

## Pre-Authorization Summary

Health Plan ID: 2162438  
 Health Plan Name: UHC  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 Report Period Start Date: 10/1/2012  
 Report Period End Date: 12/31/2012

## BAYOU HEALTH Reporting

Document ID: PQ188  
 Document Name: PRIOR AUTH & PRE-CERT SUMMARY REPORT  
 Reporting Frequency: Quarterly  
 Report Due Date: 10th 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
<b>Totals</b>	<b>Totals</b>	<b>9890</b>	<b>9770</b>	<b>120</b>	<b>6874</b>				<b>N/A</b>	<b>97</b>	
2162438	Chemo	3	3	0	1	100	0	0	N/A	0	0
2162438	Chiropractic	3	1	2	2	100	0	0	N/A	0	0
2162438	CT	1464	1462	2	0	0	0	0	N/A	0	0
2162438	Dental	4	4	0	2	100	0	0	N/A	0	0
2162438	Diagnostic Procedure	25	24	1	23	91	4	0	N/A	0	0
2162438	DME	2	2	0	2	100	0	0	N/A	0	0
2162438	Drugs/Injections	19	12	7	8	100	0	0	N/A	0	0
2162438	Hemodialysis	4	4	0	2	100	0	0	N/A	0	0
2162438	Home and Community Ba	5	5	0	18	88	0	0	N/A	0	0
2162438	Home Health	1244	1231	13	1067	79	3	0	N/A	11	100
2162438	IV Infusion	4	4	0	1	100	0	0	N/A	0	0
2162438	Lab	20	13	7	3	100	0	0	N/A	0	0
2162438	Medical	327	316	11	231	66	3	0	N/A	8	87
2162438	MRI	1790	1765	25	0	0	0	0	N/A	0	0
2162438	OB/GYN	112	112	0	90	93	2	0	N/A	1	100
2162438	Observation	6	6	0	6	83	0	0	N/A	0	0
2162438	OT	155	155	0	0	0	0	0	N/A	0	0
2162438	Other	42	42	0	39	87	2	0	N/A	0	0
2162438	Pain Management Service	11	11	0	8	100	0	0	N/A	0	0
2162438	PT	2579	2568	11	0	0	0	0	N/A	0	0
2162438	Radiation Therapy	3	2	1	17	94	0	0	N/A	0	0

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## BAYOU HEALTH Reporting

Document ID: PQ188  
 Document Name: **PRIOR AUTH & PRE-CERT SUMMARY REPORT**  
 Reporting Frequency: Quarterly  
 Report Due Date: 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
2162438	Radiology/Imaging	352	343	9	2971	77	1	0	N/A	53	94
2162438	Referral (MD services)	17	17	0	16	93	0	0	N/A	0	0
2162438	Short Term Rehab - PT/O	75	74	1	1924	74	0	0	N/A	7	71
2162438	ST	554	542	12	0	0	0	0	N/A	0	0
2162438	Surgery	685	668	17	403	95	3	0	N/A	17	100
2162438	Transplant	13	13	0	13	0	0	0	N/A	0	0
2162438	Transportation	2	2	0	2	100	0	0	N/A	0	0
2162438	US, Pregnancy	224	224	0	0	0	0	0	N/A	0	0
2162438	Vision	1	0	1	1	0	100	0	N/A	0	0
2162438	Wound Care	145	145	0	24	100	0	0	N/A	0	0

## PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162438  
 Health Plan Name: UHC  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 Report Period Start Date: 10/1/2012  
 Report Period End Date: 12/31/2012

### Pre-Authorization Denial Detail

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason) integer
integer(7)	<b>Totals = 120</b>			<b>integer</b>
2162438	Chiropractic	2093	Medical review - MD	2
2162438	CT	2093	Medical review - MD	1
2162438	CT	27169072	Med Denial - Insufficient Info	1
2162438	Diagnostic Procedure	2093	Medical review - MD	1
2162438	Drugs/Injections	2093	Medical review - MD	2
2162438	Drugs/Injections	7118	Not a Covered Benefit	5
2162438	Home Health	2093	Medical review - MD	12
2162438	Home Health	27169072	Med Denial - Insufficient Info	1
2162438	Lab	7118	Not a Covered Benefit	7
2162438	Medical	27169072	Med Denial - Insufficient Info	2
2162438	Medical	20110	Redirected to Other Medical Payor Source	1
2162438	Medical	2093	Medical review - MD	8
2162438	MRI	27169072	Med Denial - Insufficient Info	5
2162438	MRI	2093	Medical review - MD	20
2162438	PT	27169072	Med Denial - Insufficient Info	1
2162438	PT	2093	Medical review - MD	10
2162438	Radiation Therapy	2093	Medical review - MD	1
2162438	Radiology/Imaging	2093	Medical review - MD	4
2162438	Radiology/Imaging	7118	Not a Covered Benefit	4
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient Info	1
2162438	Short Term Rehab - PT/OT/ST	2093	Medical review - MD	1
2162438	ST	27169072	Med Denial - Insufficient Info	8
2162438	ST	2093	Medical review - MD	4
2162438	Surgery	2093	Medical review - MD	12
2162438	Surgery	27169072	Med Denial - Insufficient Info	5
2162438	Vision	2093	Medical review - MD	1

## Pre-Certification Summary

Health Plan ID: 2162438  
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 Report Period End Date: 12/31/2012

## 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 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
<b>Totals</b>	<b>Totals</b>	<b>6670</b>	<b>6132</b>	<b>538</b>	<b>264</b>				<b>2496</b>			<b>792</b>	
2162438	Acute	6479	5953	526	241	77	15	1	2470	98	1	787	99
2162438	Sub Acute	0	0	0	0	0	0	0	0	0	0	0	0
2162438	Skilled	0	0	0	0	0	0	0	0	0	0	0	0
2162438	LTAC	97	95	2	10	50	50	0	11	100	0	1	100
2162438	Rehab	94	84	10	13	92	7	0	15	93	0	4	100

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

## PQ188 Attachment 2: Pre-Certification Denial Detail

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 Report Period Start Date: 10/1/2012  
 Report Period End Date: 12/31/2012

### Pre-Certification Denial Detail

Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
integer(7)	<b>Totals =542</b>			integer
integer(7)	(Acute, Sub Acute, Skilled, LTAC, Rehab)	char	char	integer
2162438	ACUTE	10376	Admin Denial - Insufficient Info	1
2162438	ACUTE	11094	Not Medically Necessary	4
2162438	ACUTE	11096	Redirected To Other Medical Payor Source	2
2162438	ACUTE	20953	Accepted Observation Status	6
2162438	ACUTE	27169068	No longer medically necessary	1
2162438	ACUTE	27169069	Med Denial - Insufficient Info	4
2162438	ACUTE	3009	Medical review - MD	397
2162438	ACUTE	3010	Third Party Coverage	97
2162438	ACUTE	3011	Untimely Notification - Telephone	10
2162438	ACUTE	5659	Not Financially Responsible-AMC Only	3
2162438	ACUTE	7074	Inappropriate Level of Care	1
2162438	ACUTE	7075	Lack of Notification	4
2162438	LTAC	3009	Medical review - MD	2
2162438	REHAB	10374	Med Denial - Delay in Transfer	1
2162438	REHAB	3009	Medical review - MD	8
2162438	REHAB	3010	Third Party Coverage	1