

**Pre-Certification Summary**

|                      |                                       |
|----------------------|---------------------------------------|
| Health Plan ID:      | 2162845                               |
| Health Plan Name:    | Louisiana Healthcare Connections - LA |
| Health Plan Contact: | ***                                   |
| Contact Email:       | ***                                   |
| Report Period Start: | 1/1/2013                              |
| Report Period End:   | 3/31/2013                             |

**BAYOU HEALTH Reporting**

|                      |   |
|----------------------|---|
| Document ID:         | PQ188   |
| Document Name:       | PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT |
| Reporting Frequency: | Quarterly                                     |
| Report Due Date:     | 4/30/2013                                     |
| File Type:           | Excel   |
| Subject Matter:      | Quality (Q)                                   |

| Plan ID      | Type of Service                         | Pre-Authorization Summary |                |              |               | Standard Authorizations |                                    |                                     |                                     |  | Expedited Authorizations |                           |
|--------------|---|---------------------------|----------------|--------------|---------------|-------------------------|------------------------------------|-------------------------------------|-------------------------------------|--|--------------------------|---------------------------|
|              |   | Total Requested           | Total Approved | Total Denied | Total Pending | Total Requested         | %determined within 2 Business days | %determined within 14 Calendar days | %determined within 28 Calendar days | DME- %determined within 25 Calendar days | Total Requested          | %complete within 72 hours |
| 2162845      | Auditory Services                       | 15                        | 15             | 0            | 0             | 15                      | 66.67%                             | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | Biopharmacy                             | 174                       | 59             | 25           | 90            | 167                     | 60.48%                             | 89.22%                              | 93.41%                              |  | 7                        | 100.00%                   |
| 2162845      | Cochlear Implants & Surgery             | 2                         | 2              | 0            | 0             | 2                       | 100.00%                            | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | DME                                     | 325                       | 271            | 48           | 6             | 312                     | 71.79%                             | 98.08%                              | 99.36%                              | 99.36%                                   | 13                       | 100.00%                   |
| 2162845      | Genetic Testing & Counseling            | 32                        | 22             | 10           | 0             | 30                      | 50.00%                             | 100.00%                             | 100.00%                             |  | 2                        | 100.00%                   |
| 2162845      | Home Health                             | 1073                      | 1000           | 66           | 7             | 1062                    | 83.99%                             | 97.55%                              | 99.44%                              |  | 11                       | 100.00%                   |
| 2162845      | Imaging                                 | 35                        | 34             | 1            | 0             | 35                      | 100.00%                            | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | Inpatient Services (S&P)                | 18                        | 17             | 0            | 1             | 18                      | 83.33%                             | 88.89%                              | 94.44%                              |  | 0                        | 0.00%                     |
| 2162845      | Medical                                 | 15                        | 13             | 2            | 0             | 15                      | 100.00%                            | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | Nutritional Supplements and/or Services | 358                       | 305            | 51           | 2             | 356                     | 74.44%                             | 96.91%                              | 98.31%                              |  | 2                        | 100.00%                   |
| 2162845      | Observation                             | 207                       | 186            | 20           | 1             | 207                     | 82.61%                             | 99.52%                              | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | OB Ultrasound                           | 291                       | 276            | 15           | 0             | 286                     | 95.45%                             | 99.65%                              | 100.00%                             |  | 5                        | 100.00%                   |
| 2162845      | Office Visit                            | 1696                      | 1692           | 2            | 2             | 1696                    | 98.94%                             | 99.47%                              | 99.71%                              |  | 0                        | 0.00%                     |
| 2162845      | Orthotics                               | 44                        | 43             | 1            | 0             | 44                      | 61.36%                             | 97.73%                              | 97.73%                              |  | 0                        | 0.00%                     |
| 2162845      | Outpatient Services                     | 1149                      | 983            | 108          | 58            | 1126                    | 75.93%                             | 98.67%                              | 99.29%                              |  | 23                       | 95.65%                    |
| 2162845      | Outpatient Surgery                      | 31                        | 29             | 2            | 0             | 31                      | 80.65%                             | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | Pain Management                         | 30                        | 27             | 3            | 0             | 30                      | 70.00%                             | 93.33%                              | 96.67%                              |  | 0                        | 0.00%                     |
| 2162845      | Prosthetics                             | 27                        | 22             | 5            | 0             | 27                      | 48.15%                             | 100.00%                             | 100.00%                             |  | 0                        | 0.00%                     |
| 2162845      | Sleep Study                             | 219                       | 208            | 10           | 1             | 219                     | 92.24%                             | 98.17%                              | 98.63%                              |  | 0                        | 0.00%                     |
| 2162845      | Stereotactic Radiosurgery               | 1                         | 0              | 0            | 1             | 1                       | 0.00%                              | 0.00%                               |                                     |  | 0                        | 0.00%                     |
| 2162845      | Therapy                                 | 1083                      | 1062           | 20           | 1             | 1083                    | 86.61%                             | 99.63%                              | 99.91%                              |  | 0                        | 0.00%                     |
| 2162845      | Transport                               | 203                       | 203            | 0            | 0             | 203                     | 94.09%                             | 94.09%                              | 95.07%                              |  | 0                        | 0.00%                     |
| 2162845      | Vendor                                  | 38                        | 19             | 15           | 4             | 35                      | 77.14%                             | 97.14%                              | 97.14%                              |  | 3                        | 100.00%                   |
| <b>Total</b> |   | <b>7066</b>               | <b>6488</b>    | <b>404</b>   | <b>174</b>    | <b>7000</b>             | <b>85.64%</b>                      | <b>98.37%</b>                       | <b>99.19%</b>                       |  | <b>66</b>                | <b>98.48%</b>             |

|                          |                      |
|--------------------------|----------------------|
| Standard Authorizations  | LI Type = "Standard" |
| Expedited Authorizations | LI Type = "Urgent"   |

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| Contact Email:       | ***                                   |
| Report Period Start: | 1/1/2013                              |
| Report Period End:   | 3/31/2013                             |

### BAYOU HEALTH Reporting

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| Reporting Frequency: | Quarterly                                     |
| Report Due Date:     | 4/30/2013                                     |
| File Type:           | Excel   |
| Subject Matter:      | Quality (Q)                                   |

| Pre-Authorization Denial Detail |   |                    |                                 |  |
|---------------------------------|---|--------------------|---------------------------------|--|
| Plan ID                         | Type of Service                         | Denial Reason Code | Denial Reason                   | Total Denied (for TOS & Denial Reason) |
| 2162845                         | Biopharmacy                             | EB                 | Denied by Medical Services      | 25                                     |
| 2162845                         | DME                                     | EB                 | Denied by Medical Services      | 48                                     |
| 2162845                         | Genetic Testing & Counseling            | EB                 | Denied by Medical Services      | 10                                     |
| 2162845                         | Home Health                             | 10                 | Partial Pay                     | 4                                      |
| 2162845                         | Home Health                             | aM                 | Admin Denial                    | 1                                      |
| 2162845                         | Home Health                             | EB                 | Denied by Medical Services      | 61                                     |
| 2162845                         | Imaging                                 | EB                 | Denied by Medical Services      | 1                                      |
| 2162845                         | Medical                                 | EB                 | Denied by Medical Services      | 2                                      |
| 2162845                         | Nutritional Supplements and/or Services | 10                 | Partial Pay                     | 1                                      |
| 2162845                         | Nutritional Supplements and/or Services | EB                 | Denied by Medical Services      | 50                                     |
| 2162845                         | Observation                             | 10                 | Partial Pay                     | 1                                      |
| 2162845                         | Observation                             | EB                 | Denied by Medical Services      | 19                                     |
| 2162845                         | OB Ultrasound                           | 4A                 | Denial Upheld on Appeal         | 2                                      |
| 2162845                         | OB Ultrasound                           | EB                 | Denied by Medical Services      | 13                                     |
| 2162845                         | Office Visit                            | aM                 | Admin Denial                    | 1                                      |
| 2162845                         | Office Visit                            | EB                 | Denied by Medical Services      | 1                                      |
| 2162845                         | Orthotics                               | EB                 | Denied by Medical Services      | 1                                      |
| 2162845                         | Outpatient Services                     | 10                 | Partial Pay                     | 1                                      |
| 2162845                         | Outpatient Services                     | 6A                 | Pend Partial Approval           | 1                                      |
| 2162845                         | Outpatient Services                     | EB                 | Denied by Medical Services      | 106                                    |
| 2162845                         | Outpatient Surgery                      | EB                 | Denied by Medical Services      | 2                                      |
| 2162845                         | Pain Management                         | EB                 | Denied by Medical Services      | 3                                      |
| 2162845                         | Prosthetics                             | EB                 | Denied by Medical Services      | 5                                      |
| 2162845                         | Sleep Study                             | EB                 | Denied by Medical Services      | 10                                     |
| 2162845                         | Therapy                                 | 10                 | Partial Pay                     | 1                                      |
| 2162845                         | Therapy                                 | 7A                 | Pend-Partial Approval on Appeal | 1                                      |
| 2162845                         | Therapy                                 | aM                 | Admin Denial                    | 1                                      |
| 2162845                         | Therapy                                 | EB                 | Denied by Medical Services      | 17                                     |
| 2162845                         | Vendor                                  | 4A                 | Denial Upheld on Appeal         | 2                                      |
| 2162845                         | Vendor                                  | EB                 | Denied by Medical Services      | 7                                      |
| 2162845                         | Vendor                                  | QJ                 | MC Denied on Appeal             | 6                                      |
| Total                           |   |                    |                                 | 404                                    |

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| Pre-Certification Summary |                                |                      |                      |                   |                    | Standard Authorizations |                                     |                                      | Concurrent Review                    |                 |                                  | Post Service Authorizations       |                 |                           |
|---------------------------|--------------------------------|----------------------|----------------------|-------------------|--------------------|-------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-----------------|----------------------------------|-----------------------------------|-----------------|---------------------------|
| Plan ID                   | Level of Care (acute or rehab) | Total Days Requested | Totals Days Approved | Total Days Denied | Total Days Pending | Total # Requested       | % determined within 2 Business days | % determined within Calendar 14 days | % determined within 28 Calendar days | Total Requested | % complete within 1 Business day | % complete within 2 Business days | Total Requested | % complete within 30 days |
| 2162845                   | Acute                          | 28,954               | 25,524               | 2,377             | 1,053              | 155                     | 89.03%                              | 98.71%                               | 99.35%                               | 8976            | 95.61%                           | 98.55%                            | 127             | 97.64%                    |
| 2162845                   | LTAC                           | 1,037                | 961                  | 10                | 66                 | 9                       | 100.00%                             | 100.00%                              | 100.00%                              | 92              | 83.70%                           | 96.74%                            | 0               | 0.00%                     |
| 2162845                   | Rehab                          | 939                  | 891                  | 0                 | 48                 | 17                      | 88.24%                              | 100.00%                              | 100.00%                              | 53              | 98.11%                           | 100.00%                           | 0               | 0.00%                     |
| Total                     |                                | 30,930               | 27,376               | 2,387             | 1,167              | 181                     | 89.50%                              | 98.90%                               | 99.45%                               | 9121            | 95.50%                           | 98.54%                            | 127             | 97.64%                    |

|                            |                               |
|----------------------------|-------------------------------|
| Standard Authorizations    | LEVEL_OF_URGENCY="Standard"   |
| Concurrent Review          | LEVEL_OF_URGENCY="Concurrent" |
| Post Service Authorization | LEVEL_OF_URGENCY="Retro"      |

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| Pre-Certification Denial Detail |                                    |                    |                            |   |
|---------------------------------|------------------------------------|--------------------|----------------------------|---|
| Plan ID                         | Level of Care (acute or sub acute) | Denial Reason Code | Denial Reason              | Total Denied Days (for level & Denial Reason) |
| 2162845                         | Acute                              | 4A                 | Denial Upheld on Appeal    | 22  |
| 2162845                         | Acute                              | 6A                 | Pend Partial Approval      | 1   |
| 2162845                         | Acute                              | aM                 | Admin Denial               | 87  |
| 2162845                         | Acute                              | EB                 | Denied by Medical Services | 2,267   |
| 2162845                         | LTAC                               | EB                 | Denied by Medical Services | 10  |
| Total                           |                                    |                    |                            | 2,387   |

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