

## Provider Complaint Summary Report

Health Plan ID: 2162446  
 Health Plan Name: Community Health Solutions of La.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 1/1/2013  
 Report Period End Date: 1/31/2013

## BAYOU HEALTH Reporting

Document ID: SI182  
 Document Name: PROVIDER COMPLAINT SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Reporting Period	COMPLAINT STATUS	Total # of Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Pending or Closed >90 Days Post File Date <sup>1</sup>
			Claims/ Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other		
Dec-2012	<b>Complaints Received this Month</b>	16									
	<b>Total Closed this Month</b>	56								41	5
	Withdrawn by Provider	4	2					1	1		
	Per Internal Plan Complaint Process	48	46			2				41	5
	Per DHH Review										
	Per DAL/State Fair Hearing										
	Other	4		1	1				2		
	<b>Total Pending (cumulative as of month end)</b>	13								10	2
	Information needed from Provider	4	4							4	
	Internal Plan Review	5	3			2				5	2
	Referred to DHH	4				4				1	
	Appeal Filed with DAL										
Other											
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	16									
	<b>Total Closed YTD</b>	56									
	Withdrawn by Provider	4	2					1	1		
	Per Internal Plan Complaint Process	48	46			2					
	Per DHH Review										
	Per DAL/State Fair Hearing										
Other	4		1	1				2			

This purpose of this report is to capture and track the volume, type and status of PROVIDER complaints. A complaint includes any provider dispute of the CCN's policies, procedures, or any aspect of the CCNs administrative functions. **It DOES NOT include any provider appeals for the denial, reduction or suspension of medically necessary services nor any grievances or appeals filed by providers on behalf of members**, those are reported on the State Fair Hearing reports. Complaints should be relevant to Health Plan specific policies and practices and NOT to individual claim items. Please refer to Definitions for status & category details.

<sup>1</sup>You must submit a complaint summary sheet detailing all pending or closed (A1) complaints not resolved within 30 to 90 days a(see format on "SI 182-attachment" TABS)

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
11/16/2012	OLOL in B.R. Susan *** ** or April *** **	OLOL	claims-Host of issues 11/16/2012 sent email to April	11/16/2012	1/1/2013	45	P1
10/24/2012	Broussard Physical Therapy (Janice ***) **	Broussard PT	claims via fax-NPI not registered with La. MCD	10/24/2012 provider is going to call Molina and get numbers registerd with Molina. 10-25-2012 BST f/up and provider had question so # was given to Molina. Email sent asking for follow-up so claims could be reprocessed.	1/1/2013	68	P1
10/23/2012	Audiology Associates (Doug) ***	Audiology Associates	claims	11/8/2012 sent to S Hockenberry for research	1/1/2013	69	P2
10/10/2012	Elias Jr MD - Darryl OBGYN (Jena) in Jennings, LA ***	Elias Darryl, OBYN	claims	documentaion needed	1/1/2013	82	P1
10/1/2012	Hardtner Medical Center (Debbie *** -BOM or Shanna ***-MCD Biller) ***	Hardtner	claims	10/17/2012BST called and emailed provider to ask them to send copy of EOR or RA	1/1/2013	92	P1
10/16/2012	Heinen MD, Monty N. (Eunice, LA )	Heinen, MD	claims	documentation needed for ultrasounds	1/1/2013	76	P1
10/19/2012	Manuel Medical Clinic, Inc (Cynthia ***)	Manuel Medical Clinic	claims	claims not being paid per provider. Need more information to research	1/1/2013	73	P1
11/6/2012	Mercy Regional Medical Center in Eunice ***	Mercy Regional	claims	provider states that Molina not received documentation	1/1/2013	55	P2

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
10/9/2012	Pediatric Clinic of Westbank	Pediatric Clinic of Westbank	claims	10/22/2012left message for Emily with requirement for additional information	1/1/2013	83	P1
10/10/2012	Pediatric Surgery of La. (Melanie ***) ***)	Pediatric Surgery of La.	claims	282 lack of documentation	1/1/2013	82	P1
10/11/2012	Slidell Ear, Nose & Throat Associates ( Dean ***) ***)	Slidell ENT	claims	11/8/2012provider needs status update of claim BST to call requesting sample of claims in question and EOR	1/1/2013	81	P1
10/17/2012	St. Francis Hospital - Marjorie ***, Billing Coord. ***)	St Francis	cliams	10/17/201210/17/2012 BST left Vmail and f/up with email asking for EOR or RA	1/1/2013	75	P1
10/17/2012	Stretch Clinic in Natchez, MS (Ashley or Faith ***) ***)	Stretch Clini	claims	10/20/2012BST called provider and spoke to them about what they sent for samples of claims10/30/2012 BST called EMC Plus 800-826-4068 and asked how they had CHS of LA set-up for provider and they said provider would have to call them. Claims are not showing up on eRA. They state they are not receiving any rejections from CHS. BST called Molina Provider Enrollment and both NPI and MCD #s are indiv. , not group #s. sent email to provider 11/1 office closed on Thursdays11/8/2012 BST emailed provider again to let us know feedback from Molina. Seems provider needs to apply for group MCD ID #	10/27/2012	10	P1
10/2/2012	Tensas Community Health Center (Dawn ***) ***)	Tensas Comm. Health Ctr	claims	10/2/2012emailed provider to send sample claims and EORs or RA w/ Ecodes10/22/2012 left message for Dawn 11/8/2012 faxed sample claims to A *** at Molina for help solving	1/1/2013	91	P1
10/31/2012	Turnley MD, I. C. (in Jena) Debbie ***)	Turnley, MD	claims	11/8/2012tried to call, office closed. 2 Rejections for 123 pre-cert.	1/1/2013	61	P1

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
11/7/2012	York,MD Harold R. in Metairie (Patricia *** is billing company ***)	York, MD	claims	11/7/2012denied by Molina for 506. Effecetive date issue11-7-2012 left message for EORs and Ras. Sent email to A *** for Molina follow-up	1/1/2013	54	P2
10/24/2012	Caillet, MD, Frank *** Dellanie ***	Frank Caillet, MD	Claims via FAX	11/8/2012 sent to B Boyle for research . Documentation issues	1/1/2013	68	P2
10/25/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claim sent to CHS via FAX	14 page fax. Molina Rejections - need more information to research.	1/1/2013	67	P2
10/30/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claims -		1/1/2013	62	P2
10/25/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claim sent to CHS via FAX	6 page fax. Not sure if rejected by Molina or CHS.need more information from provider	1/1/2013	67	P2
10/15/2012	Benson Dermatology & Skin Cancer, LLC (Amy) ***	Benson Dermatology	claims	CPT 11100 rejected in error	1/1/2013	77	P2
10/8/2012	Children's Clinic of SWLA (L.C.) Ginger *** **	Children's Clinic of SWLA	Claims via FAX	10/8/2012 sent to Bboyle. 10/10 got response. But also sent to EDI on 10/10 and pending response from them	1/1/2013	84	P2
10/2/2012	Colvin-MD, Bradley (Shreveport) ***	Bradley C olvin, MD	claims	10/18/2012 5 claims/encounters that were denied, but not for the same ones they sent claims for. 11/8/2012 sent to Bboyle for research	1/1/2013	91	P2
10/15/2012	Cucinotta & Occhipiniti, MDS APO (Jolene) ***	Cucinotta & Occhipinti	claims	this has been sent to Bboyle for research	1/1/2013	77	P2
10/16/2012	Dawn ***/Bayou Pediatrics	Bayou Pediatric Assoc.	PCP change does not take effect immediately	10/16/2012 / Explained why CHS does not make the change immediately Dawn said they are willing to let the other PCP take the PMPM payment for the patient as long as the PCP change would take effect immediately.	1/1/2013	76	P2
10/10/2012	Family Care Clinic and Rural Health Clinic (Kristie) ***	Family Care Clinic	claims	10/22/2012 Their software is putting in T1015 twice. Provider to f/up with us when issues are resolved	1/1/2013	82	P2

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
10/4/2012	Freedman Clinic Internal Medicine (Shelia *** ) ***	Freedman Clinic	claims	10/4/2012 BST called provider. BST checked Pre-Cert report and pre-cert valid. 10/5/Sent to Bboyle for review	1/1/2013	89	P2
11/14/2012	Iberia Healthcare - Sandra *** **	Iberia Healthcare	claims	11/14/2012 emailed provider regarding	1/1/2013	47	P2
10/2/2012	Jeff Davis Family Medicine (Charlene) *** Jennings, LA	Jeff Davis Family Medicine	claims	10/12/2012 BSThomas sent to Bethany for f/up. Rcode 123 in error on most claims.	1/1/2013	91	P2
10/24/2012	Jannah / Bayou Pediatrics	Bayou Pediatric Assoc.	Newborn was auto-assigned a PCP almost 250 miles from his home address	10/24/2012 Patient's PCP to be corrected		99	P2
10/24/2012	Jannah / Bayou Pediatrics	Bayou Pediatric Assoc.	Newborn was auto-assigned a PCP almost 250 miles from his home address	10/24/2012 / None Patient's PCP to be corrected		99	P2
10/16/2012	LaSalle General Hospital (Sheryl) *** **	LaSalle General	claims	incorrect billing for ER visit - issue with Molina	1/1/2013	76	P2
11/6/2012	LSU via LSU Physician's Billing Lydia *** **	LSU Physician Group	claims	11/12/2012 CHS passing edits and claims denied for 313 by Molina11/12/2012 faxed to Molina Aubry *** for follow-up	1/1/2013	55	P2
10/19/2012	North Caddo Medical and Surgical Clinic	North Caddo Medical	Claims not getting paid	10/19/2012 Amy spoke with Artis -wanted to know what to do if not receiving pay on claims. I inform her to fill out a copy of the Explanation of Rejection letter and fax it including samples of claims to Beverly Thomas and Cc me. 10/22/2012 - Emailed MS. *** a copy of the Explanation of Rejection and told her I would follow up. 11/1/12 - Beverly received Claim issue fromsaid she would work on it asap.	1/1/2013	73	P2
10/23/2012	North Oaks OBGYN (Lisa) ***	North Oaks OOBGYN	claims	11/8/2012acknowledgement of receipt 11/8/2012 sent to Cindy Sterner to research the ICN # and make sure that documentation was attached	1/1/2013	69	P2
10/3/2012	Pediatric & Adolescent Clinic ***	Pediatric & Adolescent	claims	10/22/2012 spoke to provider and it seems their file is incorrectly set up in our system b/c the EOR has MS location and provider only see LA MCD at Vidalia, LA location. This has been sent to Shockenberry in EDI and C Sterner in camps.	1/1/2013	90	P2
10/3/2012	Pediatrician and Adolescents	Pediatrician and Adolescent	Unpaid claims	10/3/2012 I had Rachel fax claims to Baton Rouge office for Beverly to review	1/1/2013	90	P2
10/2/2012	Ponchartrain Pediatrics (Crissy) ***	Ponchartrain Pediatrics	claims	10/2/2012 10/12/2012 sent TPL to Suzanne for review	1/1/2013	91	P2
10/15/2012	Prytania Pathology - Elaine ***	Prytania Pathology	claims	10/15/2012 emailed provider that would be sending in claim for reprocessing	1/1/2013	77	P2

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
11/8/2012	Stanacola Clinic - Baton Rouge ***	Stanacola Clinic	claims	11/8/2012 59 modifier/taxonomy - denied at Molina not identified/ recognized codes w/ Molina	1/1/2013	53	P2
10/11/2012	Annette - Keith Capone MD	Keith Capone	problems submitting voids/adjustments	10/11/2012 I spoke with Annette regarding problems with voids/adjustments. I told her that there is a known error in our system, and we are working on correcting the issue. I told Annette I would contact her when the issue is resolved. I advised her that it would be beneficial for her to submit these electronically.	1/1/2013	81	P4
10/4/2012	Associated Surgical Specialists (Dara) ***	Associated Surgical Specialists	claims	10/23/2012 10/23/2012 left message for Joeanne the OM. About status of paper voids and adjustments. 11/8/2012 left message for Dana, biller, and sent email to Joenne about sending these electronically.	1/1/2013	89	P4
10/4/2012	Lauren *** - Hood Memorial	Hood Memorial	Problems billing TPL claims	10/4/2012 I spoke with Lauren *** regarding non payment of TPL claims. I told her that there is a known error in our system when processing paper TPL claims, and we are working on correcting the issue. I told Lauren I would contact her when the issue is resolved. I advised her that it would be beneficial for her to be able to submit these electronically.	1/1/2013	89	P4
10/17/2012	La. Center for Women's Health (West Monroe) (Renee) ***	La Center for Women's Health	claims	Modifier 22 on claim not being paid 10-17-2012 BST sent email to provider rep, Artis Evans to contact provider about this known issue.11/8/2012 also spoke to Renn Walters at provider office and explained what was going on	1/1/2013	75	P4
10/3/2012	Houma OB-GYN Clinic (Jenny) ***	Houma OBGYN	claims	10/23/2012 953 Modifier 22 - Molina states need documentation BST spoke with Jenny Authement and explained the situation with Mod 22	1/1/2013	90	P4
11/6/2012	Children's Hospital Physician Billing (Lydia) ***	Children/s Hospital	claims	11/7/2012 claims being denied in erro (EC 313 by Molina 11-7-2012 sent to Molina rep for review 11/27/2012 - Per DHH no resolution on IB 12-18 recgarding Beh. Health	1/1/2013	55	P3
10/16/2012	Diversified Professionals (Michelle) ***	Diversified Professionals	claims	Known issue on EC 78 by Molina for documentation on sx for organ harvesting	1/1/2013	76	P3

**SI-182 - Attachment 1: Summary listing for Complaints 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:

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
12/3/2012	Rachel Z Chatters ***	Rachel Z Chatters ***	Newborn enrollment: Dr. Chatters states that Amerigroup in particular is refusing to give her PAs to treat their members. If she tells them to send her information about contracting with them, they give her the PA. She feels that this is a liability issue when she is unable to care for or get reimbursed for her patients. She gave me an example of a newborn with a metabolic condition, where time was essential, that she had to send to another physician across town that was not familiar with the treatment. She had several members that she has treated in the past so she had to assist the physician with the logarithms and such to treat the her patient until they could get linked to CHS.	20121203 Passed the information on to supervisor Kathy Robertson who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue	1/1/2013	28	