

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: ***
 Contact Email:
 Report Period Start Date: 20130901
 Report Period End Date: 20130930

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	48	0
% Upheld	69%	0
% Overturned	31%	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% Withdrawn	0	0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		
Sep-2013	Received this Month	991	928	1	1	0	4	1	56		59	59				
	Total Closed this Month	1076	1009	1	1	0	3	5	57	4	0	50	50	0	0	
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	1076	1009	1	1	0	3	5	57	4	0	48	48	0	0	
	Per Independent Arbitration															
	Per DHH Review															
	Other (Review determined not a complaint)											2	2	0	0	
	Total Pending (cumulative as of month end)	123	119	0	0	0	1	0	3	0	0	12	12	0	0	
	Information needed from Provider															
	Internal Plan Review	123	119	0	0	0	1	0	3	0	0	12	12	0	0	
	Independent Arbitration															
	DHH Review															
Other (Review determined not a complaint)																
2013 Year to Date (YTD)	Total Complaints Received YTD	9918	9370	10	19	1	20	64	434		268	268				
	Total Closed YTD	9877	9329	10	20	1	21	64	432	23	0	256	256	2	0	
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction	9877	9329	10	20	1	21	64	432	23	0	249	249	1	0	
	Per Independent Arbitration															
	Per DHH Decision															
Other (Review determined not a complaint)											7	7	1	0		

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.