Provider Complaint & Appeal Summary Report

Health Plan ID: 2162934
Health Plan Name: LaCare
Health Plan Contact: ***
Contact Email: ***

Report Period Start Date: 20130301 Report Period End Date: 20130331

BAYOU HEALTH Reporting

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	By Health	Ву
Appeal Decisions	Plan	Arbitration
otal # Decisions	33	0
% Upheld	79%	0
% Overturned	21%	0
% Withdrawn	0	0

		Total # of			# of	COMPLAINTS by	ISSUE CATE	GORY		# Complaints Pending or	# Complaints Pending or	Total	Ву Арре	al Type	# Appeals Pending or	# Appeals Pending or
Reporting Period COMPLAINT	COMPLAINT STATUS	Provider Complaints	Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other	Closed 31 to	Closed >90 Days Post File Date ¹	Provider Appeals	Pre-Service Denial	Payment Denial	Closed 31 to Closed 90 Days Post D	Closed >90
	Received this Month	757	719	1	. 1	. 0	0	1	. 3!	5		37	37	,		
	Total Closed this Month	750	713	1	. 1	. 0	0	1	. 34	1 C	0	33	33			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	750	713	1	. 1	. 0	0	1	. 34	1 C	0	33	33			
	Per Independent Arbitration															
	Per DHH Review															
Mar-2013	Other (Review determined not a complaint)															
	Total Pending (cumulative as of month end)	28	26	0	0	0	0	0		2 0	0	4	4			
	Information needed from Provider															
	Internal Plan Review	28	26	0	O	0	0	0		2 0	0	4	4			
	Independent Arbitration															
	DHH Review															
	Other (Review determined not a complaint)															
	Total Complaints Received YTD	2756	2585	5	14	0	3	3	146	5		50	50			
	Total Closed YTD	2810	2637	5	15	0	5	3	145	5 14	. 0	46	46			
2013	Withdrawn by Provider															
Year to Date (YTD)	Per Internal Plan Decision/Correction	2810	2637	5	15	0	5	3	145	5 14	. 0	46	46			
	Per Independent Arbitration															
	Per DHH Decision															
	Other (Review determined not a complaint)															

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

²You 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: LaCare
Reporting Period: Mar-2013

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
No data to report							
							
							
							
							
							1

Health Plan Name: LaCare
Reporting Period: Mar-2013

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				
P5-Other	C5-Other				

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
No data to report						
				1		
				+		
				1		
	1					
	1					
	+			1		
	+					