

Pre-Authorization Summary

Health Plan ID: 2162446
 Health Plan Name: CHS
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 04/01/2013
 Report Period End Date: 06/30/2013

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	DME- % determined within 25 days	Total Requested	% complete within 72 hours
2162446	Totals	1328	1320	8	1325	91.47%	99.02%	99.77%		3	100.00%
2162446	CT	3	3	0	3	100.00%	100.00%	100.00%		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	58	58	0	58	53.45%	82.76%	96.55%		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	3	3	0	3	100.00%	100.00%	100.00%		0	0.00%
2162446	No Category Specified	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%
2162446	Pediatric Day Care	11	10	1	11	81.82%	100.00%	100.00%		0	0.00%
2162446	Procedures and Diagnostic Tests	77	77	0	75	89.33%	100.00%	100.00%		2	100.00%
2162446	Rehabilitation Services	1163	1156	7	1162	93.55%	99.74%	99.91%		1	100.00%
2162446	Transplant Approval	3	3	0	3	100.00%	100.00%	100.00%		0	0.00%
2162446	Transportation	10	10	0	10	90.00%	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		Total Denied (for TOS & Denial Reason)
		Code	Denial Reason	
2162446	Totals >>>>>			8
2162446	Pediatric Day Care	L1NC	Non Certified	1
2162446	Rehabilitati on Services	L1NC	Non Certified	3
2162446	Rehabilitati on Services	L1NCLOI	Non Certified - LOI	1
2162446	Rehabilitati on Services	NC	Non Certified	3

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	16163	16160	3	2358	98.47%	100.00%	100.00%	1192	99.75%	0.25%	50	100.00%
2162446	Acute	15479	15476	3	2328	98.45%	100.00%	100.00%	1169	99.74%	0.26%	50	100.00%
2162446	LTAC	183	183	0	8	100.00%	100.00%	100.00%	7	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	501	501	0	22	100.00%	100.00%	100.00%	16	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 review count.

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 >>>>>			6
2162446	Acute	L1NC	Non Certified	6
2162446	Acute	L1NCLOI	Non Certified - LOI	0
2162446	Acute	NC	Non Certified	0
2162446	Acute	NCLOC	Non Certified	0