

## Prior-Authorization Summary

Health Plan ID: 2162934  
 Health Plan Name: AmeriHealth Caritas Louisiana  
 Health Plan Contact: \*\*\*  
 Contact Email:  
 Report Period Start Date: 20130701  
 Report Period End Date: 20130930

## 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 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
2162934	<b>Total</b>	4,772	4,596	176	4,772	93.34%	99.43%	99.83%		20	100.00%
2162934	23 Hour Observation	473	473	0	473	99.79%	100.00%	100.00%		0	0.00%
2162934	Day Hospital	1	1	0	1	100.00%	100.00%	100.00%		0	0.00%
2162934	DME	911	816	95	911	87.60%	98.68%	99.45%	99.78%	7	100.00%
2162934	Home	365	338	27	365	85.48%	98.08%	99.73%		0	0.00%
2162934	Home Infusion	3	3	0	3	100.00%	100.00%	100.00%		0	0.00%
2162934	Outpatient Facility	2,705	2,654	51	2,705	94.75%	99.74%	99.93%		8	100.00%
2162934	Partial Hospitalization	2	2	0	2	100.00%	100.00%	100.00%		0	0.00%
2162934	Provider Office	76	76	0	76	98.68%	100.00%	100.00%		2	100.00%
2162934	SPU	235	232	3	235	96.60%	99.57%	100.00%		3	100.00%
2162934	Transplant	1	1	0	1	100.00%	100.00%	100.00%		0	0.00%

<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

## Pre-Certification Summary

Health Plan ID: 2162934  
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 Report Period Start Date: 20130701  
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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
2162934	<b>Totals</b>	<b>13,573</b>	<b>13,550</b>	<b>23</b>	<b>4,435</b>	<b>99.39%</b>	<b>99.91%</b>	<b>100.00%</b>	<b>4,129</b>	<b>98.11%</b>	<b>99.06%</b>	<b>65</b>	<b>100.00%</b>
2162934	<b>Acute</b>	12,861	12,838	23	4,335	99.38%	99.91%	100.00%	4,034	98.12%	99.03%	65	100.00%
2162934	<b>Sub Acute</b>	18	18	0	8	100.00%	100.00%	100.00%	3	100.00%	100.00%	0	0.00%
2162934	<b>Skilled</b>	0	0	0	0	0.00%	0.00%	0.00%	0	0.00%	0.00%	0	0.00%
2162934	<b>LTAC</b>	268	268	0	31	100.00%	100.00%	100.00%	31	93.55%	100.00%	0	0.00%
2162934	<b>Rehab</b>	426	426	0	61	100.00%	100.00%	100.00%	61	100.00%	100.00%	0	0.00%

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