

# Provider Complaint & Appeal Summary Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20121101  
 Report Period End Date: 20121130

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	294	
% Upheld	86%	
% Overturned	14%	
% Withdrawn	0	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 <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		
Nov-2012	<b>Received this Month</b>	1445	1389	17	12	5	2	9	11			448	448			
	<b>Total Closed this Month</b>	1290	1246	16	7	5	2	5	9			294	294			
	Withdrawn by Provider		1						1							
	Per Internal Plan Action/Decision		1224	10	5	1	2		2	1			294			
	Per Independent Arbitration															
	Per DHH Review		1													
	Other		20	6	2	4		5	6							
	<b>Total Pending (cumulative as of month end)</b>	743	728	3	4			4	4			154	154			
	Information needed from Provider		1							1						
	Internal Plan Review		725	1					3				154			
	Independent Arbitration															
	DHH Review			2						1						
Other		2		4				4	1	2						
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	4922	3771	291	60	63	66	61	610			1662	1662			
	<b>Total Closed YTD</b>	3893	3095	384	18	49	14	48	285			1240	1240			
	Withdrawn by Provider		15			7	4		1							
	Per Internal Plan Decision/Correction		3017	362	12	27	9	23	262				1240			
	Per Independent Arbitration															
	Per DHH Decision		2						2							
Other		61	22	6	15	1	25	20								

<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.

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: 20121101 - 20121130

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
20120801	***	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.	10/9/2012	70	P2
20120925	***	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.		66	P4
20121002	***	Minden Physician Practices	They have six locations. This contract was submitted in April and never excetuted. I have been trying to get it needed inoramtion and to get the information we have loaded.	Complete the loading		59	P1

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
20121010	***	Ark-La-Tex Cardiology	All providers have not been loaded in a timely manner	I am follow up every day to try to move all providers to a PAR status. As of 12/7/2012 All but three providers are PAR		51	P5
20121016	***	Pediakare de Louisiana, LLC	Claims denying of services Peidatric day care services. Provider non par - not credentialed.	Emailed provder correct rate sheet and contract and expediated credentialing process. Loaded rates to pay non- par claims. Created large claim project.		45	P5

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:** 20121101 - 20121130

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