

**Provider Complaint & Appeal Summary Report**

Health Plan ID: 2162934  
 Health Plan Name: LaCare  
 Health Plan Contact: \*\*\*  
 Contact Email:  
 Report Period Start Date: 20130801  
 Report Period End Date: 20130831

**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           | 66             | 0              |
| % Upheld                    | 68%            | 0              |
| % Overturned                | 32%            | 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| % Withdrawn                 | 0              | 0              |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 <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 |   |  |  |  |  |
| Aug-2013                                  | Received this Month                               | 1440                           | 1341                              | 0                | 0             | 0                        | 8                           | 16                            | 75    |  |   | 66                     | 66                 |                |   |  |  |  |  |
|   | <b>Total Closed this Month</b>                    | 1355                           | 1253                              | 0                | 0             | 0                        | 9                           | 18                            | 75    | 2  | 0   | 71                     | 71                 |                | 2   | 0  |  |  |  |
|   | Withdrawn by Provider                             |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Per Internal Plan Action/Decision                 | 1355                           | 1253                              | 0                | 0             | 0                        | 9                           | 18                            | 75    | 2  | 0   | 66                     | 66                 |                | 1   | 0  |  |  |  |
|   | Per Independent Arbitration                       |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Per DHH Review                                    |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Other (Review determined not a complaint)         |                                |                                   |                  |               |                          |                             |                               |       |  |   | 5                      | 5                  |                | 1   | 0  |  |  |  |
|   | <b>Total Pending (cumulative as of month end)</b> | 208                            | 200                               | 0                | 0             | 0                        | 0                           | 4                             | 4     | 0  | 0   | 3                      | 3                  |                | 0   | 0  |  |  |  |
|   | Information needed from Provider                  |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Internal Plan Review                              | 208                            | 200                               | 0                | 0             | 0                        | 0                           | 4                             | 4     | 0  | 0   | 3                      | 3                  |                | 0   | 0  |  |  |  |
|   | Independent Arbitration                           |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | DHH Review  |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
| Other (Review determined not a complaint) |   |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
| 2013<br>Year to Date (YTD)                | <b>Total Complaints Received YTD</b>              | 8927                           | 8442                              | 9                | 18            | 1                        | 16                          | 63                            | 378   |  |   | 209                    | 209                |                |   |  |  |  |  |
|   | <b>Total Closed YTD</b>                           | 8801                           | 8320                              | 9                | 19            | 1                        | 18                          | 59                            | 375   | 19   | 0   | 206                    | 206                |                | 2   | 0  |  |  |  |
|   | Withdrawn by Provider                             |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Per Internal Plan Decision/Correction             | 8801                           | 8320                              | 9                | 19            | 1                        | 18                          | 59                            | 375   | 19   | 0   | 201                    | 201                |                | 1   | 0  |  |  |  |
|   | Per Independent Arbitration                       |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
|   | Per DHH Decision                                  |                                |                                   |                  |               |                          |                             |                               |       |  |   |                        |                    |                |   |  |  |  |  |
| Other (Review determined not a complaint) |   |                                |                                   |                  |               |                          |                             |                               |       |  | 5   | 5                      |                    | 1              | 0   |  |  |  |  |

<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.