

Pre-Authorization Summary

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 20130401
 Report Period End Date: 20130630

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 Document Name: **PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT**
 Reporting Frequency: Quarterly
 Report Due Date: 30th day of the month following end of reporting period
 File Type: Excel
 Subject Matter: Quality (Q)

Pre-Authorization Summary					Standard Authorizations					Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% determined within 2 Business days	% determined within 14 Business days	% determined within 28 Business days	DME- % determined within 25 days	Total Requested	% complete within 72 hours
2162934	Totals	5,010	4,659	351	5,010	93.62%	97.51%	99.10%		19	94.74%
2162934	23 Hour Observation	349	347	2	349	100.00%	100.00%	100.00%		0	0.00%
2162934	DME	1,119	974	145	1,119	89.28%	93.74%	98.03%	96.78%	16	93.75%
2162934	Home	605	562	43	605	88.93%	96.03%	98.51%		0	0.00%
2162934	Home Infusion	14	13	1	14	92.86%	100.00%	100.00%		0	0.00%
2162934	Outpatient Facility	2,603	2,452	151	2,603	95.39%	98.92%	99.50%		2	100.00%
2162934	Provider Office	66	64	2	66	93.94%	100.00%	100.00%		0	0.00%
2162934	SPU	252	245	7	252	96.83%	98.81%	99.60%		1	100.00%
2162934	Transplant	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%

¹ Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

² Standard Authorizations are elective procedures not including OB

PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162934
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Pre-Authorization Denial Detail

Plan ID	Type of Service	Denial Reason		Total Denied (for TOS & Denial Reason)
		Code	Denial Reason	
2162934	Totals >>>>>			622
2162934	23 Hour Observation	OP-D30	Administrative Denial	2
2162934	DME	OP-D39	(PA) Not Medically Necessary	141
2162934	DME	OP-D30	Administrative Denial	38
2162934	DME	OP-D24	Lack of Information	36
2162934	DME	OP-D51	Late Notification (Admin)	49
2162934	DME	OP-D05	Not a Covered Benefit	6
2162934	DME	OP-D45	Not Eligible on DOS (Admin)	10
2162934	Home	OP-D39	(PA) Not Medically Necessary	18
2162934	Home	OP-D30	Administrative Denial	4
2162934	Home	OP-D24	Lack of Information	2
2162934	Home	OP-D51	Late Notification (Admin)	7
2162934	Home	OP-D05	Not a Covered Benefit	1
2162934	Home	OP-D45	Not Eligible on DOS (Admin)	3
2162934	Outpatient Facility	OP-D39	(PA) Not Medically Necessary	199
2162934	Outpatient Facility	OP-D30	Administrative Denial	30
2162934	Outpatient Facility	OP-D24	Lack of Information	13
2162934	Outpatient Facility	OP-D51	Late Notification (Admin)	5
2162934	Outpatient Facility	OP-D05	Not a Covered Benefit	14
2162934	Outpatient Facility	OP-D45	Not Eligible on DOS (Admin)	9
2162934	Outpatient Facility	OP-D35	Retro-Administrative Denial	4
2162934	Provider Office	OP-D39	(PA) Not Medically Necessary	4
2162934	Provider Office	OP-D30	Administrative Denial	15
2162934	Provider Office	OP-D45	Not Eligible on DOS (Admin)	3
2162934	SPU	OP-D39	(PA) Not Medically Necessary	7
2162934	SPU	OP-D24	Lack of Information	1
2162934	SPU	OP-D05	Not a Covered Benefit	1

Pre-Certification Summary

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Pre-Certification Summary					Standard Authorizations				Concurrent Review			Post Service Authorizations	
Plan ID	Level of Care	Total Days Requested	Totals Days Approved	Total Days Denied	Total # Requested	% determined within 2 Business days	% determined within 14 Business days	% determined within 28 Business days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
2162934	Totals	15,077	14,583	494	4,935	99.31%	99.84%	99.90%	4,575	97.53%	98.75%	49	100.00%
2162934	Acute	14,386	13,992	394	4,828	99.30%	99.83%	99.90%	4,480	97.52%	98.73%	49	100.00%
2162934	Sub Acute	85	85	0	21	100.00%	100.00%	100.00%	9	100.00%	100.00%	0	0.00%
2162934	LTAC	98	56	42	12	100.00%	100.00%	100.00%	12	100.00%	100.00%	0	0.00%
2162934	Rehab	508	450	58	74	100.00%	100.00%	100.00%	74	97.30%	100.00%	0	0.00%

¹ Standard Authorizations are elective procedures not including OB

PQ188 Attachment 2: Pre-Certification Denial Detail

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 Report Period End Date: 20130630

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162934	Totals >>>>			159
2162934	Acute	IP-D05	Not a Covered Benefit	2
2162934	Acute	IP-D24	Lack of Information	3
2162934	Acute	IP-D30	Administrative Denial	28
2162934	Acute	IP-D39	(PA) Not Medically Necessary	77
2162934	Acute	IP-D22	Delay in Advancing Care	1
2162934	Acute	IP-D14	Delay in Transfer	1
2162934	Acute	IP-D31	Not Hospital Level of Care	3
2162934	Acute	IP-D34	Retro - Not Medically Necessary	1
2162934	Acute	IP-D45	Not Eligible on DOS(Admin)	11
2162934	Acute	IP-D51	Late Notification(Admin)	11
2162934	Acute	IP-D02	1st- Level Med Appeal - Denial	3
2162934	LTAC	IP-D39	(PA) Not Medically Necessary	4
2162934	Rehab	IP-D39	(PA) Not Medically Necessary	10
2162934	Rehab	IP-D30	Administrative Denial	3
2162934	Rehab	IP-D19	Inpatient for Delay in Service	1