

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: 7/1/2013
 Report Period End Date: 7/31/2013

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 ¹	# Pending or Closed >90 Days Post File Date ¹
			Claims/Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information/Response	Other		
May-2013	Complaints Received this Month	1170									
	Total Closed this Month	1222	1195		12	2	1	2	10		2
	Withdrawn by Provider	33	32						1		
	Per Internal Plan Complaint Process	1180	1156		12	2	1	2	7		
	Per DHH Review	4	3						1		2
	Per DAL/State Fair Hearing										
	Other	5	4						1		
	Total Pending (cumulative as of month end)	56	54			1			1	21	6
	Information needed from Provider	51	51								
	Internal Plan Review	3	1			1			1	20	6
	Referred to DHH	1	1								
	Appeal Filed with DAL										
	Other	1	1							1	
2013 Year to Date (YTD)	Total Complaints Received YTD	2549									
	Total Closed YTD	2618	2547	1	30	15	1	4	20		
	Withdrawn by Provider	84	70		11			1	2		
	Per Internal Plan Complaint Process	2407	2366		18	11	1	2	9		
	Per DHH Review	11	9						2		
	Per DAL/State Fair Hearing										
Other	116	102	1	1	4		1	7			

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.

¹You 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)