

Pre-Authorization Summary

Health Plan ID: 2162446
 Health Plan Name: CHS
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 01/01/2014
 Report Period End Date: 03/31/2014

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 Calendar days | % determined within 28 Calendar days | Total Requested | % complete within 72 hours |
| 2162446 | Totals | 1,729 | 1,694 | 35 | 1,729 | 99.02% | 100.00% | 100.00% | 0 | 0.00% |
| 2162446 | CT | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 0.00% | 0 | 0.00% |
| 2162446 | DME | 0 | 0 | 0 | 0 | 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 | 67 | 65 | 2 | 67 | 97.01% | 100.00% | 100.00% | 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 | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 0.00% | 0 | 0.00% |
| 2162446 | No Category Specified | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 0.00% | 0 | 0.00% |
| 2162446 | Pediatric Day Care | 15 | 9 | 6 | 15 | 80.00% | 100.00% | 100.00% | 0 | 0.00% |
| 2162446 | Procedures and Diagnostic Tests | 64 | 48 | 16 | 64 | 92.19% | 100.00% | 100.00% | 0 | 0.00% |
| 2162446 | Rehabilitation Services | 1,566 | 1,562 | 4 | 1,566 | 99.74% | 100.00% | 100.00% | 0 | 0.00% |
| 2162446 | Transplant Approval | 2 | 2 | 0 | 2 | 100.00% | 100.00% | 100.00% | 0 | 0.00% |
| 2162446 | Transportation | 15 | 8 | 7 | 15 | 80.00% | 100.00% | 100.00% | 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

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 >>>>> | | | 36 |
| 2162446 | Home Health Care | L1NC | Non Certified | 2 |
| 2162446 | Out of State Approval | L1NC | Non Certified | 1 |
| 2162446 | Pediatric Day Care | L1NC | Non Certified | 6 |
| 2162446 | Procedures and Diagnostic Tests | L1NC | Non Certified | 16 |
| 2162446 | Rehabilitation Services | L1NC | Non Certified | 4 |
| 2162446 | Transportation | L1NC | Non Certified | 7 |

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 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 |
| 2162446 | Totals | 19,067 | 18,796 | 271 | 2,621 | 98.86% | 100.00% | 100.00% | 1,384 | 99.42% | 0.58% | 57 | 100.00% |
| 2162446 | Acute | 18,189 | 17,932 | 257 | 2,581 | 98.84% | 100.00% | 100.00% | 1,334 | 99.40% | 0.60% | 57 | 100.00% |
| 2162446 | LTAC | 300 | 293 | 7 | 12 | 100.00% | 100.00% | 100.00% | 19 | 100.00% | 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 | 578 | 571 | 7 | 28 | 100.00% | 100.00% | 100.00% | 31 | 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

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 >>>> | | | 275 |
| 2162446 | Acute | L1NC | Non Certified | 268 |
| 2162446 | Rehab | L1NC | Non Certified | 7 |