/A	N/A
% Denied	17.1%	21.1%	3.4%	1.3%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.37 provides the average and median processing times (in days) for standard outpatient prior authorization requests during Q4 2024.

**Table 1.37 Average and Median Time to Process Outpatient Standard Prior Authorization Requests, CY 2024-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
Rehabilitation	1.0	0.0	3.1	2.0	2.0	1.0	3.1	2.0	1.0	1.0	1.4	1.0
Home Healthcare	1.5	0.0	2.8	2.0	2.6	2.0	3.1	2.0	3.6	3.0	1.5	1.0
DME, OP, and Supplies	3.0	2.0	2.8	2.0	0.7	0.0	1.3	0.0	3.0	2.0	3.0	2.0
PCS	4.3	2.0	-	0.0	2.1	2.0	-	0.0	4.6	4.0	6.6	6.0
Med. Proc. and Dx Test	1.6	1.0	0.3	2.0	0.3	0.0	0.5	0.0	3.7	2.0	2.1	1.0
Transportation	1.9	2.0	3.8	2.0	4.0	4.0	1.1	1.0	-	0.0	0.8	1.0
Radiation Therapy	2.3	2.0	-	0.0	0.0	0.0	-	0.0	2.8	2.0	-	0.0
Surgery	2.9	2.0	2.5	2.0	0.8	0.0	-	0.0	2.1	2.0	2.5	2.0
Transplant	10.0	10.0	-	0.0	-	0.0	0.8	1.0	1.5	1.0	-	0.0
Hemodialysis	4.0	4.0	-	0.0	6.0	6.0	-	0.0	2.4	3.0	4.0	4.0
Phys. Admin. Drugs	1.5	1.0	0.3	0.1	0.1	0.0	0.0	0.0	1.5	1.0	0.6	0.0
Observation	-	0.0	-	0.0	-	0.0	1.5	1.0	1.4	1.0	-	0.0
Radiology/ Imaging	0.3	0.0	0.8	1.0	-	0.0	0.4	0.0	1.0	1.0	0.0	2.0
PDHC	3.3	2.0	3.7	2.0	2.2	2.0	4.4	3.5	3.8	2.0	3.2	2.0
Hospice	2.2	2.0	2.8	2.0	-	0.0	2.3	2.0	4.3	3.0	2.9	3.0
ABA	2.1	1.0	1.0	1.0	3.6	2.0	0.0	0.0	1.8	1.0	1.0	1.0
Vision – EPSDT	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0

VAS – Adult Dental	2.5	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	1.1	0.0	4.9	4.0	1.5	1.0	0.5	0.0	-	0.0	-	0.0

Source: Report 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 Q4 2024.

**Table 1.38 Percentage of Outpatient Expedited Prior Authorization Requests Approved and Denied, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
	%	%	%	%	%	%
<b>Rehabilitation</b>						
% Approved	88.4%	N/A	N/A	100.0%	N/A	N/A
% Denied	11.6%	N/A	N/A	0.0%	N/A	N/A
<b>Home Healthcare</b>						
% Approved	84.2%	N/A	N/A	N/A	100.0%	100.0%
% Denied	15.8%	N/A	N/A	N/A	0.0%	0.0%
<b>DME, OP, and Supplies</b>						
% Approved	68.7%	92.5%	N/A	100.0%	100.0%	95.6%
% Denied	31.3%	7.5%	N/A	0.0%	0.0%	4.4%
<b>PCS</b>						
% 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
<b>Med. Proc. and Dx Test</b>						
% Approved	38.1%	91.7%	N/A	100.0%	100.0%	98.4%
% Denied	61.9%	8.3%	N/A	0.0%	0.0%	1.6%
<b>Transportation</b>						
% 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
<b>Radiation Therapy</b>						
% 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

<b>Surgery</b>						
% Approved	69.4%	100.0%	N/A	N/A	100.0%	100.0%
% Denied	30.6%	0.0%	N/A	N/A	0.0%	0.0%
<b>Transplant</b>						
% 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
<b>Hemodialysis</b>						
% 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
<b>Phys. Admin. Drugs</b>						
% Approved	86.7%	72.8%	N/A	100.0%	84.1%	N/A
% Denied	13.3%	27.2%	N/A	0.0%	15.9%	N/A
<b>Observation</b>						
% 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
<b>Radiology/Imaging</b>						
% Approved	80.0%	0.0%	N/A	100.0%	66.7%	90.4%
% Denied	20.0%	100.0%	N/A	0.0%	33.3%	9.6%
<b>PDHC</b>						
% 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
<b>Hospice</b>						
% Approved	N/A	0.0%	N/A	N/A	N/A	N/A
% Denied	N/A	100.0%	N/A	N/A	N/A	N/A
<b>ABA</b>						
% 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
<b>Vision – EPSDT</b>						
% 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
<b>VAS – Adult Dental</b>						
% 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
<b>VAS – Adult Vision</b>						
% 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
<b>VAS – Other</b>						
% 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
<b>Others</b>						
% Approved	68.4%	100.0%	N/A	80.0%	N/A	N/A
% Denied	31.6%	0.0%	N/A	20.0%	N/A	N/A

Source: Report 188 Physical Health - Service Authorizations

Table 1.39 provides the average and median processing time (in days) for expedited outpatient prior authorization requests during Q4 2024.

**Table 1.39 Average and Median Time to Process Outpatient Expedited Prior Authorization Requests, CY 2024-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.	Avg.	Med.
<b>Rehabilitation</b>	1.1	1.0	-	0.0	-	0.0	0.0	0.0	-	0.0	-	0.0
<b>Home Health Care</b>	0.7	0.0	-	0.0	-	0.0	-	0.0	1.0	1.0	0.0	0.0
<b>DME, OP, and Supplies</b>	0.9	1.0	0.5	0.0	-	0.0	0.3	0.0	0.6	0.0	0.8	1.0
<b>PCS</b>	-	0.0	-	0.0	-	0.0	-	0.0	2.0	2.0	-	0.0
<b>Med. Proc. and Dx Test</b>	1.1	1.0	0.4	0.0	-	0.0	0.1	0.0	0.2	0.0	1.1	1.0
<b>Transportation</b>	1.0	0.5	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Radiation Therapy</b>	0.8	1.0	-	0.0	-	0.0	-	0.0	0.3	0.0	-	0.0
<b>Surgery</b>	1.3	1.0	0.3	0.0	-	0.0	-	0.0	0.3	0.0	0.8	1.0
<b>Transplant</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Hemodialysis</b>	0.3	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Phys. Admin. Drugs</b>	1.2	1.0	0.2	0.1	-	0.0	1.0	1.0	1.8	1.0	-	0.0
<b>Observation</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Radiology/Imaging</b>	0.9	1.0	0.0	0.0	-	0.0	0.2	0.0	1.0	0.0	0.1	1.0
<b>PDHC</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Hospice</b>	-	0.0	1.0	1.0	-	0.0	-	0.0	-	0.0	-	0.0

<b>ABA</b>	1.6	2.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Vision – EPSDT</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>VAS – Adult Dental</b>	0.7	1.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>VAS – Adult Vision</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>VAS – Other</b>	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0	-	0.0
<b>Others</b>	1.9	1.0	1.3	1.0	-	0.0	0.4	0.0	-	0.0	-	0.0

Source: Report 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Acute</b>	1	0.0%	5	0.0%	4	25.0%	2	0.0%	-	N/A	1	0.0%
<b>Rehabilitation</b>	2	50.0%	1	0.0%	2	0.0%	-	N/A	-	N/A	12	25.0%
<b>Surgery</b>	-	N/A	-	N/A	17	0.0%	-	N/A	-	N/A	-	N/A
<b>SNF</b>	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A	7	28.6%
<b>LTAC</b>	4	25.0%	-	N/A	-	N/A	-	N/A	-	N/A	9	11.1%
<b>Hospice</b>	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
<b>Inpatient Others</b>	1	100.0%	6	16.7%	-	N/A	-	N/A	-	N/A	-	N/A

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

Table 1.41 presents the percentage of outpatient standard prior authorization requests approved and the 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-Q4**

	ABH		ACLA		HBL		HHH		LHCC		UHC	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Rehabilitation</b>	-	N/A	-	N/A	-	N/A	-	N/A	80	22.5%	-	N/A
<b>Home Health</b>	-	N/A	-	N/A	1	0.0%	-	N/A	1	100.0%	-	N/A

<b>DME, OP, and Supplies</b>	19	47.4%	7	42.9%	22	59.1%	1	0.0%	95	65.3%	34	5.9%
<b>PCS</b>	-	N/A	-	N/A	-	N/A	-	N/A	7	57.1%	-	N/A
<b>Med. Proc. and Dx Test</b>	1	0.0%	3	33.3%	5	0.0%	-	N/A	7	57.1%	2	0.0%
<b>Radiation Therapy</b>	-	N/A	-	N/A	1	0.0%	-	N/A	-	N/A	7	42.9%
<b>Surgery</b>	12	25.0%	2	50.0%	1	0.0%	-	N/A	2	0.0%	3	0.0%
<b>Phys. Admin. Drugs</b>	12	33.3%	22	63.6%	59	23.7%	1	100.0%	3	100.0%	20	45.0%
<b>Other Prescription Drugs</b>	19	5.3%	13	38.5%	31	19.4%	3	0.0%	55	63.6%	-	N/A
<b>Radiology/Imaging</b>	13	53.8%	19	42.1%	18	27.8%	-	N/A	130	41.5%	55	36.4%
<b>ABA</b>	-	N/A	2	100.0%	1	0.0%	-	N/A	-	N/A	9	11.1%
<b>PDHC</b>	1	100.0%	-	N/A	-	N/A	-	N/A	1	100.0%	-	N/A
<b>Dental Services</b>	1	100.0%	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
<b>Transplant</b>	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A	-	N/A
<b>Others</b>	5	20.0%	3	33.3%	27	37.0%	1	0.0%	4	50.0%	5	0.0%

Source: Report 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 of receipt. 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 Q4 2024.

**Table 1.42 Pharmacy Prior Authorization Requests Submitted, Approved, and Denied, CY 2024-Q4**

	<b>ABH</b>	<b>ACLA</b>	<b>HBL</b>	<b>HHH</b>	<b>LHCC</b>	<b>UHC</b>
<b>Total Submitted</b>	<b>4,729</b>	<b>4,327</b>	<b>-</b>	<b>2,205</b>	<b>13,052</b>	<b>11,860</b>
% Approved	72.7%	74.9%	N/A	70.1%	75.0%	74.2%
% Denied	27.3%	25.1%	N/A	29.9%	25.0%	25.8%

Source: Report 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 Q4 2024.

**Table 1.43 Average and Median Hours to Process Pharmacy Prior Authorization Requests, CY 2024-Q4**

	ABH	ACLA	HBL	HHH	LHCC	UHC
<b>Average Hours</b>	2.0	1.9	-	1.9	1.9	1.9
<b>Median Hours</b>	0.1	0.0	-	0.1	0.0	0.0

Source: Report 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 the age of 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 system and processing directly for payment or denial.

Table 2.1 presents the total number of DBPM claims received in Q4 2024.

**Table 2.1 Claims Rejected, CY 2024-Q4**

	DQ	MCNA
# Received	458,499	448,608
# 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-Q4**

	DQ	MCNA
<b>EPSDT</b>		
# Adjudicated	416,077	422,203
# Denied	7,614	36,951
% Denied	1.8%	8.8%
# Denied as Duplicate	1,836	6,452
# Adjusted	185	1,950
# Voided	237	0
<b>Adult</b>		
# Adjudicated	43,018	7,717
# Denied	11,641	4,331
% Denied	27.1%	56.1%
# Denied as Duplicate	969	260
# Adjusted	15	126
# Voided	70	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-Q4**

	DQ	MCNA
<b>EPSDT</b>	14.1	8.2
<b>Adult</b>	13.0	10.5

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 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-Q4**

		DQ		MCNA	
		Denied	%	Denied	%
<b>EPSDT</b>	<b>1</b>	1,065	8.7%	1,236	43.4%
	<b>2</b>	555	9.1%	700	7.6%
	<b>3</b>	299	3.8%	680	25.0%
	<b>4</b>	257	4.0%	586	25.3%
	<b>5</b>	160	2.3%	527	12.2%
<b>Adult</b>	<b>1</b>	583	90.4%	320	98.5%
	<b>2</b>	501	92.3%	234	87.0%
	<b>3</b>	329	64.1%	191	59.7%
	<b>4</b>	270	51.7%	184	60.7%
	<b>5</b>	259	50.7%	153	86.0%

Source: Report 152 Act 710 Healthy Louisiana Claims Report

### Claim 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-Q4**

	DQ	MCNA
<b># Submitted</b>	99	0
<b>% Overturned</b>	0.0%	N/A

Source: Report 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 the total appeals submitted. Also, November's data has been excluded from this quarter's calculations due to an anomaly in the source report.

**Table 2.6 Denied Claims Submitted and % Overturned For Appeal, CY 2024-Q4**

	DQ	MCNA
<b># Submitted</b>	14	1
<b>% Overturned</b>	100.0%	0.0%

Source: Report 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	<a href="https://dentaquest.com/content/dam/dentaquest/en/providers/louisiana/la-ldh-preauth-codes.pdf.coredownload.inline.pdf">dentaquest.com/content/dam/dentaquest/en/providers/louisiana/la-ldh-preauth-codes.pdf.coredownload.inline.pdf</a>
MCNA	<a href="https://docs.mcna.net/guides/la-pa-claim-submissions">MCNA Dental: Pre-Authorization and Claim Submission Guide docs.mcna.net/guides/la-pa-claim-submissions</a>

### 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 breakdown 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-Q4**

	DQ	MCNA
	%	%
<b>EPSDT</b>		
% Approved	85.9%	86.2%
% Denied	14.1%	13.8%
<b>Adult</b>		
% Approved	78.3%	69.7%
% Denied	21.7%	30.3%

Source: Report 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-Q4**

	DQ		MCNA	
	Avg.	Med.	Avg.	Med.
<b>EPSDT</b>	0.3	0.0	0.9	1.0
<b>Adult</b>	0.3	0.0	1.3	1.0

Source: Report 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-Q4**

	DQ	MCNA
	%	%
<b>EPSDT</b>		
% Approved	92.9%	86.8%
% Denied	7.1%	13.2%
<b>Adult</b>		
% Approved	68.6%	50.0%
% Denied	31.4%	50.0%

Source: Report 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 of 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-Q4**

	DQ		MCNA	
	Avg.	Med.	Avg.	Med.
<b>EPSDT</b>	0.2	0.0	0.2	0.0
<b>Adult</b>	0.0	0.0	0.8	1.0

Source: Report 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 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 Encounters Submitted and Rejected, CY 2024-Q4**

	DQ	MCNA
<b>Submitted</b>	449,992	465,656
<b>Rejected</b>	31,775	5,959

Source: Report 152, Act 710 Healthy Louisiana Claims Report

## Appendix A: Acronyms

Abbreviation	Description	Section
<b>ABA</b>	Applied Behavior Analysis	Table 1.36
<b>ACT</b>	Assertive Community Treatment	Table 1.26
<b>ASAM 1</b>	American Society of Addiction Medicine Outpatient	Table 1.26
<b>ASAM 2</b>	American Society of Addiction Medicine Ambulatory Withdrawal Management	Table 1.26
<b>ASAM 2.1</b>	American Society of Addiction Medicine Intensive Outpatient Treatment	Table 1.26
<b>ASAM 3.1</b>	American Society of Addiction Medicine Clinically Managed Low-Intensity Residential Treatment	Table 1.22
<b>ASAM 3.2 WM</b>	American Society of Addiction Medicine Clinically Managed Social Withdrawal Management	Table 1.22
<b>ASAM 3.3</b>	American Society of Addiction Medicine Clinically Managed Population-specific High-intensity Residential Treatment	Table 1.22
<b>ASAM 3.5</b>	American Society of Addiction Medicine Clinically Managed Medium-intensity Residential Treatment	Table 1.22
<b>ASAM 3.7</b>	American Society of Addiction Medicine Medically Monitored High-intensity Inpatient Treatment	Table 1.22
<b>ASAM 3.7 WM</b>	American Society of Addiction Medicine Medically Monitored Inpatient Withdrawal Management	Table 1.22
<b>ASAM 4 WM</b>	American Society of Addiction Medicine Medically Monitored Intensive Inpatient Withdrawal Management	Table 1.22
<b>BH non-SHCN</b>	Behavioral Health Non-Special Healthcare Need	Table 1.18
<b>BHCC</b>	Behavioral Health Crisis Care	Table 1.26
<b>BOTH non-SHCN</b>	Both Non-Special Healthcare Need	Table 1.18
<b>CBCS</b>	Community Brief Crisis Support	Table 1.26
<b>CMS-1500/PT04</b>	Physical Therapy Claims Form	Table 1.8
<b>CPST</b>	Community Psychiatric Support and Treatment	Table 1.26
<b>CS – Adult</b>	Crisis Stabilization-Adult	Table 1.23
<b>CS –Child</b>	Crisis Stabilization-Child	Table 1.23
<b>Dental – EPSDT</b>	Dental - Early and Periodic Screening, Diagnostic, and Treatment	Table 2.2
<b>DME</b>	Durable Medical Equipment	Table 1.8
<b>DQ</b>	DentaQuest	Table 2.1
<b>EMT</b>	Emergency Medical Transportation	Table 1.8
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36
<b>FFT</b>	Functional Family Therapy	Table 1.26
<b>FQHC</b>	Federally Qualified Healthcare Centers	Table 1.11
<b>HNA</b>	Holistic Needs Assessment	Table 1.17
<b>IP-0-12</b>	Psychiatric Inpatient –Child	Table 1.22
<b>IP-13-17</b>	Psychiatric Inpatient – Adolescent	Table 1.22

<b>IP – 18+</b>	Psychiatric Inpatient –Adult	Table 1.22
<b>IPS</b>	Individual Placement and Support	Table 1.26
<b>MCNA Dental</b>	Managed Care of North America	Table 2.1
<b>Med Management</b>	American Society of Addiction Medicine Medication Management	Table 1.26
<b>MED Non-SHCN</b>	Medical - Non-Special Healthcare Need	Table 1.18
<b>Med Proc and DX</b>	Medical Procedure and Diagnosis	Table 1.36
<b>MFM</b>	Maternal Fetal Medicine	Table 1.8
<b>MST</b>	Multi-system Therapy	Table 1.26
<b>NEAT</b>	Nonemergency Ambulance Transportation	Table 1.8
<b>NEMT</b>	Nonemergency Medical Transportation	Table 1.8
<b>OB-GYN</b>	Obstetrics and Gynecology	Table 1.8
<b>OP</b>	Orthotics and Prosthetics	Table 1.36
<b>OT</b>	Occupational Therapy	Table 1.8
<b>Other - MHO</b>	Mental Health Outpatient	Table 1.31
<b>OTP</b>	Opioid Treatment Program Services	Table 1.26
<b>PA</b>	Standard Prior Authorization	Utilization Management - PA
<b>PCP</b>	Primary Care Physician	Table 1.11
<b>PCS</b>	Personal Care Services	Table 1.26
<b>PDHC</b>	Pediatric Day Healthcare	Table 1.36
<b>PRTF</b>	Psychiatric Residential Treatment Facility	Table 1.22
<b>PSR</b>	Psychological Rehabilitation	Table 1.26
<b>PSS</b>	Peer Support Services	Table 1.26
<b>Psychological Testing</b>	Psychological Testing	Table 1.26
<b>PT</b>	Physical Therapy	Table 1.8
<b>SBH</b>	Specialized Behavioral Health	Table 1.21
<b>SDOH</b>	Social Determinants of Health	Table 1.20
<b>SHCN-421</b>	Special Healthcare Need – Act 421 Children’s Medicaid Option	Table 1.18
<b>SHCN-BH</b>	Special Healthcare Need – Behavioral Health	Table 1.18
<b>SHCN-BOTH</b>	Special Healthcare Need – Both Medical and Behavioral Health	Table 1.18
<b>SHCN-DOJ-AR</b>	Special Healthcare Need – Department of Justice – At Risk for Nursing Facility Placement	Table 1.18
<b>SHCN-MED</b>	Special Healthcare Need – Medical	Table 1.18
<b>ST</b>	Speech Therapy	Table 1.8
<b>TGH</b>	Therapeutic Group Home	Table 1.22
<b>VAS</b>	Value-Added Service	Table 1.36
<b>Vision – EPSDT</b>	Vision – Early and Periodic Screening, Diagnostic, and Treatment	Table 1.36

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