

Pre-Certification Summary

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contact:	
Contact Email:	
Report Period Start Date:	4/1/2013
Report Period End Date:	6/30/2013

BAYOU HEALTH Reporting

Document ID:	PQ188
Document Name:	PRIOR AUTHORIZATION & PRE-CERT SUMMARY REPORT
Reporting Frequency:	Quarterly
Report Due Date:	7/30/2013
File Type:	Excel
Subject Matter:	Quality (Q)

Pre-Authorization Summary						Standard Authorizations					Expedited Authorizations	
Plan ID	Type of Service	Total Requested	Total Approved	Total Denied	Total Pended	Total Requested	% determined within 2 Business days	% determined within 14	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
2162845	Auditory Services	12	12	0	0	12	83.33%	100.00%	100.00%		0	0.00%
2162845	Biopharmacy	201	27	28	146	198	73.74%	99.49%	99.49%		2	100.00%
2162845	Cochlear Implants & Surgery	1	1	0	0	1	0.00%	100.00%	100.00%		0	0.00%
2162845	DME	365	286	57	22	352	76.42%	98.30%	99.15%	99.15%	8	100.00%
2162845	Genetic Testing & Counseling	15	11	3	1	15	60.00%	93.33%	100.00%		0	0.00%
2162845	Home Health	1052	997	49	6	1043	90.32%	99.81%	100.00%		6	100.00%
2162845	Imaging	191	187	4	0	189	97.35%	98.94%	99.47%		2	100.00%
2162845	Inpatient Services (S&P)	24	21	2	1	24	95.83%	100.00%	100.00%		0	0.00%
2162845	Nutritional Supplements and/or Services	353	275	76	2	349	83.09%	99.71%	99.71%		1	100.00%
2162845	Observation	196	173	22	1	196	81.63%	100.00%	100.00%		0	0.00%
2162845	OB Ultrasound	301	290	11	0	296	94.93%	100.00%	100.00%		3	100.00%
2162845	Office Visit	1314	1313	0	1	1314	99.70%	99.92%	99.92%		0	0.00%
2162845	Orthotics	27	25	2	0	27	70.37%	100.00%	100.00%		0	0.00%
2162845	Outpatient Services	819	683	76	60	799	79.72%	99.62%	99.87%		17	100.00%
2162845	Outpatient Surgery	42	35	7	0	42	83.33%	100.00%	100.00%		0	0.00%
2162845	Outpatient Therapy (BH)	1	1	0	0	1	100.00%	100.00%	100.00%		0	0.00%
2162845	Pain Management	37	25	12	0	37	59.46%	100.00%	100.00%		0	0.00%
2162845	Prosthetics	16	16	0	0	16	62.50%	100.00%	100.00%		0	0.00%
2162845	Sleep Study	245	238	6	1	244	93.03%	99.59%	99.59%		1	100.00%
2162845	Therapy	1151	1129	22	0	1151	88.79%	99.91%	100.00%		0	0.00%
2162845	Transport	189	184	3	2	188	98.94%	100.00%	100.00%		1	100.00%
Total		6552	5929	380	243	6494	89.05%	99.71%	99.86%		41	100.00%

Standard Authorizations	LI Type = "Standard"
Expedited Authorizations	LI Type = "Urgent"

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Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
2162845	Biopharmacy	EB	Denied by Medical Services	28
2162845	DME	4A	Denial Upheld on Appeal	1
2162845	DME	6A	Pend Partial Approval	1
2162845	DME	aM	Admin Denial	3
2162845	DME	EB	Denied by Medical Services	52
2162845	Genetic Testing & Counseling	aM	Admin Denial	2
2162845	Genetic Testing & Counseling	EB	Denied by Medical Services	1
2162845	Home Health	EB	Denied by Medical Services	49
2162845	Imaging	10	Partial Pay	1
2162845	Imaging	EB	Denied by Medical Services	3
2162845	Inpatient Services (S&P)	EB	Denied by Medical Services	2
2162845	Nutritional Supplements and/or Services	10	Partial Pay	1
2162845	Nutritional Supplements and/or Services	EB	Denied by Medical Services	75
2162845	Observation	4A	Denial Upheld on Appeal	1
2162845	Observation	EB	Denied by Medical Services	21
2162845	OB Ultrasound	6A	Pend Partial Approval	1
2162845	OB Ultrasound	EB	Denied by Medical Services	10
2162845	Orthotics	EB	Denied by Medical Services	2
2162845	Outpatient Services	10	Partial Pay	1
2162845	Outpatient Services	aM	Admin Denial	1
2162845	Outpatient Services	EB	Denied by Medical Services	74
2162845	Outpatient Surgery	EB	Denied by Medical Services	7
2162845	Pain Management	EB	Denied by Medical Services	12
2162845	Sleep Study	EB	Denied by Medical Services	6
2162845	Therapy	6A	Pend Partial Approval	2
2162845	Therapy	EB	Denied by Medical Services	20
2162845	Transport	EB	Denied by Medical Services	3
Total				380

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Pre-Certification Summary						Standard Authorizations				Concurrent Review			Post Service Authorizations	
Plan ID	Level of Care (acute or sub acute)	Total Days Requested	Totals Days Approved	Total Days Denied	Total Days Pending	Total # Requested	% determined within 2 Business days	% determined within Calendar 14 days	% determined within 28 Calendar days	Total Requested	% complete within 1 Business day	% complete within 2 Business days	Total Requested	% complete within 30 days
2162845	Acute	27,173	24243	2436	494	264	96.21%	100.00%	100.00%	8405	96.49%	99.44%	77	100.00%
2162845	LTAC	1,067	987	80	0	21	100.00%	100.00%	100.00%	52	88.46%	96.15%	0	0.00%
2162845	Rehab	962	919	43	0	32	100.00%	100.00%	100.00%	38	97.37%	100.00%	0	0.00%
Total		29,202	26149	2559	494	317	96.85%	100.00%	100.00%	8495	96.44%	99.42%	77	100.00%

Standard Authorizations	LEVEL_OF_URGENCY="Standard"
Concurrent Review	LEVEL_OF_URGENCY="Concurrent"
Post Service Authorizations	LEVEL_OF_URGENCY="Retro"

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Pre-Certification Denial Detail				
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2162845	Acute	4A	Denial Upheld on Appeal	37
2162845	Acute	aM	Admin Denial	183
2162845	Acute	EB	Denied by Medical Services	2,216
2162845	LTAC	EB	Denied by Medical Services	80
2162845	Rehab	EB	Denied by Medical Services	43
Total				2,559

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