

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: 20121201
 Report Period End Date: 20121231

Document ID: PI182
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
 Reporting Frequency: Monthly
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 File Type: Excel
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	203	
% Upheld	74%	
% Overturned	26%	
% Withdrawn		

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		
Dec-2012	Received this Month	1379	1318	8	8	9		13	23			282		282		
	Total Closed this Month	1256	1201	5	8	9		13	20			203		203		
	Withdrawn by Provider									1						
	Per Internal Plan Action/Decision		1188	1	8	6		10	19					203		
	Per Independent Arbitration															
	Per DHH Review															
	Other		13	4		3		3	1	2						
	Total Pending (cumulative as of month end)	868	861	3					4			79		79		
	Information needed from Provider		1							1						
	Internal Plan Review		859	3					3					79		
	Independent Arbitration															
	DHH Review										1					
Other		1						1								
2012 Year to Date (YTD)	Total Complaints Received YTD	6301	5089	299	68	72	66	74	633			1944		1944		
	Total Closed YTD	5149	4296	389	26	58	14	61	305			1443		1443		
	Withdrawn by Provider		15			7	4		1							
	Per Internal Plan Decision/Correction		4205	363	20	33	9	33	281					1443		
	Per Independent Arbitration															
	Per DHH Decision		2						2							
Other		74	26	6	18	1	28	21								

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.

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: 20121201 - 20121231

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
25-Sep-12	***	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. 12/18/12 Provider signed the Cash advance agreement.		91	P4
2-Oct	***	Minden Physician Practices	They have six locations. This contract was submitted in April and never executed. I have been trying to get it needed information and to get the information we have loaded.	Complete the loading	12/28/2012	87	P1
10-Oct	***	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	12/10/2012	59	P5

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
15-Oct	***	Alferez, LLC	Provider complaint - credentialing issue	Provider request not received. Sent provider contract and application for completion and advised provider to get it back quickly so that we could expedite it. However, provider has not returned information to date.		77	P1
10/16/2012	***	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.	12/12/2012	57	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:
Reporting Period: MMM-YYYY

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