

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20121001
 Report Period End Date: 20121031

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	243	
% Upheld	76%	
% Overturned	24%	
% Withdrawn	0	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		
Oct-2012	Received this Month	1519	1463	11	4	11		10	20			329		329		
	Total Closed this Month	1266	1228	8	4	11		5	10			243		243		
	Withdrawn by Provider															
	Per Internal Plan Action/Decision		1215	4	3	7			8	1				243		
	Per Independent Arbitration															
	Per DHH Review		1		1				1							
	Other		12	4		4		5	1							
	Total Pending (cumulative as of month end)	655	637	3				5	10			86		86		
	Information needed from Provider							1								
	Internal Plan Review		636	3					8	1				86		
	Independent Arbitration															
	DHH Review		1							1						
Other							4	2								
2012 Year to Date (YTD)	Total Complaints Received YTD	3477	2382	274	48	58	64	52	599			1214		1214		
	Total Closed YTD	2603	1849	368	11	44	12	43	276			946		946		
	Withdrawn by Provider		14			7	4									
	Per Internal Plan Decision/Correction		1793	352	7	26	7	23	260					946		
	Per Independent Arbitration															
	Per DHH Decision		1						2							
Other		41	16	4	11	1	20	14								

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.

Note for DHH: Amerigroup Louisiana, Inc. has included in this report those items that we have previously considered to be routine inquiries in order to comply with DHH's definition of a complaint as we understood DHH to articulate during the June 14, 2012 reporting meeting - to include any expression of displeasure that cannot be resolved immediately at the time reported to the CCN. Please note that the numbers reflected in this report may include duplication counts of complaints as the complaint is often received by multiple sources. Amerigroup is working to better automate this report and hopes to have a solution in place for future reporting that will eliminate any duplicate counts as well as a solution for the categorical breakdown of total numbers reported.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.

Reporting Period: 20121001 - 20121031

Status Category Codes	
Pending	Closed
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision
P3-Per Independent Arbitration	C3-Per Independent Arbitration
P4-Referred to DHH	C4-Per DHH Review
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
1-Aug	***	OLOL	Specialist claims are not paying because they are not loaded in Facets- they are not credentialed	The reason the claims are denying is because the doctors were not credentialed- the doctors have recently been approved for delegated credentialing on 10/9/12- from here the doctors will be loaded in the system as par and we will be able to run a claims report and pay all the claims accordingly.		92	P2
9-Aug	***	Ocean Dental	They need to know if they need a contract with Amerigroup or not - trying to find out if Amerigroup covers code D7240 tooth # 1, 17, 16, 32. or do they just need to contract with Scion	Called Scion to try to find out about their coverage could not find out LA not in system yet. Called our NCC to try to find out if we cover code...no one knows. Asked Gina Waild and she asked me to email Kimberly Taylor. No response to date	11/6/2012	83	P2
25-Sep	***	RHC -	Claims denying of services outside RHC services. if it an acceptable billing practice to allow them to bill using the RHC TIN but be reimbursed for services beyond the T1015? And if so, are there any limitations on what they can bill for beyond the T1015.	Operations reached out to the state to determine if this is acceptable. Provide cash advance to provider for the claims that denied until issue is resolved.		35	P4

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.
Reporting Period: 20121001 - 20121031

Status Category Codes	
Pending	Closed
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision
P3-Per Independent Arbitration	C3-Per Independent Arbitration
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category