Provider Complaint Summary Report

Health Plan ID: 2162438
Health Plan Name: United Healthcare Community Plan
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 8/1/2013
Report Period End Date: 8/31/2013

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[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		
Aug-2013	**Complaints Received this Month**	53	26		25				2		
	Total Closed this Month	67	40		25				2	0	0
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	67	40		25				2	0	0
	Per DHH Review										
	Other										
	Total Pending (cumulative as of month end)	92	92							47	42
	Information needed from Provider										
	Internal Plan Review	92	92							47	42
	Referred to DHH										
	Other										
2013 Year to Date (YTD)	**Total Complaints Received YTD**	1071	958		83	2	1	12	15		
	Total Closed YTD	1344	1231		83	2	1	12	15		
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	1344	1231		83	2	1	12	15		
	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.

[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)