

Pre-Authorization Summary

Health Plan ID: 2162446
 Health Plan Name: CHS
 Health Plan Contact: Felicity Costin-Meyers
 Contact Email: fmeyers@chsamerica.com
 Report Period Start Date: 10/01/2012
 Report Period End Date: 12/31/2012

BAYOU HEALTH Reporting

Document ID: SQ188
 Document Name: PRIOR AUTHORIZATION & PRE-CERT 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	DME- % determined within 25 days	Total Requested	% complete within 72 hours
2162446	Totals	3244	3177	67	3238	96.91%	2.90%	0.12%		6	100.00%
2162446	CT³	834	808	26	830	100.00%	0.00%	0.00%		4	100.00%
2162446	DME	11	11	0	11	90.91%	9.09%	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	31	29	2	31	74.19%	16.13%	9.68%		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	MRI³	1151	1127	24	1149	100.00%	0.00%	0.00%		2	100.00%
2162446	No Category Specified	1	0	1	1	0.00%	100.00%	0.00%		0	0.00%
2162446	Pediatric Day Care	11	11	0	11	81.82%	18.18%	0.00%		0	0.00%
2162446	Procedures and Diagnostic Tests	127	124	3	127	93.70%	5.51%	0.00%		0	0.00%
2162446	Rehabilitation Services	1073	1062	11	1073	92.64%	7.18%	0.09%		0	0.00%
2162446	Transplant Approval	2	2	0	2	100.00%	0.00%	0.00%		0	0.00%
2162446	Transportation	3	3	0	3	66.67%	33.33%	0.00%		0	0.00%
2162446	Various	0	0	0	0	0.00%	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

³Certain Imaging, such as X-Ray and MRA, are not CT or MRI and are not counted.

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	Denial Reason
2162446	Totals >>>>			65
2162446	CT	L1NC	Non Certified	5
2162446	CT	L1NCLOI	Non Certified - LOI	10
2162446	CT	NC	Non Certified	1
2162446	CT	NCLOI	Non Certified - LOI	9
2162446	Home Health Care	L1NCLOI	Non Certified - LOI	2
2162446	MRI	L1NCLOI	Non Certified - LOI	3
2162446	MRI	L1NC	Non Certified	6
2162446	MRI	NCLOI	Non Certified - LOI	12
2162446	MRI	NC	Non Certified	3
2162446	No Category Specified	NCLOI	Non Certified - LOI	1
2162446	Procedures and Diagnostic Tests	L1NC	Non Certified	1
2162446	Procedures and Diagnostic Tests	NCLOI	Non Certified - LOI	1
2162446	Rehabilitation Services	L1NC	Non Certified	2
2162446	Rehabilitation Services	L1NCLOI	Non Certified - LOI	2
2162446	Rehabilitation Services	NC	Non Certified	1
2162446	Rehabilitation 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 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
2162446	Totals	0	16230	3	2656	95.48%	4.41%	0.11%	876	97.60%	1.94%	31	100.00%
2162446	Acute	0	15808	3	2632	95.44%	4.45%	0.11%	864	97.69%	1.85%	31	100.00%
2162446	LTAC	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162446	No Category Specified	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162446	Rehab	0	422	0	24	100.00%	0.00%	0.00%	12	91.67%	8.33%	0	0.00%
2162446	Skilled	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162446	Sub Acute	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%

*Standard Authorizations are elective procedures not including OB

** Total Days Requested has not been actively captured; however, effective 3/1/13, this information will be captured going forward

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 >>>>>			3
2162446	Acute	L1NC	Non Certified	1
2162446	Acute	NCLOC	Non Certified	0
2162446	Acute	NCLOI	Non Certified - LOI	2