

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 7/1/2012
 Report Period End Date: 7/31/2012

BAYOU HEALTH Reporting

Document ID: P1182
 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		
% Upheld		
% Overturned		
% Withdrawn		

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²	
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial			
Jul-2012	Received this Month	59	17	1	4				37								
	Total Closed this Month	29							29								
	Withdrawn by Provider																
	Per Internal Plan Action/Decision																
	Per Independent Arbitration																
	Per DHH Review																
	Other																
	Total Pending (cumulative as of month end)																
	Information needed from Provider																
	Internal Plan Review																
	Independent Arbitration																
	DHH Review																
Other																	
2012 Year to Date (YTD)	Total Complaints Received YTD																
	Total Closed YTD																
	Withdrawn by Provider																
	Per Internal Plan Decision/Correction																
	Per Independent Arbitration																
	Per DHH Decision																
Other																	

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

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

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

Health Plan Name: Louisiana Healthcare Connections
Reporting Period: 07/1/2012 to 07/31/2012

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P4-Referred to DHH P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C4-Per DHH Review 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
5/22/2012	Noel ***	Bienville Dialysis/Metropolitan Dialysis	Q4081-epogen not being reimbursed, prev reimbursed legacy Medicaid	5-24-12 presented to DHH, 7-1-12 change not complete, 7-16-12 config change complete, claims project -22-75 submitted,7-23-12 claims pulled, spreadsheet scrubbed, 7-27-12 project started, 7-3-12 project in CAF level 2 approval, 8-6-12 project in corp interest level review status	N/A-open		P2
6/1/2012	Baton Rouge General Physician Group	Baton Rouge General Physician Group	Issues with pt's being linked with correct pcp.	providers and correctly link the patients. Spreadsheet with claims that were denied forwarded to CIA rep for the region.			P2
6/1/2012	Angela *** / Mike	Carepoint Partners	Provider contracted as IV home infusion & DME (administer IV drugs) Clamis denied. Provider load as IV Home infusion causing claims to deny	Contracting indicated Provider should be loaded as IV Home infusion and is correctly loaded. Original contract listed both entities. Provided to PDM copy of original contract, both entities selected. Waiting Provider load correction, next step claims eval for pmt	N/A-open		P2
6/1/2012	Specialty Wheelchairs	Specialty Wheelchairs	Provider wanted claims to be processed using the reimbursement formulary that Legacy Medicaid used.	I reviewed documents with Rhonda R. she advised me that although traditional Medicaid processed this providers claims using that configuration, Louisiana Healthcare Connections processes DME codes that were not assigned a fee schedule at 70% of billed charges.	7/24/2012		P4, D2
6/22/2012	Dina ***	Ochsner Medical Center West Bank	72 hrs to respond to initial clinical review. We have waited as long as 96 hours for response on clinical faxed.	Our Director of Medical Management Jeff Marvel called Dina and talked to her about our timelines. Also we prepared an official response to DHH on the issue and emailed it to Ruth *** on 7-24-12.	7/22/2012	21	C2
6/27/2012	Angela ***	Christus Coushatta Rural Health Clinic	Providers are listed as NonPar should be Par	Gavin Chico is still Nonpar. Dr. Satheesh Suddala is still Nonpar. Robin Woods, NP and Pam Gates, NP			P2

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
6/27/2012	Deborah ***	Pulmonology Associates	Claims incorrectly processing.	1 claim resolved provider Non Par @ DOS, remaining claims involved in claims project started 7/27/12	N/A-open		P2
6/27/2012	Kristal ***	Women's Health Center	Working with K. Doucote regarding claim denials for Bull.12-4	placed on share point. Claim project start with Dawn, Configuration issue; awaiting update.			P2
7/1/2012	Cardiovascular Institue of the South	Cardiovascular Institue of the South	check # 000055109 was sent to the wrong address. The check was issued on 05/02/2012 paying multiple patient claims. They never received this check so a W-9 was faxed to LHC and was told by Mayanna that the check would be reissued.	supervisor, Valerie Cavalier, and someone would get back to her on this issue. To date I am still trying to trace the missing check. There is an email trail Between Valerie Cavalier and Karen			P2
7/1/2012	Leslie *** via DHH	Complete Home Health	Provider was being paid as non par.	PDM updated par status. Claims are being paid at current %.	7/8/2012		P2
7/2/2012	Jennifer ***	Advanced Clinical Consultants	Claims incorrectly processing as per Provider. Home visits denied improper place of service	Provider PAR: Portico, Amisys,CRM. Single source specialty PCP-NP. Claims previously adjusted to pay.022024 *** 051412. Issue may be billing place of service as 12 when it possibly should be 11. The CPT code 99349 directs this was a visit performed in the home. question to be presented to DHH to find out how they paid this CPT code and the POS.	N/A-open		P4
7/2/2012	Jill	Bio Medical Applications of LA	No dialysis payments since February	The configuration for Epogen code Q4081 was complete on Friday, 7/13/12 and a claims project will be completed to have all claims reprocessed for payment. Wei spoke with Jill this morning and notified her she should see payment for Q4081 coming in the next 30 days or so.	7/13/2012	11	C2
7/2/2012	Connie ***	Rapides Regional Physician Group	Providers are listed as NonPar should be Par	Dr. Rashonda Dean – 1851581318, Dr. Jaime Middleton- 1063616647, Dr. David Spence - 1588669956	7/20/2012	18	C2
7/2/2012	Shelley ***	Reeves Memorial Medical Center	Hospital and Provider are NonPar should be Par	Tax ID ***, Clinic NPI 1669431874, Hospital NPI 1023018835. Discovered was missingcomplete CAQH Application . Submitted to PDM on 7/26/2012. As of 8/13 still not par	8/15/2012		P2
7/3/2012	Jimmie ***, NP	Family NP Healthcare	NPI and Tax ID are transposed in our system	Jimmie Ross NPI 1649577982 Group, NPI 1154605681 Individual , TIN ***	7/27/2012	24	C2

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
7/5/2012	Stacia ***	Cornerstone Pediatrics	Two providers are listed as Nonpar and should be Par.	Brett Rodriguez M.D. NPI- 1760463392, Leslie McAlpin NP NPI- 1891073086. Submitted to PDM	8/17/2012		P2
7/9/2012	***	Dr. Brondyn Holliday	Unable to submit claims through clearinghouse Emdeon. The clearinghouse does not have the correct NPI.	Are submitting claims via our website.	7/20/2012	11	C1
7/9/2012	Barbara	Shreveport Family Medicine	Provider stated that we are not paying her claims. Research shows we have paid all claims. I did a sight visit and discovered the provider thinks we are another Bayou Health Plan.	Provider had all questions answered.	7/20/2012	11	C1
7/10/2012	Tracy ***	Dr Williams Holmes	Tracy stated had incorrect primary address and tel number for Dr. William Holmes. Members calling incorrect location.	Received W9 and letter on letterhead with correct info. Sent to chelsea for change.	7/27/2012	17	C5-Other
7/10/2012	Representative Johnson	Dr. Herndon Jeansonne	<p>Current Issues:</p> <p>1. When billing EDI they are using a non-supported or accepted clearing house to submit claims to LHC through McKesson. We can accept their claims if McKesson submits them through one of the contracted clearing houses (Emdeon, Gateway, Availity and Capario)</p> <p>2. Because the claims are hit or miss at being received by LHC through an unsupported clearing house the claims data is coming in with missing service information for the RHC clinics (CottonPort, Mansura, Simmesport):</p> <p>☒ All of the RHC clinics (COTTONPORT FAMILY CLINIC, MANSURA FAMILY CLINIC, SIMMESPORT FAMILY CLINIC) must bill using both the E/M and other CPT services codes performing in ADDITION to the T1015 encounter code:</p> <p>☒ We took a look at a sampling of their claims and as of 6-26-12 (Cottonport, Mansura, and Simmesport) are denying b/c the claims are being received EDI with missing information making it look like they are not billing correctly. The claims are coming in with only the T1015 code.</p> <p>☒ Bolton Family Clinic and Chaudhry, Riaz MD - Chaudhry Clinic won't be paid encounter rates. They will only be paid FFS and are not of issue here as communicated to me by Heath.</p>	<p>necessary so service times on the claims prior to our receiving. As they worked on getting that issue fixed we issued an interim payment to the provider in that amount of \$50K.</p> <p>The issues have now been resolved with their vendor and the claims have been resubmitted with the missing info for processing.</p> <p>a. He indicates they sent us a test electronic claim on May 7 and at that time it seemed everything was fine. No LHC action required</p> <p>b. They began transmitting EDI claims to us through McKesson clearing house June 1. Initially claims came through ok but only paid a portion of their encounter rates. No information will not transmit correctly the only option is to have McKesson bill through one of the approved clearing houses above, No LHC action required</p> <p>c. Recently Heath has identified we are not receiving the service CPT codes in addition to the T1015 encounter codes although they are entering them on their end. No LHC action required</p> <p>d. He indicates their encounter rates changed effective 7-1-12. No LHC action required.</p> <p>e. I've asked him to email me their new encounter rate letters to ensure we have the most current info. Waiting on receipt by Heath</p> <p>f. I will have a claims report run for the 3 clinics above of all claims from 4-1-12 to current to identify either denials or those paying less than the encounter rates for reprocessing. On hold until the EDI issue is resolved as we will not have received all claims and those we have were missing data.</p> <p>g. I will verify we can accept McKesson clearing house claims as he says our Portal takes too long to data enter into and they don't want to use it. No information will not transmit correctly the only option is to have McKesson bill through one of the approved clearing houses above.</p> <p>h. I will email the congressman's office to let them know we are working on this with Heath to investigate the issues to resolution. Completed 7-10-12</p>	7/31/2012	21	C1/C2

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
7/10/2012	Vadim Gelman, MD	Vadim Gelman, MD	<p>been paid.</p> <ul style="list-style-type: none"> • However, a substantially higher percentage of claims have been denied than in any of the other Bayou Health Plans. Furthermore, the denials appear arbitrary. When we call provider relations, no one there can explain why many of the claims have been denied. <ul style="list-style-type: none"> • In some instances, we have been asked for supporting documentation. When we send documentation, they ask for it again. • Contrary to Ms. Black's statement, it is not the adjusted amount that we are dissatisfied with, it is the outright denial of payment for services that were performed. <ul style="list-style-type: none"> • Furthermore, it is very difficult to appeal a claim, when the denial reason doesn't make sense. For example, if I bill for delivering a baby, and the plan denies it, what can I possibly show the appeal department that they don't already know. • The reason that I had contacted you in the first place was that the provider relations and the appeal process at LHC is not adequate. My staff spends more time dealing with this one company than all the other plans combined (public and private)." 	<p>contacted Michelle Gelman *** to re-communicate to her our findings on her most recent concerns. Michelle is out of the office until Friday so I've left a message for her to call me. In addition, we will schedule a visit to the provider's office to discuss in person their concerns and ensure they have a direct contact for future issues for a prompt and thorough response. We requested a report to be run of all denied claims over the last 2 months to potentially identify trends in denials to better determine the reason for the denials and requests for additional information mentioned above. Initial research of the report indicates there are 19 denied claims out of 309 total claims processed. Of the 19 the denials are broken down as follows:</p> <p>Denials Occurrences Potential Reason for such denial DENY: DUPLICATE CLAIM SERVICE 2 Claim submitted twice DENY: THIS SERVICE IS NOT COVERED 1 Billed for 59400, 3/5 CS: Per DHH "59400 is not on the fee schedule and was not reimbursed by the state in the past. Providers must bill the appropriate E&M CPT code w/ mod-TH for the antepartum care. They must also bill appropriate vaginal delivery, and postpartum care CPT codes. No global reimbursement for vaginal deliveries." DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED 2 Any Abortion claim must accompany this form Deny: svcs not eligible for Medicare Primary members 1 We do not allow for dual eligibles DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION 2 Any Abortion claim must accompany this form and must be completed thoroughly PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE 2 Procedure billed unbundled from global MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED 1 Invalid modifier used</p>	7/31/2012	21	C2
7/11/2012	Jackie ***	Husam Sukerek	<ul style="list-style-type: none"> • Provider is both an FQHC and a Pediatric GI specialist. • He completed his credentialing app indicating both taxonomy codes 1 for each specialty <ul style="list-style-type: none"> • We only picked up the Pediatrician cod • Therefore, his GI claims denied • In speaking with both Jackie and the billing folks in her office we found they bill both sets of services under 1 tin. <ul style="list-style-type: none"> • They bill the FQHC services under both his group NPI and individual as rendering • They bill his Pediatric/GI services under his individual NPI number only 	<p>We are currently working on an automated system fix for this issue in the meantime we have placed all of his claims in a manual queue to ensure proper processing. We also sent them an advance check for \$2000 on 8-3-12 while we put in place the manual process. All claims affected were reprocessed successfully.</p>	8/3/2012	23	C2
7/12/2012	David ***	Centene	<p>Dr. DeSonnier & Dr. Boyd given 7/1 effective date. Wasn't Par in Sys.</p>	<p>Submitted a PDM Ticket.</p>	8/8/2012	26	C2
7/12/2012	Daniele***	Dr. Atwi Pediatric Group of Acadiana, LLC	<p>A few checks we sent them were sent to the wrong address and not returned by the Post Office, she is wanting them reissued.</p>	<p>We reissued the checks and overnighted them to the group they received 7-27-12</p>	7/27/2012	15	C2
7/13/2012	Kenneth	Alexandria Cardiology-Dr. Kaimal	<p>Dr. Kaimal showing non par and A1 claim denials</p>	<p>Sent to PDM for par status update; then sent to claims for claims project.</p>	8/3/2012	20	C5-Other
7/13/2012	Margaret ***	David Raines Community Health Center	<p>FQHC rates are incorrect.</p>	<p>The rates were fixed with configuration</p>	7/27/2012		P2

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
7/13/2012	Barbara	Dr. Lesley Warshaw	Dr. Warshaw showing non par and A1 claim denials	Sent to PDM for par status update; now showing par. Claims project			P5
7/17/2012	Michelle ***	Le Blanc Eyecare	Issues with coverage for specific services through OPTICARE, getting PA	Worked with vendor Opticare to resolve PA requirement issue and reprocessed claims affected.	8/2/2012	16	C2
7/17/2012	Laurie ***	Pediatric Day Health	Claims denying for PA	PA put in place and claims reprocessed	7/27/2012	10	C2
7/18/2012	Jamie ***	LSUHSC-Shreveport	Had questions about preauths. Directed email from Peggy	Gave response same day	7/18/2012	1	C1
7/18/2012	Kevin ***	Riverside Hospital	RHC rate issue	Verified rates loaded correctly with the new DHH info claims affected being reprocessed	7/19/2012	1	C2
7/18/2012	Barbara/Marilyn	Springhill Medical Center	Currently nonpar status should be par status.	Sent to PDM and had corrected as of July 29th	7/29/2012		P2
7/18/2012	Suzannae	Urology Group	Said was turning pts away bc was showing non par	Reached pdm to update par status Submitted to PDVI to correct provider load, > 50	8/6/2012	18	C5-Other
7/20/2012	Tiiffany	Michael Hagman M.D.	Provider claims denied A1, Provider not completely loaded CRM/Amisys/Portico, fully executed contract	claim s, Contracting & PDM working to resolve issue	N/A-open		P2

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
7/20/2012	Cyndi ***	Advanced Medical Suppiies	Provider contracted as DME Provider, billed for E1220 wheelchair reimbursed @ 70% Provider indicates she should be reimbursed @ 80%	Verified contract to determined if special contracted reimbursement applies. Discussed with Provider policy in billing manual to clarify MP items reimbursed @ 70%, claim appropriately paid	7/20/2012	1	C2
7/20/2012	*** via DHH	Reddy Family Medical Clinic	Provider has multiple locations and was not receiving correct PPS rate for each location	System Configuration issue still being addressed; claims are being processed manually.	open		P2
7/23/2012	David ***	Centene	Start Clinic provider wasn't in Amisys	compleed a PDM Ticket			P2
7/24/2012	Chauncey ***	Centene	Dr. Nisar was not Par in the system; therefore, claims were denying	contracting sent an email to Mark Smith and provider was made PAR	7/25/2012	1	C1
7/24/2012	Danielle ***	Our Lady of the Lake	Overpayment issues due to patients not disclosing COB info at the time of service	Provided the process for recoupment/refunds	7/30/2012	6	C2
7/24/2012	Raychel ***	Pediatrix	Remittance being sent to Providers/Facility, Mgmt group correct payee	CRM issue, W9 Provived. As per PDM issue corrected	8/9/2012	16	C5-resolved
7/25/2012	Chelsea ***	James Domingue M.D.	Provider claims denied MH.	Provider spec: Neurologist, licensed by state board Neurology & Psychology. Provider load corrected PDM, claims resubmitted	7/30/2012	3	C5-resolved
7/25/2012	Celeste ***	Dr Dominique	Mental Health claims issues	Provider is Neurologist board certified by Neurology/Psychiatry, claims denied due to provider type being associated with MH benefits. Working on a system fix to then reprocess claims.			P2
7/25/2012	Tina	NorthShore Redi Med	Provider indicated A1 claim denial, researched found 1 of 3 Providers "Par" status,	Escalated issue PDM, 7-27-12 all Providers 'par"	7/30/2012	3	C5-resolved
7/25/2012	Rachel ***	Optimal Health Clinic	Out-Patient Clinic Inc *** He's a family practitioner in Baton Rouge, LA and has a large number of outstanding claims and denials right	Currently researching with credentialing, there was some outstanding info needed from the provider, not received still as of 8-15-12			P1
7/26/2012	Stephanie ***	Bijan Motaghedi	Multiple procedure code, claim denials	Multiple procedure code claim denials. Issue added to DHH agenda	N/A-open		P4
7/26/2012	Robert ***	Touro Infirmary	Provider indicated claim denials	J codes & non covered services. Recognized as system error waiting resolution	N/A-open		P4

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
7/27/2012	Karen / Tammy *** (ofc mgr)	Robert Kidd M.D.	Non Par Provider Urology consult, Non Par Facility, indicated claims denied A1	Non Par Provider data (Name or TaxId)not available CRM, or Amisys-unable to process claim. System shows a letter was send to Provider 4/11/12 explaining this.Provider must be loaded in Amisys to process. Request x2 (7/31 & 8/8 phone & email) to ofc mgr to provide EOP, as well as claims liasion unable to locate copy of denied claim. Provider has not responded to request (claim #/EOP, 4-11-12-letter)	N/A-open		P1
7/27/2012	Elizabeth	Audiology Consultants	LHC is only paying \$10.36 for CPT Code 92587 (Infant hearing screening) and should pay 31.07, email initially sent to DHH. Claims xten would add modifier 26.	Received a letter from Elizabeth stating office owns technical component and Jeffrey Cutts would make an exceptin for this provider. Did receive letter and sent to Jeffrey for change.			P2-Internal Plan Review
7/27/2012	Kristina ***	BRG Physician Group	Claims denials, spreadsheet contains about \$10,000 in denial for CO39 that denied incorrectly. The patients were seen by a provider within the same group as the PCP on file with LHC.	System is being updated with the corrected provider info and then claims will be reprocessed.			P2
7/27/2012	Beth	Evangeline medical	Beth stated had incorrect billing address	Sent pdm W9 and letter on letterhead to show address change.	8/6/2012	9	C5-Other
7/27/2012	Sandra ***	Jefferson Community Health Care Center	Dr. Michele Kautzman credentialing info was sent 5/31 and effective date is 6/26 but was told the effective date should be 5/17 since that was the date info was sent. However form was dated 5/31/12	Checked with credentialing on date info was sent, verified was sent 5/31. Effective date 6/26	7/31/2012	3	C5-Other
7/30/2012	Teresa ***	AHS walk in clinic	Provider requested an inservice	Inservice scheduled and delivered	8/9/2012	10	C2
7/30/2012	Jenna	Bayou Pediatrics	denied claim	Non Par Provider indicated claim not paid,Provider data avail CRM however claim not rec'd/available to view. request EOP & claim number. Newborn, claim data not available under mother.			P1
7/30/2012	Olivia***	Hospital Drug Store	Claim denying for PA	Denial upheld until further info received by provider	8/8/2012	8	C2
7/30/2012	Lori	Open Imaging of the South	Billing address changed to POBox and updating par status.	Lori sent W9 and letter on letterhead to have billing address changed. Sent to PDM for update on par status			P5- sent to pdm

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
7/31/2012	Kerry	Jeff Davis Imaging	a free standing radiology facility. Stated was getting different answers on who to contract with for radiology. They perform ultrasounds, mammograms, ct , mri, etc.	Emailed Peggy, Adam, Kris asking about contract. Also reached out to Tracie Jones in contracting with NIA. Jeff Davis Imaging would need to contract with both LAHC and NIA. Currently under credentialing process with NIA. Reached out to Chelsea regarding credentialing with us to send forms.			P5-Other
7/31/2012	Cindy	rue De Sante Womens Center	Provider issue with # ultrasounds & PA	refer ot plan guidelines as well as legacy medicaid # ultrasounds allowed. Discussed PA req & justification for >2 ultrasounds	8/2/2012	2	C5
7/31/2012	Vitale Care Inc.	Vitale Care Inc.	Provider states they were told by J.P that they would be loaded so they could bill for infusion and DME.	Received provider spreadsheet which is currently being reviewed.			P2
7/17/212	Angela ***	Dr. Timm Office	Dr. performed services at Non-Par facility. But, he is not linked Amisys. claim denied - Invalid Place of Service.	Kris Mille sent email to Trisha in Farmington to get assistant to get claims paid. Cliams Liason set up a project. Awaiting feedback.			P2
ongoing	Terri ***	Childrens Hospital Anesthesia	Anesthesia Rounding Issue	rounding issue corrected in system, claims project created 022051 CAF level 2 approval to be corp reviewed			P2

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Louisiana Healthcare Connections
 Reporting Period: 7/1/2012 to 7/31/2012

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
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.