

## Prior-Authorization Summary

Health Plan ID: 2162438  
 Health Plan Name: United Healthcare Community Plan  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: **January 1, 2014**  
 Report Period End Date: **March 30, 2014**  
 Submission Date of Report: **April 30, 2014**

## BAYOU HEALTH Reporting

Document ID: SQ188      Revision Date: 11/01/2013  
 Document Name: **PA and Pre-Cert Summary (Shared)**  
 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: 7.1.2.6.1 Service Authorizations

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	Total Requested	% complete within 72 hours
Totals		11554	11057	497	8004	95.2	99.8	99.9	353	99.4
2162438	Consult and Diagnose	7	7	0	6	83.3	100	100	0	0
2162438	Consult and Treat	63	59	4	45	81	100	100	0	0
2162438	CT	1553	1468	85	1	100	100	100	0	0
2162438	Dental	5	5	0	2	100	100	100	2	100
2162438	Diagnostic Procedure	68	63	5	47	87	100	100	0	0
2162438	Drugs/Injections	41	39	2	19	94.7	100	100	2	100
2162438	Hemodialysis	3	0	3	1	100	100	100	0	0
2162438	Home and Community Based Services	3	3	0	2	100	100	100	0	0
2162438	Home Health	977	956	21	848	92.5	99.8	99.9	13	100
2162438	Hyperbaric Oxygen Therapy	2	2	0	1	100	100	100	0	0
2162438	IV Infusion	16	14	2	9	87.5	100	100	0	0
2162438	Lab	19	14	5	2	50	100	100	1	100
2162438	Meals	2	2	0	1	100	100	100	0	0
2162438	Medical	972	946	26	536	96.8	99.8	99.8	13	100
2162438	MRI	1964	1823	141	1	100	100	100	0	0
2162438	Nutrition and/or education	5	0	5	4	66.7	100	100	0	0

Prior-Authorization Summary					Standard Authorizations				Expedited Authorizations	
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2162438	Observation	5	4	1	4	75	100	100	1	100
2162438	OT	122	118	4	0	0	0	0	0	0
2162438	Other	20	20	0	30	83.3	96.7	100	0	0
2162438	Pain Management Services	10	4	6	7	100	100	100	0	0
2162438	Pregnancy Low Risk	2	2	0	1	100	100	100	0	0
2162438	PT	2156	2057	99	2	50	100	100	0	0
2162438	Radiation Therapy	48	41	7	7	66.7	100	100	0	0
2162438	Radiology/Imaging	896	863	33	3579	94.8	99.9	99.9	251	99.6
2162438	Referral (MD services)	3	1	2	3	100	100	100	0	0
2162438	Short Term Rehab - PT/OT/ST	167	161	6	1980	96.8	99.7	99.8	61	98.4
2162438	Sleep Studies	4	4	0	2	50	100	100	0	0
2162438	ST	522	515	7	0	0	0	0	0	0
2162438	Surgery	1330	1303	27	832	97.5	99.9	99.9	8	100
2162438	Transplant	25	24	1	23	87	100	100	0	0
2162438	Transportation	5	5	0	3	100	100	100	0	0
2162438	US, Pregnancy	484	483	1	0	0	0	0	0	0
2162438	Vision	6	6	0	4	100	100	100	1	100
2162438	Wound Care	49	45	4	2	100	100	100	0	0





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

Health Plan ID: 2162438  
 Health Plan Name: United Healthcare Community Plan  
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 Contact Email: \*\*\*  
 Report Period Start Date: **January 1, 2014**  
 Report Period End Date: **March 30, 2014**  
**April 30, 2014**

<b>Prior-Authorization Denial Detail</b>				
<b>Plan ID</b>	<b>Type of Service</b>	<b>Denial Reason Code</b>	<b>Denial Reason</b>	<b>Total Denied (for TOS &amp; Denial Reason)</b>
<b>Totals &gt;&gt;&gt;&gt;</b>		<b>497</b>		
2162438	Consult and Treat	2092	Non Network	3
2162438	Consult and Treat	2093	Medical review - MD	1
2162438	CT	20108	Not Medically Necessary	52
2162438	CT	2093	Medical review - MD	13
2162438	CT	27169072	Med Denial - Insufficient Info	14
2162438	CT	7118	Not a Covered Benefit	6
2162438	Diagnostic Procedure	27169072	Med Denial - Insufficient Info	5
2162438	Drugs/Injections	20108	Not Medically Necessary	1
2162438	Drugs/Injections	7118	Not a Covered Benefit	1
2162438	Hemodialysis	2093	Medical review - MD	3
2162438	Home Health	20108	Not Medically Necessary	12
2162438	Home Health	2093	Medical review - MD	4
2162438	Home Health	27169072	Med Denial - Insufficient Info	4
2162438	Home Health	7118	Not a Covered Benefit	1
2162438	IV Infusion	27169072	Med Denial - Insufficient Info	2
2162438	Lab	1517	Admin Denial	1
2162438	Lab	2093	Medical review - MD	1
2162438	Lab	7118	Not a Covered Benefit	3
2162438	Medical	20108	Not Medically Necessary	4
2162438	Medical	2092	Non Network	4
2162438	Medical	2093	Medical review - MD	10
2162438	Medical	27169072	Med Denial - Insufficient Info	1
2162438	Medical	7118	Not a Covered Benefit	7
2162438	MRI	20108	Not Medically Necessary	90
2162438	MRI	2093	Medical review - MD	18
2162438	MRI	27169071	No longer medically necessary	2
2162438	MRI	27169072	Med Denial - Insufficient Info	26
2162438	MRI	7118	Not a Covered Benefit	5
2162438	Nutrition and/or educat	20108	Not Medically Necessary	1
2162438	Nutrition and/or educat	2093	Medical review - MD	3
2162438	Nutrition and/or educat	7118	Not a Covered Benefit	1
2162438	Observation	20108	Not Medically Necessary	1
2162438	OT	2093	Medical review - MD	1
2162438	OT	7118	Not a Covered Benefit	3
2162438	Pain Management Servi	7118	Not a Covered Benefit	6
2162438	PT	1517	Admin Denial	3
2162438	PT	20108	Not Medically Necessary	19
2162438	PT	2093	Medical review - MD	37
2162438	PT	27169072	Med Denial - Insufficient Info	6
2162438	PT	7118	Not a Covered Benefit	34
2162438	Radiation Therapy	7118	Not a Covered Benefit	7
2162438	Radiology/Imaging	20108	Not Medically Necessary	11
2162438	Radiology/Imaging	2093	Medical review - MD	5
2162438	Radiology/Imaging	27169071	No longer medically necessary	1
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient Info	4
2162438	Radiology/Imaging	7118	Not a Covered Benefit	12
2162438	Referral (MD services)	2092	Non Network	1
2162438	Referral (MD services)	2093	Medical review - MD	1
2162438	Short Term Rehab - PT/C	20108	Not Medically Necessary	3
2162438	Short Term Rehab - PT/C	2093	Medical review - MD	2
2162438	Short Term Rehab - PT/C	7118	Not a Covered Benefit	1
2162438	ST	20108	Not Medically Necessary	7
2162438	Surgery	20108	Not Medically Necessary	15
2162438	Surgery	2093	Medical review - MD	7
2162438	Surgery	27169072	Med Denial - Insufficient Info	4
2162438	Surgery	7118	Not a Covered Benefit	1

### Prior-Authorization Denial Detail

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
<b>Totals &gt;&gt;&gt;&gt;</b>		<b>497</b>		
2162438	Transplant	2093	Medical review - MD	1
2162438	US, Pregnancy	2093	Medical review - MD	1
2162438	Wound Care	20108	Not Medically Necessary	2
2162438	Wound Care	7118	Not a Covered Benefit	2

**Pre-Certification Summary**

Health Plan ID: 2162438  
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 RFP Reference: 7.1.2.6.1 Service Authorizations

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>6934</b>	<b>5937</b>	<b>997</b>	<b>280</b>	<b>86.2</b>	<b>97.5</b>	<b>98.6</b>	<b>2474</b>	<b>98.6</b>	<b>99.6</b>	<b>698</b>	<b>100</b>
2162438	Acute	6798	5813	985	254	86.8	97.2	98.4	2459	98.6	99.6	694	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	51	49	2	5	100	100	100	5	100	100	2	100
2162438	Rehab	85	75	10	21	75	100	100	10	100	100	2	100

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





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

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 Contact Email: \*\*\*  
 Report Period Start Date: **January 1, 2014**  
 Report Period End Date: **March 30, 2014**  
**April 30, 2014**

<b>Pre-Certification Denial Detail</b>				
<b>Plan ID</b>	<b>Level of Care</b>	<b>Denial Reason Code</b>	<b>Denial Reason</b>	<b>Total Denied (for level &amp; Denial Reason)</b>
<b>Totals &gt;&gt;&gt;&gt;</b>		<b>997</b>		
2162438	ACUTE	10368	1st Appeal Denial	2
2162438	ACUTE	10373	Med Denial - Delay in Discharge	3
2162438	ACUTE	10376	Admin Denial - Insufficient Info	1
2162438	ACUTE	11094	Not Medically Necessary	8
2162438	ACUTE	11096	Redirected To Other Medical Payor Source	4
2162438	ACUTE	27169068	No longer medically necessary	1
2162438	ACUTE	27169069	Med Denial - Insufficient Info	7
2162438	ACUTE	3009	Medical review - MD	847
2162438	ACUTE	3010	Third Party Coverage	110
2162438	ACUTE	7075	Lack of Notification	1
2162438	ACUTE	7078	Not a Covered Benefit	1
2162438	LTAC	3009	Medical review - MD	2
2162438	REHAB	11094	Not Medically Necessary	3
2162438	REHAB	3009	Medical review - MD	6
2162438	REHAB	7078	Not a Covered Benefit	1