

Pre-Authorization Summary

Health Plan ID: 2162934
 Health Plan Name: LaCare Health Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 7/1/2012
 Report Period End Date: 9/30/2012

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-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 Business days	% determined within 28 Business days	Total Requested	% complete within 72 hours
2162934	Total	2,513	2,198	315	2,425	86.60	92.20	98.10	88	83.00
2162934	DME	805	656	149	781	77.00	82.10	96.10	24	91.67
2162934	Diagnostic testing	0	0	0	0	0.00	0.00	0.00	0	0.00
2162934	Home	328	253	75	328	80.80	90.50	96.60	0	0.00
2162934	Home Infusion	7	7	0	7	100.00	100.00	100.00	0	0.00
2162934	Imaging	1,024	967	57	1,016	98.00	98.10	99.30	8	87.50
2162934	Medical	85	78	7	61	92.90	98.80	100.00	24	79.17
2162934	Surgical	59	55	4	30	94.90	100.00	100.00	29	79.31
2162934	Therapies	149	126	23	146	81.20	91.30	98.00	3	66.67
2162934	Transplant	0	0	0	0	0.00	0.00	0.00	0	0.00
2162934	23 Hour Observation	56	56	0	56	98.20	100.00	100.00	0	0.00
2162934	Transportation	0	0	0	0	0.00	0.00	0.00	0	0.00

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

² Standard Authorizations are elective procedures not including OB

excluding pending requests

PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162934
 Health Plan Name: LaCare Health Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 7/1/2012
 Report Period End Date: 9/30/2012

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162934	Totals			429
2162934	DME	OP-D02	1st- Level Med Appeal - Denial	2
2162934	DME	OP-D05	Not a Covered Benefit	8
2162934	DME	OP-D24	Lack of Information	12
2162934	DME	OP-D30	Administrative Denial	40
2162934	DME	OP-D35	Retro-Administrative Denial	4
2162934	DME	OP-D39	(PA) Not Medically Necessary	117
2162934	DME	OP-D51	Late Notification(Admin)	11
2162934	DME	OP-D	Retro-Not Medically Necessary	1
2162934	DME	OP-D33	Retro-Not Covered Benefit	1
2162934	DME	OP-D35	Retro-Administrative Denial	3
2162934	Imaging	OP-D02	1st- Level Med Appeal - Denial	1
2162934	Imaging	OP-D05	Not a Covered Benefit	1
2162934	Imaging	OP-D24	Lack of Information	4
2162934	Imaging	OP-D30	Administrative Denial	4
2162934	Imaging	OP-D35	Retro-Administrative Denial	1
2162934	Imaging	OP-D39	(PA) Not Medically Necessary	83
2162934	Imaging	OP-D45	Not Eligible on DOS(Admin)	1
2162934	Imaging	OP-D51	Late Notification(Admin)	0
2162934	Home	OP-D02	1st- Level Med Appeal - Denial	1
2162934	Home	OP-D05	Not a Covered Benefit	1
2162934	Home	OP-D24	Lack of Information	1
2162934	Home	OP-D30	Administrative Denial	10
2162934	Home	OP-D39	(PA) Not Medically Necessary	48
2162934	Home	OP-D45	Not Eligible on DOS(Admin)	2
2162934	Home	OP-D51	Late Notification(Admin)	6
2162934	Medical	OP-D05	Not a Covered Benefit	1
2162934	Medical	OP-D24	Lack of Information	1
2162934	Medical	OP-D30	Administrative Denial	6
2162934	Medical	OP-D39	(PA) Not Medically Necessary	9
2162934	Medical	OP-D51	Late Notification(Admin)	2
2162934	Surgical	OP-D05	Not a Covered Benefit	3
2162934	Surgical	OP-D30	Administrative Denial	2
2162934	Surgical	OP-D39	(PA) Not Medically Necessary	17
2162934	Surgical	OP-D51	Late Notification(Admin)	1
2162934	Therapies	OP-D24	Lack of Information	1
2162934	Therapies	OP-D30	Administrative Denial	2
2162934	Therapies	OP-D39	(PA) Not Medically Necessary	18
2162934	Therapies	OP-D51	Late Notification(Admin)	2
2162934	Transportation	OP-D05	Not a Covered Benefit	1

Pre-Certification Summary

Health Plan ID: 2162934
 Health Plan Name: LaCare Health Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 7/1/2012
 Report Period End Date: 9/30/2012

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 24 hours	Total Requested	% complete within 30 days
2162934	Totals	10,817	10,614	203	3,146	96.10	99.50	100.00	2,914	98.50	0	0.00
2162934	Acute	10,525	10,322	203	3,103	98.10	99.50	99.50	2,872	98.50	0	0.00
2162934	Sub Acute	241	241	0	35	97.10	100.00	100.00	35	97.10	0	0.00
2162934	Skilled	5	5	0	1	100.00	100.00	100.00	1	100.00	0	0.00
2162934	LTAC	46	46	0	7	100.00	100.00	100.00	6	100.00	0	0.00

¹ Standard Authorizations are elective procedures not including OB

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162934
 Health Plan Name: LaCare Health Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 7/1/2012
 Report Period End Date: 9/30/2012

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162934	Totals >>>>>			115
2162934	Acute	IP-D02	1st- Level Med Appeal - Denial	1
2162934	Acute	IP-D05	Not a Covered Benefit	5
2162934	Acute	IP-D14	Delay in Transfer	1
2162934	Acute	IP-D24	Lack of Information	3
2162934	Acute	IP-D30	Administrative Denial	17
2162934	Acute	IP-D31	Not Hospital Level of Care	1
2162934	Acute	IP-D33	Retro -Not- Covered Benefit	0
2162934	Acute	IP-D39	(PA) Not Medically Necessary	51
2162934	Acute	IP-D	Clin Rev/Med Rec Not Recvd(Admin)	2
2162934	Acute	IP-D45	Not Eligible on DOS(Admin)	10
2162934	Acute	IP-D51	Late Notification(Admin)	20
2162934	Sub Acute	IP-D39	(PA) Not Medically Necessary	5
2162934	LTAC	IP-D39	(PA) Not Medically Necessary	5
2162934	Skilled	IP-D51	Late Notification(Admin)	1