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: 9/1/2013
Report Period End Date: 9/30/2013

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[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		
Sep-2013	**Complaints Received this Month**	44									
	Total Closed this Month	28	21		1	1			5	55	
	Withdrawn by Provider	3	3								
	Per Internal Plan Complaint Process	22	17		1	1			3	54	
	Per DHH Review										
	Per DAL/State Fair Hearing										
	Other	3	1						2	1	
	Total Pending (cumulative as of month end)	17	15		2					3	1
	Information needed from Provider	2	2								
	Internal Plan Review	12	12							1	
	Referred to DHH	1	1								1
	Appeal Filed with DAL										
	Other	2			2					2	
2013 Year to Date (YTD)	**Total Complaints Received YTD**	2710									
	Total Closed YTD	2761	2671	1	33	16	1	6	33		
	Withdrawn by Provider	89	74		11			2	2		
	Per Internal Plan Complaint Process	2540	2485		21	12	1	3	18		
	Per DHH Review	11	9						2		
	Per DAL/State Fair Hearing										
	Other	121	103	1	1	4		1	11		

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.

[1]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)