

# Provider Complaint & Appeal Summary Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162934  
 Health Plan Name: LaCare  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20120901  
 Report Period End Date: 20120930

Document ID: PI182  
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	1	0
% Upheld	0	0
% Overturned	100	0
% Withdrawn	0	0

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>	
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial			
Sep-2012	Received this Month	607	491		1		6	1	108			3	3				
	Total Closed this Month	556	444		1		2		109	3	0	1	1		0	0	
	Withdrawn by Provider																
	Per Internal Plan Action/Decision	555	443		1		2		109	3	0	1	1		0	0	
	Per Independent Arbitration																
	Per DHH Review																
	Other (Review determined not a complaint)	1	1														
	Total Pending (cumulative as of month end)	115	106				5	1	3	0	0	2	2		0	0	
	Information needed from Provider																
	Internal Plan Review	112	103				5	1	3	0	0	2	2		0	0	
	Independent Arbitration																
	DHH Review																
Other (Review determined not a complaint)	3	3							3	0							
2012 Year to Date (YTD)	Total Complaints Received YTD	3296	2850	15	10	1	37	21	362			11	11				
	Total Closed YTD	3181	2744	15	10	1	32	20	359	128	10	9	9		0	0	
	Withdrawn by Provider																
	Per Internal Plan Decision/Correction	3180	2743	15	10	1	32	20	359	127	10	9	9		0	0	
	Per Independent Arbitration																
	Per DHH Decision																
Other (Review determined not a complaint)	1	1							1	0							

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: LaCare  
 Reporting Period: SEP-2012

Status Category Codes	
Pending	Closed
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision
P3-Per Independent Arbitration	C3-Per Independent Arbitration
P4-Referred to DHH	C4-Per DHH Review
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
20120723	shirl	DUTHU, ANGELA S.	Claims / Payments	Claim processed	20120906	45	C2
20120723	chris	DIABETES MANAGEMENT AND SUPPLIES	Other	Claim reprocessed	20120906	45	C2
20120725	Provider Correspondence	MORGAN, CARA M.	Claims / Payments	Claim reprocessed	20120906	43	C2
20120820	Sherry	SLIDELL MEMORIAL HOSPITAL AND MEDICAL CENTER	Claims / Payments	Wrong subject selected/Should be inquiry		42	P2
20120821	tanya	LORIO, WILLIAM A.	Claims / Payments	Wrong subject selected/Should be inquiry		41	P2
20120821	Dody	EA CONWAY MEDICAL CENTER	Claims / Payments	Wrong subject selected/Should be inquiry		41	P2
20120824	David	GRAU, VALERIE A.	Claims / Payments	Wrong subject selected/Should be inquiry	20120924	31	C2