Provider Complaint & Appeal Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 8/1/2012
Report Period End Date: 8/31/2012

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		
% 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% Withdrawn		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		
Aug-2012	**Received this Month**	27	9				14		4							
	Total Closed this Month	20								4	16					
	Withdrawn by Provider															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	Withdrawn by Provider															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															

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

[2]You 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.

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
7/2/2012	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.			P4
7/16/2012	Kenneth *** - PER DHH	Alexandria Cardiology - Dr. Parameswara Kaimal	Kenneth *** manager Alexandria cardiology clinic. We have an issue with La. Healthcare Conn. Dr. Parameswara Kaimal is not showing up on there web site as being in network. I	Per CRM and Portico the provider in question is showing as a participating provider with an effective date of 02/01/2012. Per Louisiana Healthcare Connect Claims Liaison all claims to date have been adjudicated according to the providers contract.	8/23/2012	38	C2
8/17/2012	Thomas ***	Amelia Ray	Wants patients assigned.	***, NPI 1912138280			P2
8/30/2012	Beth ***	Arcadian Ambulance	They are having an issue with hospital to hospital transfer non-emergent being denied for prior auth.	We are currently researching the issue			P2

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7/27/2012	Elizabeth	Audiology Consultants	We have the scenario of contracted providers operating "within" hospitals statewide where space is rented and their own equipment is used to perform services. This particular provider should be paid globally without any further requirements. Kris sent an email to Robert Miromonti at corporate directing him of this. Awaiting his response. Previously we'd received a response from corp saying DHH needed to contract with the provider to allow the technical reimbursement. Will continue to f/u so I can respond to DHH with final outcome. I did provide them with an interim response on 8-27-12: BACKGROUND: • Audiology Consultants of Louisiana, Inc. is contracted to perform hearing screenings for infants at three separate hospitals – two in Alexandria and one in Lake Charles. • The company bills two different CPT codes for these tests – 92586 and 92587. ISSUE: • Louisiana Healthcare Connections is paying appropriately on 92586 ($48.80), and paying under fee schedule on 92587 ($10.36). • Upon receipt of 92587 the Louisiana Healthcare Connections Claims Audit system is placing a 26 (professional component modifier) on that line to allow it to pay at that lower level. The claims logic as it stands does not allow payment without a modifier for this provider type. • Typically this provider type will utilize the equipment in a hospital or other facility, not bring in their own equipment.	SUMMARY OF FINDINGS for 92587: • This edit applies equally to all Medicaid providers who have the same provider type/specialty as the Audiology Consultant of Louisiana, Inc. • All Medicaid providers are subject to the coding rule standards founded by the Centers of Medicare and Medicaid Services (CMS). Our system is set based on these rules. • The CMS missing modifier rule states "that certain procedures, when performed in certain settings, require the billing of a professional component modifier (26 modifier)". • Procedures with a professional component/technical component indicator of 1 or 6 in the National Physician Fee Schedule Relative Field are subject to this rule, 92587 has this indicator. • The system is adding the 26 modifier to these claims in order to pay the provider what CMS states is reimbursable. • Without the 26 modifier, the provider's claims would be completely denied and no payment would be made at all because, based on CMS logic, the claim is actually billed incorrectly. • Based upon CMS logic, the hospital where services are rendered is expected to provide the equipment and, therefore, bill and get paid for the technical component. Resolution: We have researched and determined there are no duplicate billings for technical between the hospital and the provider. We are in the process of determining whether it is necessary to make an internal exception to allow this provider to bill for these services and be allowed.			P2
8/17/2012	Karen ***	Baton Rouge General Physician Group	Issues with pt's being linked with correct pcp.	We are currently working with PDM to load the providers and correctly link the patients. Spreadsheet with claims that were denied forwarded to claims liaison, claims are being re-processed.	8/3/2012	14	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
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			P2

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7/26/2012	Stephanie ***	Bijan Motaghedi	Multiple procedure code, claim denials	Multiple procedure code claim denials. Issue added to DHH agenda			P4
7/1/2012	Cardiovascular Institute of the South	Cardiovascular Institute of the South	CK # 0000033169 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. Provider called LHC today to get an update on the reissue of this check and spoke to Corrinne. She stated that she had no record of the check being reissued.	Provider was told that the rep would get with her 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 Dierking where Karen sent instructions on who to contact to do research on such issues. This info was sent late Friday evening. I also sent info to Peggy as she was overseeing this issue. Waiting for her to return 8/14/12 before proceeding with the instructions included in the email.			P2
6/1/2012	Angela ***/ Mike	Carepoint Partners	Provider contracted as IV home infusion & DME (administer IV drugs) Claims 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			P2
7/23/2012	David ***	Centene	Start Clinic provider wasn't in Amisys	completed a PDM Ticket			P2
7/1/2012	Terri ***	Children's Hospital Anesthesia	Anesthesia Rounding Issue	Rounding issue corrected in system, claims project created 022051 CAF level 2 approval to be corp reviewed			P2
6/27/2012	Angela ***/ Mike	Christus Coushatta Rural Health Clinic	Providers are listed as NonPar should be Par	Gavin Chico (NPI 1740261650, TIN *** and TIN ***) is still Nonpar. Dr. Satheesh Suddala (NPI 1871784744, TIN ***) is still Nonpar. Robin Woods, NP (NPI 1194746818, TIN ***) and Pam Gates, NP (NPI 1619958535, TIN ***)	8/13/2012	47	C2
8/17/2012	Renee via DHH	Christus St. Patrick	A DHH compliant: to contact Renee at 337 430-4496 information on the following j codes: J7040, J1100, J2405, J7060, J9190, J0640, if needing prior auth.	Made many attempts by leaving messages and speaking to Renee regarding this issue. She stated wasn't aware of this issue. Also sent out an email with Jcodes to coworkers and no one knew who sent info. Asked my contact if anything else came up. Said has no issues with us.	8/20/2012	3	C5

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8/7/2012	Angela via DHH	Connie Alix via DHH	This is a member complaint sent through a secure email from DHH, I spoke to Alesia about it and she forwarded the issue on to Special Investigations Unit at the corporate office for review and investigation. "Client called today. She suspects someone has accessed her Medicaid and SNAP records. She would also like Medicaid claims to be reviewed to determine if someone used her or her children's card fraudulently. She hopes we have some system in place that can identify employees accessing her records to help determine why or how someone could report a provider change to Bayou Health. She is also concerned that a provider could have accessed her records and provided information to another party for no business reason. SS# for her children is *** and ***. Client stated she considered help through Legal Aid and or a private investigator, and wants to know if can investigate free of charge."	Awaiting response from Corporate Special Investigations Unit. Send status request to Alesia, awaiting response. I've not heard back status but let DHH know that unit would handle from here.			P2
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	22	C2
8/1/2012	Julie ***	DeSoto Family Medicine	Benjamin Leggio is Nonpar. PDM is stating he was dropped for not responding. Julie had responded and sent all emails to me	Benjamin Leggio TIN ***/752926146 NPI 1851370332	8/18/2012	17	C2
8/8/2012	***	Dr Andrews	Indicates he has the Kidmed (EPSDT) program in my office for 8 years since I opened my practice in Bastrop, Louisiana. Our RN has recently turned in her resignation and last day will be August 29th. This program is NOT profitable in my office, I pay RN salary with full time benefits and we have averaged maybe 4-5 patients per day due to no shows in my office. I would like to know if: a) I am obligated to continue this program in house and hire another RN to continue the service, b) can I outsource this program so that the patients could get their screenings and shots at another office, but I can remain their primary care physician; c) can I just stop providing the shots in-house and send patients to the health department (like I take my children when shots are needed). I could continue the well visits in my office, and if so, what are your requirements for each well visit?	We contacted the provider to let him know if he wishes to continue to be an EPSDT par provider he will need to continue to provide such services. Otherwise disenroll in the program.	8/31/2012	23	C2
8/22/2012	***	Dr Sibley	99173 denying when billed with E/M as being included in E/M.	Spoke to DHH about this in our meeting with them on 9-13-12, awaiting their decision. Visited him last month and have Brandi working with his staff on specific claims issues and continue to f/u to ensure will be completed as needed.			P4

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6/26/2012	Husam ***	Dr. Husam Sukerek	Provider is a Specialist as well as a RHC provider. System has denied claims based on Incorrect location	Have created a claims project.	8/12/2012	48	C2
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
7/17/212	Angela ***/ Mike	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. Claims Liaison set up a project. Awaiting feedback.			P2
8/23/2012	Michele *** via DHH	Dr. Vadim Gelman	*** DOB:*** Medicaid #*** Control #L135LAE02750 denied reason HQ I sent it a letter with all supporting documents on 05/24/2012 for reconsideration of payment. 06/07/2012: Denied on EOB 06/06/2012 so added missing information and resubmitted HCFA. 06/08/2012: Kara sent me an email telling me what was missing and to resubmit. I told her I already did the day before. 06/25/2012: Denied AGAIN on EOB dated 06/20/2012 with NV and ZWNV. Claim Issue #2 *** DOB:*** Medicaid # *** Control #L115LAE06714 denied reason JU ya. This was previously paid and now being taken back. Claim Issue #3 *** DOB: *** Medicaid #*** Control #L220LA001230 This claim denied because of DD.	**Claim Issue 1**-*** - Working with Dawn (claims liaison) Requested to send HCFA and consent form with all fields populated. Sent to Mail center. **Claim Issue 2**- *** Claim (original claim)-L122LAE06714 denied the office visit 99215 because they also billed a procedure that was performed by the physician also 51729. This code was paid in the amount of $226.99. **Claim issue#3**-Working with Dawn(claims liaison) Requested to send HCFA and consent form, was received and send to Mail center once receive claim numbers asking claims to process as priority			P2
8/2/2012	Elija ***	Elija Jenkins (Regional Health Group) Via DHH	Provider stated "We billed Claims for Patient *** through Emdeon on the following dates and for the following amounts. When I called LA Healthcare Connections to question them in regards to why we have not been paid for any of these claims they stated that they would forward the claim to their IT department. They could only acknowledge that they have received the claim and that they were currently under review. They could not give any reason as to why we have not been paid for the claims other than that they would forward the issue to their IT department. "	DOS 04/01/12 - 04/30/12 claim# L174LAE04533 is on file - Auth# OP0018582549 DOS 06/01/12 - 06/23/12 claim# L184LAE01313 is on file - Auth# OP0020424127 DOS 06/24/12 - 06/30/12 claim# L195LAE04005 is on file - Auth# OP0020424127 DOS 07/01/12 - 07/14/12 claim# L195LAE04008 is on file - Auth# OP0020424127 They will need to be manually processed, forwarding to the claims liaison for processing. As for DOS 07/08/12 - 07/14/12 & DOS 07/15/12 - 07/21/12 according to the claim detail you sent this morning, Emdeon received and accepted those claims, however; they were not successfully transmitted to Louisiana Healthcare Connections. Please see the 'Claim Status History'; you will need to contact Emdeon for further instructions. I am sending the copy of your credentialing documents to have your address corrected and get those checks sent to the Jack Miller address reissued.	8/11/2012	9	C2

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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
8/4/2012	Nikki	Joseph Nida, from Family Medicine Assoc of Minden	Need to add two providers. Has Billing questions. Claim project has been created	TIN ***/ NPI 1942273776	8/21/2012	17	C2
8/8/2012	Melanie ***	LSUHSC	I need HELP!!! We received a payment dated 8.1.2012 ; check/EFT #0900003476 in the amount $26,141.49. The EOB/ERA contains payments with PCN # s that are not invoice numbers within our billing system; but, these are our claims submitted from our system. An example is below. Secondly, the PCN #s that match have the correct PCN/Invoice numbers are all ZERO pays. Third, the payment is $26,141.49; however, the EOB is off by $399.39. Can you please have this researched, correct, and reissued?		8/17/2012	9	C2
7/11/2012	Donna ***	Medcare of Ascension	We have continually updated the provider on our research and progress. Contacted her last on 9-12-12 to let her know we have this code discussion on the list for discussion with DHH. Sent response to DHH 8-17-12.	Met with DHH on this 9-13-12, they are researching the historical background and will get back to us. Apparently there is a set up issue with Molina they are researching. Background: - This code A6020 has been an invalid HCPCS code for over 4 years. The replacement code A6021 went into place effective 1-1-2009. - The rates that we received for that code from the state indicate a payment of about 1/2 of the previously used invalid code. - Provider received authorization for services Issue: Therefore, we now have 2 issues we are working internally to resolve: 1. Our system does not recognize invalid codes via our automated claims processing 2. Since the reimbursement for the proper code is 1/2 the reimbursement of the terminated invalid code we are verifying with DHH this is the correct rate. Resolution: Upon verification by DHH the proper code has the proper reimbursement provider will be required to bill with the proper code We will then look at authorization for same services under new code needs moving in the system under the new code in order to process the applicable claims correctly			P4
8/2/2012	Myra ***	Medical Center Anesthesiologist	Provider not Par	Tax ID ***			P2

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7/20/2012	Tiffany	Michael Hagman M.D.	Provider claims denied A1, Provider not completely loaded CRM/Amisys/Portico, fully executed contract	Submitted to PDM to correct provider load, > 50 claims, Contracting & PDM working to resolve issue			P2
8/7/2012	Valerie	Natchitoches Urgent Care Clinic	New Provider Outreach.	NPI: 1053635987 TIN ***	8/17/2012	10	C2
7/30/2012	Lori	Open Imaging of the South	Billing address changed to PO Box 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
7/25/2012	Rachel ***	Optimal Health Clinic	Adeboye Francis, MD 1972572089 with Optimal Health Out-Patient Clinic Inc. 1215076302 He's a family practitioner in Baton Rouge, LA and has a large number of outstanding claims and denials right now	Currently researching with credentialing, there was some outstanding info needed from the provider, not received still as of 8-15-12			P1
8/15/2012	Danielle ***	Pediatric Group of Acadiana (Dr Atwi) via DHH	Checks were all voided but never reissued.	Running a report to audit the entire history of claims payment. The provider sent in resubmissions as new claims during part of this process of stop pay and reissue. These claims were processed as original and were mixed in with those being reworked and created an offset issue. The audit should clearly assist in identifying what is left. We are in the process of working the audit. Will notify provider upon completion. I've been in daily contact with the provider on progress through Danielle at their office.			P2
8/1/2012	Elaine	Physical Therapy Inc.	Not listed as Par. Physical Therapy Inc. TX ID: *** NPI:1942667018	Physical Therapy Inc. TX ID: *** NPI:1942667018	8/18/2012	17	C2
8/1/2012		Ponchatrain Surgery Center	CLAIM #L185LA000753 MEMBER ID *** CPT CODE 42820 REJECTED AS A DUPLICATE AND WAS TOLD La health connections PAID DR. OCCHIPINTI 230.12 AND THE CHECK WAS CASHED, instead THE FACILITY WAS REIMBURSED 230.12 not DR. OCCHIPINTI TAX ID ***.	Once updated Pontchatrain surgery center in Amisys with P #, sent to claims adj deny. Received response that claim was adj but primary ins paid max allotted amt.			P2
8/10/2012	Pamela ***	Primary Health Service Center	Did Not receive a check from the following week. Now have Payspan but need two resent				P2
8/4/2012	Emma	Progressive Children's Clinic	Group has not had all information uploaded.	LLC Tax ID # *** NPI# 1942573589 Amanda Kampert and Dr Olabode Desalu	8/17/2012	13	C2

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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			P2
8/1/2012	Susan ***	Rapides	Received this email on 8-1-12 When I spoke with Shondrika at the doctor's office about this denial, she said that when she called La HealthCare Connections about the denial she was told that it really didn't matter because the case was falling within the 30 day grace period for startup for our area and the claim would be paid anyway. She told me she did not write down the name of the person she spoke with.	Researching the information with the provider. Provider was not part of the par pending pay at 100% while in credentialing group. Not in the area during the time of the dos to allow no auth for non-par. Waiting for more info from provider.			P1
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.			P2
7/2/2012	Shelley ***	Reeves Memorial Medical Center	Hospital and Provider are NonPar should be Par	Tax ID 72-***, Clinic NPI 1669431874, Hospital NPI***. Discovered was missing complete CAQH Application . Submitted to PDM on 7/26/2012 to make par.	8/15/2012	44	C2
8/16/2012	Elijah *** -PER DHH	Regional Home Health	Provider billed Claims for Patient *** through Emdeon on the following dates and for the following amounts. When he called LA Healthcare Connections to question them in regards to why we have not been paid for any of these claims they stated that they would forward the claim to their IT department. They could only acknowledge that they have received the claim and that they were currently under review. They could not give any reason as to why we have not been paid for the claims other then that they would forward the issue to their IT department. This call was made of 8-2-2012. When he called them back on 8-11-2012 they could not give him any additional information regarding the claim.	CAS-336108-D4M9Y9 has been created and sent to Claims to be adjusted. The providers address was updated, the adjustments were done and payments were issued for the services rendered. Claims that were reprocessed but processed at the wrong rates. They were resubmitted for correction on 9/6/12.			P2

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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 Tax ID)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 liaison unable to locate copy of denied claim. Provider has not responded to request (claim #/EOP, 4-11-12-letter)	8/20/2012	24	C1
8/8/2012	Carol	Ruston Lincoln Ambulance	Receiving denials for Emergency Transport sent to Melanie for a claims project on 8/17/2012	NPI 1114007663 TIN ***	8/17/2012	9	C2
8/14/2012	Barbara ***	Speech Therapy Unlimited Hallelujah	Wants to know status of therapist becoming Par.		8/18/2012	4	C2
8/20/2012	Spring ***	Teche Medical	Claims showing these codes 96374,96361,96376,96372,96365,96361 non covered.	Sent to Dawn and Rhonda, Rhonda stated a covered revenue code is billed with the codes so they would be paid based on CCR when the reconfiguration is complete. Claims project would need to get done once reconfiguration is complete.			P2
7/26/2012	Robert ***	Touro Infirmary	Provider indicated claim denials	J codes & non covered services. Recognized as system error waiting resolution			P4
8/7/2012	Ida	Union General Hospital	Not PAR in our System	NPI: 1063533933 TIN ***	8/17/2012	10	C2
7/31/2012	Vitale Care Inc.	Vitale Care Inc.		Received provider spreadsheet which is currently being reviewed.			P2
8/2/2012	Melissa	West Jefferson Medical Ctr	Melissa from West Jefferson Hospital stated numerous claims not getting paid due to no auths, non covered services that should be covered according to fee schedule, etc. She also asked about Lab code 36415 getting denied stating procedure is incidental to another procedure. Also is concerned with Injection therapy codes 96372-96376 being denied as non-covered. She is very concerned due to numerous claims denied.	Codes 96367;96368;96367;96523 are billed with a 260 rev. All four codes are denying 46-non-covered. these codes would be payable at the cost to charge ratio if billed with revenue 260 in location 22. Per Dawn once CR is approved, claims project will start.			P2
8/2/2012	Thomas ***	Willis Knighton Health System	Provider received a different P4P amount. Melanie researched and creating a project		8/15/2012	16	C2
7/27/2012	Kristal ***	Women's Health Center	Working with K. Doucote regarding claim denials for Bull.12-4	Placed on share point. Claim project started			P2

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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:
Reporting Period: MMM-YYYY

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

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