

## Provider Complaint Summary Report

Health Plan ID: 2162438  
 Health Plan Name: United Healthcare Community Plan  
 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 <sup>1</sup> | # Pending or Closed >90 Days Post File Date <sup>1</sup> |
|----------------------------|---|-----------------------|-----------------------------------|------------------|---------------|--------------------------|-----------------------------|------------------------------|-------|---|--|
|                            |   |                       | Claims/Payment                    | Covered Services | PAs/Referrals | PCP Auto-Assign/Linkages | Provider Registry/Directory | Lack of Information/Response | Other |   |  |
| Jul-2013                   | <b>Complaints Received this Month</b>             | 68                    | 50                                |                  | 17            |                          |                             |                              | 1     |   |  |
|                            | <b>Total Closed this Month</b>                    | 59                    | 41                                |                  | 17            |                          |                             |                              | 1     | 3   | 14   |
|                            | Withdrawn by Provider                             |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Per Internal Plan Complaint Process               | 59                    | 41                                |                  | 17            |                          |                             |                              | 1     | 3   | 14   |
|                            | Per DHH Review                                    |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Other   |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | <b>Total Pending (cumulative as of month end)</b> | 62                    | 62                                |                  |               |                          |                             |                              |       | 43  | 19   |
|                            | Information needed from Provider                  |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Internal Plan Review                              | 62                    | 62                                |                  |               |                          |                             |                              |       | 43  | 19   |
|                            | Referred to DHH                                   |                       |                                   |                  |               |                          |                             |                              |       |   |  |
| Other                      |   |                       |                                   |                  |               |                          |                             |                              |       |   |  |
| 2013<br>Year to Date (YTD) | <b>Total Complaints Received YTD</b>              | 1018                  | 932                               |                  | 58            | 2                        | 1                           | 12                           | 13    |   |  |
|                            | <b>Total Closed YTD</b>                           | 1280                  | 1194                              |                  | 58            | 2                        | 1                           | 12                           | 13    |   |  |
|                            | Withdrawn by Provider                             |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Per Internal Plan Complaint Process               | 1280                  | 1194                              |                  | 58            | 2                        | 1                           | 12                           | 13    |   |  |
|                            | Per DHH Review                                    |                       |                                   |                  |               |                          |                             |                              |       |   |  |
| Other                      |   |                       |                                   |                  |               |                          |                             |                              |       |   |  |

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.

<sup>1</sup>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)