Provider Complaint & Appeal Summary Report

Health Plan ID:
Health Plan Name:
Health Plan Contact:
Contact Email:
Report Period Start Date:
Report Period End Date:

BAYOU HEALTH Reporting

Document ID: PI182
Document Name: **PROVIDER COMPLAINT & APPEAL SUMMARY REPORT**
Reporting Frequency: Monthly
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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% Withdrawn		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**	57	32		4		17		4							
	Total Closed this Month															
	Withdrawn by Provider															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	Withdrawn by Provider															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.**

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	Q4081-epogen not being reimbursed, pre reimbursed legacy Medicaid	Claims reprocessing in progress should hit 1023-12 check run			P2
6/1/2012	Angela *** / Mike	Carepoint Partners	Provider contracted as WeV home infusion & DME (administer WeV drugs) Claims denied. Provider load as WeV Home infusion causing claims to deny	Contracting indicated Provider should be loaded as WeV Home infusion and is correctly loaded. Original contract listed both entities. Provided to Credentialing copy of original contract, both entities selected. Waiting Provider load correction, next step claims eval for pmt			P2
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	9/16/2012	81	C2
7/1/2012	Cardiovascular Wenstitute of the South	Cardiovascular Wenstitute 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.	We are still researching			P2
7/1/2012	Terri ***	Children's Hospital Anesthesia	Anesthesia Rounding Wessue	rounding issue corrected in system, claims project created 022051 CAF level 2 approval to be corp reviewed			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 A. Hutchinson 051412. Wessue 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

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
7/11/2012	Donna ***	Medicare of Ascension (via DHH)	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.	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 Wessue: 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 Communicated to Donna and DHH response on plan of action. As stated one the earlier meetings with LHC and as noted in the RFP Section9.1.1. The CCN shall provide reimbursement for defined core benefits and services provided by an in-network provider. The CCN rate of reimbursement shall be no less than the published Medicaid fee-for-service rate in effect on date of service, unless DHH has granted an exception for a provider- initiated alternative payment arrangement s. Also, it was not possible to remove A6020 from the current fee schedule due to prior authorizations extending beyond July 1, 2012. Molina is no longer authorizing these services under the deleted code, but must honor all current prior authorizations through December 2012.	10/9/2012	60	C2
7/13/2012	Barbara	Dr. Lesley Warshaw	Dr. Warshaw showing non par and A1 claim denials	Sent to credentialing for par status update; now showing par. Claims project	8/16/2012	33	C2
7/16/2012	***	Alexandria Cardiology (Dr. Parameswara Kaimal) (via DHH)	Kenneth Kelone with Alexandria Cardiology contacted me because Dr. Kaimal is not listed on the LHC website as being a provider. Mr. Kelone's number is ***. He's the manager over there. However, he is listed on the Bayou Health website as a provider. Please see email below. Can you please assist Mr. Kelone in getting Dr. Kaimal listed on the LHC website as a provider. We searched this morning and couldn't find him.	According to our research, Dr. Parameswara Kaimal is in our system as a participating provider with an effective date of 02/01/2012. Dr. Parameswara Kaimal is also listed on the LouisianaHealthconnect.com website as a participating provider. We have let the provider know as well as DHH.	9/16/2012	61	C2
7/20/2012	Tiffany	Michael Hagman M.D.	Provider claims denied A1, Provider not completely loaded CRM/Amisys/Portico, fully executed contract	Submitted to Credentialing to correct provider load, > 50 claim s, Contracting & Credentialing working to resolve issue			P2
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
7/23/2012	David ***	Centene	Start Clinic provider wasn't in Amisys	completed a Credentialing Ticket			P2
7/25/2012	Rachel ***	Optimal Health Clinic	Adeboye Francis, MD *** with Optimal Health Out-Patient Clinic Wenc. *** 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

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
7/26/2012	Robert ***	Touro Wenfirmary	Provider indicated claim denials	J codes & non covered services. Recognized as system error waiting resolution			P4
7/26/2012	Robert ***	Touro Wenfirmary	Claim denials	J codes & non covered services recognized as system error, resolved running claim checks			P4
7/26/2012	Stephanie ***	Bijan Motaghedi	Multiple procedure code, claim denials	Multiple procedure code claim denials. Wessue added to DHH agenda			P4
7/27/2012	Elizabeth	Audiology Consultants	LHC is only paying $10.36 for CPT Code 92587 (Wenfant hearing screening) and should pay 31.07, email initially sent to DHH. Claims xten would add modifier 26. Provider stated owns equipment used to conduct procedure 92587.	Received a letter from Elizabeth stating office owns technical component and Jeffrey Cutts would make an exception for this provider. Jeff stated will test the system to see if update has been completed. Update Jeffrey Cutts stated need to have in contract can utilize equipment in hospital. Provider new claims are paying correctly and a claims project has been created to pay old claims.	10/9/2012	69	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	Lori	Open Wemaging 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 Credentialing for update on par status	9/16/2012	47	C2
7/31/2012	Kerry	Jeff Davis Wemaging	a free standing radiology facility. Stated was getting different answers on who to contract with for radiology. They perform ultrasounds, mammograms, CT , mri, etc.	Claims reprocessing complete DHH and Provider notified Provider responded very happy with results and our attempts to put in place fix			P5
7/31/2012	Vitale Care Wenc.	Vitale Care Wenc.	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.....The fix for WeV specialty under DME provider was fixed as global config update. .	9/30/2012	61	C2
7/31/2012	Vitale Care Wenc.	Vitale Care Wenc.	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
8/1/2012		Ponchatrain Surgery Center	CLAWeM #L185LA000753 MEMBER WeD 6103213247769 CPT CODE 42820 REJECTED AS A DUPLWeCATE AND WAS TOLD La health connections PAWeD DR. OCCHWePWeNTWe 230.12 AND THE CHECK WAS CASHED, instead THE FACWeLWeTY WAS REWeMBURSED 230.12 not DR. OCCHWePWeNTWe TAX WeD ***.	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.	9/16/2012	46	C2

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8/1/2012	Susan *** RN	Rapides	Received this email on 8-1-12 When We 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
8/2/2012	Melissa	West Jefferson Medical	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 Wenjection 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 get. Currently in reconfiguration.			P2
8/6/2012	Jolene	Occhipinti/Ponchatrain	CLAWeM #L185LA000753 MEMBER WeD 6103213247769 CPT CODE 42820 REJECTED AS A DUPLWeCATE AND WAS TOLD La health connections PAWeD DR. OCCHWePWeNTWe 230.12 AND THE CHECK WAS CASHED, instead THE FACWeLWeTY WAS REWeMBURSED 230.12 not DR. OCCHWePWeNTWe TAX WeD ***. C	Also stated may be a configuration issue. DHH update in that stand alone facilities bill with a 1500 instead of a UB. While in configuration, need to create a project to fix claims. Sent to Dawn to help to further research. Sent to claims adj for reprocessing. Pontchatrain P# in Amisys now correct.	9/20/2012	44	C2
8/6/2012	Leslie ***	Complete Home Health (via DHH)	Outstanding claims to be paid by the Bayou Health Plans, as well as the two specific medical cases you mentioned.	On 6/1- 6/15 14 days approved for 28 hrs. per day 6/16-6/30 14 days 28 hrs. per day 6/22 Dr Dawson Reviewed denied 56 hrs. but approved 28 hrs. Aug 9 message left no return call Aug 10 Message left no return call Discuss case with Laura –No appeal We are going to try again to reach out to the provider to ask to them to begin the appeal process -----	10/4/2012	60	C2

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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, We spoke to Alesia about it and she forwarded the issue on to Special Wenvestigations 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 Wenvestigations Unit. Send status request to Alesia, awaiting response. We've not heard back status but let DHH know that unit would handle from here.			P2
8/14/2012	Renee	Renee? (via DHH)	Renee called to request information on the following j codes: J7040, J1100, J2405, J7060, J9190, J0640. She needed to know if these Jcodes needed a prior authorization and We was unable to access this information for her, but referred her to contact the recipient's plan to find out that information. She said that she had contacted the recipient's plan and they referred her to my line at 1-800-437-9101. Renee can be reached at ***. Please have someone from LHC reach out to Renee and let me know once this matter has been resolved.	We spoke with Renee regarding J code issues and she wasn't familiar with this issue. She stated she would research and get back to me.	9/25/2012	41	C2
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. We've been in daily contact with the provider on progress through Danielle at their office.	10/1/2012	17	C2
8/16/2012	Charlette ***	Baton Rouge General Physicians Group	Provider has $50,000 in claims that need to paid. Tony was working this issue. Provider has requested LHC give them a list of PAR Provider within the 6 clinic and begin getting claims paid.	Reviewed list to determine if the provider that have outstanding claims are PAR in the system to submit claims project.			P2

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8/16/2012	Elija *** (via DHH)	Elija Jenkins (Regional Health Group)	We billed Claims for Patient Blakeleigh Latiolais through Emdeon on the following dates and for the following amounts. When We 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 WeT 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 WeT department. This call was made of 8-2-2012. When We called them back on 8-11-2012 they could not give me any additional information regarding the claim.	Completed responded to provider and DHH on 9-27-12 Claims are being reworked and will complete no later than 10-15-12.	10/4/2012	19	C2
8/16/2012	Elijah *** -PER DHH	Regional Home Health	We billed Claims for Patient *** through Emdeon on the following dates and for the following amounts. When We called LA Healthcare Connections to question them in regards to why we have not been paid for any of these claims they stated that	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 were resubmitted for reprocessing on 9/6/12	9/6/2012	29	C2
8/17/2012	Dawn ***	West Carroll Health System	This service is an outpatient service performed at our hospital (West Carroll Health Systems). According to the staff in Baton Rouge we should not require a authorization if the hospital was a network provider, which it should have been. Can you check on this for me? We am also attaching some other EOB denials. They all are for the same service and all contain the same denial code	Review the claims to determine if it was denied for proper code.			P2
8/20/2012	Sharon	Lafayette heart clinic	EOP's sent showing A1 denials, all providers showing par except, Dr. Brent Rochon and Dr. Mallavarapu showing non par. Numerous claims denied. Sharon stated all providers credentialing was sent together.	Sent to Credentialing for part status change however received following response.-Dr. Rochon NPWe 1700874443 - We am trying to locate his Cred information as we do not currently have record of his information being submitted in our Cred Tracking database Dr. Mallavarapu NPWe 1649273715 is in App not received status because his CAQH is not available. He has not been credentialed and cannot be made par until he is Credentialed. Stella Prejean was approved through committee on 08/10/12 and is in the queue to be made par. Dr. Update: Brent Rochon is being credentialed as a new provider, has been approved by committee, currently awaiting par date.			P2

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8/20/2012	Spring ***	Teche Medical	Claims showing these codes 96374,96361,96376,96372,96365,96361 non 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
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. Wessue resolved advised Provider how CPT addresses billing this code and if appropriate to correct the way they are billing.	9/25/2012	29	C2
8/23/2012	Michele *** (via DHH)	Dr. Vadim Gelman	Claim Wessue #1 *** DOB: *** Medicaid #*** Control #L135LAE02750 denied reason HQ We 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. We told her We already did the day before. 06/25/2012: Denied AGAWeN on EOB dated 06/20/2012 with NV and ZWNV. Claim Wessue #2 *** DOB: *** Medicaid #*** Control #L115LAE06714 denied reason JU ya. This was previously paid and now being taken back. Claim Wessue #3 *** DOB: *** Medicaid #*** Control #L220LA001230 This claim denied because of DD.	**Claim Wessue 1-***- Working with Dawn (claims liaison) Requested to send HCFA and consent form with all fields populated. Sent to Mail center. Claim Wessue 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 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**	10/4/2012	42	C2
8/23/2012		Slidell (via DHH)	Slidell Memorial Hospital has received payments for well babies at full medical per diem. They have submitted examples for review at the request of Kris Miller on 5/18. The provider received an email on 5/21 from Mr. Miller advising that LHC's system had been fixed and that the overpayments would be recouped. On 6/1 the overpayments were again discussed – discussion ended with LHC to provide update to the provider on 6/8. To date, the provider states that they have not received an update nor has there been a recoupment of the overpayments.	This fix is in place and in testing we will have an update on 10-16-12 as to results and if it is ready to go live once that occurs we will be recouping and Slidell amongst many will receive notices of such.			P2

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8/30/2012	Asbel ***	Arcadian Ambulance	Please take a look at this invoice. SCT – hospital to hospital – emergency. Louisiana Healthcare Connections denied for no auth. We talked to them this morning – they will not pay without an auth. We did point out that this was an emergency transport. They were adamant that the transport was hospital to hospital – requires an auth. We spoke to Ronnie to see how we might handle in the future – he advised to let you know how La Healthcare Connections is choosing to handle. Ronnie and We both agree that this invoice should be paid.	this issue required a system change we should be on track for completion on 10-16-12			P2
9/3/2012		N. Oaks Medical Center	Provider sent in via the complaint process: a. We would like to report issues we are having with our Observation claims as well as out Anesthesia claims. b. Observation Claims – All of our claims for observation are denying for authorization. We spoke with Jeff Marvel and clarified that an authorization is not required for observation less than 24 hours. We are non-participating but was told our status did not matter for observation claims. We was instructed to fill out a claim dispute form on every one of these denial issues and mail. We have received no responses except one which stated that the denial was upheld. We have plenty of examples if you need them. c. Anesthesia Claims-Our maternity related anesthesia claims are denying x8=Modifier invalid/not reported. Again We have plenty of examples of those claims as well. We also have filled out a claim dispute form and mailed these claims back for review as well. d. We am following the escalation process as noted on the Wenformational Bulletin 12-27 found on DHH's website and you are the Second Level contact.	Currently researching internally for non-par providers as to whether OP Observation auth's are waived like ER non-par. Wet is our belief no an auth is needed for Obs. Researching with provider to determine is this in the case of Obs via ER?			P2
9/5/2012		Minden Family Medicine	Provider only has one TWeN and two NPWe numbers. The TWeN and NPWe are linked to RHC. All claims for hospital admit and discharge are deny	working with Credentialing to have this issue fixed			P2
9/5/2012	Traci ***	Physician's Choice	Provider complained not being paid correctly on DME. UM at LHCC has stated she is being paid correctly.	Had Medical Management and PR Director talk with her. As of October 9th Provider Relations has reached out to Traci with no response. She has stated she will go to DHH	10/9/2012	34	C2
9/6/2012	?	Franklinton RHC (via DHH)	RMC/Franklinton Rural Health Clinic has submitted several outstanding issues which need attention. We have been assigned as the Program Monitor for your Plan and will be monitoring the resolution of all outstanding systems and claims issues. Wef possible, could you please provide me with a contact name/e-mail/phone number of the LHC representative you want me to contact with these type of claims questions? Thanks. Wessues: • Not paying for lab draw fee CPT 36415 • Not paying for infusion services, REV Code 260 • Paying visit rate incorrectly. Paying $131.10 instead of $159.57 (Clinic visit & EPSDT)	Franklinton Rural Health Clinic is an RHC and the rate currently loaded effective 6/7/12 is $154.07. Attached is the state notification on that rate change. Previous to 6/7/12 the rate was loaded as $159.57.	9/19/2012	13	C2
9/8/2012	Laura ***	WK Regional Perinatal Group	All ultrasounds are denied due to no auth	Working with UM and Claims to reprocess			P2

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9/11/2012	Deborah ***	E Cancer Care (via DHH)	Oncologics has six locations in Louisiana, under tax id number ***, providing Radiation Therapy to Bayou Health members. On 5/19/2012, Oncologics was purchased by my organization and the tax identification number and NPWe numbers changed. We submitted documentation for the change of ownership, beginning on 6/12/2012. We've worked with LHC staff who have done a wonderful job in attempted to escalate the loading of the documents through the process. LHC confirmed with his director (who never communicated with me) that the 5/19/2012 date would be honored; however, the documents still needed to go through the process. We are still holding claims from the change of ownership, which is causing a cash flow issue for our organization. We have the claims scheduled to be submitted this Friday (9/14); however, We have absolutely no feedback that we are even close to being loaded in your system.	Resolved checks went out	9/13/2012	2	C2
9/17/2012	Lady of the Sea General Hospital/Physician	Lady of the Sea General Hospital / Physician	Provider link and pay class affiliations, claims weren't being paid at the correct rates.	Spreadsheet provided from the provider was sent to Credentialing for auditing. Claims project is currently being worked to have all improperly adjudicated claims corrected.	10/8/2012	22	C2
9/20/2012	Mercedes ***	Michael Graham M.D.	maternity claims not paid	individual claims adj to pay, approval req timely filing override			P2
9/20/2012	Wayne ***	Pierremont Anesthesia/ South Shreveport/Regional Anesthesia	Need to be made par in System	Completed request on 10/10/12	10/10/2012	20	C2
9/24/2012	Dianne ***	Newborn Denial 507 (via DHH)	Ville Platte Medical Center provided services to a 13-day old newborn admitted into their PEDS's Unit *** , date of birth ***). The date of service is 6-26-2012. Upon verifying eligibility, the provider received information that the child was in "fee for service" as the Bayou Health Plan segment had not been added to the file. Based on this information, the provider requested and received a 2-day precert from Molina. However, upon submitting the claim to Molina, the provider received denial edit 507 (bill services to Bayou Health Plan) on 7-10-2012. The reason the claim denied is because the child's Bayou Health segment was placed on the file on 6-28-2012, an unfortunate timing issue, as the transaction was added after eligibility was verified and apparently before the claim adjudicated. Molina, even though they assigned a precert # based on the eligibility file at the time of verification, the child should have been enrolled in the mother's Plan for the month of birth. Based on Enrollment Rules for Newborns, payment of the claim is not Molina's responsibility.	Retro Auth being granted	10/12/2012	18	C2
9/24/2012	Franklinton RHC -	Franklinton RHC	Providers stated claims were not being adjudicated at the correct RHC rates.	Provider RHC rates configured correctly. All affected claims were reprocessed. Underpmts paid & overpmts recouped.	10/3/2012	11	C2

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9/24/2012	Lucile K. ***	Lucile K. Posey	Providers stated claims are denying as non par and no auth on file.	Providers credentialing was closed per requested information not received from the provider. Provider turned in requested information to complete their credentialing. Credentialing is now complete.	10/9/2012	16	C2
9/25/2012	Bryan ***	Bryan Sibley	Provider had claims that were denying for billing well visits and office visits at the same time	Explain to provider that he needed to use a 25 modifier in order to bill the claims to process through the system.	9/25/2012	25	C2
9/25/2012		Dr Fogelman (via DHH)	The attached claims and explanation of benefits were received from Dr. Fogleman. He states that the claims (circled with *) for these services have denied in error, as they have paid previously. Please review the attachments and provide further clarification.	We have identified the problem. The provider is not billing with the appropriate encounter code on the claims, not using the T1015 but also we have a provider type set up issue that is being addressed today to ensure once they do bill the corrected claims they will tie to the appropriate RHC. The PR rep has been in contact with the provider and has communicated this plan of resolution.	10/1/2012	6	C2
9/26/2012	Daniel ***	Daniel Trejo (via DHH)	We just received your welcome packet in the mail and We are excited to be a part of your network. However, We do have a problem We need help with and have already tried contacting your company by calling 1-866-595-8133, only to be told that a "provider relations" person would contact me and has not as of yesterday. My dilemma is as follows: We have had the Kidmed (EPSDT) program in my office for 8 years since We 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, We pay RN salary with full time benefits and we have averaged maybe 4-5 patients per day due to no shows in my office. We would like to know if: a) We am obligated to continue this program in house and hire another RN to continue the service, b) can We outsource this program so that the patients could get their screenings and shots at another office, but We can remain their primary care physician; c) can We just stop providing the shots in-house and send patients to the health department (like We take my children when shots are needed). We could continue the well visits in my office, and if so, what are your requirements for each well visit?	Met with Olga Trejo on Tuesday, October 9th. Went to Morehouse FQHC to have them submit a letter to Payspan . We faxed a letter on Monday stating that Morehouse General need to be removed as administrator of the account. When We called Payspan on October 11th again this morning they stated they did not receive the letter. Mr. Olga faxed again at 11:30am. We spoke to a Toni at Payspan and she stated that she would take care of this today. Mrs. Olga and We will speak again on Friday to hopefully get her registered with Payspan. Waiting on the initial deposit from them to make sure it is working. Other than that issue resolved. This has been communicated to Provider and DHH.	10/15/2012	19	C2
9/28/2012	Trent ***	Trent Fogleman	Provider was having issues with RHC/NON RHC claims. Provider claims were denying due to not billing with proper NPWe	Conference call with provider to further discuss billing procedures.			P2
7/17/212	Angela ***	Dr. Timm Office	Dr. performed services at Non-Par facility. But, he is not linked Amisys. claim denied - Wenvalid 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.	8/16/2012	29	C2

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

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