

2013 Amerigroup Louisiana, Inc.
BAYOU HEALTH Grievances and Appeals Report

I. Contact Information

Date: **10/15/2013**

Health Plan Name: **Amerigroup Louisiana, Inc.**

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II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	175	166	4
Number of grievances/appeals resolved:	165	162	4
Number of State Fair Hearing level appeals withdrawn:	N/A	NA	0
Number of grievances/appeals considered invalid:	0	9 dism 7 withd	2 dismissed
Average length of time to complete each grievance/appeal/State Fair Hearing:	5.12	11.06	52
Number of overturned decisions at State Fair Hearing Level:	N/A	NA	0
Number of health plan appeals reversed in the member's favor:	N/A	27	0
Percentage of appeals overturned at the State Fair Hearing level:	N/A	NA	0

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

Additional information received with the appeal

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

NA

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

1 Appeal - Inpatient criteria not met (57); Grievances-Transportation (47)

2 Appeal - Pharmacy issues (57); Grievances-Billing and Financial issues (21)

3 Appeal - Authorization issues (16); Grievances- Level of Care Dispute (19)

4 Appeal - Out of Network issues (10); Grievances- Attitude/Service of staff (13)

5 Appeal - DME criteria not met (10); Grievances- Pharmacy (6)

Additional Information Required for Annual Report Submission

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

Amerigroup Louisiana, Inc. Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	3	0	0
2	Accessibility of office	4	0	0
3	Attitude/Service of staff	13	0	0
4	Quality of office, building	1	0	0
5	Timeliness	0	0	0
6	Billing and Financial issues	21	1	0
7	Clinical Criteria Not Met - Durable Medical Equipment	3	10	0
8	Clinical Criteria Not Met - Inpatient Admissions	0	57	0
9	Clinical Criteria Not Met - Medical Procedure	0	10	0
10	Prior or Post Authorization	2	16	0
11	Lack of Information from Provider	4	0	0
12	Level of Care Dispute	19	0	0
13	Not a State Plan Services	0	1	0
14	Other (Must provide description in narrative column of Summary Reports)	105	67	4
TOTALS		175	162	4
DO NOT ADD OR CHANGE REASON CODES				