

## Provider Complaints Summary Report

Health Plan ID: 2162438  
 Health Plan Name: United Healthcare Community Plan  
 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	27	6	27	4	3	7				74
# complaints resolved this month	69	6	17	4		7				103
# complaints pending over 30 days*										0
# complaints pending over 90 days*										0
<b>Total</b>										
Total complaints received YTD	27	6	27	4	3	7				74
Total complaints resolved YTD	69	6	17	4		7				103
# complaints pending over 30 days YTD*										0
# complaints pending over 90 days YTD*										0

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