

## Pre-Authorization Summary

Health Plan ID: 2162934  
 Health Plan Name: LaCare  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20121001  
 Report Period End Date: 20121231

## 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 <sup>1</sup>	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	<b>Totals</b>	3,978	3,536	442	3,978	<b>74.06%</b>	<b>90.47%</b>	<b>97.81%</b>		<b>82</b>	<b>70.73%</b>
2162934	23 Hour Observation	68	67	1	68	95.59%	98.53%	98.53%		0	0.00%
2162934	DME	1,583	1,351	232	1,583	63.42%	83.58%	94.31%	89.64%	36	77.78%
2162934	Home	637	569	68	637	64.05%	84.77%	96.55%		14	64.29%
2162934	Home Infusion	10	10	0	10	70.00%	100.00%	100.00%		0	0.00%
2162934	Outpatient Facility	1,303	1,190	113	1,303	82.66%	95.47%	98.54%		24	62.50%
2162934	Provider Office	141	139	2	141	94.33%	97.87%	99.29%		1	100.00%
2162934	SPU	234	208	26	234	87.18%	97.44%	99.57%		6	66.67%
2162934	Transplant	2	2	0	2	100.00%	100.00%	100.00%		1	100.00%

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

<sup>2</sup> Standard Authorizations are elective procedures not including OB

## PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162934  
 Health Plan Name: LaCare  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20121001  
 Report Period End Date: 20121231

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162934	Totals >>>>			934
2162934	23 Hour Observation	OP-D30	Administrative Denial	1
2162934	DME	OP-D39	(PA) Not Medically Necessary	312
2162934	DME	OP-D02	1st- Level Med Appeal - Denial	1
2162934	DME		Admin Appeal Panel - Denial	1
2162934	DME	OP-D30	Administrative Denial	73
2162934	DME	OP-D24	Lack of Information	22
2162934	DME	OP-D51	Late Notification (Admin)	50
2162934	DME	OP-D05	Not a Covered Benefit	23
2162934	DME	OP-D45	Not Eligible on DOS (Admin)	8
2162934	DME	OP-D35	Retro-Administrative Denial	11
2162934	Home	OP-D30	Administrative Denial	15
2162934	Home	OP-D39	(PA) Not Medically Necessary	35
2162934	Home	OP-D24	Lack of Information	1
2162934	Home	OP-D51	Late Notification (Admin)	25
2162934	Home	OP-D45	Not Eligible on DOS (Admin)	3
2162934	Home	OP-D35	Retro-Administrative Denial	1
2162934	Outpatient Facility	OP-D39	(PA) Not Medically Necessary	204
2162934	Outpatient Facility	OP-D30	Administrative Denial	53
2162934	Outpatient Facility	OP-D24	Lack of Information	9
2162934	Outpatient Facility	OP-D51	Late Notification (Admin)	4
2162934	Outpatient Facility	OP-D05	Not a Covered Benefit	5
2162934	Outpatient Facility	OP-D45	Not Eligible on DOS (Admin)	2
2162934	Outpatient Facility	OP-D33	Retro - Not Covered Benefit	1
2162934	Outpatient Facility		Retro - Not Medically Necessary	3
2162934	Provider Office	OP-D39	(PA) Not Medically Necessary	2
2162934	Provider Office	OP-D30	Administrative Denial	17
2162934	Provider Office	OP-D51	Late Notification (Admin)	1
2162934	Provider Office	OP-D45	Not Eligible on DOS (Admin)	2
2162934	SPU	OP-D39	(PA) Not Medically Necessary	28
2162934	SPU	OP-D30	Administrative Denial	12
2162934	SPU	OP-D24	Lack of Information	2
2162934	SPU	OP-D51	Late Notification (Admin)	5
2162934	SPU	OP-D05	Not a Covered Benefit	2

## 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	<b>Totals</b>	<b>16,646</b>	<b>16,526</b>	<b>120</b>	<b>5,245</b>	<b>97.86%</b>	<b>99.50%</b>	<b>99.87%</b>	<b>4,786</b>	<b>95.80%</b>	<b>98.62%</b>	<b>0</b>	<b>0</b>
2162934	<b>Acute</b>	16,088	15,968	120	5,153	97.83%	99.55%	99.90%	4,707	95.79%	98.63%	0	0
2162934	<b>Sub Acute</b>	94	94	0	28	100.00%	100.00%	100.00%	15	86.67%	100.00%	0	0
2162934	<b>Skilled</b>	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0
2162934	<b>LTAC</b>	124	124	0	17	100.00%	100.00%	100.00%	17	100.00%	100.00%	0	0
2162934	<b>Rehab</b>	340	340	0	47	100.00%	100.00%	100.00%	47	97.87%	100.00%	0	0

<sup>1</sup> Standard Authorizations are elective procedures not including OB

# PQ188 Attachment 2: Pre-Certification Denial Detail

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 Report Period End Date: 20121231

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162934	<b>Totals &gt;&gt;&gt;&gt;</b>			142
2162934	<b>Acute</b>	IP-D05	Not a Covered Benefit	2
2162934	<b>Acute</b>	IP-D24	Lack of Information	2
2162934	<b>Acute</b>	IP-D30	Administrative Denial	26
2162934	<b>Acute</b>	IP-D33	Retro -Not- Covered Benefit	1
2162934	<b>Acute</b>	IP-D39	(PA) Not Medically Necessary	43
2162934	<b>Acute</b>	IP-D	Clin Rev/Med Rec Not Recvd(Admin)	4
2162934	<b>Acute</b>	IP-D45	Not Eligible on DOS(Admin)	18
2162934	<b>Acute</b>	IP-D51	Late Notification(Admin)	30
2162934	<b>LTAC</b>	IP-D39	(PA) Not Medically Necessary	10
2162934	<b>Skilled</b>	IP-D24	Lack of Information	1
2162934	<b>Sub Acute</b>	IP-D39	(PA) Not Medically Necessary	1
2162934	<b>Rehab</b>	IP-D39	(PA) Not Medically Necessary	2
2162934	<b>Rehab</b>	IP-D30	Administrative Denial	2