

## Prior-Authorization Summary

Health Plan ID: 2162438  
 Health Plan Name: UnitedHealthcare Community Plan  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 7/1/2013  
 Report Period End Date: 9/30/2013

## 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 <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
Totals	Totals	11700	10877	823	7679	95.60	4.10	0.30	N/A	133	94.70
2162438	Chemo	6	6	0	2	100.00	0.00	0.00	N/A	0	0.00
2162438	CT	1651	1564	87	1	100.00	0.00	0.00	N/A	0	0.00
2162438	Dental	29	23	6	12	75.00	25.00	0.00	N/A	2	100.00
2162438	Diagnostic Proce	289	271	18	225	94.70	4.90	0.40	N/A	0	0.00
2162438	DME	1	1	0	1	100.00	0.00	0.00	N/A	0	0.00
2162438	Drugs/Injections	27	24	3	19	94.70	5.30	0.00	N/A	0	0.00
2162438	Home and Comr	15	14	1	7	100.00	0.00	0.00	N/A	1	100.00
2162438	Home Health	1034	985	49	869	94.20	5.40	0.70	N/A	23	95.70
2162438	IV Infusion	18	17	1	7	71.40	28.60	0.00	N/A	0	0.00
2162438	Lab	62	17	45	3	100.00	0.00	0.00	N/A	0	0.00
2162438	Medical	791	702	89	507	97.20	2.80	0.20	N/A	3	100.00
2162438	MRI	1948	1769	179	1	100.00	0.00	0.00	N/A	0	0.00
2162438	Nutrition and/or	3	3	0	3	100.00	0.00	0.00	N/A	0	0.00
2162438	OB/GYN	15	15	0	16	100.00	0.00	0.00	N/A	1	100.00
2162438	Observation	9	9	0	9	88.90	11.10	0.00	N/A	0	0.00
2162438	OT	160	152	8	1	100.00	0.00	0.00	N/A	0	0.00
2162438	Other	5	3	2	7	100.00	0.00	0.00	N/A	0	0.00
2162438	Pain Manageme	26	5	21	10	100.00	0.00	0.00	N/A	0	0.00
2162438	PDN	3	0	3	4	25.00	25.00	50.00	N/A	0	0.00

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2162438	Pregnancy High	1	1	0	2	100.00	0.00	0.00	N/A	0	0.00
2162438	PT	2557	2389	168	1	100.00	0.00	0.00	N/A	0	0.00
2162438	Radiation Thera	30	30	0	12	100.00	0.00	0.00	N/A	0	0.00
2162438	Radiology/Imagi	532	501	31	3461	94.80	5.10	0.20	N/A	52	94.20
2162438	Referral (MD ser	6	1	5	4	100.00	0.00	0.00	N/A	0	0.00
2162438	Short Term Reha	91	69	22	1977	97.70	2.10	0.40	N/A	36	100.00
2162438	ST	619	600	19	0	0.00	0.00	0.00	N/A	0	0.00
2162438	Surgery	659	611	48	413	95.20	4.10	0.20	N/A	15	80.00
2162438	Transplant	23	20	3	23	95.70	4.30	0.00	N/A	0	0.00
2162438	Transportation	17	13	4	4	75.00	25.00	0.00	N/A	0	0.00
2162438	US, Pregnancy	501	500	1	0	0.00	0.00	0.00	N/A	0	0.00
2162438	Vision	2	2	0	2	100.00	0.00	0.00	N/A	0	0.00
2162438	Wound Care	570	560	10	74	98.60	1.40	0.00	N/A	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

## SQ188 Attachment 1: Prior-Authorization Denial Detail

Health Plan ID: 2162438  
 Health Plan Name: UnitedHealthcare Community Plan  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 7/1/2013  
 Report Period End Date: 9/30/2013

Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
Totals >>>>				823
2162438		20108	Not Medically Necessary	1
2162438	CT	10389	Admin Denial - Insufficier	1
2162438	CT	20108	Not Medically Necessary	42
2162438	CT	2092	Non Network	7
2162438	CT	2093	Medical review - MD	4
2162438	CT	27169071	No longer medically nece	2
2162438	CT	27169072	Med Denial - Insufficient	25
2162438	CT	7118	Not a Covered Benefit	6
2162438	Dental	2093	Medical review - MD	1
2162438	Dental	7118	Not a Covered Benefit	5
2162438	Diagnostic Procedure	20108	Not Medically Necessary	1
2162438	Diagnostic Procedure	2092	Non Network	1
2162438	Diagnostic Procedure	2093	Medical review - MD	15
2162438	Diagnostic Procedure	27169072	Med Denial - Insufficient	1
2162438	Drugs/Injections	20108	Not Medically Necessary	2
2162438	Drugs/Injections	7118	Not a Covered Benefit	1
2162438	Home and Community	2093	Medical review - MD	1
2162438	Home Health	10389	Admin Denial - Insufficier	5
2162438	Home Health	20108	Not Medically Necessary	24
2162438	Home Health	2093	Medical review - MD	11
2162438	Home Health	27169071	No longer medically nece	2
2162438	Home Health	27169072	Med Denial - Insufficient	5
2162438	Home Health	7076	Benefits Exhausted	2
2162438	IV Infusion	2093	Medical review - MD	1
2162438	Lab	20108	Not Medically Necessary	1
2162438	Lab	2092	Non Network	11

**Prior-Authorization Denial Detail**

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied TOS & Denial Reason)	(for
<b>Totals &gt;&gt;&gt;&gt;</b>					<b>823</b>
2162438	Lab	2093	Medical review - MD		25
2162438	Lab	27169072	Med Denial - Insufficient		2
2162438	Lab	7118	Not a Covered Benefit		6
2162438	Medical	20108	Not Medically Necessary		14
2162438	Medical	2092	Non Network		12
2162438	Medical	2093	Medical review - MD		11
2162438	Medical	27169072	Med Denial - Insufficient		8
2162438	Medical	7076	Benefits Exhausted		2
2162438	Medical	7118	Not a Covered Benefit		41
2162438	MRI	10389	Admin Denial - Insufficier		5
2162438	MRI	20108	Not Medically Necessary		105
2162438	MRI	2092	Non Network		1
2162438	MRI	2093	Medical review - MD		16
2162438	MRI	27169071	No longer medically nece		3
2162438	MRI	27169072	Med Denial - Insufficient		46
2162438	MRI	7118	Not a Covered Benefit		3
2162438	OT	10389	Admin Denial - Insufficier		1
2162438	OT	20108	Not Medically Necessary		2
2162438	OT	2093	Medical review - MD		1
2162438	OT	27169072	Med Denial - Insufficient		1
2162438	OT	7118	Not a Covered Benefit		3
2162438	Other	2092	Non Network		2
2162438	Pain Management Ser	2093	Medical review - MD		2
2162438	Pain Management Ser	7118	Not a Covered Benefit		19
2162438	PDN	2093	Medical review - MD		3
2162438	PT	10389	Admin Denial - Insufficier		2
2162438	PT	20108	Not Medically Necessary		34
2162438	PT	2092	Non Network		6
2162438	PT	2093	Medical review - MD		27
2162438	PT	27169071	No longer medically nece		2
2162438	PT	27169072	Med Denial - Insufficient		8
2162438	PT	7118	Not a Covered Benefit		89
2162438	Radiology/Imaging	10389	Admin Denial - Insufficier		1
2162438	Radiology/Imaging	20108	Not Medically Necessary		5
2162438	Radiology/Imaging	2092	Non Network		1
2162438	Radiology/Imaging	2093	Medical review - MD		2

**Prior-Authorization Denial Detail**

Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied TOS & Denial Reason)	(for
<b>Totals &gt;&gt;&gt;&gt;</b>					<b>823</b>
2162438	Radiology/Imaging	27169072	Med Denial - Insufficient		6
2162438	Radiology/Imaging	7118	Not a Covered Benefit		16
2162438	Referral (MD services)	2092	Non Network		1
2162438	Referral (MD services)	2093	Medical review - MD		3
2162438	Referral (MD services)	7118	Not a Covered Benefit		1
2162438	Short Term Rehab - P	20108	Not Medically Necessary		2
2162438	Short Term Rehab - P	2093	Medical review - MD		4
2162438	Short Term Rehab - P	7118	Not a Covered Benefit		16
2162438	ST	20108	Not Medically Necessary		8
2162438	ST	2093	Medical review - MD		2
2162438	ST	27169072	Med Denial - Insufficient		2
2162438	ST	7118	Not a Covered Benefit		7
2162438	Surgery	20108	Not Medically Necessary		21
2162438	Surgery	2092	Non Network		4
2162438	Surgery	2093	Medical review - MD		9
2162438	Surgery	27169072	Med Denial - Insufficient		7
2162438	Surgery	7118	Not a Covered Benefit		7
2162438	Transplant	2093	Medical review - MD		3
2162438	Transportation	27169071	No longer medically nece		4
2162438	US, Pregnancy	27169072	Med Denial - Insufficient		1
2162438	Wound Care	20108	Not Medically Necessary		8
2162438	Wound Care	7118	Not a Covered Benefit		2

## Pre-Certification Summary

Health Plan ID: 2162438  
 Health Plan Name: UnitedHealthcare Community Plan  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 7/1/2013  
 Report Period End Date: 9/30/2013

## 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)

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	6775	5764	1011	311	87.50	10.90	1.00	2688	98.80	0.80	792	100.00
2162438	Acute	6555	5570	985	279	86.70	11.50	1.10	2651	98.80	0.80	783	100.00
2162438	Sub Acute	0	0	0	0	0.00	0.00	0.00	0	0.00	0.00	0	0.00
2162438	Skilled	0	0	0	0	0.00	0.00	0.00	0	0.00	0.00	0	0.00
2162438	LTAC	106	98	8	9	88.90	11.10	0.00	17	100.00	0.00	2	100.00
2162438	Rehab	114	96	18	23	95.70	4.30	0.00	20	100.00	0.00	7	100.00

<sup>1</sup> Standard 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: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 7/1/2013  
 Report Period End Date: 9/30/2013

Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
<b>Totals &gt;&gt;&gt;</b>				<b>1011</b>
2162438	ACUTE	11094	Not Medically Necessary	10
2162438	ACUTE	11095	Redirected To Other Payor	1
2162438	ACUTE	11096	Redirected To Other Medic	8
2162438	ACUTE	20953	Accepted Observation Statu	2
2162438	ACUTE	27169068	No longer medically necess	3
2162438	ACUTE	27169069	Med Denial - Insufficient In	1
2162438	ACUTE	3008	Non Network	1
2162438	ACUTE	3009	Medical review - MD	847
2162438	ACUTE	3010	Third Party Coverage	101
2162438	ACUTE	3011	Untimely Notification - Tele	3
2162438	ACUTE	5659	Not Financially Responsible	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	3009	Medical review - MD	7
2162438	LTAC	7074	Inappropriate Level of Care	1
2162438	REHAB	3009	Medical review - MD	17
2162438	REHAB	7078	Not a Covered Benefit	1