

Prior-Authorization Summary

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact:
 Contact Email:
 Report Period Start Date: 20140101
 Report Period End Date: 20140331
 Submission Date of Report: 20140430

BAYOU HEALTH Reporting

Document ID: PQ188 Revision Date: 11/01/2013
 Document Name: **PA and Pre-Cert Summary (Pre-Paid)**
 Reporting Frequency: Quarterly
 Report Due Date: 30th day of the month following end of reporting period
 File Type: Excel
 Subject Matter: Quality (Q)
 RFP Reference: 8.4 Service Authorizations

Prior-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 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
Totals		5,342	4,780	562	5,342	85.01%	98.79%	99.57%		30	96.67%
2162934	23 Hour Observation	300	299	1	300	99.67%	99.67%	99.67%		0	0.00%
2162934	Day Hospital	3	2	1	3	100.00%	100.00%	100.00%		0	0.00%
2162934	DME	1,325	1,044	281	1,325	68.91%	98.04%	99.47%	99.41%	22	95.45%
2162934	Home	489	477	12	489	75.46%	97.75%	99.59%		1	100.00%
2162934	Home Infusion	9	7	2	9	100.00%	100.00%	100.00%		0	0.00%
2162934	Outpatient Facility	3,003	2,747	256	3,003	91.48%	99.20%	99.67%		6	100.00%
2162934	Partial Hospitalization	3	3	0	3	100.00%	100.00%	100.00%		0	0.00%
2162934	Provider Office	82	79	3	82	96.34%	100.00%	100.00%		0	0.00%
2162934	SPU	127	121	6	127	95.28%	99.21%	99.21%		1	100.00%
2162934	Referral	1	1	0	1	100.00%	100.00%	100.00%		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

PQ188 Attachment 1: Prior-Authorization Denial Detail

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20140101
 Report Period End Date: 20140331

BAYOU HEALTH Reporting

Document ID: PQ188 Revision Date: 11/01/13
 Document Name: PA and Pre-Cert Summary (Pre-Paid)
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 File Type: Excel
 Subject Matter: Data Collection

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162934	Totals >>>>			277
2162934	23 Hour Observation	OP-D30	Administrative Denial	1
2162934	Day Hospital	OP-D30	Administrative Denial	1
2162934	DME	OP-D05	Not a Covered Benefit	3
2162934	DME	OP-D24	Lack of Information	29
2162934	DME	OP-D27	Benefit Limit Exceeded	1
2162934	DME	OP-D30	Administrative Denial	17
2162934	DME	OP-D39	(PA) Not Medically Necessary	56
2162934	DME	OP-D51	Late Notification (Admin)	4
2162934	Home	OP-D05	Not a Covered Benefit	2
2162934	Home	OP-D30	Administrative Denial	3
2162934	Home	OP-D35	Retro-Administrative Denial	1
2162934	Home	OP-D39	(PA) Not Medically Necessary	5
2162934	Home	OP-D51	Late Notification (Admin)	1
2162934	Home Infusion	OP-D39	(PA) Not Medically Necessary	2
2162934	Outpatient Facility	OP-D05	Not a Covered Benefit	5
2162934	Outpatient Facility	OP-D24	Lack of Information	15
2162934	Outpatient Facility	OP-D30	Administrative Denial	21
2162934	Outpatient Facility	OP-D39	(PA) Not Medically Necessary	100
2162934	Outpatient Facility	OP-D51	Late Notification (Admin)	1
2162934	Provider Office	OP-D30	Administrative Denial	3
2162934	SPU	OP-D05	Not a Covered Benefit	1
2162934	SPU	OP-D24	Lack of Information	1
2162934	SPU	OP-D30	Administrative Denial	1
2162934	SPU	OP-D39	(PA) Not Medically Necessary	3

Pre-Certification Summary

Health Plan ID: 2162934
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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 Calendar days	% determined within 28 Calendar days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
Totals	Totals	16,396	16,347	49	4,909	98.57%	99.90%	99.92%	4,613	97.75%	98.96%	21	100.00%
2162934	Acute	14,979	14,930	49	4,716	98.54%	99.89%	99.92%	4,420	97.76%	98.94%	21	100.00%
2162934	Sub Acute	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0%
2162934	Skilled	350	350	0	44	100.00%	100.00%	100.00%	44	97.73%	100.00%	0	0%
2162934	LTAC	510	510	0	70	100.00%	100.00%	100.00%	70	97.14%	98.57%	0	0%
2162934	Rehab	557	557	0	79	100.00%	100.00%	100.00%	79	97.47%	100.00%	0	0%

¹ Standard Authorizations are elective procedures not including OB

PQ188 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)
2162934	Totals >>>>>			157
2162934	Acute	IP-D02	1st- Level Med Appeal - Denial	1
2162934	Acute	IP-D05	Not a Covered Benefit	2
2162934	Acute	IP-D14	Delay in Transfer	1
2162934	Acute	IP-D21	Delay in Testing/Consult/Procedure	1
2162934	Acute	IP-D24	Lack of Information	12
2162934	Acute	IP-D30	Administrative Denial	22
2162934	Acute	IP-D31	Not Hospital Level of Care	2
2162934	Acute	IP-D39	(PA) Not Medically Necessary	107
2162934	Acute	IP-D45	Not Eligible on DOS(Admin)	3
2162934	Acute	IP-D51	Late Notification(Admin)	6