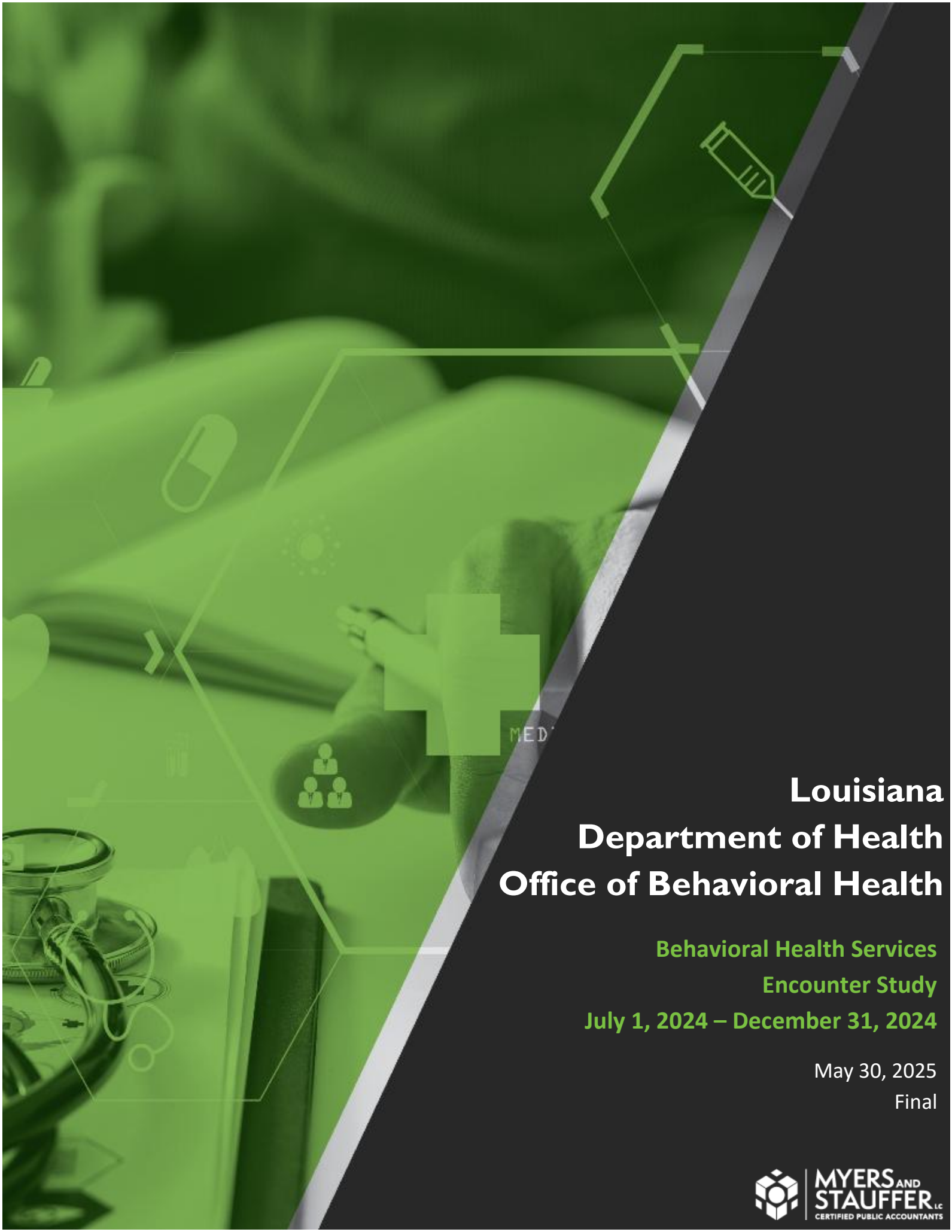

Louisiana Department of Health Office of Behavioral Health

Behavioral Health Services Encounter Study

July 1, 2024 – December 31, 2024

May 30, 2025

Final

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

Table of Contents

Study Purpose

The Louisiana Department of Health (LDH) – Office of Behavioral Health (LDH-OBH) engaged Myers and Stauffer LC (Myers and Stauffer) to analyze specialized behavioral health encounter data submitted to Louisiana's fiscal agent contractor (FAC), Gainwell Technologies, by the managed care organizations (MCO) and prepaid inpatient health plan (PIHP). For purposes of this analysis, "encounter data" are claims that have been paid by the MCO or PIHP to health care providers that rendered behavioral health care services to members enrolled with the health plan. The MCOs and PHIP included in this report are listed below.

Managed Care Organizations (MCO, health plans)

- AmeriHealth Caritas Louisiana (ACLA)
- Aetna Better Health of Louisiana (Aetna)
- Healthy Blue (HB)
- Humana Healthy Horizons in Louisiana (Humana)
- Louisiana Healthcare Connections (LHCC)
- UnitedHealthcare Community Plan (UHC)

Prepaid Inpatient Health Plan (PIHP, health plan)

- Magellan Complete Care of Louisiana, Inc. (Magellan Health)

LDH-OBH requested that, for this study, we review the health plans' specialized behavioral health service encounters for:

1. The use of procedure code modifiers for member's age and rendering provider's education level as shown on the Specialized Behavioral Health (SBH) Fee Schedules below.
    a. Fee schedule version 23, dated January 1, 2024 https://www.lamedicaid.com/Provweb1/fee_schedules/SBH_FS_01-01-2024.pdf
    b. Fee schedule version 24, dated October 1, 2024 https://www.lamedicaid.com/Provweb1/fee_schedules/SBH_FS_08-01-2024.pdf
2. The health plan paid amount compared to the SBH Fee Schedules.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services; accordingly, we express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

The results of our engagement and this report are intended only for the internal use of the LDH and should not be used for any other purpose.

Encounter Analysis

Data Analysis

For this study, Myers and Stauffer analyzed encounter data submitted by the plan to the FAC, loaded into the FAC's Medicaid Management Information System (MMIS), and transmitted via a monthly extract process to Myers and Stauffer. Encounters submitted by the plan that were rejected by the FAC for errors in submission or other reasons were not transmitted to Myers and Stauffer and not included in this dataset. Due to rounding, the sum of the displayed percentages in this report may not add up to the total.

Furthermore, Myers and Stauffer analyzed the encounter data from the FAC MMIS and made the following adjustments for this analysis.

1. The SBH encounters utilized in this study included dates of service from July 1, 2024 through December 31, 2024.
2. Encounters were excluded if they were identified as State System Denied, Health Plan Denied, Calculated Void, or Duplicate. See Appendix C for definitions of each category.
3. Encounters were excluded if the billing provider had a provider specific SBH rate. This list of providers was collected by the Louisiana Legislative Auditor (LLA).
4. The SBH encounters included in the study contained a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code along with the relevant modifier(s) from the SBH Fee Schedule. No CPT or HCPCS codes were excluded unless in the exclusions 2 or 3 above.

SBH Encounter Modifier Analysis by Month (Jul-Dec 2024)					
Date of Service Month	Final SBH Encounters (Count)	Without Member Age Modifier (Count)	Without Member Age Modifier (Percent)	Without Provider Education Modifier (Count)	Without Provider Education Modifier (Percent)
July 2024	59,223	58,308	98.45%	19,884	33.57%
August 2024	60,335	59,296	98.28%	20,111	33.33%
September 2024	55,702	54,697	98.20%	19,096	34.28%
October 2024	61,669	60,367	97.89%	21,512	34.88%
November 2024	52,212	51,154	97.97%	18,127	34.72%
December 2024	51,187	50,187	98.05%	17,180	33.56%

Sample Analysis

Myers and Stauffer identified a set of SBH encounters from each health plan that contained a potential issue to use in sampling. For encounters with CPT or HCPCS codes that had Member Age and Provider Education modifiers, the encounter was included in sampling if it was missing a modifier or the paid amount did not match the SBH fee schedule. For encounters with CPT or HCPCS codes that did not have Member Age or Provider Education modifiers, the encounter was included in sampling if the paid amount did not match the SBH fee schedule. The samples were sent to each health plan for review. Each health plan was asked to provide support for the modifiers used and the amount paid. Health plan responses are summarized below. Specific health plan responses are included in Appendix A and results by health plan can be found in Appendix B.

- Three health plans responded that the initial claim was incorrectly paid. This response was categorized as a Process Error. This issue counted for 53 of 1,680 sample encounters or 3.2% of the sample in the table below.
- The largest responses were that the provider had a specific contract with the health plan or was paid correctly.
- Six health plans had potential pricing issues and we will follow up to obtain further details regarding the outcome of the sampled encounters.

Health Plan Responses by Type		
Payment Issue?	**Health Plan Response Type**	**Total**
Issue	Process Error / Plan States it will reprocess	**53**
Follow Up	Potential Pricing Issue / Follow-up with Plan	**248**
No Issue	Billed Charge	**48**
No Issue	Other Fee Schedule	**8**
No Issue	Provider Contract	250
No Issue	Multiple Units	104
No Issue	Paid Correctly	969
Total		**1,680**

Observations

After completing this analysis, the following are observations regarding SBH encounters during the measurement period.

1. The health plans appear to be following the guidance from LDH that age and degree level modifiers are not required. Per the SBH Fee Schedule, "Age and degree level modifiers can be added as applicable…".
2. The majority of the responses indicated that the claim was paid correctly due to factors such as multiple units billed, provider-specific arrangements, or the use of non-SBH fee schedules.
    a. For provider-specific arrangements, health plans contract with providers in order to ensure an adequate provider network for their members across the state. These arrangements are often defined such that the provider will be paid a percentage of the relevant Medicaid fee schedule. An example would be that the provider agrees to join the health plan's network and be reimbursed at 105% of the Medicaid fee schedule.
3. One health plan reports paying two HCPCS codes in "per day" increments. Per the fee schedule, these codes should be billed and paid in 15 minute increments. Further guidance may be required to determine proper billing / payment amounts for these codes.
4. Three health plans state that they pay the amount billed from providers if it is less than the fee schedule. Further guidance may be required to determine that proper payment is received.

Appendix A: Sample Responses by Health Plan

Health Plan Responses by Type									
Payment Issue?	**Health Plan Response Type**	**ACLA**	**Aetna**	**HB**	**Humana**	**LHCC**	**Magellan Health**	**UHC**	**Total**
Issue	Billed Charges less than Fee Schedule – Plan paid lesser charge	3	2			43			**48**
Follow Up	Potential Pricing Issue / Follow-up with Plan	2		3	17	1	221	4	**248**
No Issue	Corrected with Resubmission	45				8			**53**
No Issue	Other Fee Schedule		8						**8**
No Issue	Provider Contract	4	3			7		236	**250**
No Issue	Multiple Units		10	24	38	19	13		**104**
No Issue	Paid Correctly	186	217	213	185	162	6		**969**
Total		**240**	**240**	**240**	**240**	**240**	**240**	**240**	**1,680**

Appendix B: Results by Health Plan

SBH Encounter Modifier Analysis by Health Plan (July - December 2024)						
MCO	Date of Service Month	Final SBH Encounters (Count)	Without Member Age Modifier (Count)	Without Member Age Modifier (Percent)	Without Provider Education Modifier (Count)	Without Provider Education Modifier (Percent)
ACLA	Jul-24	676	517	76.48%	394	58.28%
ACLA	Aug-24	767	603	78.62%	409	53.32%
ACLA	Sep-24	743	591	79.54%	399	53.70%
ACLA	Oct-24	753	554	73.57%	476	63.21%
ACLA	Nov-24	633	461	72.83%	435	68.72%
ACLA	Dec-24	605	426	70.41%	415	68.60%
Aetna	Jul-24	7,516	7,411	98.60%	671	8.93%
Aetna	Aug-24	7,496	7,369	98.31%	653	8.71%
Aetna	Sep-24	7,117	7,028	98.75%	695	9.77%
Aetna	Oct-24	7,928	7,817	98.60%	738	9.31%
Aetna	Nov-24	6,870	6,791	98.85%	597	8.69%
Aetna	Dec-24	6,810	6,738	98.94%	601	8.83%
HB	Jul-24	13,159	13,022	98.96%	2,926	22.24%
HB	Aug-24	13,925	13,762	98.83%	3,540	25.42%
HB	Sep-24	12,755	12,605	98.82%	3,316	26.00%
HB	Oct-24	13,702	13,532	98.76%	3,681	26.86%
HB	Nov-24	12,398	12,260	98.89%	3,404	27.46%
HB	Dec-24	12,115	12,005	99.09%	3,324	27.44%
HU	Jul-24	1,912	1,836	96.03%	1,674	87.55%
HU	Aug-24	1,952	1,876	96.11%	1,629	83.45%
HU	Sep-24	1,962	1,873	95.46%	1,632	83.18%
HU	Oct-24	2,034	1,934	95.08%	1,724	84.76%
HU	Nov-24	1,651	1,562	94.61%	1,313	79.53%
HU	Dec-24	977	920	94.17%	766	78.40%
LH	Jul-24	19,240	18,998	98.74%	7,718	40.11%
LH	Aug-24	19,127	18,838	98.49%	7,521	39.32%
LH	Sep-24	17,655	17,338	98.20%	7,098	40.20%
LH	Oct-24	19,679	19,266	97.90%	8,043	40.87%
LH	Nov-24	15,904	15,602	98.10%	6,606	41.54%
LH	Dec-24	16,382	16,056	98.01%	6,867	41.92%

SBH Encounter Modifier Analysis by Health Plan (July - December 2024)						
MCO	Date of Service Month	Final SBH Encounters (Count)	Without Member Age Modifier	Without Member Age Modifier	Without Provider Education Modifier	Without Provider Education Modifier
MHS	Jul-24	588	588	100.00%	322	54.76%
MHS	Aug-24	617	617	100.00%	316	51.22%
MHS	Sep-24	587	587	100.00%	262	44.63%
MHS	Oct-24	800	800	100.00%	419	52.38%
MHS	Nov-24	666	666	100.00%	351	52.70%
MHS	Dec-24	323	323	100.00%	173	53.56%
UHC	Jul-24	16,132	15,936	98.79%	6,179	38.30%
UHC	Aug-24	16,451	16,231	98.66%	6,043	36.73%
UHC	Sep-24	14,883	14,675	98.60%	5,694	38.26%
UHC	Oct-24	16,773	16,464	98.16%	6,431	38.34%
UHC	Nov-24	14,090	13,812	98.03%	5,421	38.47%
UHC	Dec-24	13,975	13,719	98.17%	5,034	36.02%

Appendix C: Definitions and Acronyms

The following terms are used throughout this document:

- **Fiscal Agent Contractor (FAC) –** A contractor selected to design, develop and maintain the Medicaid Management Information System (MMIS); Gainwell is the current FAC.
- **Gainwell Technologies (Gainwell) –** Current State fiscal agent contractor. Formerly known as DXC Technology.
- **Louisiana Coordinated System of Care (CSoC)** – The current statewide behavioral health managed care program in Louisiana, which became effective as a risk-based program on November 1, 2018. The Louisiana Department of Health (LDH) has designated the Office of Behavioral Health (LDH-OBH) for the oversight of the CSoC.
- **Louisiana Department of Health (LDH) –** The agency in charge of overseeing the health services for the citizens of the state of Louisiana.
    - **Office of Behavioral Health (LDH-OBH**) – This office has the oversight of the Louisiana Coordinated System of Care (CSoC) program. Its mission in to promote recovery and resiliency in the community through services and supports that are preventive, accessible, comprehensive and dynamic.
- **Managed Care Organization (MCO) –** A private organization that has entered into a risk-based contractual arrangement with LDH to obtain and finance care for enrolled Medicaid or Louisiana Children's Health Insurance Program (LaCHIP) members. MCOs receive a capitation, or per member per month (PMPM), payment from LDH for each enrolled member. During the reporting period, five MCOs were operating in Louisiana. They are Healthy Blue – formerly Amerigroup Louisiana, Inc., AmeriHealth Caritas Louisiana (ACLA), Louisiana Healthcare Connections (LHCC), Aetna Better Health of Louisiana (Aetna), Humana Healthy Horizons in Louisiana (Humana), and UnitedHealthcare Community Plan (UHC).
- **Medicaid Management Information System (MMIS) –** The claims and encounter processing system used by the FAC. Plan submitted encounters are loaded into this system and assigned a unique claim identifier.
- **Prepaid Inpatient Health Plan (PIHP)** – A private organization operating the Louisiana Coordinated System of Care (CSoC). Magellan Health Services, Inc. (Magellan Health) is the current PIHP for CSoC.