

Provider Complaints Summary Report

Health Plan ID: 2162446
 Health Plan Name: **Community Health Solutions of Louisiana**
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 1/1/2014
 Report Period End Date: 1/31/2014

BAYOU HEALTH Reporting

Document ID: SI182 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	684	1	3	1	0	0	0	0	3	692
# complaints resolved this month	729	1	3	201	0	0	0	0	2	936
# complaints pending over 30 days*	236	0	1	200	0	0	0	0	1	438
# complaints pending over 90 days*	9	0	0	1	0	0	0	0	0	10
Total										
Total complaints received YTD	684	1	3	1	0	0	0	0	3	692
Total complaints resolved YTD	729	1	3	201	0	0	0	0	2	936
# complaints pending over 30 days YTD*	236	0	1	200	0	0	0	0	1	438
# complaints pending over 90 days YTD*	9	0	0	1	0	0	0	0	0	10

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