Provider Complaints Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162934
Health Plan Name: AmeriHealth Caritas Louisiana
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 20140101
Report Period End Date: 20140131

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Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**
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	Claims Processing	Reimbursement Rates	Prior Authorization	PCP Linkages	Provider Enrollment and Credentialing	Lack of Access to Providers or Services	Provider Directory	Lack of Information /Response	Other	Total
# complaints received this month	74	1	0	0	5	2	2	2	27	113
# complaints resolved this month	66	1	0	0	5	2	2	1	3	80
# complaints pending over 30 days*	0	0	0	0	0	0	0	0	0	0
# complaints pending over 90 days*	0	0	0	0	0	0	0	0	0	0
Total complaints received YTD	74	1	0	0	5	2	2	2	27	113
Total complaints resolved YTD	66	1	0	0	5	2	2	1	3	80
# complaints pending over 30 days YTD*	0	0	0	0	0	0	0	0	0	0
# complaints pending over 90 days YTD*	0	0	0	0	0	0	0	0	0	0

Formal Claims Disputes YTD	Received	Pending	Resolved	Resolved with change to original payment
First Level Review	702	101	642	144
Second Level Review	1	1	0	0
Arbitration	0	0	0	0

*Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".

PI 182 - Attachment 1: Complaints Pending or Closed 30+ days after Original Date Filed

Health Plan Name: AmeriHealth Caritas Louisiana
Reporting Period: 01-2014

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P1-Information needed from Provider	C1-Withdrawn by Provider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	Status Category
No data to report							

Definitions

Provider Complaint	*A provider complaint is any contact- by phone, in writing, or in person, originating from a provider, and delivered to any member of health plan staff- voicing dissatisfaction with a policy, procedure, or any other communication or action by the health plan.* If this contact is part of an ongoing, active dialogue in order to solve a problem that the provider previously reported, it need not be counted as a separate complaint on the summary report. If multiple providers contact the plan about the same issue, it shall be counted as multiple complaints.
Formal Dispute	Formal Claims Disputes. Each Prepaid Bayou Health Plan is required by contract to develop an internal claims dispute process for those claims or groups of claims that have been denied or underpaid. The Level One, Level Two, and Arbitration processes for each plan are outlined in Informational Bulletin 13-2.
Claims Processing	This is a count of **all complaints received by the plan regarding claims processing issues** (e.g. incorrect payment stemming from incorrect third party liability data; lack of timely payment; payment that is in any other way inappropriate)
Reimbursement Rates	This includes complaints about insufficient reimbursement rates. If rates are in compliance with contract requirements with regard to the Medicaid fee schedule, the complaint may be counted as "resolved". However, we would like a record of complaints received on reimbursement rates even if the complaint is rooted in the Medicaid fee schedule.
Prior Authorization	Number of complaints regarding Prior Authorization (PA) requests. This should include complaints about the PA decision, or the timeliness in making a decision.
PCP Linkages	Total number of complaints related to PCP auto-assignments and patient linkage policies, procedures, or results.
Provider Enrollment and/or Credentialing	Complaints about the provider enrollment and credentialing process. (e.g. timely processing, efficiency, accuracy, etc.)
Lack of Access to Providers or Services	Total complaints from providers who report difficulty in locating specialty providers that will agree to treat members. Covered services issues should be included here.
Provider Directory	Complaints about incorrect information or lack of information shown on the provider search tool on the Bayou Health website.
Lack of Information/Response	Total number of complaints received relative to providers not being able to access needed information, delayed response times or lack of response by the Health Plan
Other	All other provider complaints that do not fit into the above categories
Formal Claims Disputes YTD	This table represents Formal Claims Disputes received in the **calendar year**
Received	Total formal disputes received at each level of the claims dispute process as described in Informational Bulletin 13-2
Pending	Total formal disputes received but yet to receive a final determination
Resolved	Total formal disputes have been resolved this calendar year
Adjusted Payment	Total of the formal disputes that resulted in a decision to make a change to the amount the original claim was adjudicated. (If no change was made as a result of the dispute, do not count in this column.) This is a subset of the number of Claims Disputes that have been resolved.
First Level Review	Refer to Informational Bulletin 13-2
Second Level Review	Refer to Informational Bulletin 13-2
Arbitration	Refer to Informational Bulletin 13-2

TAB: "A1 30+ days" Attachment 1: Complaints Pending or Closed 30+ days after Original Date Filed	
* This tab should include all complaints pending over 30 days for this calendar year. If there are complaints that are pending at the end of the year, they should be reported on the following year's report as well.	
Date Filed (YYYYMMDD)	Date complaint was received by plan
Name of Person Filing Complaint	Name of person filing the complaint
Organization	Organization most directly affiliated with Person Filing Complaint
Summary of Complaint	Brief summary of the issue that needs to be resolved
Summary of Attempts to Resolve Complaint	Summary of resolution
Date Closed (YYYYMMDD)	Date complaint was resolved
# of Days Pending	# of days this complaint has been pending at the time this report was submitted OR, if complaint has been resolved, at the time of resolution
Status Category	See status category codes