

**Prior-Authorization Summary**

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 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

**BAYOU HEALTH Reporting**

Document ID: PQ188  
 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)

Prior-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 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
		Totals	Totals	Totals	Totals	Totals	Totals	Totals	Totals	Totals	Totals
	<b>Totals</b>	<b>10854</b>	<b>10070</b>	<b>784</b>	<b>9874</b>	<b>96.61%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>868</b>	<b>100.00%</b>
	DME-Univita	2261	2261	0	1400	98.00%	99.00%	100.00%	100.00%	861	99.00%
	DME-AGP	39	29	10	39	94.87%	100.00%	100.00%	100.00%	0	0.00%
	Orthotics/Prosthetics	431	366	65	418	79.90%	100.00%	100.00%	0.00%	0	0.00%
	Behavioral Health	0	0	0	0	0.00%	0.00%	0.00%	0.00%	0	0.00%
	Home Health-AGP	8	2	6	2	100.00%	100.00%	100.00%	0.00%	0	0.00%
	Home Health-Univita	1173	1173	0	1173	99.00%	100.00%	100.00%	0.00%	0	0.00%
	Notification	0	0	0	0	0.00%	0.00%	0.00%	0.00%	0	0.00%
	Therapy	1482	1453	29	1463	99.73%	100.00%	100.00%	0.00%	0	0.00%
	Radiology	2305	2072	233	2292	99.91%	100.00%	100.00%	0.00%	0	0.00%
	Other	2465	2024	441	2405	97.67%	99.92%	100.00%	0.00%	2	100.00%
	Pharmacy-Univita	689	689	0	681	97.00%	80.51%	100.00%	0.00%	5	100.00%
	Vision-Block	1	1	0	1	100.00%	0.00%	0.00%	0.00%	0	100.00%

<sup>1</sup> Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

<sup>2</sup> Standard Authorizations are elective procedures not including OB

**PQ188 Attachment 1: Prior-Authorization Denial Detail**

Health Plan ID: 2162519  
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 Contact Email: \*\*\*  
 Report Period Start Date: 20140101  
 Report Period End Date: 20140331

**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: Data Collection

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Totals >>>>			784
2162519	DME	LD01	Not medically necessary	10
2162519	ORTHOTICS/PROSTHETICS	LD01	Not medically necessary	53
2162519	ORTHOTICS/PROSTHETICS	LD03	Failure to preauth	1
2162519	ORTHOTICS/PROSTHETICS	LD11	Service available in network	11
2162519	HOME HEALTH	LD03	Failure to preauth	5
2162519	HOME HEALTH	LD08	Non-covered service / benefit	1
2162519	THERAPY	LD01	Not medically necessary	6
2162519	THERAPY	LD02	Late notification of admit	1
2162519	THERAPY	LD03	Failure to preauth	19
2162519	THERAPY	LD04	Lack of information	1
2162519	THERAPY	LD11	Service available in network	2
2162519	RADIOLOGY	LD01	Not medically necessary	222
2162519	RADIOLOGY	LD04	Lack of information	5
2162519	RADIOLOGY	LD08	Non-covered service / benefit	4
2162519	RADIOLOGY	LD09	Benefit exhausted	1
2162519	RADIOLOGY	LD11	Service available in network	1
2162519	OTHER	LD01	Not medically necessary	230
2162519	OTHER	LD02	Late notification of admit	3
2162519	OTHER	LD03	Failure to preauth	40
2162519	OTHER	LD04	Lack of information	1
2162519	OTHER	LD08	Non-covered service / benefit	49
2162519	OTHER	LD09	Benefit exhausted	25
2162519	OTHER	LD11	Service available in network	80
2162519	OTHER	RNC	RX Only - Noncovered benefit	3
2162519	OTHER	RNM	RX Only - Clinical criteria not met	10

**Pre-Certification Summary**

Health Plan ID: 2162519  
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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
<b>Totals</b>	<b>Totals</b>	<b>13945</b>	<b>13064</b>	<b>881</b>	<b>1409</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>4929</b>	<b>99.96%</b>	<b>99.99%</b>	<b>971</b>	<b>100.00%</b>
	Acute	12102	11239	863	169	100.00%	100.00%	100.00%	3966	99.82%	99.97%	962	100.00%
	Sub Acute	121	117	4	5	100.00%	100.00%	100.00%	14	100.00%	100.00%	2	100.00%
	Skilled/AGP	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
	Skilled/Univita	1169	1169	0	1173	98.00%	100.00%	100.00%	914	100.00%	100.00%	4	100.00%
	LTAC	244	236	8	26	100.00%	100.00%	100.00%	12	100.00%	100.00%	2	100.00%
	Rehab	309	303	6	36	100.00%	100.00%	100.00%	23	100.00%	100.00%	1	100.00%

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

**PQ188 Attachment 2: Pre-Certification Denial Detail**

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<b>Pre-Certification Denial Detail</b>				
Plan ID	Denial Reason			Total Denied (for level & Denial Reason)
	Level of Care	Code	Denial Reason	
2162519	<b>Totals &gt;&gt;&gt;&gt;</b>			484
	(Acute, Sub Acute, Skilled, LTAC, Rehab)			
2162519	Acute	DD01	Not medically necessary	373
2162519	Acute	DD02	Late notification of admit	94
2162519	Acute	DD03	Lack of information	3
2162519	Acute	DD05	Delay in care / services	4
2162519	Subacute	DD01	Not medically necessary	1
2162519	Subacute	DD02	Late notification of admit	1
2162519	LTAC	DD01	Not medically necessary	2
2162519	Rehab	DD01	Not medically necessary	6