

# Prior-Authorization Summary

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20130401  
 Report Period End Date: 20130630

# 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	DME- % determined within 25	Total Requested	% complete within 72 hours
	<b>Totals</b>	<b>12,289</b>	<b>11,452</b>	<b>837</b>	<b>11,423</b>	<b>92%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>739</b>	<b>100%</b>
2162519	DME - AGP	76	32	44	75	88%	100%	100%	100%	0	n/a
2162519	DME - Univita	2259	2259	0	1560	98%	100%	100%	100%	699	100%
2162519	Orthotics/Prosthetics	718	585	133	703	69%	100%	100%	n/a	0	n/a
2162519	Behavioral Health	0	0	0	0	n/a	n/a	n/a	n/a	0	n/a
2162519	Home Health - AGP	35	7	28	15	73%	100%	100%	n/a	0	n/a
2162519	Home Health - Univita	1,331	1,331	0	1,331	98%	100%	100%	n/a	0	n/a
2162519	Therapy	1,268	1,207	61	1,236	90%	100%	100%	n/a	0	n/a
2162519	Radiology	2,429	2,155	274	2,409	100%	100%	100%	n/a	0	n/a
2162519	Other	2,771	2,495	276	2,692	95%	100%	100%	n/a	40	100%
2162519	Pharmacy-Univita	1,322	1,322	0	1,322	96%	100%	100%	n/a	0	n/a
2162519	Vision-eyeQuest	78	57	21	78	100%	100%	100%	n/a	0	n/a
2162519	Vision-Block	2	2	0	2	100%	100%	100%	n/a	0	n/a

<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  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20130401  
 Report Period End Date: 20130630

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Totals >>>>			816
2162519	DME	DS01	Not medically necessary	2
2162519	DME	DS08	Non-covered benefit / service	2
2162519	DME	LD01	Not medically necessary	31
2162519	DME	LD02	Late notification of admit	1
2162519	DME	LD04	Lack of information	1
2162519	DME	LD08	Non-covered benefit / service	7
2162519	Home Health	LD03	Failure to preauth	17
2162519	Home Health	LD08	Non-covered benefit / service	6
2162519	Home Health	LD09	Benefit exhausted	5
2162519	Orthotics and Prosthetics	DS08	Non-covered benefit / service	1
2162519	Orthotics and Prosthetics	LD01	Not medically necessary	101

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Orthotics and Prosthetics	LD02	Late notification of admit	1
2162519	Orthotics and Prosthetics	LD03	Failure to preauth	8
2162519	Orthotics and Prosthetics	LD04	Lack of information	14
2162519	Orthotics and Prosthetics	LD11	Service available in network	8
2162519	Other	DS03	Failure to preauth	6
2162519	Other	DS08	Non-covered benefit / service	57
2162519	Other	LD01	Not medically necessary	98
2162519	Other	LD02	Late notification of admit	6
2162519	Other	LD03	Failure to preauth	21
2162519	Other	LD04	Lack of information	2
2162519	Other	LD08	Non-covered benefit / service	29
2162519	Other	LD09	Benefit exhausted	2
2162519	Other	LD11	Service available in network	52
2162519	Other	ROT	RX Only - Other see comments	1
2162519	Other	UP14	Medical Director Review	2
2162519	Radiology	LD01	Not medically necessary	268
2162519	Radiology	LD04	Lack of information	6
2162519	Therapy	LD01	Not medically necessary	29

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162519	Therapy	LD02	Late notification of admit	3
2162519	Therapy	LD03	Failure to preauth	24
2162519	Therapy	LD04	Lack of information	2
2162519	Therapy	LD08	Non-covered benefit / service	1
2162519	Therapy	LD11	Service available in network	2

Vision - eyeQuest	Poly lenses - no medical necessity			21
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## PQ188: Prior-Authorization Outlier

Health Plan I2162519

Health Plan I Amerigroup Louisiana, Inc.

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Report Perio 20130401

Report Perio 20130630

AUTH NUMBER	SERVICE LINE	AUTH TYPE	RECEIVE YEAR	RECEIVE MONTH	RECEIVE DATE	DECISION	DECISION DATE	TAT BUSINESS DAYS	TAT CALENDAR DAYS	TAT	TAT COMPLIANCE	DENIAL CODE	DENIAL CODE DESCRIPTION	SERVICING PROVIDER NAME	LAST STATUS USER ID
103596921	1	Standard Initial	2013	5	05/22/2013	APPROVED	06/13/2013	15	22	22	NOT MET			Petrus, Wendy N.	GPICKET
C01065482	1	Standard Initial	2013	5	05/16/2013	APPROVED	06/10/2013	16	25	25	NOT MET			OON Practitioner, Temporary	KHEBERT
C01065482	2	Standard Subsequent	2013	5	05/16/2013	APPROVED	06/10/2013	16	25	25	NOT MET			Massachusetts General Hospital	KHEBERT
C01111201	2	Standard Subsequent	2013	6	06/10/2013	APPROVED	06/28/2013	14	18	18	NOT MET			Mayeux, Mary A.	JBOYD02
C01111201	3	Standard Subsequent	2013	6	06/10/2013	APPROVED	06/28/2013	14	18	18	NOT MET			Mayeux, Mary A.	JBOYD02
C01111201	4	Standard Subsequent	2013	6	06/10/2013	APPROVED	06/28/2013	14	18	18	NOT MET			Mayeux, Mary A.	JBOYD02

<b>PEND TO MD</b>	<b>Number of Business Days Out of Compliance</b>	<b>Number of Calendar Days Out of Compliance</b>	<b>Review Notes</b>
N	NA	8	Process Error
N	NA	11	Pending SCA
N	NA	11	Pending SCA
Y	NA	4	Process Error
Y	NA	4	Process Error
Y	NA	4	Process Error

# Pre-Certification Summary

Health Plan ID: 2162519  
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 Report Due Date: 30th day of the month following end of reporting period  
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 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 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>15,823</b>	<b>14,944</b>	<b>879</b>	<b>1798</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>5,300</b>	<b>99%</b>	<b>99%</b>	<b>1,194</b>	<b>100%</b>
2162519	<b>Acute</b>	13,225	12,367	858	301	100%	100%	100%	4,380	100%	100%	1,174	100%
2162519	<b>Sub Acute</b>	56	56	0	6	100%	100%	100%	4	100%	100%	0	0%
2162519	<b>Skilled</b>	0	0	0	0	n/a	n/a	n/a	0	n/a	n/a	0	0%
2162519	<b>Skilled - Univariate</b>	1,314	1,314	0	1331	98%	100%	100%	863	100%	100%	17	100%
2162519	<b>LTAC</b>	402	390	12	44	98%	100%	100%	24	96%	96%	1	100%
2162519	<b>Rehab</b>	826	817	9	116	99%	100%	100%	29	100%	100%	2	100%

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





## PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162519  
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 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
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 Report Period End Date: 20130630

Document ID: PQ188  
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 File Type: Excel  
 Subject Matter: Quality (Q)

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
Totals >>>>				540
2162519	Acute	DD01	Not Medically Necessary	386
2162519	Acute	DD02	Late Notification of Admit	132
2162519	Acute	DD03	Lack of Information	5
2162519	Acute	DD04	Inappropriate Level of Care	1
2162519	LTAC	DD01	Not Medically Necessary	5
2162519	LTAC	DD02	Late Notification of Admit	2
2162519	Rehab	DD01	Not Medically Necessary	8
2162519	Rehab	DD02	Late Notification of Admit	1

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Document ID:  
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 File Type:  
 Subject Matter:

AUTH NUMBER	REVIEW SEQ NO	AUTH TYPE	ROOM TYPE	ROOM TYPE DESCRIPTION	DHH LEVEL OF CARE	DECISION	DECISION DATE	DENIAL CODE	TAT BUSINESS DAYS	TAT CALENDAR DAYS	TAT	TAT COMPLIANCE	DENIAL REASON	DAYS REQUESTED
103584234	0	Concurrent Initial	41	IP 41 - Subacute L1	LTAC	APPROVED	6/7/2013		3	3	3	NOT MET		7
C01016227	0	Concurrent Initial	20	IP 20 - Adult M/S (18 yrs+)	Acute	APPROVED	04/26/2013		3	3	3	NOT MET		3

PQ188

**PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT**

Quarterly  
30th day of the month following end of reporting period  
Excel  
Quality (Q)

DAYS APPROVED	DAYS DENIED	SERVICING PROVIDER NAME	LAST STATUS USER ID	LAST STATUS FULL NAME	LAST STATUS USER TITLE	LAST STATUS USER DEPT	DIAGNOSIS CODE	PEND TO MD	# of Business Days out of Compliance	# of Calendar Days Out of Compliance	Review Notes
7	0	01467968	LRIDEAU	Lujiwiani Rideau	Utilization Manager RN	Inpatient Rev LA	43820	Y	2	2	PreAuth review delay
3	0	10027875	SCIALON	Sonya Cialona	Utilization Manager RN	Inpatient Rev LA	6829	N	2	2	UM review delay