

Prior-Authorization Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: XXX
 Contact Email: XXX
 Report Period Start Date: 20130701
 Report Period End Date: 20130930

BAYOU HEALTH Reporting

Document ID: PQ188
 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)

Prior-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 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
	Totals	11,008	10,269	739	10,448	98%	100%	100%	100%	457	99%
2162519	DME - AGP	59	37	22	59	95%	100%	n/a	100%	0	n/a
2162519	DME - Univita	2050	2050	0	1599	99%	100%	100%	100%	451	98%
2162519	Orthotics/Prosthetics	544	468	76	543	87%	100%	n/a	n/a	0	n/a
2162519	Behavioral Health	0	0	0	0	n/a	n/a	n/a	n/a	0	n/a
2162519	Home Health - AGP	31	18	13	20	100%	100%	n/a	n/a	0	n/a
2162519	Home Health - Univita	1,435	1,435	0	1,435	99%	100%	100%	100%	0	n/a
2162519	Therapy	1,188	1,155	33	1,176	99%	100%	n/a	n/a	0	n/a
2162519	Radiology	2,449	2,154	295	2,440	100%	100%	n/a	n/a	0	n/a
2162519	Other	2,525	2,225	300	2,453	99%	100%	n/a	n/a	6	100%
2162519	Pharmacy-Univita	723	723	0	719	97%	100%	100%	n/a	0	n/a
2162519	Vision-Block	4	4	0	4	100%	100%	100%	n/a	0	n/a

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

²Standard Authorizations are elective procedures not including OB

PQ188 Attachment 1: Prior-Authorization Denial Detail

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: XXX
 Contact Email: XXX
 Report Period Start Date: 20130701
 Report Period End Date: 20130930

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Totals >>>>			740
2162519	DME	LD01	Not Medically Necessary	20
2162519	DME	LD08	Non-covered service/benefit	2
2162519	Orthotics/Prosthetics	LD01	Not Medically Necessary	61
2162519	Orthotics/Prosthetics	LD03	Failure to preauth	8
2162519	Orthotics/Prosthetics	LD04	Lack of information	1
2162519	Orthotics/Prosthetics	LD11	Service available in network	6
2162519	Home Health	LD01	Not Medically Necessary	1
2162519	Home Health	LD02	Late Notification	1
2162519	Home Health	LD03	Failure to preauth	10
2162519	Home Health	LD09	Benefit Exhausted	1
2162519	Therapy	LD01	Not Medically Necessary	16
2162519	Therapy	LD03	Failure to preauth	12
2162519	Therapy	LD04	Lack of information	2
2162519	Therapy	LD11	Service available in network	3
2162519	Radiology	LD01	Not Medically Necessary	288
2162519	Radiology	LD04	Lack of information	8
2162519	Other	DS03	Failure to preauth	1
2162519	Other	DS08	Non-Covered service/benefit	1
2162519	Other	LD01	Not Medically Necessary	122
2162519	Other	LD02	Late Notification	16
2162519	Other	LD03	Failure to preauth	58
2162519	Other	LD04	Lack of information	7
2162519	Other	LD08	Non-Covered service/benefit	26
2162519	Other	LD09	Benefit Exhausted	10
2162519	Other	LD11	Service available in network	33
2162519	Other	RNC	RX Only - Noncovered benefit	14
2162519	Other	RNM	RX Only - Clinical Criteria not met	12

Pre-Certification Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: XXX
 Contact Email: XXX
 Report Period Start Date: 20130701
 Report Period End Date: 20130930

BAYOU HEALTH Reporting

Document ID: PQ188
 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-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 Calendar days	% determined within 28 Calendar days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
Totals	Totals	15,425	14,680	745	1770	100%	100%	100%	5,195	100%	100%	1,107	100%
2162519	Acute	13168	12437	731	232	100%	n/a	n/a	4159	100%	100%	1088	100%
2162519	Sub Acute	52	52	0	4	100%	n/a	n/a	5	100%	100%	0	0%
2162519	Skilled	0	0	0	0	n/a	n/a	n/a	0	n/a	n/a	0	n/a
2162519	Skilled - Univita	1,418	1,418	0	1435	99%	100%	100%	991	100%	100%	17	100%
2162519	LTAC	295	291	4	31	100%	n/a	n/a	16	100%	100%	2	100%
2162519	Rehab	492	482	10	68	100%	n/a	n/a	24	100%	100%	n/a	n/a

¹ Standard Authorizations are elective procedures not including OB

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: XXX
 Contact Email:
 Report Period Start Date: 20130701
 Report Period End Date: 20130930

BAYOU HEALTH Reporting

Document ID: PQ188
 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-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
	Totals >>>>			414
2162519	Acute	DD01	Not medically necessary	223
2162519	Acute	DD02	Late Notification of Admit	173
2162519	Acute	DD03	Lack of Information	3
2162519	Acute	DD04	Inappropriate Level of Care	1
2162519	LTAC	DD01	Not medically necessary	2
2162519	LTAC	DD02	Late Notification of Admit	2
2162519	Rehab	DD01	Not medically necessary	8
2162519	Rehab	DD02	Late Notification of Admit	2