

## Pre-Authorization Summary

Health Plan ID: 2162438  
 Health Plan Name: UHC  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 Report Period Start Date: 7/1/2012  
 Report Period End Date: 9/30/2012

## 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					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>9123</b>	<b>8710</b>	<b>413</b>	<b>6216</b>				<b>N/A</b>	<b>69</b>	
2162438	Chemo	2	2	0	3	66	0	0	N/A	0	0
2162438	CT	1467	1462	5	0	0	0	0	N/A	0	0
2162438	Dental	30	30	0	18	72	5	0	N/A	0	0
2162438	Diagnostic Procedure	27	26	1	26	80	0	0	N/A	1	100
2162438	DME	6	4	2	4	100	0	0	N/A	0	0
2162438	Drugs/Injections	17	4	13	8	87	12	0	N/A	0	0
2162438	Hemodialysis	1	1	0	0	0	0	0	N/A	0	0
2162438	Home and Community Bas	16	16	0	69	75	1	0	N/A	0	0
2162438	Home Health	972	934	38	764	76	2	0	N/A	7	42
2162438	IV Infusion	6	2	4	5	60	0	0	N/A	0	0
2162438	Lab	24	14	10	3	66	33	0	N/A	0	0
2162438	Meals	1	1	0	2	50	0	0	N/A	0	0
2162438	Medical	452	422	30	322	59	3	0	N/A	10	80
2162438	MRI	1600	1487	113	0	0	0	0	N/A	0	0
2162438	OB/GYN	114	107	7	73	64	1	0	N/A	0	0
2162438	Observation	3	3	0	3	100	0	0	N/A	0	0
2162438	OT	154	154	0	0	0	0	0	N/A	0	0
2162438	Other	44	44	0	40	75	7	0	N/A	0	0
2162438	Pain Management Service	3	3	0	3	100	0	0	N/A	0	0
2162438	PT	2391	2346	45	0	0	0	0	N/A	0	0
2162438	Radiation Therapy	5	4	1	23	73	4	0	N/A	0	0
2162438	Radiology/Imaging	332	302	30	2715	68	1	0	N/A	43	62
2162438	Referral (MD services)	7	6	1	7	71	0	0	N/A	0	0

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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	Short Term Rehab - PT/OT	67	63	4	1745	69	1	0	N/A	4	100
2162438	ST	488	467	21	0	0	0	0	N/A	0	0
2162438	Surgery	516	467	49	330	72	7	0	N/A	4	50
2162438	Transplant	14	14	0	15	13	0	0	N/A	0	0
2162438	Transportation	9	9	0	5	60	0	0	N/A	0	0
2162438	US, Pregnancy	159	152	7	0	0	0	0	N/A	0	0
2162438	Vision	4	4	0	3	33	33	0	N/A	0	0
2162438	Wound Care	192	160	32	30	80	0	0	N/A	0	0

# SQ188 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: 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)
2162438	<b>Totals</b>			<b>413</b>
2162438	CT	27169072	Med Denial - Insufficient Info	2
2162438	CT	2093	Medical review - MD	3
2162438	Diagnostic Procedure	20108	Not Medically Necessary	1
2162438	DME	20108	Not Medically Necessary	2
2162438	Drugs/Injections	2093	Medical review - MD	2
2162438	Drugs/Injections	20108	Not Medically Necessary	2
2162438	Drugs/Injections	7118	Not a Covered Benefit	9
2162438	Home Health	27169072	Med Denial - Insufficient Info	7
2162438	Home Health	7117	Lack of Notification	1
2162438	Home Health	20108	Not Medically Necessary	13
2162438	Home Health	2093	Medical review - MD	16
2162438	Home Health	27169071	No longer medically necessary	1
2162438	IV Infusion	27169072	Med Denial - Insufficient Info	1
2162438	IV Infusion	2093	Medical review - MD	3
2162438	Lab	7118	Not a Covered Benefit	2
2162438	Lab	20108	Not Medically Necessary	1
2162438	Lab	2093	Medical review - MD	7
2162438	Medical	20108	Not Medically Necessary	3
2162438	Medical	2093	Medical review - MD	16
2162438	Medical	7118	Not a Covered Benefit	8
2162438	Medical	2092	Non Network	1
2162438	Medical	27169072	Med Denial - Insufficient Info	2
2162438	MRI	27169071	No longer medically necessary	3
2162438	MRI	21024	NICU Criteria not met	1
2162438	MRI	20108	Not Medically Necessary	32
2162438	MRI	2093	Medical review - MD	49
2162438	MRI	27169072	Med Denial - Insufficient Info	28
2162438	OB/GYN	20109	Redirected to Other Payor Source	1
2162438	OB/GYN	2093	Medical review - MD	3
2162438	OB/GYN	27169072	Med Denial - Insufficient Info	3
2162438	PT	20108	Not Medically Necessary	16
2162438	PT	2093	Medical review - MD	27
2162438	PT	27169072	Med Denial - Insufficient Info	2
2162438	Radiation Therapy	7118	Not a Covered Benefit	1
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient Info	3
2162438	Radiology/Imaging	20108	Not Medically Necessary	1
2162438	Radiology/Imaging	2093	Medical review - MD	11
2162438	Radiology/Imaging	7118	Not a Covered Benefit	15
2162438	Referral (MD services)	2093	Medical review - MD	1
2162438	Short Term Rehab - PT/OT/ST	27169072	Med Denial - Insufficient Info	1
2162438	Short Term Rehab - PT/OT/ST	7117	Lack of Notification	1
2162438	Short Term Rehab - PT/OT/ST	2093	Medical review - MD	2
2162438	ST	27169072	Med Denial - Insufficient Info	2
2162438	ST	2093	Medical review - MD	6
2162438	ST	20108	Not Medically Necessary	13
2162438	Surgery	20108	Not Medically Necessary	13
2162438	Surgery	2093	Medical review - MD	29
2162438	Surgery	27169072	Med Denial - Insufficient Info	7
2162438	US, Pregnancy	2093	Medical review - MD	2
2162438	US, Pregnancy	20108	Not Medically Necessary	1
2162438	US, Pregnancy	27169072	Med Denial - Insufficient Info	4
2162438	Wound Care	2093	Medical review - MD	22
2162438	Wound Care	27169072	Med Denial - Insufficient Info	10

## Pre-Certification Summary

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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>6195</b>	<b>5686</b>	<b>509</b>	<b>234</b>				<b>2382</b>			<b>759</b>	
2162438	Acute	6049	5553	496	221	48	26	5	2352	94	3	756	100
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	56	56	0	4	100	0	0	7	100	0	0	0
2162438	Rehab	90	77	13	9	44	55	0	23	91	0	3	100

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

## 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)
2162438	<b>Totals</b>			<b>509</b>
2162438	ACUTE	11094	Not Medically Necessary	102
2162438	ACUTE	11096	Redirected To Other Medical Payor Source	1
2162438	ACUTE	21028	NICU Late Notification	2
2162438	ACUTE	27169069	Med Denial - Insufficient Info	12
2162438	ACUTE	3007	Client Ineligible	1
2162438	ACUTE	3009	Medical review - MD	265
2162438	ACUTE	3010	Third Party Coverage	94
2162438	ACUTE	3011	Untimely Notification - Telephone	15
2162438	ACUTE	7075	Lack of Notification	2
2162438	ACUTE	7078	Not a Covered Benefit	2
2162438	REHAB	11094	Not Medically Necessary	5
2162438	REHAB	3009	Medical review - MD	7
2162438	REHAB	3010	Third Party Coverage	1