

# 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: 20130701  
 Report Period End Date: 20130731

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	744	
% Upheld		
% Overturned		
% Withdrawn		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 <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Jul-2013	Received this Month	691	660	8	3	5				15		971	971			
	Total Closed this Month	704	677	6	3	4	0	9	5		744	744				
	Withdrawn by Provider	1				1										
	Per Internal Plan Action/Decision	677	664	4	3	3				3	744	744				
	Per Independent Arbitration															
	Per DHH Review	0														
	Other	26	13	2				9	2							
	Total Pending (cumulative as of month end)	276	271	2	0	1	0	0	2	3	227	227				
	Information needed from Provider	0														
	Internal Plan Review	276	271	2		1			2	3	227	227				
	Independent Arbitration															
	DHH Review	0														
Other	0															
2013 Year to Date (YTD)	Total Complaints Received YTD	6301	6685	54	75	30	22	49	86		4374	4374				
	Total Closed YTD	6747	7176	45	73	28	18	49	62		3355	3355	0			
	Withdrawn by Provider		4		23	1	2									
	Per Internal Plan Decision/Correction		7067	25	39	17	16	5	51	3		3355				
	Per Independent Arbitration															
	Per DHH Decision		2		1				2							
Other		103	20	10	10			44	9							

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

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