

BAYOU HEALTH Reporting

Document ID:	P114
Document Name:	Grievance, Appeal, and Fair Hearing Log (redacted)
Health Plan ID:	<u>2162934</u>
Health Plan Name:	<u>LaCare</u>
Health Plan Contact:	<u>xxx</u>
Deliverable Type:	Report
Reporting Frequency:	Quarterly
Report Period Start Date:	20130401
Report Period End Date:	20130630
Report Due Date:	20130730
File Type:	Excel
Subject Matter:	Member Services (S)

Lacare
BAYOU HEALTH Grievances and Appeals Report

II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	104	38	3
Number of grievances/appeals resolved:	136	22	0
Number of State Fair Hearing level appeals withdrawn:	NA	NA	3
Number of grievances/appeals considered invalid:	1	9	NA
Average length of time to complete each grievance/appeal/State Fair Hearing:	26	12	0
Number of overturned decisions at State Fair Hearing Level:	NA	NA	0
Number of health plan appeals reversed in the member's favor:	NA	15	NA
Percentage of appeals overturned at the State Fair Hearing level:	NA	NA	0

In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?

Additional supporting documentation received

In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?

List the top 5 reasons that were most commonly the subject of grievances/appeals:

Lack of Concern/Uncaring Attitude

Clinical/Quality Care

Office Staff is Rude/Inconsiderate

Member Charged for Service

Member Alleges Practitioner Failed to Treat Member's Condition

Additional Information Required for Annual Report Submission

	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year 2013:			
Percentage of appeals reversed in Contract Year 2013:	NA		

LaCare Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	39	0	0
2	Accessibility of office	10	0	0
3	Attitude/Service of staff	82	0	0
4	Quality of office, building	0	0	0
5	Timeliness	0	0	0
6	Billing and Financial issues	13	0	0
7	Clinical Criteria Not Met - Durable Medical Equipment	0	4	0
8	Clinical Criteria Not Met - Inpatient Admissions	0	0	0
9	Clinical Criteria Not Met - Medical Procedure	0	3	0
10	Prior or Post Authorization	11	30	0
11	Lack of Information from Provider	0	1	1
12	Level of Care Dispute	0	0	0
13	Not a State Plan Services	0	1	0
14	Other (Must provide description in narrative column of Summary Reports)	16	3	2
TOTALS		171	42	3

DO NOT ADD OR CHANGE REASON CODES