

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130601
 Report Period End Date: 20130630

BAYOU HEALTH Reporting

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	779	
% Upheld	79%	
% Overturned	19%	
% Withdrawn	2	

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		
Jun-2013	Received this Month	799	765	10	4	6		9	5		624		624			
	Total Closed this Month	754	726	10	3	6		9			779		779			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision		696	7	3	1										
	Per Independent Arbitration															
	Per DHH Review															
	Other		30	3		5		9								
	Total Pending (cumulative as of month end)	362	356		1				5		445		445			
	Information needed from Provider															
	Internal Plan Review		356		1				5	1			445			
	Independent Arbitration															
	DHH Review															
Other																
2013 Year to Date (YTD)	Total Complaints Received YTD	6301	6025	46	72	25	22	40	71		3403		3403			
	Total Closed YTD	6747	6499	39	70	24	18	40	57		2611		2611			
	Withdrawn by Provider		4		23		2									
	Per Internal Plan Decision/Correction		6403	21	36	14	16	5	48				2611			
	Per Independent Arbitration															
	Per DHH Decision		2		1				2							
Other		90	18	10	10		35	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: 20130601 - 20130630

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
5/23/2013	***		Claims Sweep	2		37	P2

PI 182 - Attachment 2: Summary listing of Appeals 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: 20130601 - 20130630

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
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
N/A						