

# Provider Complaint Summary Report

Health Plan ID: 2162446  
 Health Plan Name: Community Health Solutions  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 10/1/2012  
 Report Period End Date: 10/31/2012

# 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		
Oct-2012	<b>Complaints Received this Month</b>	80	64	0	3	4	0	1	8		
	<b>Total Closed this Month</b>	21	11	0	2	2	0	1	5		
	Withdrawn by Provider	0	0	0	0	0	0	0	0		
	Per Internal Plan Complaint Process	21	11	0	2	2	0	1	5	4	
	Per DHH Review	0	0	0	0	0	0	0	0		
	Other	0	0	0	0	0	0	0	0		
	<b>Total Pending (cumulative as of month end)</b>	72	64	0	1	4	0	0	3		
	Information needed from Provider	12	12	0	0	0	0	0	0		
	Internal Plan Review	46	41	0	1	2	0	0	2		
	Referred to DHH	0	0	0	0	0	0	0	0	1	
Other	14	11	0	0	2	0	0	1			
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	125	90	0	10	6	2	1	16		
	<b>Total Closed YTD</b>	37	14	0	8	2	2	1	10		
	Withdrawn by Provider	0	0	0	0	0	0	0	0		
	Per Internal Plan Complaint Process	37	14	0	8	2	2	1	10		
	Per DHH Review	0	0	0	0	0	0	0	0		
	Other	0	0	0	0	0	0	0	0		

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)

SI-182 - Attachment 1: Summary listing for Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after

Original Date Filed

Health Plan Name: Community Health Solutions

Reporting Period: October, 2012

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
8/1/2012		Ingram, Riverland, Ferriday Clinic, Pediatric & Adolescent Clinic, LaSalle Primary, Seki Practice, Natchez Adloscent and Peds	Patients on our audit list were not with these PCPs as patients or the patients had not been treated since the implementation of Bayou Health	Internal discussion has occurred with the LA Quality Management Nurse as well as one of our computer programmers in FL	10/24/2012	85	C2
8/1/2012	Nicole	Dr. Christina Goodridge	Provider states Molina denied requesting documentation required for use of modifier 22.	This issue has been discussed with Molina on various occasions.		61	P5
8/28/2012		Rapides Primary Health	Member complaint submitted to CHS provider services representative - stating he was not getting the medication he felt he needed	Have forwarded to the LA Quality Mangement Nurse as of 9/27/12; QM Nurse spoke w/patient - stated he was fine.	9/30/2012	33	C2
9/5/2012	Pat ***	Pedicons	Pat *** stated that their check Writes are thousands of dollars lower than their normal weekly checks	BST followed up with provider and corporate office at CHS for research on this matter; Molina had missed 2 pay cycles due to technology issues. Also, CHS determined 6 files in reconciliation from 2/2012 that had never been documented.	10/5/2012	30	C2
9/24/2012	Courtney ***	St. Philip Clinic	EPSDT reports are not accurate from DDS - Courtney needs to know when and how these reports will be updated so the reports they pull are accurate	Corrected EPSDT reports were posted on the website.	10/25/2012	31	C2