

Provider Complaint Summary Report

Health Plan ID: 2162446
 Health Plan Name: Community Health Solutions of Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 3/1/2013
 Report Period End Date: 3/31/2013

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 ¹	# Pending or Closed >90 Days Post File Date ¹
			Claims/ Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other		
Dec-2012	Complaints Received this Month	581									
	Total Closed this Month	608	601			1		1	5		1
	Withdrawn by Provider	6	6								
	Per Internal Plan Complaint Process	580	579						1		
	Per DHH Review	1							1		
	Per DAL/State Fair Hearing										
	Other	21	16			1		1	3		1
	Total Pending (cumulative as of month end)	20	19					1		13	4
	Information needed from Provider	5	5							2	1
	Internal Plan Review	3	3							3	
	Referred to DHH	5	4					1		2	3
	Appeal Filed with DAL										
Other	7	7							6		
2012 Year to Date (YTD)	Total Complaints Received YTD	852									
	Total Closed YTD	908	885	1	9	3		2	8		
	Withdrawn by Provider	24	14		8			1	1		
	Per Internal Plan Complaint Process	821	818			2			1		
	Per DHH Review	1							1		
	Per DAL/State Fair Hearing										
Other	62	53	1	1	1		1	5			

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.

¹You 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: Community Health Solutions of Louisiana

Reporting Period: 03/01/2013-03/31/2013

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
10/24/2012	Jennah/Bayou Pediatrics	Bayou Pediatric Associates	Newborn was auto-assigned to a PCP almost 250 miles from his home address.	10/24/2012 Patient's PCP to be corrected; forwarded to Molina for payment 2/29 and 2/25.	3/5/2013	132	C4
12/3/2012	Rachel Z Chatters, ***	Rachel Z. Chatters, Lake Charles	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 her patient until they could get linked to CHS.	12/03 - passed information on to supervisor Kathy *** 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. 02/27 - spoke to Dr. Chatters again and she stated that she is still having issues seeing newborns in her office and getting paid.		118	P3
12/3/2012	Leslie ***, ***	Jeff Davis Family Medicine, Jennings; ***	Newborn enrollment: Leslie stated that when they call to get the PA to treat their newborns, particularly from Amerigroup, they are having issues. It depends on the person they speak with as to whether or not they get the PA. Also, she said that sometimes, even though they get the PA, they are not getting reimbursed.	12/03/2012 - passed the information on to supervisor Kathy *** 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. 02/06 - spoke with provider again and they stated that it wasn't as bad now that they are no longer on call for providers that take other plans, but it is still an issue when seeing newborns before they can switch to CHS.		118	P3

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12/3/2012	Chuck ***, ***	The Children's Clinic of SWLA, Lake Charles; ***	Newborn enrollment: Provider is having trouble getting paid for seeing their patients who haven't yet been linked to CHS.	12/3 - Passed the information on to supervisor Kathy *** who was going to discuss with superiors. DHH revised information bulletin 12-5 but did not address out of network payment. Maddie stated on a noon call to contract with all 5 plans to avoid this issue.		118	P3
12/11/2012	Heath ***	Louisiana Healthcare Practitioners	Unpaid claims.	Asked Heath to send claims examples. Still waiting.		110	P1
1/4/2013	Elizabeth ***	Audiological Consultants	Rejected claim.	Waiting for Elizabeth to send examples.		86	P1
Jan 30,13	Amy ***	Acadiana Medical	unpaid claims	Bethany states they received an unpaid claim . It was processed. Amy just faxed over unpaid claim.4/2/13s		60	P2
Jan 31,13	Debbie ***	Prather ENT	unpaid claims	Tpl Claims will hold onto claims and resubmit at a later date. I forward Brandon her Laffy addr		59	P2
2/18/2013	Stephanie ***	Acadiana Computer systems	unpaid claims	Previous employee did not follow up claims . On Feb 18th Stephanie sent to claims reseach I did field visit on 2/26. Spoke to her this morning faxing over remaining unpaid claims.		41	P4
2/26/2013	Dottie ***	Christus	unpaid claims	claim was rejected by CHS and resubmitted to Molina for payment on 2-28		33	P4
2/26/2013	Hillary ***	Alexandria Eye and Lase	unpaid claims	claim was rejected by CHS and resubmitted to Molina for payment on 2-28		33	P4
2/27/2013	Lyn ***	Womens Health	unpaid claims	claim was rejected by CHS and resubmitted to Molina for payment on 2-28		32	P4
2/27/2013	Tabitha	Red River ENT	unpaid claims	claim was rejected by CHS and resubmitted to Molina for payment on 2-28		32	P4

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2/28/2013	Carol	DE. Donna Breen ENT	unpaid claims	Visit 3/27 claims we looked at had been paid by CHS.		31	P4
2/5/2013	Greg ***, **	The Pediatric Center of SWLA; Sulphur; **	Stated that they are having issues with the HMS forms that they are faxing in, not getting updated in the system. He says that they have over \$100,000 in unpaid TPL claims because of this issue. Mentioned that he had spoken with Kyle *** at a meeting in Nov in regards to this and was waiting to hear back from him. Also stated on 20130219 that he may try to involve his senator.	20130211 Sent email to Kyle ***, executive director asking that he follow up with Greg. 20130219 sent a follow up email to Kyle, as Greg stated he still had not heard from him. 20130311 Confirmed with Kyle that he had spoken with Greg		54	P3
2/2/2013	Greg ***, **	The Pediatric Center of SWLA; Sulphur; **	Provider wants to know the measures that will be used to calculate the shared savings and when they will be distributed	20130208 Spoke with supervisor who informed me that we have not yet received this information from the state		57	P3
2/27/2013	Terri ***, **	Regional Physicians Network; Lake Charles; **	Provider states that they are getting denials for TPL claims when maternity is not covered. They send printouts of policy showing no dependant coverage, but we are rejecting saying we need denial from primary. Issue is, the primary sees this as a global period and they can't bill until the baby is delivered and there are different codes involved as well.	20130311 Discussed at meeting with Supervisor and Executive Director. 20130318 asked provider to send examples of claims that have been denied so that we can investigate		32	P1

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3/1/2013	Kelly ***, ***	Falgoust Eye Medical & Surgical; Lake Charles; ***	Trouble getting claim processed from 07/17/2013. Submitted several times with requested info	20130301 Spoke with Kathy about claim that was wrongfully rejected as a duplicate. Told her I would have it reprocessed. 20130303 Submitted claim to have it reprocessed and was informed that we do not reject for duplicate. It was a TPL claim that we are behind on. 20130318 checked system to see that it was rejected for lack of primary EOB when I know it was sent. I emailed claims with the information and asked them to reprocess. 20130319 was told the claim would be rescanned and image added. 20130329 Checked status and saw no update. Emailed and asked how long this process took. Told it had been added and would be reprocessed		30	P2