

Provider Complaints Summary Report

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact:
 Contact Email:
 Report Period Start Date: 20140201
 Report Period End Date: 20140228

BAYOU HEALTH Reporting

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 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**
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 Subject Matter: Informatics (I)

	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	87	0	1	0	2	0	1	1	3	95
# complaints resolved this month	80	0	1	0	2	0	1	2	4	90
# 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										
Total complaints received YTD	161	1	1	0	7	2	3	3	30	208
Total complaints resolved YTD										
Total complaints resolved YTD	146	1	1	0	7	2	3	3	30	194
# complaints pending over 30 days YTD*										
# complaints pending over 30 days YTD*	0	0	0	0	0	0	0	0	0	0
# complaints pending over 90 days YTD*										
# 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	1434	112	1322	244
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".