



Louisiana Department of Health and Hospitals
BAYOU HEALTH Informational Bulletin 12-27
June 29, 2012; Revised July 2, 2012

Issue: Bayou Health Provider Issue Escalation and Resolution

The Bayou Health Plan Contract requirements relative to Provider Services are located in Section 10 of the Prepaid Health Plan Contracts and Section 9 of the Shared Savings Plan Contracts. Each Bayou Health Plan is required to *“operate a toll-free telephone line to respond to provider questions, comments and inquiries. The provider access component of the toll-free telephone line must be staffed between the hours of 7am - 7pm Central Time Monday through Friday to respond to provider questions in all areas, including provider complaints and regarding provider responsibilities.”*

In addition, the Contracts require that each Health Plan maintain a **Provider Complaint System** for in-network and out-of-network providers to dispute the Health Plan’s policies, procedures, or any aspect of the Plan’s administrative functions. As part of the Provider Complaint system, the Health Plan is required to *“have dedicated provider relations staff for providers to contact via telephone, electronic mail, surface mail, and in person to ask questions, file a provider complaint and resolve problems, to identify a staff person specifically designated to receive and process provider complaints, and ensure that a Plan executive with the authority to require corrective action are involved in the provider complaint process as necessary.”*

Each Bayou Health Plan has provided a synopsis of their established processes for addressing and escalating provider questions, comments, inquiries, and complaints. **DHH strongly recommends that providers document the name of the Plan representative(s) with whom they speak or communicate via e-mail along with the time and date and provide that information as issues are escalated.**

Note that if e-mailing protected health information to the Health Plan (or DHH), providers should use **secure e-mail**.

Bayou Health Plans are required to submit a monthly report of all provider complaints to DHH including the issue in the complaint. These reports will be closely monitored by DHH for trends and matters that may require corrective action by the Health Plan.

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|---|---|--|---|--|--|--|
| Phone/ Questions/ Comments/ Inquiries | 1-800-454-3730 | 1-855-CHS-LA4U (1-855-247-5248) | (888) 922-0007 | 1-866-595-8133 | 866-675-1607 | 1-800-473-2783 1-225-924-5040 |
| Contact Info - Questions, File a Complaint, & Resolve Problems | 1-800-454-3730 or 504-834-1271 | 1-855-CHS-LA4U (1-855-247-5248) | Haley Smith (225) 300-9216 | 1-866-595-8133 | 866-675-1607 | 1-800-473-2783 1-225-924-5040 |
| | laprovidercomp@amerigroup.com | support@chsamerica.com | Haley.Smith@lacarelouisiana.com | pbouzari@centene.com | deborah_tillman@uhc.com | |
| | Mailing & Physical: Amerigroup Louisiana Lakeway II Building, Suite 600 3850 N. Causeway Blvd Metairie, LA 70002 | Mailing & Physical: CHS-LA 5145 Bluebonnet Blvd, Ste. B Baton Rouge, LA 70809 | Mailing: LaCare PO Box 83580 Baton Rouge, LA 70884 Physical: LaCare 10000 Perkins Rowe Block G, 4 th Floor Baton Rouge, LA 70810 | Mailing & Physical: Louisiana Healthcare Connections 8585 Archives Ave, Ste 310 Baton Rouge, LA 70809 | Mailing: United Healthcare PO Box 31364 Salt Lake City, UT 84131 Physical: United Healthcare 3838 N. Causeway Blvd, Ste 3225 Metairie, LA 70002 | Mailing: Molina Medicaid Solutions PO Box 91024 Baton Rouge, LA 70821 Physical: Molina Medicaid Solutions 8591 United Plaza Blvd, Suite 300 Baton Rouge, LA 70809 |
| Second Level | Gina Waild or Nick Daigle laprovidercomp@amerigroup.com | Suzanne Toon, Provider Services Supervisor stoon@premieradministrativesolutions.com Diane Braccili, Provider Services Director dbraccili@premieradministrativesolutions.com | Haley Smith Haley.Smith@lacarelouisiana.com | Peggy Bouzari, Manager, Contracting and Provider Relations pbouzari@centene.com | Deborah Tillman, Director of Network Strategy deborah_tillman@uhc.com | Anita Gregoire Provider Services Supervisor Anita.gregoire@molinahealthcare.com |
| Executive Level | Sonya Nelson, COO sonya.nelson@amerigroup.com | Julia Kenny, Executive Director jkenny@chsamerica.com | Melissa Bezet melissa.bezet@lacarelouisiana.com | Randall Guillory, VP of Network Development and Contracting rguillory@centene.com Kevin Campbell, VP of Operations kecampbell@centene.com | Suzanne Pierce, Chief Operating Officer Suzanne.pierce@uhc.com | Mary Lieux Provider Services Manager Mary.Lieux@MolinaHealthCare.Com |