

2012 Community Health Solutions of Louisiana  
BAYOU HEALTH Grievances and State Fair Hearings Report

I. Contact Information

Date: 4/5/2013

Health Plan Name: Community Health Solutions of Louisiana

Contact Name: \*\*\*

Contact Title: Executive Director

Address: 5145 Bluebonnet Blvd, Suite B  
Baton Rouge, LA 70809

Telephone Number: \*\*\*

E-mail Address: \*\*\*

Community Health Solutions of Louisiana  
BAYOU HEALTH Grievances and State Fair Hearings Report

**II. Review Activities**

	Grievances	State Fair Hearings
Number of grievances reviewed:	46	
Number of grievances/State Fair Hearings resolved:	46	
Number of grievances considered invalid:	0	
Average length of time to complete each grievances/State Fair Hearing:	4.2 days	
Number of overturned decisions at State Fair Hearing Level:	N/A	
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	
Percentage of overturned decisions at the State Fair Hearing level:	N/A	
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	

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


In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?


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

1 Quality of Care

2a Timeliness

2b Other

2c Attitude/Service of Staff

3 Accessibility of Office

**Additional Information Required for Annual Report Submission**

	Grievances	State Fair Hearings
Number of grievances/ State Fair Hearings still pending at the end of Contract Year ___:		
Percentage of overturned decisions at State Fair Hearing Level in Contract Year ___:		
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year ___:		

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/28/2012	***	***	1	Resp. party states that medical advice from provider concerns her.	12/28/2012	0	Member's medical home changed.
12/31/2012	***	***	5	Resp. party states that he took member to medical home and had to wait 4 hours to be seen.	12/31/2012	0	Member's medical home changed
1/3/2013	***	***	1	Member states that she had to wait 2 hours to see doctor and states office staff was unprofessional.	1/3/2013	0	Member given a referral to specialist. Member told to call back if medical home change needed.
1/3/2013	***	***	1	Member states that provider did not provide much information about her medical conditions. Member also states that she is upset that provider cannot prescribe pain medication.	1/3/2013	0	Member's medical home changed
1/4/2013	***	***	14	Member states that he is trying to get a scooter ordered by provider for nearly a year. Member has prosthetic leg and has fallen repeatedly.	1/4/2013	0	Office staff states that a walking cane had been ordered but no scooter. Office staff states a scooter will be ordered by PCP when DME order placed.
1/8/2013	***	***	14	Member states that appointment was made for the 8th. When member went in for an appointment, the office staff stated that the apptmt was for the 10th. Altercation ensued between member and staff.	1/8/2013	0	Member's medical home changed
1/18/2013	***	***	3	Member states that healthy rewards program not explained adequately after speaking to multiple people within MPS and CM.	1/18/2013	0	The process was explained by CM supervisor and supporting materials were sent and explained.
1/21/2013	***	***	2	Member states that transportation driver arrived at 415am for a 1020am appointment and refused to wait for him. Member upset as he missed his pain management appointment.	1/21/2013	0	Member had friend take him to next appointment. DHH aware of issues at First Transit and complaint escalated.

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
1/23/2013	***	***	1	Resp. party states that PCP office told her to go to another office, located far away, for a flu shot. When they arrived at alternate office, they were told that a flu shot could not be administered as child had not had a check-up.	1/23/2013	0	Resp. party advised that she could go to Walgreens to get a flu shot. The pharmacy will issue a referral.
1/24/2013	***	***	1	Member made request for diabetic shoes and bedside commode and was informed that member must come in for an appt. Member states that nothing has been received.	1/30/2013	6	Medical home has received request and will complete the order for the member.
1/25/2013	***	***	1	Resp. party states that NP was talking down to her and implied that she didn't care for her child correctly after member had allergic reaction.	1/25/2013	0	Member's medical home changed
1/28/2013	***	***	5	Member states that appointment was made with First Transit and they did not show up for the appointment nor did they call to cancel.	1/28/2013	0	DHH aware of issues at First Transit.
1/28/2013	***	***	1	Resp. party states that blood work was taken and a referral to a hematologist was given. However, the specialist does not accept Medicaid and the resp. party returned to PCP. Member states that PCP office will not assist in finding a specialist that accepts Medicaid.	1/28/2013	0	Member's medical home changed. Member referred to Care Mgmt to assist in locating Hematologist and getting a referral.
1/31/2013	***	***	1	Resp. party states that doctor is rude and is prejudiced against her.	1/31/2013	0	Member's medical home changed.
2/1/2013	***	***	1	Member states that they are having difficulties obtaining wound care supplies because of an authorization issue with Medicaid.	2/11/2013	10	Bayou Health confirms that member's wound care supplies were authorized.
2/4/2013	***	***	3	Member complained of rudeness, not receiving call backs and stated she heard the doctor was billing for visits that did not occur.	2/6/2013	2	Forwarded to QMP regarding suggestion of alleged fraud for F&A follow up. Member transferred to new Medical Home.

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
2/6/2013	***	***	1	VM left on Medical Services line and fax requesting call back. No response. Member not contacted by the MH of 1/31 to address why the HH services had not started.	2/18/2013	12	Caseworker and Care Advocate verified referrals received. They will schedule Member for appointment in March.
2/8/2013	***	***	1	Member states that she feels like no one is concerned about her health.	2/8/2013	1	Case management will follow member and offer support during pregnancy.
2/11/2013	***	***	1	Member complained MH is not referring child to a specialist for his ongoing problems. CA has intervened and assisting with transfer to a new MH.	2/18/2013	7	Member transferred to new MH of choice with referral process being explained.
2/15/2013	***	***	1	Went to pending PCP with a referral. States waited several hours before being told pain medication could not be refilled.	2/15/2013	1	Member was provided names and numbers of 2 other pain management physicians. Member was satisfied with the referral to the 2 new physicians.
2/21/2013	***	***	5	Member complaint that transportation service was a no show.	2/27/2013	6	Owner of <i>One Bunch</i> transportation stated that due to the Member's numerous no shows, the Member was informed that they would not accept any more reservations from her. He stated that Member's last requested reservation was denied, not a no show.
2/23/2013	***	***	3	Mother took child to hospital and states that ER Dr and nurse were inappropriate and unprofessional.	3/1/2012	5	Mom reported that child is doing much better and is satisfied with CHS following up with the hospital. Mom was also advised of CHSLA resources available to her daughter.
2/25/2013	***	***	1	Mom states daughter had a ear infection and the MHP did nothing about it.	2/25/2013	1	Member's medical home changed

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
2/26/2013	***	***	5	Member stated that it took him almost 30 minutes to get to a live person.	3/1/2013	1	Notified Member Services Management for research. Attempted to contact Member for additional details. Unable to reach by phone N/A by phone-No /VM
2/26/2013	***	***	5	Member complained that the results from her MRI were unavailable at the time of her scheduled appointment.	2/26/2013	1	Member was assisted with the selection of another MH
2/26/2013	***	***	1	Member states swollen lymph node was diagnosed by MH as "cat scratch" disease and no medication was dispensed.	2/26/2013	1	Member was transferred to new Medical Home of choice.
2/27/2013	***	***	2	Mother feels it is unfair for MH to require 2 adults in attendance if more than 2 of her 5 children are being seen on the same day.	3/1/2013	3	Member was assigned to another Medical Home of her choice
2/18/2013	***	***	1	Member states provider does not give enough pain medication to last the month.	2/21/2013	3	Member's medical home changed.
3/4/2013	***	***	1	Member states that she has gone to the provider's office twice for test results. Member went to appointment and doctor was not there - no test results were given. Has gone to office twice without meeting her primary care provider.	3/12/2013	8	Member's medical home changed. Results of MRI scan shared with member.
3/5/2013	***	***	14	Member called for transportation and First Transit did not have her on the list	4/2/2013	28	Information sent to DHH as an ongoing issue. They are aware.
3/8/2013	***	***	1	Member requested assistance with diabetic shoes and commode. Several attempts to obtain needed DME have failed.	4/1/2013	26	Spoke with office assistant who faxed order diabetic DME 03/18/13. Member will receive supplies within 14-21 business days. Shoe order mixed up with another patient with same name as no date of birth on order.

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
3/8/2013	***	***	1	Member received notification of discharge from program from provider with no written notification or advance warning given. Member states that he was not assisted with finding another psychiatrist to write prescription. Current medical home will not write for psychotropics.	4/1/2013	23	Spoke with office manager who stated that membre made verbal threats to bring gun to office and shoot office staff including therapist. Police were called however no arrest made. Member cannot come to the office without being arrested and the office refuses to treat or prescribe any of his medications. Compliance office states letter will be mailed to member. Member violated contract and, as such, medical home/specialists do not have to comply with their contract.
3/7/2013	***	***	2	Resp. party states that she has attempted to make an appointment five times and has not been able to. Member states that practice states that the doctor is ill or that there isn't an y room for her children to be seen.	3/7/2013	0	Member's medical home changed.
3/7/2013	***	***	1	Resp. party states that the member's apnea monitor was incorrectly reading and giving false information. Mother went to have blood drawn, however, the practice did not provide the correct order.	3/7/2013	0	Member's medical home changed.
3/11/2013	***	***	1	Resp. party states that agency does not conform to schedule nor have they been out this month to administer injection. Resp. party states she is told conflicting stories.	3/11/2013	0	Primary care provider's nurse called adminisering agency and confirmed that they would be out to administer injection within two business days. Nurse states that once a month is sufficient for a home health visit from agency. Resp. party express satisfaction.

**Community Health Solutions of Louisiana**

**BAYOU HEALTH Grievances Summary Report**

**\*Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(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 Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
3/13/2013	***	***	1	Resp. party states that medical home states that they will return calls to get appointment but they never do. Children haven't been able to get an appointment.	3/13/2013	0	Member's medical home changed.
3/14/2013	***	***	3	Member states that medical home is changing rules without notification and that the provider lied on her paperwork. Member feels that provider is spreading lies about her and that provider is "making sure no one likes her."	4/2/2013	19	MS and CM actively working with member to resolve issues and to assist with finding a provider.
3/21/2013	***	***	1	Resp. party states that the formula prescribed is making member sick. Resp. party states that she asked doctor to switch the formula but was told that the baby needed that formula because of the extra calories.	3/21/2013	0	Member's medical home changed.
3/21/2013	***	***	1	Member states that every time a prescription needs to be filled, the provider makes her come in for a visit. Member feels that she should not have to go in for visits if she is not sick.	3/21/2013	0	Member's medical home changed.
3/25/2013	***	***	3	Resp. party states that the issue was fine - however - the doctor had a bad attitude and stated that the member should have made another appointment to take care of the issues. Resp. party states that member is not receiving the care she needs.	3/25/2013	0	Member's medical home changed.
3/25/2013	***	***	1	Member states that nurse discussed her health care in a public area. MRI requested was not completed when member returned. Referred to neurologist who no longer takes new patients. Member alleges that discharge from practice was inadequately planned. Member may run out of medication before finding another MD.	4/2/2013	7	See entry 3/14/2013 for resolution







## Community Health Solutions of Louisiana Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	28	
2	Accessibility of office	3	
3	Attitude/Service of staff	5	
4	Quality of office, building		
5	Timeliness	5	
6	Billing and Financial issues		
7	Clinical Criteria Not Met - Durable Medical Equipment		
8	Clinical Criteria Not Met - Inpatient Admissions		
9	Clinical Criteria Not Met - Medical Procedure		
10	Prior or Post Authorization		
11	Lack of Information from Provider		
12	Level of Care Dispute		
13	Not a State Plan Services		
14	Other (Must provide description in narrative column of Summary Reports)	5	
<b>TOTALS</b>		46	

**DO NOT ADD OR CHANGE REASON CODES**