

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: 2/1/2014
 Report Period End Date: 2/28/2014

BAYOU HEALTH Reporting

Document ID: SI182 Revision Date: 11/01/2013
 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**
 Reporting Frequency: Monthly
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 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	447								7	454
# complaints resolved this month	379								2	381
# complaints pending over 30 days*	11									11
# complaints pending over 90 days*	9									9
Total										
Total complaints received YTD	1131	1	3	1					10	1146
Total complaints resolved YTD	1108	1	3	201					4	1317
# complaints pending over 30 days YTD*	247									247
# complaints pending over 90 days YTD*	9									9

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