

Provider Complaint & Appeal Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130401
 Report Period End Date: 20130430

Document ID: PI182
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	567	
% Upheld	83%	
% Overturned	17%	
% Withdrawn		

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Apr-2013	Received this Month	1428	1358	14	10	9	9	8	20		777		777			
	Total Closed this Month	1451	1393	10	10	9	6	8	15		567		567			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision		1369	6	8	9	6		15				567			
	Per Independent Arbitration															
	Per DHH Review									1						
	Other		24	4	2			8								
	Total Pending (cumulative as of month end)	256	244	4			3		5		291		291			
	Information needed from Provider						1		1							
	Internal Plan Review		2	4			2		4				291			
	Independent Arbitration															
	DHH Review															
Other																
2013 Year to Date (YTD)	Total Complaints Received YTD	5497	5260	36	63	19	22	31	66		2118		2118			
	Total Closed YTD	5988	5773	29	62	18	18	31	57		1677		1677			
	Withdrawn by Provider		4		23		2									
	Per Internal Plan Decision/Correction		5707	14	28	13	16	5	48				1677			
	Per Independent Arbitration															
	Per DHH Decision		2		1				2							
Other		60	15	10	5		26	7								

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.
 Reporting Period: 20130401 - 20130430

Status Category Codes	
Pending	Closed
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision
P3-Per Independent Arbitration	C3-Per Independent Arbitration
P4-Referred to DHH	C4-Per DHH Review
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
20120925	***	RHC	Claims denying of services outside RHC services. if it an acceptable billing practice to allow them to bill using the RHC TIN but be reimbursed for services beyond the T1015? And if so, are there any limitations on what they can bill for beyond the T1015.	Operations has established a large for claims project - anticipated completion date 4/12/13	4/19/2013	206	P5