

Pre-Authorization Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20121001
 Report Period End Date: 20121231

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 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)

Amerigroup Louisiana, Inc.

Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.					Standard Authorizations						Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	# DME Determined in 25 days	% DME Determined in 25 days	Total Requested	% complete within 72 hours
	Totals	9062	8059	1003	8812	90.55	9.44	0.01	84	100	63	96.83
2162519	DME	85	60	25	84	54.76	45.24				0	
2162519	Orthotics/Prosthetics	663	531	132	644	62.58	37.42				0	
2162519	Behavioral Health	1	1	0	0	0.00	0.00				0	
2162519	Home Health	13	3	10	6	83.33	16.67				0	
2162519	Notification	0	0	0	0	0.00	0.00				0	
2162519	Therapy	1535	1446	89	1502	81.36	18.58	1			0	
2162519	Radiology	2646	2369	277	2643	100.00	0.00				0	
2162519	Other	4119	3649	470	3933	93.06	6.94				63	96.83

¹ Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

² Standard Authorizations are elective procedures not including OB

eyeQuest

Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.					Standard Authorizations				Expedited Authorizations	
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	Total Requested	% complete within 72 hours
	Totals									
2162519	Approved Contact Lenses	6	6		6	100%	0	0	0	100%
2162519	Approved Exam	1	1		1	100%	0	0	0	100%
2162519	Approved Exam, wrong member billed	1	1		1	100%	0	0	0	100%
2162519	approved glasses-office entry error	2	2		2	100%	0	0	0	100%
2162519	Approved Poly	1	0	1	1	100%	0	0	0	100%
2162519	approved poly and solid tint-consultant	2	2		2	100%	0	0	0	100%
2162519	Approved Polycarbonate	114	114		114	100%	0	0	0	100%
2162519	approved second exam	1	1		1	100%	0	0	0	100%
2162519	Jayden Frye contacts	2	2		2	100%	0	0	0	100%
2162519	poly	12	12		12	100%	0	0	0	100%
2162519	poly lenses	30	30		30	100%	0	0	0	100%
2162519	poly lenses - not medically necessary	1	1		1	100%	0	0	0	100%

*Univita

Pre-Authorization Summary - All Outpatient Pre-Authorization requests for LA members for the reporting period.					Standard Authorizations				Expedited Authorizations		
Plan ID	Type of Service ¹	Total Requested	Total Approved	Total Denied	Total Requested	% Determined in 2 Business Days	% Determined in 14 Business Days	% Determined in 28 Business Days	DME - % determined within 25 days	Total Requested	% complete within 72 hours
	Totals										
2162519	DME	2366	2366	0	1208	78%	99%	100%	100%	1158	97%
2162519	Home Health	1782	1782	0	1782	98%	100%	100%		0	0%
2162519	Pharmacy	628	628	0	625	91%	100%	100%		3	100%

Pre-Authorization Denial Detail

Plan ID	Type of Service	Denial Reason		Total Denied (for TOS & Denial Reason)
		Code	Denial Reason	
2162519	DME	LD01	Not medically necessary	18
2162519	DME	LD03	Failure to preauth	1
2162519	DME	LD08	Non-covered service / benefit	5
2162519	DME	LD11	Service available in network	1
2162519	HOME HEALTH	LD01	Not medically necessary	2
2162519	HOME HEALTH	LD03	Failure to preauth	6
2162519	HOME HEALTH	LD11	Service available in network	2
2162519	ORTHOTICS/PROSTHE	LD01	Not medically necessary	77
2162519	ORTHOTICS/PROSTHE	LD03	Failure to preauth	25
2162519	ORTHOTICS/PROSTHE	LD04	Lack of information	3
2162519	ORTHOTICS/PROSTHE	LD08	Non-covered service / benefit	1
2162519	ORTHOTICS/PROSTHE	LD11	Service available in network	26
2162519	OTHER	LD01	Not medically necessary	80
2162519	OTHER	LD02	Late notification of admit	2
2162519	OTHER	LD03	Failure to preauth	43
2162519	OTHER	LD04	Lack of information	1
2162519	OTHER	LD08	Non-covered service / benefit	41
2162519	OTHER	LD09	Benefit exhausted	1
2162519	OTHER	LD11	Service available in network	268
2162519	OTHER	RMI	RX Only - Mbr ineligible	1
2162519	OTHER	RNAI	RX Only-Not FDA appr'd indicat	3
2162519	OTHER	RNC	RX Only - Noncovered benefit	3
2162519	OTHER	RNEI	RX Only - Insuff clinical info	4
2162519	OTHER	RNM	RX Only -Clin criteria not met	23
2162519	RADIOLOGY	LD01	Not medically necessary	249
2162519	RADIOLOGY	LD04	Lack of information	28
2162519	THERAPY	LD01	Not medically necessary	50
2162519	THERAPY	LD03	Failure to preauth	24
2162519	THERAPY	LD04	Lack of information	4
2162519	THERAPY	LD07	Ineligible on DOS	1
2162519	THERAPY	LD11	Service available in network	10

eyeQuest

Pre-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason Code	Denial Reason	Total Denied (for TOS & Denial Reason)
313	Polycarbonate lens	M036	Denied service not medically necessary	1

Univita

no data to report

Pre-Certification Summary

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20121001
 Report Period End Date: 20121231

BAYOU HEALTH Reporting

Document ID: PQ188 v.2 11/20/2012
 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)

Amerigroup Louisiana, Inc.

Pre-Certification Summary					Standard Authorizations				Concurrent Authorizations			Post Service Authorizations	
Plan ID	Level of Care	Total Days Requested	Total Days Approved	Total Days Denied	Total # Requested	% determined within 2 business days	% determined within 14 Business days	% determined within 28 Business days	Total # Requested	% complete within 1 business day	% complete within 2 business days	Total # Requested	% complete within 30 days
2162519	Totals	9669	8521	1148	165	89.70	10.30		2261	94.25	5.09	997	100
2162519	Acute	9275	8135	1140	143	90.91	9.79		2234	94.23	5.15	993	100
2162519	Sub Acute	57	57	0	5	100.00			2	100.00		0	
2162519	Skilled	0	0	0	0	0.00			0	0.00		0	
2162519	LTAC	86	78	8	3	100.00			10	100.00		2	100.00
2162519	Rehab	251	251	0	13	76.92	23.08		15	100.00		2	100.00

¹Standard Authorizations are elective procedures not including OB

Concurrent Authorizations are inclusive to initial review for medical necessity.

eyeQuest no data to report

PQ188 Attachment 2: Pre-Certification Denial Detail

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20121001
 Report Period End Date: 20121231

Amerigroup Louisiana, Inc.				
Pre-Certification Denial Detail				
Plan ID	Level of Care	Denial Reason Code	Denial Reason	Total Denied (for level & Denial Reason)
2162519	Acute	DD01	Not medically necessary	519
2162519	Acute	DD02	Late notification of admit	24
2162519	Acute	DD03	Lack of information	8
2162519	Acute	DD04	Inappropriate level of care	3
2162519	Acute	DD05	Delay in care / services	1
2162519	Acute	DD12	Observation	36
2162519	Acute	DD19	Care Available In Network	1
2162519	LTAC	DD01	Not medically necessary	3

eyeQuest no data to report

Univita no data to report

Auth ID	Auth Type Category(Concurrent Review, Standard, Post Auth)	Facets Type of Care	Level of Care	Discharge Date	Received Date	Initial Review Status date	TAT Business	Provider Name	Outlier	Comment
103293353	Concurrent Review	E	Acute	2012-11-23 00:00:00.000	2012-11-21 00:00:00.000	11/26/12	3	***, Sonji J.	O	Web IT Issue
C00765925	Concurrent Review	E	Acute	2012-12-22 00:00:00.000	2012-12-21 00:00:00.000	12/27/2012	3	***, George T.	O	missed TAT
C00614683	Concurrent Review	E	Acute	2012-10-06 00:00:00.000	2012-10-03 00:00:00.000	10/08/2012	3	***, Kenneth J.	O	missed TAT
C00635985	Concurrent Review	E	Acute	2012-10-31 00:00:00.000	2012-10-15 00:00:00.000	10/18/2012	3	***, Arash	O	missed TAT
C00640346	Concurrent Review	E	Acute	2012-10-17 00:00:00.000	2012-10-16 00:00:00.000	10/19/2012	3	***, Shaminder M.	O	missed tat
C00646903	Concurrent Review	E	Acute	2012-10-22 00:00:00.000	2012-10-16 00:00:00.000	10/22/2012	3	***, Robert L.	O	missed TAT
C00756957	Concurrent Review	E	Acute	2012-12-18 00:00:00.000	2012-12-17 00:00:00.000	12/20/2012	3	***, Trevor C.	O	missed TAT
C00765011	Concurrent Review	E	Acute	2012-12-24 00:00:00.000	2012-12-20 00:00:00.000	12/26/2012	3	***, Cesar A.	O	missed TAT
C00767429	Concurrent Review	E	Acute	2012-12-22 00:00:00.000	2012-12-21 00:00:00.000	12/27/2012	3	***, Henry D.	O	missed TAT
C00771519	Concurrent Review	E	Acute	2012-12-23 00:00:00.000	2012-12-21 00:00:00.000	12/27/2012	3	Terrebonne General Medical Center	O	System Process Error (NCC)
C00720640	Concurrent Review	E	Acute	2012-11-21 12:00:00.000	2012-11-21 00:00:00.000	12/05/2012	8	***, Thierry	O	System Process Error (NCC)
C00769371	Concurrent Review	E	Acute	2013-01-04 00:00:00.000	2012-12-24 00:00:00.000	12/28/2012	3	***, Samuel K.	O	missed TAT

Auth ID	Type of Service	Type of Care Category (Standard or Expedited)	Received Date	Status Date	TAT Calendar	TAT Business	Comment
103274359	OTHER	Expedited	2012-11-08 00:00:00.000	2012-11-12 11:18:09.423		4	Missed TAT
C00763339	OTHER	Expedited	2012-12-20 00:00:00.000	2012-12-24 11:24:52.520		4	Missed TAT
103376079	THERAPY	Standard	2012-12-21 00:00:00.000	2013-01-24		21	Fax Server Down

