

Prior-Authorization Summary

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 4/1/2013
 Report Period End Date: 6/30/2013

BAYOU HEALTH Reporting

Document ID: SQ188
 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 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 Calendar days	Total Requested	% complete within 72 hours
Totals	Totals	11199	10780	419	7549	97.7	2.2	0	N/A	88	97.7
2162438	Chiropractic	4	4	0	1	100	0	0	N/A	0	0
2162438	CT	1573	1562	11	5	100	0	0	N/A	0	0
2162438	Dental	49	49	0	28	100	0	0	N/A	0	0
2162438	Diagnostic Procedure	83	73	10	72	94.4	5.6	0	N/A	1	100
2162438	DME	6	6	0	2	100	0	0	N/A	0	0
2162438	Drugs/Injections	30	19	11	17	94.1	5.9	0	N/A	0	0
2162438	Hemodialysis	7	7	0	3	100	0	0	N/A	0	0
2162438	Home and Community Based Services	7	7	0	34	100	0	0	N/A	0	0
2162438	Home Health	1120	1106	14	930	97.2	2.8	0	N/A	7	100
2162438	IV Infusion	14	14	0	5	100	0	0	N/A	0	0
2162438	Lab	70	34	36	8	87.5	12.5	0	N/A	0	0
2162438	Medical	722	687	35	502	96.6	3.2	0.2	N/A	8	100
2162438	MRI	1896	1719	177	4	75	25	0	N/A	0	0
2162438	Neuropsychological Testing	4	4	0	2	100	0	0	N/A	0	0
2162438	Nutrition and/or education	2	2	0	1	100	0	0	N/A	0	0
2162438	OB/GYN	45	43	2	48	97.9	2.1	0	N/A	0	0
2162438	Observation	6	6	0	6	100	0	0	N/A	0	0
2162438	OT	182	182	0	0	0	0	0	N/A	0	0
2162438	Other	27	26	1	26	100	0	0	N/A	1	100
2162438	Pain Management Services	18	14	4	10	100	0	0	N/A	0	0
2162438	PT	2537	2488	49	1	100	0	0	N/A	0	0
2162438	Radiation Therapy	4	4	0	8	100	0	0	N/A	0	0
2162438	Radiology/Imaging	560	538	22	3260	98.5	1.4	0.1	N/A	53	96.2
2162438	Referral (MD services)	7	6	1	7	85.7	14.3	0	N/A	0	0
2162438	Short Term Rehab - PT/OT/ST	113	109	4	2020	97	3	0	N/A	6	100
2162438	ST	690	683	7	0	0	0	0	N/A	0	0
2162438	Surgery	789	758	31	491	97.8	2	0	N/A	11	100
2162438	Transplant	18	18	0	18	94.4	5.6	0	N/A	0	0
2162438	Transportation	11	11	0	4	100	0	0	N/A	1	100
2162438	US, Pregnancy	316	314	2	1	100	0	0	N/A	0	0
2162438	Vision	9	9	0	6	100	0	0	N/A	0	0
2162438	Wound Care	280	278	2	29	93.1	6.9	0	N/A	0	0

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: Prior-Authorization Denial Detail

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 4/1/2013
 Report Period End Date: 6/30/2013

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
integer(7)	Totals >>>>			419
PlanID	TypeOfService	StatusCode	StatusReason	TotalDenied
2162438	CT	20108	Not Medically Necessary	5
2162438	CT	2092	Non Network	1
2162438	CT	2093	Medical review - MD	1
2162438	CT	27169072	Med Denial - Insufficient Info	4
2162438	Diagnostic Procedure	2092	Non Network	6
2162438	Diagnostic Procedure	2093	Medical review - MD	1
2162438	Diagnostic Procedure	27169072	Med Denial - Insufficient Info	3
2162438	Drugs/Injections	2093	Medical review - MD	3
2162438	Drugs/Injections	7118	Not a Covered Benefit	8
2162438	Home Health	20108	Not Medically Necessary	8
2162438	Home Health	2093	Medical review - MD	4
2162438	Home Health	27169072	Med Denial - Insufficient Info	2
2162438	Lab	20108	Not Medically Necessary	1
2162438	Lab	2093	Medical review - MD	26
2162438	Lab	27169072	Med Denial - Insufficient Info	1
2162438	Lab	7118	Not a Covered Benefit	8
2162438	Medical	20108	Not Medically Necessary	3
2162438	Medical	2092	Non Network	2
2162438	Medical	2093	Medical review - MD	18
2162438	Medical	27169071	No longer medically necessary	1

Prior-Authorization Denial Detail

				Total Denied (for TOS & Denial Reason)
Plan ID	Type of Service	Denial Reason Code	Denial Reason	
integer(7)	Totals >>>>>			419
PlanID	TypeOfService	StatusCode	StatusReason	TotalDenied
2162438	Medical	27169072	Med Denial - Insufficient Info	10
2162438	Medical	7118	Not a Covered Benefit	1
2162438	MRI	20108	Not Medically Necessary	73
2162438	MRI	2092	Non Network	1
2162438	MRI	2093	Medical review - MD	20
2162438	MRI	21024	NICU Criteria not met	2
2162438	MRI	27169072	Med Denial - Insufficient Info	80
2162438	MRI	7118	Not a Covered Benefit	1
2162438	OB/GYN	27169072	Med Denial - Insufficient Info	2
2162438	Other	20108	Not Medically Necessary	1
2162438	Pain Management Services	2093	Medical review - MD	1
2162438	Pain Management Services	7118	Not a Covered Benefit	3
2162438	PT	20108	Not Medically Necessary	18
2162438	PT	2092	Non Network	5
2162438	PT	2093	Medical review - MD	11
2162438	PT	27169071	No longer medically necessary	2
2162438	PT	27169072	Med Denial - Insufficient Info	13
2162438	Radiology/Imaging	10389	Admin Denial - Insufficient Info	1
2162438	Radiology/Imaging	20108	Not Medically Necessary	6
2162438	Radiology/Imaging	2093	Medical review - MD	6
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient Info	5
2162438	Radiology/Imaging	7118	Not a Covered Benefit	4
2162438	Referral (MD services)	7118	Not a Covered Benefit	1
2162438	Short Term Rehab - PT/OT/ST	20108	Not Medically Necessary	2
2162438	Short Term Rehab - PT/OT/ST	2093	Medical review - MD	1
2162438	Short Term Rehab - PT/OT/ST	27169072	Med Denial - Insufficient Info	1
2162438	ST	20108	Not Medically Necessary	1
2162438	ST	2093	Medical review - MD	3
2162438	ST	27169072	Med Denial - Insufficient Info	3

Prior-Authorization Denial Detail

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
integer(7)	Totals >>>>>			419
PlanID	TypeOfService	StatusCode	StatusReason	TotalDenied
2162438	Surgery	20108	Not Medically Necessary	17
2162438	Surgery	2093	Medical review - MD	5
2162438	Surgery	27169072	Med Denial - Insufficient Info	8
2162438	Surgery	7118	Not a Covered Benefit	1
2162438	US, Pregnancy	2093	Medical review - MD	1
2162438	US, Pregnancy	27169072	Med Denial - Insufficient Info	1
2162438	Wound Care	20108	Not Medically Necessary	1
2162438	Wound Care	2092	Non Network	1

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
Totals	Totals	6438	5946	492	283	94.7	4.9	0	2718	99.3	0.4	760	100
2162438	Acute	6205	5724	481	262	94.7	5	0	2670	99.5	0.4	757	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	130	129	1	5	100	0	0	20	90	0	0	0
2162438	Rehab	103	93	10	16	93.8	6.3	0	28	85.7	3.6	3	100

¹Standard Authorizations are elective procedures not including OB

SQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: xxx
 Contact Email: xxx
 Report Period Start Date: 4/1/2013
 Report Period End Date: 6/30/2013

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
integer(7)	Totals >>>>>			492
2162438	ACUTE	10371	Admin Denial - Medicare Prime	1
2162438	ACUTE	10373	Med Denial - Delay in Discharge	1
2162438	ACUTE	11094	Not Medically Necessary	5
2162438	ACUTE	11095	Redirected To Other Payor Source	3
2162438	ACUTE	11097	Untimely Submission	1
2162438	ACUTE	27169068	No longer medically necessary	2
2162438	ACUTE	27169069	Med Denial - Insufficient Info	3
2162438	ACUTE	3007	Client Ineligible	1
2162438	ACUTE	3009	Medical review - MD	361
2162438	ACUTE	3010	Third Party Coverage	93
2162438	ACUTE	3011	Untimely Notification - Telephone	2
2162438	ACUTE	7071	Benefits Exhausted	1
2162438	ACUTE	7074	Inappropriate Level of Care	3
2162438	ACUTE	7075	Lack of Notification	2
2162438	ACUTE	7078	Not a Covered Benefit	2
2162438	LTAC	27169068	No longer medically necessary	1
2162438	REHAB	3009	Medical review - MD	9
2162438	REHAB	7074	Inappropriate Level of Care	1