

# Provider Complaint & Appeal Summary Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20130301  
 Report Period End Date: 20130331

Document ID: PI182  
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	428	
% Upheld	91%	
% Overturned	9%	
% Withdrawn		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 <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Mar-2013	<b>Received this Month</b>	1155	1107	6	12	5	3	5	17		548		548			
	<b>Total Closed this Month</b>	1200	1152	6	12	5	3	5	17		428		428			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision		1135	2	9	3	3		16				428			
	Per Independent Arbitration															
	Per DHH Review		2													
	Other		15	4	3	2		5	1							
	<b>Total Pending (cumulative as of month end)</b>	302	300	1	0	0	1	0	0		120		120			
	Information needed from Provider															
	Internal Plan Review		298	1			1						120			
	Independent Arbitration															
	DHH Review		2							1						
Other																
2013 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	4069	3902	22	53	10	13	23	46		1341		1341			
	<b>Total Closed YTD</b>	4537	4380	19	52	9	12	23	42		1110		1110			
	Withdrawn by Provider		4		23		2									
	Per Internal Plan Decision/Correction		4338	8	20	4	10	5	33				1110			
	Per Independent Arbitration															
	Per DHH Decision		2		1				2							
Other		36	11	8	5		18	7								

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

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

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

**Health Plan Name:** Amerigroup Louisiana, Inc.  
**Reporting Period:** 20130301 to 20130331

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
P4-Referred to DHH	C4-Per DHH Review
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
20120925	***	RHC	Claims denying of services outside RHC services. if it an acceptable billing practice to allow them to bill using the RHC TIN but be reimbursed for services beyond the T1015? And if so, are there any limitations on what they can bill for beyond the T1015.	Operations has established a large for claims project - anticipated completion date 4/12/13		186	P5