

BAYOU HEALTH Reporting

Document ID:	P114
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Health Plan Name:	<u>LaCare</u>
Health Plan Contact:	<u>***</u>
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Subject Matter:	Member Services (S)

Lacare
BAYOU HEALTH Grievances and Appeals Report

II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	135	53	6
Number of grievances/appeals resolved:	99	30	0
Number of State Fair Hearing level appeals withdrawn:	NA	NA	6
Number of grievances/appeals considered invalid:	0	14	NA
Average length of time to complete each grievance/appeal/State Fair Hearing:	17	8	0
Number of overturned decisions at State Fair Hearing Level:	NA	NA	0
Number of health plan appeals reversed in the member's favor:	NA	20	NA
Percentage of appeals overturned at the State Fair Hearing level:	NA	NA	0

In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?

Additional supporting documentation received

In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?

List the top 5 reasons that were most commonly the subject of grievances/appeals:

Lack of Concern/Uncaring Attitude

Difficulty Obtaining Appointment

Office Staff is Rude/Inconsiderate

Customer Service Quality

Lack of Information from Provider

Additional Information Required for Annual Report Submission

	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year 2013:			
Percentage of appeals reversed in Contract Year 2013:	NA		

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BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2013, indicate status as "pending" in column 6**

Grievances Reporting Period:		Quarter 1 2013					
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Grievance Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
25-Sep-12		(MEMBER)	1	Clinical/Quality Care	2-Jan-13	68	
23-Oct-12		(MEMBER)	1	Provider Does Not Offer Appropriate Range of Services	3-Jan-13	49	Advised Mbr of Formal Complaint/Appeal/Grievance Process
24-Oct-12		(MEMBER)	2	Difficulty Obtaining Appointment	9-Jan-13	52	Advised Mbr of Formal Complaint/Appeal/Grievance Process
09-Nov-12		(MEMBER)	1	Clinical/Quality Care	15-Feb-13	68	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Dissatisfied
15-Nov-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	21-Jan-13	47	
20-Nov-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	9-Jan-13	34	
20-Nov-12		(MEMBER)	14	Plan Policies/Procedures	14-Mar-13	77	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution
21-Nov-12		(MEMBER)	1	Provider Does Not Offer Appropriate Range of Services	11-Jan-13	35	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
26-Nov-12		(MEMBER)	6	Member Charged for Service	11-Jan-13	33	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution
28-Nov-12		dr williams (PROVIDER)	1	Denial of Services/Expanded Services	23-Jan-13	39	Advised Mbr of Formal Complaint/Appeal/Grievance Process
28-Nov-12		dr williams (PROVIDER)	1	Denial of Services/Expanded Services	23-Jan-13	39	Advised Mbr of Formal Complaint/Appeal/Grievance Process
02-Dec-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	13-Feb-13	52	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
07-Dec-12		(MEMBER)	1	Clinical/Quality Care	23-Jan-13	32	
09-Dec-12		(MEMBER)	1	Clinical/Quality Care	8-Feb-13	44	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
10-Dec-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude	18-Mar-13	65	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution
12-Dec-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude	25-Jan-13	31	
13-Dec-12		R (MEMBER)	2	Difficulty Obtaining Appointment	10-Jan-13	19	Advised Mbr of Formal Complaint/Appeal/Grievance Process
13-Dec-12		(MEMBER)	1	Clinical/Quality Care	10-Jan-13	19	
14-Dec-12		(MEMBER)	3	Customer Service Quality	3-Jan-13	13	
18-Dec-12		(MEMBER)	7	Insufficient/Unclear Plan Information	3-Jan-13	11	
18-Dec-12		(MEMBER)	3	HIPAA Violation; Lack of Concern/Uncaring Attitude; Lack of Information from Provider	18-Mar-13	60	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Provider Contacted
18-Dec-12		(MEMBER)	14	HIPAA Violation; Lack of Concern/Uncaring Attitude; Lack of Information from Provider	18-Mar-13	60	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Provider Contacted
19-Dec-12		(MEMBER)	2	Difficulty Obtaining Appointment	3-Jan-13	10	Advised Mbr of Formal Complaint/Appeal/Grievance Process
19-Dec-12		(MEMBER)	2	After Hours Coverage Not Available; Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	11-Jan-13	16	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
19-Dec-12		(MEMBER)	3	After Hours Coverage Not Available; Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	11-Jan-13	16	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
20-Dec-12		Plan Rep/Manager	10	OBH requesting information on three patients and problems they are having filling their medications.	02-Jan-13	7	PerformRx explained the reasons for the rejections including formulary edits and over maximum dosage issues.
27-Dec-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude	25-Jan-13	21	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
27-Dec-12		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude; Lack of Information from Provider	19-Feb-13	38	Member Satisfied with Resolution
28-Dec-12		(MEMBER)	3	Lack of Concern/Uncaring Attitude	25-Jan-13	20	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
01-Jan-13		(MEMBER)	1	Denial of Services/Expanded Services; Plan Policies/Procedures	Pending		
01-Jan-13		(MEMBER)	7	Denial of Services/Expanded Services; Plan Policies/Procedures	Pending		
02-Jan-13		(MEMBER)	3	Customer Service Quality	15-Jan-13	9	Member Satisfied with Resolution
03-Jan-13		(MEMBER)	7	Plan Policies/Procedures	Pending		
05-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	19-Mar-13	50	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Provider Contacted
07-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	9-Jan-13	2	

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BAYOU HEALTH Grievances Summary Report

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Grievances Reporting Period:		Quarter 1 2013					
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Grievance Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
07-Jan-13		Plan Rep/Manager	10	MD/Psych having issues getting above FDA dosing regimens approved.	23-Jan-13	12	PerformRx explained their view on approving medication above FDA guidelines.
07-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	23	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
07-Jan-13		(MEMBER)	1	Member Alleges Practitioner Failed to Treat Member's Condition; Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	Pending		
07-Jan-13		(MEMBER)	3	Member Alleges Practitioner Failed to Treat Member's Condition; Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	Pending		
07-Jan-13		(PARENT/LEGAL GUARDIAN)	3	Customer Service Quality	Pending		
08-Jan-13		(MEMBER)	14	Plan Policies/Procedures	13-Feb-13	26	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
09-Jan-13		Plan Rep/Manager	10	Patient having a problem getting a prior authorization for her medication.	9-Jan-13	1	Medication was approved for patient.
09-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	7-Feb-13	21	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Grievance Outcome
10-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	10-Jan-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process
10-Jan-13		(MEMBER)	3	Provider Sees Commercial Patients First	10-Jan-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Provider Contacted; Grievance Outcome
10-Jan-13		(MEMBER)	3	Lack of Information from Provider	7-Feb-13	20	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
10-Jan-13		(MEMBER)	1	Member Alleges Practitioner Provided Inappropriate Care; Provider Does Not Offer Appropriate Range of Services	8-Feb-13	21	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
10-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	19-Feb-13	28	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	11-Jan-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	11-Jan-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	16-Jan-13	3	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	25-Jan-13	10	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	19	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	19	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
11-Jan-13		(MEMBER)	7	ID Card Issue	Pending		
14-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	7-Feb-13	18	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
14-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	Pending		
14-Jan-13		(MEMBER)	7	ID Card Issue	Pending		
15-Jan-13		Plan Rep/Manager	10	Parent of two children having issues getting their children's OTC cough medication covered because it is an excluded medication.	15-Jan-13	1	PerformRx explained to member that OTC cough and cold preparations are not a covered benefit, but prescription medications are.
15-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment; Lack of Information from Provider	7-Feb-13	17	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
15-Jan-13		(MEMBER)	3	Difficulty Obtaining Appointment; Lack of Information from Provider	7-Feb-13	17	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
15-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	8-Feb-13	18	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
15-Jan-13		(MEMBER)	3	Customer Service Quality; Plan Policies/Procedures	13-Feb-13	21	Member Satisfied with Resolution
15-Jan-13		(MEMBER)	14	Customer Service Quality; Plan Policies/Procedures	13-Feb-13	21	Member Satisfied with Resolution
15-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
16-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	16-Jan-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution

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16-Jan-13		(MEMBER)	1	Clinical/Quality Care	7-Feb-13	16	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Grievance Outcome
16-Jan-13		(MEMBER)	3	Lack of Information from Provider	7-Feb-13	16	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
16-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	8-Feb-13	17	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
16-Jan-13		(MEMBER)	3	Customer Service Quality	Pending		
17-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	8-Feb-13	16	Member Satisfied with Resolution; Grievance Outcome
17-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	19-Feb-13	23	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
17-Jan-13		(MEMBER)	3	Office Staff is Rude/Inconsiderate	Pending		
17-Jan-13		(MEMBER)	3	Office Staff is Rude/Inconsiderate	Pending		
21-Jan-13		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude	12-Feb-13	16	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Grievance Outcome
22-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
23-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	12-Feb-13	14	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution; Grievance Outcome
23-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	14	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
23-Jan-13		(MEMBER)	7	ID Card Issue	Pending		
24-Jan-13		(MEMBER)	3	Lack of Information from Provider	24-Jan-13	0	Member Satisfied with Resolution
25-Jan-13		Plan Rep/Manager	6	OB/GYN office having problems with IUD reimbursement.	25-Jan-13	1	PerformRx contacted office and explained how IUD's are processed.
25-Jan-13		Plan Rep/Manager	10	Parent cannot get son's antiseizure medications because they require a prior authorization	4-Feb-13	7	PerformRx approved medications that the patient was having trouble filling.
25-Jan-13		Plan Rep/Manager	10	Member having a problem getting her son's medication covered.	4-Feb-13	7	PerformRx contacted member and explained prior authorization process.
25-Jan-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	14	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
25-Jan-13		(MEMBER)	3	Lack of Information from Provider	Pending		
29-Jan-13		(MEMBER)	7	Benefit Level	Pending		
30-Jan-13		(MEMBER)	3	Difficulty Obtaining Referral; Office Staff is Rude/Inconsiderate	13-Feb-13	10	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
30-Jan-13		(MEMBER)	3	Lack of Information from Provider	19-Feb-13	14	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
30-Jan-13		(MEMBER)	1	Clinical/Quality Care	Pending		
30-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
31-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	13-Feb-13	9	Grievance Outcome
31-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	19-Feb-13	13	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
31-Jan-13		(MEMBER)	1	Member Alleges Practitioner Failed to Treat Member's Condition; Lack of Concern/Uncaring Attitude	Pending		
31-Jan-13		(MEMBER)	3	Member Alleges Practitioner Failed to Treat Member's Condition; Lack of Concern/Uncaring Attitude	Pending		
31-Jan-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
04-Feb-13		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude	13-Feb-13	7	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
04-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Negative Comments	19-Feb-13	11	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
05-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
05-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
05-Feb-13		(MEMBER)	1	Clinical/Quality Care	Pending		

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(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Grievance Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
06-Feb-13		Plan Rep.	10	Patient unable to obtain their brand prenatal vitamin due to prior authorization	12-Feb-13	4	PerformRx contacted member and explained the prior authorization process. Plan also attempted to contact provider but office was not available.
06-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
06-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
07-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution
07-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process
07-Feb-13		(MEMBER)	3	Difficulty Obtaining Referral	7-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process
07-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	7-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
07-Feb-13		Plan Rep.	10	Patient's mother was not able to obtain child medication since the medication in question is not covered by plan.	7-Feb-13	1	PerformRx contacted member and explained the prior authorization process. Temp supply was issued.
08-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	13-Feb-13	3	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
08-Feb-13		(MEMBER)	14	Benefit Level	Pending		
08-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
11-Feb-13		(MEMBER)	1	Denial of Services/Expanded Services	Pending		
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
12-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	12-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
13-Feb-13		(MEMBER)	3	Office Staff is Rude/Inconsiderate	13-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
14-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
14-Feb-13		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude	Pending		
15-Feb-13		(MEMBER)	1	Clinical/Quality Care	Pending		
18-Feb-13		Plan Rep.	10	Patient unable to obtain their brand prenatal vitamin due to prior authorization	21-Feb-13	3	Patient received a formulary alternative.
18-Feb-13		(MEMBER)	1	Member Alleges Practitioner Failed to Treat Member's Condition	Pending		
18-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
18-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Lack of Information from Provider; Office Staff is Rude/Inconsiderate	Pending		
19-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	19-Feb-13	0	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Grievance Outcome
19-Feb-13		Plan Rep.	10	Patient medication are not listed in the plans formulary	21-Feb-13	2	PerformRx called the patient 4 times and left a message on the fourth call to explain the prior authorization process.
19-Feb-13		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude	Pending		
19-Feb-13		(MEMBER)	1	Clinical/Quality Care	Pending		
20-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		

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21-Feb-13		Plan Rep.	10	Patient's mother was not able to obtain child medication since the medication in question is not covered by plan.	21-Feb-13	1	PerformRx contacted member's mother and explained the prior authorization process & a temp supply was provided.
21-Feb-13		(MEMBER)	1	Customer Service Quality; Provider Does Not Offer Appropriate Range of Services	Pending		
21-Feb-13		(MEMBER)	3	Customer Service Quality; Provider Does Not Offer Appropriate Range of Services	Pending		
21-Feb-13		(MEMBER)	3	Lack of Information from Provider; Office Staff is Rude/Inconsiderate	Pending		
21-Feb-13		(MEMBER)	3	Customer Service Quality	Pending		
21-Feb-13		(MEMBER)	2	Difficulty Obtaining Appointment	Pending		
21-Feb-13		(MEMBER)	1	Provider Does Not Offer Appropriate Range of Services	Pending		
22-Feb-13		(MEMBER)	3	Customer Service Quality	Pending		
25-Feb-13		(MEMBER)	14	Plan Policies/Procedures	26-Feb-13	1	Advised Mbr of Formal Complaint/Appeal/Grievance Process
25-Feb-13		Plan Rep.	6	Patient wants her copay to be waived.	26-Feb-13	1	PerformRx entered a custom-authorization the medication in question so that the patient has a \$0.00 dollar copay until the end of the year.
25-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Lack of Information from Provider; Office Staff is Rude/Inconsiderate	Pending		
26-Feb-13		(MEMBER)	14	Insufficient/Unclear Plan Information	Pending		
27-Feb-13		Plan Rep.	10	Patient unable to obtain their diabetic test strips	28-Feb-13	1	PerformRx contacted member and provider's office to explained the prior authorization process. Temp supply was issued.
28-Feb-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude; Office Staff is Rude/Inconsiderate	Pending		
01-Mar-13		(MEMBER)	3	Lack of Information from Provider	Pending		
05-Mar-13		Plan Rep.	10	Provider wants to terminate his contract with the plan due to the prior authorization process.	22-Mar-13	13	Plan contacted the office manager and explained the PA process and if they had any further question they have the plan rep. direct number.
06-Mar-13		(MEMBER)	3	Customer Service Quality	Pending		
06-Mar-13		(MEMBER)	3	Lack of Information from Provider; Office Staff is Rude/Inconsiderate	Pending		
14-Mar-13		(MEMBER)	5	Excessive Wait Time for Call to be Answered by Plan	14-Mar-13	1	Advised Mbr of Formal Complaint/Appeal/Grievance Process; Member Satisfied with Resolution
14-Mar-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
14-Mar-13		(MEMBER)	3	Difficulty Obtaining Referral	Pending		
18-Mar-13		(MEMBER)	6	Member Charged for Service	Pending		
18-Mar-13		(MEMBER)	3	Office Staff is Rude/Inconsiderate	Pending		
18-Mar-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
18-Mar-13		(MEMBER)	6	Member Charged for Service	Pending		
20-Mar-13		(MEMBER)	3	Office Staff is Rude/Inconsiderate	Pending		
21-Mar-13		(MEMBER)	3	Lack of Concern/Uncaring Attitude	Pending		
22-Mar-13		Plan Rep.	10	Patient unable to obtain his medication at the pharmacy due to PA required on non-formulary medication	25-Mar-13	3	Plan contacted the member and patient didn't want to hear anything the rep had to say about the prior authorization process under LaCare and hung up on the rep.
26-Mar-13		(MEMBER)	3	Difficulty Obtaining Referral	Pending		
28-Mar-13		(MEMBER)	1	Provider Does Not Offer Appropriate Range of Services; Clinical/Quality Care; Lack of Concern/Uncaring Attitude; Lack of Information from Provider	Pending		
28-Mar-13		(MEMBER)	3	Provider Does Not Offer Appropriate Range of Services; Clinical/Quality Care; Lack of Concern/Uncaring Attitude; Lack of Information from Provider	Pending		
28-Mar-13		(MEMBER)	3	Customer Service Quality; Lack of Concern/Uncaring Attitude	Pending		

**LaCare
BAYOU HEALTH Appeals Summary Report**

***Annual Report: If appeal was not completed in 2013, indicate status as "pending" in column 7**

Appeals Reporting Period:		Quarter 1 2013								
(1) Date Appeal Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Appeal (Member, Authorized Rep. or Provider)	(4) Type of Service Denied (Be Specific)	(5) Reason For Appeal (Use Number Code from Appeal Reason Summary)	(6) Appeal Narrative	(7) Date Appeal Completed	(8) Number of days to Resolve	(9) Determination (Upheld, Reversed)	(10) Explain Reason Appeal Was Upheld or Reversed or Withdrawn	
14-Dec-12		member	Oxycontin 60mg Tablet	10	OXYCONTIN 60 MG TABLET is not covered because Oxycontin criteria requires a therapeutic trial and failure of Fentanyl patches. Our pharmacy records and documentation submitted by your doctor do not show that these alternatives have been tried and whether or not they were effective in treating your condition.	Closed	N/A	Invalid	member written appeal not received in 30 days, appeal is closed	
17-Dec-12		member	NOVOLOG MIX 70-30 FLEXPEN SYRN	10	NOVOLOG MIX 70-30 FLEXPEN SYRN is not covered because NOVOLOG MIX 70-30 FLEXPEN SYRN is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Humalog Mix 50-50 Kwikp	Closed	N/A	Invalid	member written appeal not received in 30 days, appeal is closed	
18-Dec-12		provider on behalf of the member	LEXAPRO 20 MG	10	The request for LEXAPRO 20 MG (1 ansd 1/2 tablet daily) has been approved other than as requested. The medication has been approved as follows: escitalopram 20mg 1 tablet daily. Lexapro 20mg 1 and 1/2 tablets daily is not covered because the maximum recommended dose of escitalopram for the patients condition is escitalopram up to a maximum daily dose of 20mg. Documentation submitted does not support exceeding this maximum.	Closed	N/A	Invalid	member consent form not received within 30 days, appeal is closed	
20-Dec-12		provider	Zonisamide 100mg	10	An override has been entered to allow Zonisamide 100mg, 60 capsules for a 30 day supply to fill at any participating pharmacy from 01/03/13 until 01/03/14.	3-Jan-13	14	Reversed	Seizures are controlled.	
26-Dec-12		Reliant Healthcare LLC	DME	7	Service request was denied for not meeting criteria for medical necessity	8-Jan-13	8	Decision Upheld	Denial-Upheld Reviewed notes and medical dumentation. There is no clinical documentation as stated in initial denial of the following: from physical therapy, requirement of two people to transfer, lack of care giver to assist.	
2-Jan-13		provider on behalf of member	Voltaren 1% gel	10	An override has been entered to allow Voltaren 1% gel, 100 grams for a 30 day supply to fill at any participating pharmacy from 1/2/13 until 1/2/14.	2-Jan-13	0	Reversed	T/F contraindication documented	
2-Jan-13		provider on behalf of member	Olepro ER 300mg	10	An override has been entered to allow Olepro ER 300mg, 30 tablets for a 30 day supply, to fill at any participating pharmacy from 01/08/13 until 01/08/14.	8-Jan-13	4	Reversed	T/F documented	
2-Jan-13		provider on behalf of member	PROCENTRA 5 MG/5 ML SOLUTION	10	PROCENTRA 5 MG/5 ML SOLUTION is not covered because PROCENTRA 5 MG/5 ML SOLUTION is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Adderall XR, Amphetamine salts combo (Adderall), Dextroamphetamine, Focalin XR, methylphenidate (Ritalin). Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	Closed	N/A	Invalid	member consent form not received in 30 days, no longer an appeal	
3-Jan-13		member	ESTRADIOL 2 MG TABLET	10	ESTRADIOL 2 MG TABLET is not covered because it is not a covered benefit for the requested use.	22-Jan-13	12	Upheld	not a covered benefit	
04-Jan-13		Ochsner Foundation Hospital	Therapy	10	Service request denied for not meeting medical necessity	24-Jan-13	13	Reversed	Called provider and spoke with Erica to verify remainder weekly of protocol. Verified that member completed 13 weeks, and week14-25 remains. Indicated that remainder of visits will be included under the same authorization number the original auth#.	
07-Jan-13			DME	7		30-Jan-13	15	Invalid	Member and / or provider have failed to send in additional documentation supporting the request made for an appeal. Member appeal will be voided.	
14-Jan-13		provider on behalf of member	Synagis 50 MG/0.5 ML Vial	10	The request for Synagis 50mg/0.5ml vial has been approved from 01/25/13 until 02/04/13.	25-Jan-13	8	Reversed	Based on stated diagnosis of CLD	
17-Jan-13		BERACAH HEALTHCARE SOLUTIONS LLC	DME	7	Provided requested code when an alternative code would have been more sufficient	4-Feb-13	11	Upheld	Denial-Upheld Reviewed notes inentirety. 52y.o. male with PMH of DJD currently ambulating with crutchess /p right foot infection. Request made by physician for a power wheelchair to aid in ADLS and assist with mobility. Seating and mobility physicaltherapyevaluation completed by a technician.	
22-Jan-13		BAL RAJ BHANDARI, MD provider on behalf of member	Ribavirin 200 MG	11	Denied completely because: Lack of information. According to RIBAVIRIN 200 MG TABLET criteria your doctor would need to submit your weight and all pertinent laboratory data, including a Genotype, Hepatitis C viral load, and liver function tests (ALT/AST) done within 30 days of starting therapy.	8-Feb-13	13	Reversed	All info is included. An override has been entered to allow Ribavirin 200 mg tablet, 120 tablets for a 30 day supply to fill at any participating pharmacy from 02/08/13 until 05/31/13.	
22-Jan-13		BAL RAJ BHANDARI, MD provider on behalf of member	Pegasy Proclick	11	Pegasy Proclick is not covered because Pegasy Proclick is not one of our preferred medications and our Non-Preferred criteria. hasnot been met. Preferred therapeutic alternatives are available, such as PEGINTRON INJECTION. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective. Also, your doctor would need to submit your weight and all pertinent laboratory data, including a Genotype, Hepatitis C viral load, and liver function tests (ALT/AST) done within 30 days of starting therapy.	8-Feb-13	13	Reversed	All info is included. An override has been entered to allow Pegasy Proclick 180 mcg/0.5ml to fill at any participating pharmacy from 02/08/13 until 05/31/13.	
22-Jan-13		BAL RAJ BHANDARI, MD provider on behalf of member	Incivek 375 MG	11	Denied completely because: Lack of information. According to INCIVEK 375MG TABLET criteria your doctor would need to submit your weight and all pertinent laboratory data, including a Genotype, Hepatitis C viral load, and liver function tests (ALT/AST) done within 30 days of starting therapy.	8-Feb-13	13	Reversed	All info is included. An override has been entered to allow Incivek 375 mg, 180 tablets for a 30 day supply to fill at any participating pharmacy from 02/08/13 until 05/03/13.	
24-Jan-13		provider on behalf of member	Seroquel 50 MG	10	An override has been entered to allow Seroquel 50 mg, 60 tablets for a 30 day supply to fill at any participating pharmacy from 01/28/13 until 01/28/14.	28-Jan-13	2	Reversed	Specialty justifies approval	
24-Jan-13		provider on behalf of member	Focalin 10 MG Tablet	10	An override has been entered to allow Focalin 10mg, 30 tablets for a 30 day supply to fill at any participating pharmacy from 01/31/13 until 07/31/13.	31-Jan-13	5	Reversed	T/F documented	
24-Jan-13			In Patient Hospitalization	7		Closed	N/A	Invalid	20 Day Follow Up: Provider/Member has failed to provide additional information for processing of Appeal request. Member Appeal will be voided at this time.	
25-Jan-13		provider on behalf of member	Azor 5-40 MG	10	AZOR 5-40 MG TABLET is not covered because AZOR 5-40 MG TABLET is not one of our preferred medications and Angiotensin II Receptor Blocker Medication criteria has not been met. Preferred therapeutic alternatives are available, such as Losartan or Losartan/Hydrochlorothiazide for at least 15 days of therapy within the previous 60 days, then Diovan, Diovan-HCT, Amturnide, Exforge, Exforge-HCT, Tekturna, Tekturna HCT, Valturna and Tekamlo. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting member consent form and written request	

30-Jan-13		Authorized Rep on behalf of member	Synagis 50 MG/0.5 ML Vial	10	SYNAGIS 50 MG/0.5 ML VIAL is not medically necessary because based on your child's gestational age of 32 weeks, and absence of medical or secondary risk factors. Children with a gestational age of 32 weeks born during RSV Season would qualify for Synagis if they have documented chronic lung disease (CLD) and have required medical therapy (supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy) for CLD within 6 months of the anticipated start of Respiratory Syncytial Virus (RSV) season. They would qualify if they have hemodynamically significant congenital heart disease with cyanosis, congestive heart failure, or moderate to severe pulmonary hypertension. They would also qualify if they have severe immunodeficiency (i.e. AIDS or severe combined immunodeficiency).	Closed	N/A	Invalid	Written request was not received within 30 days, this is no longer an appeal.
31-Jan-13		provider on behalf of member	CUTIVATE 0.05% LOTION	10	CUTIVATE 0.05% LOTION is not covered because CUTIVATE 0.05% LOTION is not one of our preferred medications Non-preferred criteria has not been met. Preferred therapeutic alternatives are available, such as topical prescription strength corticosteroids: amcinonide, betamethasone dipropionate 0.05 %, betamethasone valerate 0.1 %, betamethasone, augmented 0.05 %, Beta-Val 0.1 %, clobetasol 0.05 %, desonide 0.05 %, desoximetasone 0.05 %, diflorasone 0.05 %, fluocinolone 0.01 %, fluocinonide 0.05 %, hydrocortisone valerate, mometasone 0.1 %, and triamcinolone acetonide 0.1 %. Our pharmacy records and documentation submitted does not show that alternatives have been tried and whether or not they were effective.	pending			awaiting written request and member consent form
31-Jan-13		provider on behalf of member	PATADAY 0.2% EYE DROPS	10	PATADAY 0.2% EYE DROPS is not covered because Ophthalmic Antihistamine criteria requires a documented trial and failure or intolerance to Zaditor OTC, Alaway OTC, or ketotifen OTC (first line agents) for at least 2 weeks (14 days) of therapy. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective. Please note that Ketotifen 0.025 % Eye Drops are FDA approved for patients 3 years of age and older.	pending			awaiting written request and member consent form
4-Feb-13		member	NEXIUM 40 MG CAPSULE	10	NEXIUM 40 MG CAPSULE is not covered because Proton Pump Inhibitor criteria requires a trial of Prevacid 24 HR OTC (30MG, 2 capsules a day) or Zegerid OTC 20mg/1100mg (with prior authorization). Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	14-Feb-13	8	upheld	Preferred alternatives are available.
7-Feb-13		member	LYRICA 150 MG CAPSULE	10	LYRICA 150 MG CAPSULE is not covered because LYRICA 150 MG CAPSULE is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Cymbalta, Amitriptyline, Nortriptyline. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	Closed	N/A	Invalid	Written request not received within 30 days, this is no longer an appeal.
8-Feb-13		DIANE KIRBY, MD provider on behalf of member	INTUNIV ER 1 MG TABLET	10	INTUNIV ER 1 MG TABLET is not covered because INTUNIV ER 1 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as guanfacine. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	8-Feb-13	0	upheld	Pharmacy records and documentation submitted does not show that preferred alternatives such as guanfacine have been tried and whether or not they were effective.
08-Feb-13		Member	Imaging	9		Closed	N/A	Invalid	Member nor provider has provided any additional correspondence and/or documentation supporting the request for this appeal. Appeal will be voided.
11-Feb-13		MEGAN FOR ERICK SALVATIERRA, MD provider on behalf of member	NEXIUM 40 MG CAPSULE	10	NEXIUM 40 MG CAPSULE is not covered because Proton Pump Inhibitor criteria requires a trial of Prevacid 24 HR OTC (30MG, 2 capsules a day) or Zegerid OTC 20mg/1100mg (with prior authorization). Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	27-Feb-13	12	Reversed	Approved due to esophageal stricture. An override has been entered to allow Nexium 40mg, 60 capsules for a 30 day supply to fill at any participating pharmacy from 02/27/13 until 02/27/14.
12-Feb-13		member	PULMICORT 1 MG/2 ML RES	10	PULMICORT 1 MG/2 ML RESPULE is not covered because per Pulmicort Respule criteria the use of this medication is restricted to patients 8 years of age and younger. Preferred therapeutic alternatives are available, such as the Asmanex Twisthaler, Flovent Diskus, Flovent HFA, and QVAR. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	Closed	N/A	Invalid	Written request not received within 30 days, this is no longer an appeal.
13-Feb-13		member	VIMOVO 500-20 MG TABLET	10	medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as oxycodone-acetaminophen 5/325mg, tramadol 50mg tablet, Fenoprofen Tablet,	13-Feb-13	0	upheld	Preferred therapeutic alternatives are available such as naproxen (one of the components in Vimovo) and omeprazole.
13-Feb-13		RICHARD FOR HANS ANDERSSON, MD provider on behalf of member	KUVAN 100 MG TABLET	10	containing all of the following information: adequate documentation consistent with order forms OR receipts that you are currently utilizing a Phe restricted diet with Phe-free medical products/foods. Please	pending			awaiting written request and member consent
14-Feb-13		ANN ARRETTEIA, MD provider on behalf of member	RISPERDAL CONSTA 50 MG S	10	FDA approved or recommended by the medical compendia to be given at a starting dose greater than 25 mg intramuscularly every 2 weeks.	21-Feb-13	5	Reversed	Member was inpatient on January 28, 2013 and managed by Psychiatrist. An override has been entered to allow Risperdal Consta 50 mg Syr, 2 syringes for a 28 day supply, to fill at any participating pharmacy from 02/14/13 until 08/14/13.
14-Feb-13		AMANDA MOUNRSHON provider on behalf of member	RISPERDAL CONSTA 12.5 MG	10	Denied completely because: Lack of information. According to Risperdal Consta criteria your doctor would need to submit information on a plan that was used (compliance improvement plan) to improve your ability to take medications by mouth, but was not successful. Documentation submitted by your doctor indicates that you have a problem with taking medication by mouth as your doctor ordered (Compliance problem). The request for Risperdal Consta is being ordered so you will not need to take medication by mouth to treat your condition.	26-Feb-13	8	Reversed	Approval of all neuroleptics. An override has been entered to allow Risperdal Consta 12.5mg, 1 syringe every 2weeks to fill at any participating pharmacy.
14-Feb-13		MELISSA FOR PIOTR OLEJNICZAK, MD provider on behalf of member	VIMPAT 150 MG TABLET	10	VIMPAT 150 MG TABLET is not covered because VIMPAT 150 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as divalproex ER tablet, phenytoin, lamotrigine, levetiracetam, oxcarbamazepine, valproic acid, primidone, phenobarb, and ethosuximide. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			Complex history and established control justifies approval. An override has been entered to allow Vimpat 150mg, 60 tablets for a 30 day supply to fill at any participating pharmacy from 03/01/13 until 03/01/14.
15-Feb-13		member	PLAVIX 75 MG TABLET	10	PLAVIX 75 MG TABLET is not covered because an approved generic equivalent is available. Our pharmacy records and documentation submitted does not show that preferred therapeutic alternatives have been tried and whether or not they were effective. Therapeutic alternatives, such as clopidogrel manufactured by Apotex, Aurobindo, Major, Mylan, Teva, Torrent, Sun, Dr. Reddy's Labs and American Health Packaging are available and do not require prior approval.	Closed	N/A	Invalid	Written request not received within 30 days, this is no longer an appeal.
15-Feb-13		LISA FOR FRANKLIN HARRIS, MD provider on behalf of member	ALPRAZOLAM ER 1 MG TABL	10	ALPRAZOLAM ER 1 MG TABLET is not covered because ALPRAZOLAM ER 1 MG TABLET taken concurrently with ALPRAZOLAM ER 2 MG TABLET and ALPRAZOLAM ER 0.5 MG TABLET represents a duplication of therapy. Our records show the patient is currently taking ALPRAZOLAM ER 2 MG TABLET and ALPRAZOLAM ER 0.5 MG TABLET. Documentation submitted does not support the concurrent use of ALPRAZOLAM ER 1 MG TABLET with ALPRAZOLAM ER 2 MG TABLET and ALPRAZOLAM ER 0.5 MG TABLET.	18-Feb-13	1	Reversed	Specialty justifies approval. An override has been entered to allow Alprazolam ER 1 mg, 30 tablets for a 30 days supply to fill at any participating pharmacy from 02/18/13 until 02/18/14.
15-Feb-13		LISA FOR FRANKLIN HARRIS, MD provider on behalf of member	Olanzapine 10MG tablet	10	Olanzapine 10MG tablet is not covered because Olanzapine 10MG tablet taken concurrently with RISPERIDONE 3 MG TABLET represents a duplication of therapy. Our records show the patient is currently taking RISPERIDONE 3 MG TABLET. Documentation submitted does not support the concurrent use of Olanzapine 10MG tablet and RISPERIDONE 3 MG TABLET.	18-Feb-13	1	Reversed	Specialty justifies approval. An override has been entered to allow Olanzapine 10 mg, 30 tablets for a 30 day supply to fill at any participating pharmacy from 02/18/13 until 02/18/14.
18-Feb-13		member	CRESTOR 20 MG TABLET	10	CRESTOR 20 MG TABLET is not covered because CRESTOR 20 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as atorvastatin 40mg, atorvastatin 80mg. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	Closed	N/A	Invalid	Written request not received within 30 days, this is no longer an appeal.
19-Feb-13		Neuro Technology Institute USA, LLC	In Patient Hospitalization	9	Please reconsider for medical necessity	12-Mar-13	20	Reversed	Spoke to Marion Chauvin from the Neuro Tecnology Institute informing her of determination. Per Marion, the procedure was now scheduled for 4/11/13. Authorization will be updated to reflect new dos.

19-Feb-13		authorized rep. on behalf of member	NASONEX 50 MCG NASAL SP	10	NASONEX 50 MCG NASAL SPRAY is not covered because Intranasal Corticosteroid criteria requires a documented trial of or intolerance to a preferred intranasal steroid such as fluticasone (Flonase) for at least 4 weeks (28 days) of therapy. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	19-Feb-13	0	upheld	Preferred alternatives are available.
21-Feb-13		member	AMBIEN 10 MG TABLET	10	AMBIEN 10 MG TABLET is not covered because AMBIEN 10 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as ROZEREM® (ramelteon) Tablet: 8mg. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	11-Mar-13	12	Reversed	History of trial and failure of preferred alternatives.
21-Feb-13		authorized rep. on behalf of member	TAMSULOSIN HCL 0.4 MG CAPSULE	10	TAMSULOSIN HCL 0.4 MG CAPSULE is not covered because the clinical evidence does not support the use of this medication for the patient's medical condition or requested use.	Closed	N/A	Invalid	written request not received within 30 days, this is no longer an appeal.
25-Feb-13		authorized rep. on behalf of member	INVEGA ER 3 MG TABLET	10	INVEGA ER 3 MG TABLET is not covered because INVEGA ER 3 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Ziprasidone. Our pharmacy records and documentation submitted does not show that the preferred alternative has been tried and whether or not it was effective. Please note, the use of INVEGA ER 3 MG TABLET as requested for the patient's medical condition is not a Food and Drug Administration (FDA) approved indication and the clinical evidence does not support its use.	14-Mar-13	13	Reversed	T/F of preferred alternatives documented
25-Feb-13		member	J-MAX SYRUP	10	J-MAX SYRUP is considered a cough and cold preparation. The requested cough and cold preparation is not a covered pharmacy benefit.	11-Mar-13	10	Upheld	Not a covered benefit
26-Feb-13		GLORIA FOR DR. SHAILAJA RAJ provider on behalf of member	PONSTEL 250 MG KAPSEALS	10	PONSTEL 250 MG KAPSEALS is not covered because PONSTEL 250 MG KAPSEALS is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as diclofenac, ibuprofen, indomethacin, ketoprofen, meloxicam, Meclufenamate, naprosyn, oxaprozin, piroxicam. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	Closed	N/A	Invalid	Written request and member consent form not received within 30 days, this is no longer an appeal.
27-Feb-13		JENNIFER FOR LAUREN DAVIS, MD provider on behalf of member	NUVIGIL 150 MG TABLET	10	NUVIGIL 150 MG TABLET twice a day is not covered because the maximum recommended dose of Nuvigil according to Food and Drug Administration (FDA) standards is 250mg once a day. Documentation submitted does not support exceeding this maximum recommended dose.	pending			Trial and failure of preferred alternatives documented. An override has been entered to allow Nuvigil 150mg tablet, 60 tablets for a 30 day supply to fill at any participating pharmacy from 03/05/13 until 03/05/14.
1-Mar-13		authorized rep. on behalf of member	PROCENTRA 5 MG/5 ML SOL	10	PROCENTRA 5 MG/5 ML SOLUTION is not covered because PROCENTRA 5 MG/5 ML SOLUTION is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Adderall XR, amphetamine salts, Focalin XR, methylphenidate, methylphenidate er (generic Concerta or Ritalin SR), dextro-amphetamine. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	14-Mar-13	9	Upheld	Preferred alternatives available.
1-Mar-13		authorized rep on behalf of member	BG-STAR GLUCOSE TEST STR	10	BG-STAR GLUCOSE TEST STRIPS is not covered because BG-STAR GLUCOSE TEST STRIPS is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Ascensia Autodisc Test Strips, Breeze 2 Test Strips, and Contour Test Strips. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting confirmation if stepdad is alt payee of stepdad/awaiting written request
1-Mar-13		Carmichael's Cashway Pharmacy, Inc	DME	7	Enteral formula denied as not medically necessary	25-Mar-13	16	Reversed	Member called and notified of appeal overturned and provider will send out today.
6-Mar-13		CLIF DOPSON, MD provider on behalf of member	LUVOX CR 150 MG CAPSULE	10	LUVOX CR 150 MG CAPSULE is not covered because LUVOX CR 150 MG CAPSULE is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as Abilify tablet, olanzapine tablet, Latuda tablet, ziprasidone tablet, quetiapine tablet, and risperidone tablet, Cymbalta, Lexapro, Prozac, Paxil, Zoloft, and Effexor. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting member consent form
6-Mar-13		authorized rep. on behalf of member	KAPVAY ER 0.1 MG TABLET	10	KAPVAY ER 0.1 MG TABLET is not covered because KAPVAY ER 0.1 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as clonidine. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting confirmation Damian Ortolano is alt payee
7-Mar-13		member	XANAX 2 MG TABLET	10	XANAX 2 MG TABLET Brand is not covered because XANAX 2 MG TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as alprazolam (from multiple generic manufacturers), lorazepam, oxazepam, diazepam, and clonazepam. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting written request
11-Mar-13		RAHIM KHORASSANIZADEH, MD provider on behalf of member	LYRICA 100 MG CAPSULE	10	LYRICA 100 MG CAPSULE is not covered because LYRICA 100 MG CAPSULE is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as gabapentin (up to 3600mg daily), amitriptyline, nortriptyline, Cymbalta, carbamazepine, divalproex, phenytoin. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting written request and member consent form
19-Mar-13		member	METANX TABLET	10	Only selected supplements are covered under the Medical Assistance Program. The supplement requested is not one of them. This medication is not a covered pharmacy benefit under the Medical Assistance Program.	19-Mar-13	0	Upheld	not covered
20-Mar-13		KARRI FOR DAVID YARBROUGH, MD provider on behalf of member	LYRICA 75 MG CAPSULE	10	LYRICA 75 MG CAPSULE is not covered because the clinical evidence does not support the use of this medication for the patient's medical condition or requested use.	pending			awaiting written request and member consent form
22-Mar-13		Specialty Wheelchairs, LLC	DME	7	Denied for lack of medical necessity	pending			Provider has exceeded the allowed 30 calendar days datespan to file an appeal. Decision to uphold the denial due to untimely filing.
25-Mar-13		ARNISE FOR KRISTINA LANDRY, NP provider on behalf of member	INVEGA SUSTENNA 234 MG	10	INVEGA SUSTENNA 234 MG PREF SYRINGE is not covered because INVEGA SUSTENNA 234 MG PREF SYRINGE taken concurrently with Olanzapine 20MG TABLET represents a duplication of therapy. Our records show the patient is currently taking Olanzapine 20MG TABLET. Documentation submitted does not support the concurrent use of Invega Sustenna 234MG/1.5ML SYRINGE and Olanzapine 20MG TABLET.	28-Mar-13	3	Reversed	Specialty justifies approval.
29-Mar-13		authorized rep. on behalf of member	LIALDA DR 1.2 GM TABLET	10	LIALDA DR 1.2 GM TABLET is not covered because LIALDA DR 1.2 GM TABLET is not one of our preferred medications and our Non-Preferred criteria has not been met. Preferred therapeutic alternatives are available, such as ASACOL, PENTASA, or Balsalazide. Our pharmacy records and documentation submitted does not show that preferred alternatives have been tried and whether or not they were effective.	pending			awaiting confirmation if Kenneth is alt payee/awaiting written request

LaCare
BAYOU HEALTH State Fair Hearing Summary Report

***Annual Report: If hearing was not completed in 2013, indicate status as "pending" in column 7**

State Fair Hearing Reporting Period:		Quarter 1 2013							
(1) Date Request Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Requesting State Fair Hearing (Member, Authorized Rep. or Provider)	(4) Type of Service Denied (Be Specific)	(5) Reason for State Fair Hearing (Use Number Code from State Fair Hearing Reason Summary)	(6) State Fair Hearing Reason Narrative	(7) Date Hearing Was Completed	(8) Number of Days to Resolve	(9) Determination (Upheld, Overturned)	(10) Explain Reason State Fair Hearing Was Upheld, Overturned or Withdrawn
07-Mar-13		Authorized Rep	Power Wheelchair	14	An appeal has not been received	N/A	N/A	Withdrawn	1st level appeal with PT/MD notes was not received prior to premature SFH request 2/19/2013 rcvd SFH denial letter from DAL
19-Mar-13		Authorized Rep	DME	14	An appeal has not been received	N/A	N/A	Withdrawn	1st level appeal has not been received. The provider is non-par and there are 46 other par providers in the area.
03-Jan-13		Auth Rep	Pharmacy	11	Lack of information from provider	NA	N/A	Withdrawn	Initial request was denied on 12/7/12 but the provider submitted additional information and it was approved on 12/13/12.
15-Jan-13		Member	Pharmacy	11	Lack of information from provider	NA	N/A	Withdrawn	Initial request was submitted on 12/20/12 and was denied for lack of info, then the physician submitted additional info on 1/7/13 and the medication was approved.
08-Feb-13		Member	Pharmacy	11	PA was missing info when rcvd on 1/24/13 and the office submitted the info on 1/28/13 & the approval was sent prior to SFH being filed.	N/A	N/A	Withdrawn	PA was missing info when rcvd on 1/24/13 and the office submitted the info on 1/28/13 & the approval was sent. All was done as an initial review and never appealed.
25-Jan-13		Member	Medical	14	No medical or pharmacy service on file has been denied	N/A	N/A	Withdrawn	1/25/2013 - emailed DAL to get more information on what is being appealed. 2/28/2013 - received termination of SFH request from DAL

LaCare Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	23	0	0
2	Accessibility of office	37	0	0
3	Attitude/Service of staff	69	0	0
4	Quality of office, building	0	0	0
5	Timeliness	1	0	0
6	Billing and Financial issues	5	0	0
7	Clinical Criteria Not Met - Durable Medical Equipment	7	6	0
8	Clinical Criteria Not Met - Inpatient Admissions	0	0	0
9	Clinical Criteria Not Met - Medical Procedure	0	2	0
10	Prior or Post Authorization	14	47	0
11	Lack of Information from Provider	0	3	3
12	Level of Care Dispute	0	0	0
13	Not a State Plan Services	0	0	0
14	Other (Must provide description in narrative column of Summary Reports)	7	0	3
TOTALS		163	58	6

DO NOT ADD OR CHANGE REASON CODES