

Pre-Authorization Summary

Health Plan ID: 2162446
 Health Plan Name: CHS
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 07/01/2012
 Report Period End Date: 09/30/2012

BAYOU HEALTH Reporting

Document ID: SQ188
 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 ²				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	Total Requested	% complete within 72 hours
2162446	Totals	2905	2857	48	2899	77.10%	22.70%	0.17%	6	83.33%
2162446	CT	692	680	12	687	100.00%	0.00%	0.00%	5	80.00%
2162446	DME	21	16	5	21	52.38%	47.62%	0.00%	0	0.00%
2162446	Early Steps	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	EPSDT	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	Home Health Care	26	26	0	26	57.69%	42.31%	0.00%	0	0.00%
2162446	Hospice	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	Injectables and Other Pharmacologic Agents	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	MRI	885	867	18	884	100.00%	0.00%	0.00%	1	100.00%
2162446	No Category Specified	2	0	2	2	0.00%	100.00%	0.00%	0	0.00%
2162446	Pediatric Day Care	15	14	1	15	60.00%	40.00%	0.00%	0	0.00%
2162446	Procedures and Diagnostic Tests	100	99	1	100	57.00%	43.00%	0.00%	0	0.00%
2162446	Rehabilitation Services	1161	1152	9	1161	49.01%	50.47%	0.43%	0	0.00%
2162446	Transplant Approval	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	Transportation	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%
2162446	Various	3	3	0	3	100.00%	0.00%	0.00%	0	0.00%

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

²Standard Authorizations are elective procedures not including OB

SQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162446
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Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason		Total Denied (for TOS & Denial Reason)
		Code	Denial Reason	
2162446	Totals >>>>>			48
2162446	CT	L1NC	Non Certified	3
2162446	CT	L1NCLOI	Non Certified - LOI	2
2162446	CT	NC	Non Certified	3
2162446	CT	NCLOI	Non Certified - LOI	4
2162446	DME	L1NC	Non Certified	1
2162446	DME	NC	Non Certified	4
2162446	MRI	L1NCLOI	Non Certified - LOI	2
2162446	MRI	L1NC	Non Certified	3
2162446	MRI	NCLOI	Non Certified - LOI	9
2162446	MRI	NC	Non Certified	4
2162446	No Category Specified	NCLOI	Non Certified - LOI	2
2162446	Pediatric Day Care	NCLOI	Non Certified - LOI	1
2162446	Procedures and Diagnostic Tests	NCLOI	Non Certified - LOI	1
2162446	Rehabilitati on Services	L1NCLOI	Non Certified - LOI	3
2162446	Rehabilitati on Services	NCLOI	Non Certified - LOI	6

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 24 hours**	Total Requested	% complete within 30 days
2162446	Totals	5017	12142	17	2150	75.64%	24.27%	0.09%	549	89.62%	42	97.62%
2162446	Acute	4792	11711	17	2123	53.98%	45.88%	0.09%	527	89.56%	41	97.56%
2162446	LTAC	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0	0.00%
2162446	No Category Specified	0	0	0	3	0.00%	100.00%	0.00%	0	0.00%	0	0.00%
2162446	Rehab	225	431	0	24	87.50%	12.50%	0.00%	22	90.91%	1	100.00%
2162446	Skilled	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0	0.00%
2162446	Sub Acute	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0	0.00%

*Standard Authorizations are elective procedures not including OB

** Concurrent review timing are measured on one business day.

NOTE: We have included expedited reviews for inpatient in Precert, standard and Concurrent review. It is not included in retro review count.

SQ188 Attachment 2: Pre-Certification Denial Detail

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Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for Level & Denial Reason)
2162446	Totals >>>>			17
2162446	Acute	NC	Non Certified	3
2162446	Acute	NCLOI	Non Certified - LOI	14
2162446	No Category Specified	NCLOI	Non Certified - LOI	0