

Pre-Authorization Summary

Health Plan ID: 2162446
 Health Plan Name: CHS
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 01/01/2013
 Report Period End Date: 03/31/2013

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	1942	1907	35	1940	94.85%	5.00%	0.05%		2	100.00%
2162446	CT³	342	333	9	341	100.00%	0.00%	0.00%		1	100.00%
2162446	DME	1	0	1	1	0.00%	0.00%	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	30	30	0	30	46.67%	53.33%	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	351	342	9	351	100.00%	0.00%	0.00%		0	0.00%
2162446	No Category Specified	1	0	1	1	0.00%	100.00%	0.00%		0	0.00%
2162446	Pediatric Day Care	14	14	0	14	71.43%	28.57%	0.00%		0	0.00%
2162446	Procedures and Diagnostic Tests	99	97	2	99	92.93%	6.06%	0.00%		0	0.00%
2162446	Rehabilitation Services	1089	1076	13	1088	93.93%	5.97%	0.09%		1	100.00%
2162446	Transplant Approval	3	3	0	3	66.67%	33.33%	0.00%		0	0.00%
2162446	Transportation	12	12	0	12	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 neither CT nor 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 Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162446	Totals >>>>>			35
2162446	CT	L1NCLOI	Non Certified - LOI	2
2162446	CT	NCLOI	Non Certified - LOI	7
2162446	DME	NCLOI	Non Certified - LOI	1
2162446	MRI	NCLOI	Non Certified - LOI	9
2162446	No Category Specified	NCLOI	Non Certified - LOI	1
2162446	Procedures and Diagnostic Tests	NCLOI	Non Certified - LOI	2
2162446	Rehabilitation Services	NCLOI	Non Certified - LOI	13

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	16377	16376	1	2498	98.44%	1.52%	0.00%	960	98.33%	1.25%	32	100.00%
2162446	Acute	15860	15859	1	2476	98.42%	1.53%	0.00%	938	98.29%	1.28%	32	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	517	517	0	22	100.00%	0.00%	0.00%	22	100.00%	0.00%	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

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 >>>>			1
2162446	Acute	NCLOI	Non Certified - LOI	1