

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162934
 Health Plan Name: LaCare
 Health Plan Contact: ***
 Contact Email:
 Report Period Start Date: 20130701
 Report Period End Date: 20130731

BAYOU HEALTH Reporting

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	32	0
% Upheld	56%	0
% Overturned	44%	0
% Withdrawn	0	0

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²	
			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	1303	1216	1	1	0	4	17	64			40	40				
	Total Closed this Month	1279	1195	2	2	1	3	14	62	2	0	32	32		0	0	
	Withdrawn by Provider																
	Per Internal Plan Action/Decision	1279	1195	2	2	1	3	14	62	2	0	32	32		0	0	
	Per Independent Arbitration																
	Per DHH Review																
	Other (Review determined not a complaint)																
	Total Pending (cumulative as of month end)	123	112	0	0	0	1	6	4	0	0	8	8		0	0	
	Information needed from Provider																
	Internal Plan Review	123	112	0	0	0	1	6	4	0	0	8	8		0	0	
	Independent Arbitration																
DHH Review																	
Other (Review determined not a complaint)																	
2013 Year to Date (YTD)	Total Complaints Received YTD	7487	7101	9	18	1	8	47	303			143	143				
	Total Closed YTD	7446	7067	9	19	1	9	41	300	17	0	135	135		0	0	
	Withdrawn by Provider																
	Per Internal Plan Decision/Correction	7446	7067	9	19	1	9	41	300	17	0	135	135		0	0	
	Per Independent Arbitration																
	Per DHH Decision																
Other (Review determined not a complaint)																	

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

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