

# Provider Complaint Summary Report

Health Plan ID: 2162446  
 Health Plan Name: Community Health Solutions of Louisiana  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 6/1/2013  
 Report Period End Date: 6/30/2013

# BAYOU HEALTH Reporting

Document ID: SI182  
 Document Name: PROVIDER COMPLAINT SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Reporting Period	COMPLAINT STATUS	Total # of Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Pending or Closed >90 Days Post File Date <sup>1</sup>
			Claims/Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information/Response	Other		
May-2013	<b>Complaints Received this Month</b>	117									
	<b>Total Closed this Month</b>	77	76						1	7	2
	Withdrawn by Provider	8	8								
	Per Internal Plan Complaint Process	33	32						1	2	1
	Per DHH Review	5	5							4	
	Per DAL/State Fair Hearing										
	Other	31	31							1	1
	<b>Total Pending (cumulative as of month end)</b>	156	150		5				1	113	2
	Information needed from Provider	3	3							2	1
	Internal Plan Review	152	146		5				1	111	
	Referred to DHH										1
	Appeal Filed with DAL										
Other	1	1									
2013 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	1379									
	<b>Total Closed YTD</b>	1396	1352	1	18	13		2	10		
	Withdrawn by Provider	51	38		11			1	1		
	Per Internal Plan Complaint Process	1227	1210		6	9			2		
	Per DHH Review	7	6						1		
	Per DAL/State Fair Hearing										
Other	111	98	1	1	4		1	6			

This purpose of this report is to capture and track the volume, type and status of PROVIDER complaints. A complaint includes any provider dispute of the CCN's policies, procedures, or any aspect of the CCNs administrative functions. **It DOES NOT include any provider appeals for the denial, reduction or suspension of medically necessary services nor any grievances or appeals filed by providers on behalf of members**, those are reported on the State Fair Hearing reports. Complaints should be relevant to Health Plan specific policies and practices and NOT to individual claim items. Please refer to Definitions for status & category details.

<sup>1</sup>You must submit a complaint summary sheet detailing all pending or closed (A1) complaints not resolved within 30 to 90 days a(see format on "SI 182-attachment" TABS)

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

Health Plan Name: Community Health Solutions of Louisiana

Reporting Period: 06/01/2013-06/30/2013

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
12/11/2012	Heath ***	Louisiana Healthcare Practitioners	Unpaid claims.	Complaint closed - lack of response from provider (never received claims examples).	6/1/2013	173	C2
2/18/2013	Stephanie ***	Acadiana Computer systems	unpaid claims	Previous employee did not follow up claims . On Feb 18th Stephanie sent to claims reseach. 06/01 - Resolved.	6/1/2013	103	C4
2/2/2013	Greg ***,**	The Pediatric Center of SWLA; Sulphur; **	Provider wants to know the measures that will be used to calculate the shared savings and when they will be distributed	20130208 Spoke with supervisor who informed me that we have not yet received this information from the state		118	P3
2/27/2013	Terri ***,**	Regional Physicians Network; Lake Charles; **	Provider states that they are getting denials for TPL claims when maternity is not covered. They send printouts of policy showing no dependant coverage, but we are rejecting saying we need	20130311 Discussed at meeting with Supervisor and Executive Director. 20130318 asked provider to send examples of claims that have been denied so that we can investigate		93	P1
3/18/2013	Shay ***,**	Lake Charles Memorial Hospital	Maternity claim where primary paid zero was denied by Molina.	ANSI code issue. Resubmitting.	6/1/2012	74	C2
3/21/2013	Ginger ***	Children's Clinic	Newborn in hospital changed plans on the first of the month and CHS is denying professional claims	Sent to claims research		71	P2
4/18/2013	Melonie ***,**		Not getting paid for facility portion of ultrasounds, only professional. Rejected as duplicates.	Claims research has tried contacting provider, no response.		43	P2
4/30/2013	Lois	Maternal Fetal Medicine; BR; **	CHS requiring back up that Medicaid did not pay on biophysical claims.	06/18/2013 - CHS made system adjustments and notified provider.	6/18/2013	49	C3

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P4-Other	C4-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
5/1/2013	Alice, ***	***	CHS requiring back up that Medicaid did not pay on biophysical claims.	Examples of claims were not CHS or biophysical. Requested examples with proper diagnosis code. 06/18/2013 - CHS made system adjustments and notified provider.	6/18/2013	48	C3
5/10/2013	Leslie ***	North Oaks Peds, ***	TPL claims	Claims reprocessed.	6/19/2013	40	C2
5/14/2013	Faith ***	Stretch Clinic, Natchez	Unpaid claims	Waiting on examples from provider		47	P1
5/14/2013	Nikki ***	Natchez General Hospital	Unpaid claims	Waiting on examples from provider		47	P1
5/21/2013	Holley *** (***)	Natchitoches Peds	Provider in our system is inactive with Molina.	Instructed provider to call Molina.		40	P2
5/21/2013	LaNetra *** (***)	Desoto Healthcare	PMPM payments made in error.	Was not corrected on the June PMPM.		40	P2
5/22/2013	April *** (***)	Children's Hospital	Claim denied for new patient - physician has never seen patient.	Both providers have code 37 for Peds listed as specialty. Instructed them to correct their status with Molina.	6/24/2013	33	C4