

**Provider Complaints Summary Report**

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20140101  
 Report Period End Date: 20140131

**BAYOU HEALTH Reporting**

Document ID: PI182      Revision Date: 11/01/2013  
 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 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	577		1		1	1	1		9	590
# complaints resolved this month	167									167
# complaints pending over 30 days*	1									1
# complaints pending over 90 days*										
<b>Total complaints received YTD</b>	<b>577</b>		<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>9</b>	<b>590</b>
<b>Total complaints resolved YTD</b>	<b>167</b>									<b>167</b>
<b># complaints pending over 30 days YTD*</b>	<b>1</b>									<b>1</b>
<b># complaints pending over 90 days YTD*</b>										

<b>Formal Claims Disputes YTD</b>	Received	Pending	Resolved	Resolved with change to original payment
First Level Review				
Second Level Review				
Arbitration				

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