

Provider Complaints Summary Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 1-Jan-14
 Report Period End Date: 31-Jan-14

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	110	4	7		13		2	4	6	146
# complaints resolved this month	100	4	14		16			2	3	139
# complaints pending over 30 days*	29				2		2	2	7	42
# complaints pending over 90 days*	2									2
Total										
Total complaints received YTD	110	4	7		13		2	4	6	146
Total complaints resolved YTD	100	4	14		16			2	3	139
# complaints pending over 30 days YTD*	29				2		2	2	7	42
# complaints pending over 90 days YTD*	2									2

Formal Claims Disputes YTD	Received	Pending	Resolved	Resolved with change to original payment
First Level Review	72	19	53	6
Second Level Review				
Arbitration				

* Please note

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

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.