

Pre-Authorization Summary

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 1/1/2013
 Report Period End Date: 3/31/2013

BAYOU HEALTH Reporting

Document ID: SQ188
 Document Name: PA and Pre-Cert Summary
 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	DME- % determined within 25 days	Total Requested	% complete within 72 hours
Totals	Totals	10375	10066	309	7295	96.87%	2.85%(99.7%)	0.1%(99.8%)	N/A	131	100%
2162438	Chemo	1	1	0	1	100	0	0	N/A	0	0
2162438	CT	1517	1494	23	0	0	0	0	N/A	0	0
2162438	Dental	5	5	0	3	100	0	0	N/A	0	0
2162438	Diagnostic Procedure	74	73	1	63	96	3	0	N/A	0	0
2162438	DME	12	11	1	8	75	12	12	N/A	1	0
2162438	Drugs/Injections	9	6	3	7	85	14	0	N/A	0	0
2162438	Home and Community Ba	6	6	0	7	71	28	0	N/A	0	0
2162438	Home Health	1226	1211	15	1048	95	4	0	N/A	23	100
2162438	IV Infusion	4	4	0	1	100	0	0	N/A	0	0
2162438	Lab	17	12	5	3	100	0	0	N/A	0	0
2162438	Medical	581	548	33	443	95	3	0	N/A	15	100
2162438	MRI	1787	1651	136	0	0	0	0	N/A	0	0
2162438	Neuropsychological Testi	9	9	0	9	88	11	0	N/A	0	0
2162438	Nutrition and/or educati	11	11	0	5	80	20	0	N/A	0	0
2162438	OB/GYN	96	96	0	83	98	1	0	N/A	1	100
2162438	Observation	2	2	0	2	100	0	0	N/A	0	0
2162438	OT	176	176	0	0	0	0	0	N/A	0	0
2162438	Other	3	3	0	11	81	18	0	N/A	0	0
2162438	Pain Management Service	25	22	3	9	88	11	0	N/A	0	0
2162438	Pregnancy High Risk	15	15	0	8	87	12	0	N/A	0	0
2162438	PT	2248	2225	23	0	0	0	0	N/A	0	0
2162438	Radiation Therapy	3	3	0	13	100	0	0	N/A	0	0
2162438	Radiology/Imaging	390	370	20	3067	97	2	0	N/A	52	100
2162438	Referral (MD services)	31	31	0	18	100	0	0	N/A	0	0
2162438	Short Term Rehab - PT/O	146	139	7	1936	97	2	0	N/A	15	100
2162438	ST	570	564	6	0	0	0	0	N/A	0	0
2162438	Supplies	2	2	0	2	100	0	0	N/A	0	0
2162438	Surgery	823	799	24	500	97	2	0	N/A	24	100
2162438	Transplant	8	8	0	8	100	0	0	N/A	0	0
2162438	Transportation	2	2	0	1	100	0	0	N/A	0	0
2162438	US, Pregnancy	251	250	1	0	0	0	0	N/A	0	0
2162438	Vision	5	5	0	5	100	0	0	N/A	0	0
2162438	Wound Care	320	312	8	34	100	0	0	N/A	0	0

PQ188 Attachment 1: Pre-Authorization Denial Detail

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 1/1/2013
 Report Period End Date: 3/31/2013

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
integer(7)	Totals = 309			integer
2162438	CT	2093	Medical review - MD	10
2162438	CT	27169072	Med Denial - Insufficient Info	12
2162438	CT	7118	Not a Covered Benefit	1
2162438	Diagnostic Procedure	2093	Medical review - MD	1
2162438	DME	27169072	Med Denial - Insufficient Info	1
2162438	Drugs/Injections	2093	Medical review - MD	3
2162438	Home Health	2093	Medical review - MD	12
2162438	Home Health	27169072	Med Denial - Insufficient Info	3
2162438	Lab	2093	Medical review - MD	1
2162438	Lab	7118	Not a Covered Benefit	4
2162438	Medical	2093	Medical review - MD	14
2162438	Medical	27169072	Med Denial - Insufficient Info	10
2162438	Medical	7118	Not a Covered Benefit	9
2162438	MRI	20108	Not Medically Necessary	4
2162438	MRI	2093	Medical review - MD	63
2162438	MRI	27169071	No longer medically necessary	1
2162438	MRI	27169072	Med Denial - Insufficient Info	68
2162438	Pain Management	2092	Non Network	3
2162438	PT	2093	Medical review - MD	22
2162438	PT	27169072	Med Denial - Insufficient Info	1
2162438	Radiology/Imaging	2093	Medical review - MD	3
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient Info	7
2162438	Radiology/Imaging	7118	Not a Covered Benefit	10
2162438	Short Term Rehab	2093	Medical review - MD	3
2162438	Short Term Rehab	27169072	Med Denial - Insufficient Info	4
2162438	ST	2093	Medical review - MD	2
2162438	ST	27169072	Med Denial - Insufficient Info	4
2162438	Surgery	2093	Medical review - MD	14
2162438	Surgery	27169072	Med Denial - Insufficient Info	9
2162438	Surgery	7118	Not a Covered Benefit	1
2162438	US, Pregnancy	27169072	Med Denial - Insufficient Info	1
2162438	Wound Care	2093	Medical review - MD	8

Pre-Certification Summary

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 1/1/2013
 Report Period End Date: 3/31/2013

BAYOU HEALTH Reporting

Document ID: SQ188
 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
Totals	Totals	7254	6668	586	295	72.20%	22.7%(94.9%)	3.72%(98.6%)	2756	99.16%	0.5%(99.6%)	736	100%
2162438	Acute	7129	6553	576	275	72	22	4	2727	99	0	736	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	36	36	0	6	50	50	0	4	100	0	0	0
2162438	Rehab	89	79	10	14	78	21	0	25	96	0	0	0

¹ Standard Authorizations are elective procedures not including OB

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 1/1/2013
 Report Period End Date: 3/31/2013

Pre-Certification Denial Detail

Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
integer(7)	Totals =340			integer
integer(7)	(Acute, Sub Acute, Skilled, LTAC, Rehab)	char	char	integer
2162438	ACUTE	10373	Med Denial - Delay in Discharge	1
2162438	ACUTE	10375	Med Denial - Delay in Tx/Svc	1
2162438	ACUTE	11094	Not Medically Necessary	2
2162438	ACUTE	21028	NICU Late Notification	2
2162438	ACUTE	27169069	Med Denial - Insufficient Info	1
2162438	ACUTE	3007	Client Ineligible	1
2162438	ACUTE	3009	Medical review - MD	231
2162438	ACUTE	3010	Third Party Coverage	89
2162438	ACUTE	3011	Untimely Notification - Telephone	1
2162438	ACUTE	7074	Inappropriate Level of Care	1
2162438	REHAB	11094	Not Medically Necessary	1
2162438	REHAB	27169068	No longer medically necessary	1
2162438	REHAB	3009	Medical review - MD	8