

Provider Complaint Summary Report

Health Plan ID:
 Health Plan Name: Community Health Solutions of La.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 11/1/2012
 Report Period End Date: 11/30/2012

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 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		
Dec-2012	Complaints Received this Month	20	11	0	2	2	0	0	5		
	Total Closed this Month	11	3	0	0	2	0	0	6	0	0
	Withdrawn by Provider	0	0	0	0	0	0	0	0	0	0
	Per Internal Plan Complaint Process	3	0	0	0	1	0	0	1	0	0
	Per DHH Review	2	2	0	0	1	0	0	0	0	0
	Per DAL/State Fair Hearing	0	0	0	0	0	0	0	0	0	0
	Other	6	1	0	0	0	0	0	5	0	0
	Total Pending (cumulative as of month end)	56	54	0	2	0	0	0	0	39	0
	Information needed from Provider	15	15	0	0	0	0	0	0	16	0
	Internal Plan Review	30	30	0	0	0	0	0	0	15	0
	Referred to DHH	6	4	0	2	0	0	0	0	0	0
	Appeal Filed with DAL	0	0	0	0	0	0	0	0	0	0
Other	5	5	0	0	0	0	0	0	8	0	
2012 Year to Date (YTD)	Total Complaints Received YTD	169									
	Total Closed YTD	61									
	Withdrawn by Provider	0									
	Per Internal Plan Complaint Process	53									
	Per DHH Review	2									
	Per DAL/State Fair Hearing	0									
Other	6										

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.

¹You 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:

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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
11/16/2012	LOLO in B.R. Susan **** or April ****	LOLO	claims-Host of issues 11/16/2012 sent email to April	11/16/2012		26	P1
10/24/2012	Broussard Physical Therapy (Janice ****) ****	Broussard PT	claims via fax-NPI not registered with La. MCD	10/24/2012provider is going to call Molina and get numbers registerd with Molina. 10-25-2012 BST f/up and provider had question so # was given to Molina. Email sent asking for follow-up so claims could be reprocessed.		48	P1
10/23/2012	Audiology Associates (Doug) ****	Audiology Associates	claims	11/8/2012 sent to S Hockenberry for research		50	P2
10/10/2012	Elias Jr MD - Darryl OBGYN (Jena) in Jennings, LA ****	Elias Darryl, OBYN	claims	documentaion needed		63	P1
10/1/2012	Hardtner Medical Center (Debbie **** or Shanna ****-MCD Biller) ****	Hardtner	claims	10/17/2012BST called and emailed provider to ask them to send copy of EOR or RA		72	P1
10/16/2012	Heinen MD, Monty N. (Eunice, LA)	Heinen, MD	claims	documentation needed for ultrasounds		57	P1
10/19/2012	Manuel Medical Clinic, Inc (Cynthia ****)	Manuel Medical Clinic	claims	claims not being paid per provider. Need more information to research		54	P1
11/6/2012	Mercy Regional Medical Center in Eunice ****	Mercy Regional	claims	provider states that Molina not received documentation		36	P2
10/9/2012	Pediatric Clinic of Westbank	Pediatric Clinic of Westbank	claimes	10/22/2012left message for Emily with requirement for additional information		64	P1

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10/10/2012	Pediatric Surgery of La. (Melanie ***) **	Pediatric Surgery of La.	claims	282 lack of documentation		63	P1
10/11/2012	Slidell Ear, Nose & Throat Associates (Dean Marie ***) **	Slidell ENT	claims	11/8/2012provider needs status update of claim BST to call requesting sample of claims in question and EOR		62	P1
10/17/2012	St. Francis Hospital - Marjorie ***, Billing Coord. **	St Francis	claims	10/17/201210/17/2012 BST left Vmail and f/up with email asking for EOR or RA		56	P1
10/17/2012	Stretch Clinic in Natchez, MS (Ashley or Faith ***) **	Stretch Clini	claims	10/20/2012BST called provider and spoke to them about what they sent for samples of claims10/30/2012 BST called EMC Plus ** and asked how they had CHS of LA set-up for provider and they said provider would have to call them. Claims are not showing up on eRA. They state they are not receiving any rejections from CHS. BST called Molina Provider Enrollment and both NPI and MCD #s are indiv. , not group #s. sent email to provider 11/1 office closed on Thursdays11/8/2012 BST emailed provider again to let us know feedback from Molina. Seems provider needs to apply for group MCD ID #		56	P1
10/2/2012	Tensas Community Health Center (Dawn ***) **	Tensas Comm. Health Ctr	claims	10/2/2012emailed provider to send sample claims and EORs or RA w/ Ecodes10/22/2012 left message for Dawn 11/8/2012 faxed sample claims to Alandry at Molina for help solving		71	P1
10/31/2012	Turnley MD, I. C. (in Jena) Debbie **	Turnley, MD	claims	11/8/2012tried to call, office closed. 2 Rejections for 123 pre-cert.		42	P1
11/7/2012	York,MD Harold R. in Metairie (Patricia ** is billing company **)	York, MD	claims	11/7/2012denied by Molina for 506. Effective date issue11-7-2012 left message for EORs and Ras. Sent email to A Landry for Molina follow-up		35	P2
10/24/2012	Caillet, MD, Frank ** Dellanie **	Frank Caillet, MD	Claims via FAX	11/8/2012 sent to B Boyle for research . Documentation issues		49	P2

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10/25/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claim sent to CHS via FAX	14 page fax. Molina Rejections - need more information to research.		48	P2
10/30/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claims -			43	P2
10/25/2012	Bayou Pediatric Associates in Houma, LA Jennah ***	Bayou Pediatric Assoc.	claim sent to CHS via FAX	6 page fax. Not sure if rejected by Molina or CHS.need more information from provider		48	P2
10/15/2012	Benson Dermatology & Skin Cancer, LLC (Amy) *** or ***	Benson Dermatology	claims	CPT 11100 rejected in error		58	P2
10/8/2012	Children's Clinic of SWLA (L.C.) Ginger *** **	Children's Clinic of SWLA	Claims via FAX	10/8/2012 sent to Bboyle. 10/10 got response. But also sent to EDI on 10/10 and pending response from them		65	P2
10/2/2012	Colvin-MD, Bradley (Shreveport) ***	Bradley Colvin, MD	claims	10/18/2012 5 claims/encounters that were denied, but not for the same ones they sent claims for. 11/8/2012 sent to Bboyle for research		75	P2
10/15/2012	Cucinotta & Occhipinti, MDS APO (Jolene) *** **	Cucinotta & Occhipinti	claims	this has been sent to Bboyle for research		58	P2
10/16/2012	Dawn Gautreaux/Bayou Pediatrics	Bayou Pediatric Assoc.	PCP change does not take effect immediately	10/16/2012 / Explained why CHS does not make the change immediately Dawn said they are willing to let the other PCP take the PMPM payment for the patient as long as the PCP change would take effect immediately.		58	P2
10/10/2012	Family Care Clinic and Rural Health Clinic (Kristie) ***	Family Care Clinic	claims	10/22/2012 Their software is putting in T1015 twice. Provider to f/up with us when issues are resolved		63	P2
10/4/2012	Freedman Clinic Internal Medicine (Shelia) *** **	Freedman Clinic	claims	10/4/2012 BST called provider. BST checked Pre-Cert report and pre-cert valid. 10/5/Sent to Bboyle for review		69	P2
11/14/2012	Iberia Healthcare - Sandra *** **	Iberia Healthcare	claims	11/14/2012 emailed provider regarding		28	P2
10/2/2012	Jeff Davis Family Medicine (Charlene) *** Jennings, LA	Jeff Davis Family Medicine	claims	10/12/2012 BSTThomas sent to Bethany for f/up. Rcode 123 in error on most claims.		71	P2
10/24/2012	Jennah / Bayou Pediatrics	Bayou Pediatric Assoc.	Newborn was auto-assigned a PCP almost 250 miles from his home address	10/24/2012 Patient's PCP to be corrected		49	P2
10/24/2012	Jennah / Bayou Pediatrics	Bayou Pediatric Assoc.	Newborn was auto-assigned a PCP almost 250 miles from his home address	10/24/2012 / None Patient's PCP to be corrected		49	P2
10/16/2012	LaSalle General Hospital (Sheryl) *** **	LaSalle General	claims	incorrect billing for ER visit - issue with Molina		57	P2
11/6/2012	LSU via LSU Physician's Billing Lydia *** **	LSU Physician Group	claims	11/12/2012 CHS passing edits and claims denied for 313 by Molina11/12/2012 faxed to Molina Aubry Landry for follow-up		36	P2

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10/19/2012	North Caddo Medical and Surgical Clinic	North Caddo Medical	Claims not getting paid	10/19/2012 Amy *** spoke with Artis -wanted to know what to do if not receiving pay on claims. I inform her to fill out a copy of the Explanation of Rejection letter and fax it including samples of claims to Beverly Thomas and Cc me. 10/22/2012 - Emailed MS. *** a copy of the Explanation of Rejection and told her I would follow up. 11/1/12 - Beverly received Claim issue fromsaid she would work on it asap.		54	P2
10/23/2012	North Oaks OBGYN (Lisa) ***	North Oaks OOBGYN	claims	11/8/2012acknowledgement of receipt 11/8/2012 sent to Cindy Sterner to research the ICN # and make sure that documentation was attached		50	P2
10/3/2012	Pediatric & Adolescent Clinic (??) ***	Pediatric & Adolescent	claims	10/22/2012 spoke to provider and it seems their file is incorrectly set up in our system b/c the EOR has MS location and provider only see LA MCD at Vidalia, LA location. This has been sent to Shockenberry in EDI and C Sterner in camps.		70	P2
10/3/2012	Pediatrician and Adolescents	Pediatrician and Adolescent	Unpaid claims	10/3/2012 I had Rachel fax claims to Baton Rouge office for Beverly to review		70	P2
10/2/2012	Ponchartrain Pediatrics (Crissy) ***	Ponchartrain Pediatrics	claims	10/2/2012 10/12/2012 sent TPL to Suzanne for review		71	P2
10/15/2012	Prytania Pathology - Elaine ***	Prytania Pathology	claims	10/15/2012 emailed provider that would be sending in claim for reprocessing		58	P2
11/8/2012	Stanacola Clinic - Baton Rouge *** **	Stanacola Clinic	claims	11/8/2012 59 modifier/taxonomy - denied at Molina not identified/ recognized codes w/ Molina		52	P2
10/11/2012	Annette - Keith Capone MD	Keith Capone	problems submitting voids/adjustments	10/11/2012 I spoke with Annette regarding problems with voids/adjustments. I told her that there is a known error in our system, and we are working on correcting the issue. I told Annette I would contact her when the issue is resolved. I advised her that it would be beneficial for her to submit these electronically.		62	P4
10/4/2012	Associated Surgical Specialists (Dara) ***	Associated Surgical Specialists	claims	10/23/2012 10/23/2012 left message for Joanne the OM. About status of paper voids and adjustments. 11/8/2012 left message for Dana, biller, and sent email to Joanne about sending these electronically.		69	P4

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10/4/2012	Lauren *** - Hood Memorial	Hood Memorial	Problems billing TPL claims	10/4/2012 I spoke with Lauren *** regarding non payment of TPL claims. I told her that there is a known error in our system when processing paper TPL claims, and we are working on correcting the issue. I told Lauren I would contact her when the issue is resolved. I advised her that it would be beneficial for her to be able to submit these electronically.		69	P4
10/17/2012	La. Center for Women's Health (West Monroe) (Renee) ***	La Center for Women's Health	claims	Modifier 22 on claim not being paid 10-17-2012 BST sent email to provider rep, Artis Evans to contact provider about this known issue.11/8/2012 also spoke to Renn *** at provider office and explained what was going on		56	P4
10/3/2012	Houma OB-GYN Clinic (Jenny) ***	Houma OBGYN	claims	10/23/2012 953 Modifier 22 - Molina states need documentation BST spoke with Jenny *** and explained the situation with Mod 22		70	P4
11/6/2012	Children's Hospital Physician Billing (Lydia) ***	Children/s Hospital	claims	11/7/2012 claims being denied in erro (EC 313 by Molina 11-7-2012 sent to Molina rep for review 11/27/2012 - Per DHH no resolution on IB 12-18 regarding Beh. Health		36	P3
10/16/2012	Diversified Professionals (Michelle ***) ***	Diversified Professionals	claims	Known issue on EC 78 by Molina for documentation on sx for organ harvesting		57	P3

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20121203	Rachel ***, ***	Rachel ***, ***	Newborn enrollment: Dr. Chatters states that Amerigroup in particular is refusing to give her PAs to treat their members. If she tells them to send her information about contracting with them, they give her the PA. She feels that this is a liability issue when she is unable to care for or get reimbursed for her patients. She gave me an example of a newborn with a metabolic condition, where time was essential, that she had to send to another physician across town that was not familiar with the treatment. She had several members that she has treated in the past so she had to assist the physician with the logarithms and such to treat the her patient until they could get linked to CHS.	20121203 Passed the information on to supervisor Kathy Robertson who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue		28	
20121203	Leslie *** **	Jeff Davis Family Medicine; ***	Newborn enrollment: Leslie stated that when they call to get the PA to treat their newborns, particularly from Amerigroup, they are having issues. It depends on the person that they speak with as to whether or not they get it. Also, she said that sometimes, even though they were provided with a PA to treat the member, they are not getting reimbursed for it.	20121203 Passed the information on to supervisor Kathy Robertson who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue		28	

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20121203	Chuck ***, ***	The Children's Clinic of SWLA; ***	Newborn enrollment: Provider is having trouble getting paid for seeing their patients which haven't yet been linked to CHS	20121203 Passed the information on to supervisor Kathy Robertson who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue		28	
20121203	Greg Ivey; ***	The Pediatric Center of SWLA; ***	Newborn enrollment: Provider is having trouble getting paid for seeing their patients which haven't yet been linked to CHS	20121203 Passed the information on to supervisor Kathy Robertson who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue		28	
20121210	Ginger ***, ***	The Children's Clinic of SWLA; ***	Claims: Received email from Ginger showing charges for a patient from our portal showing paid, that they have yet to receive payment on	20121210 Forwarded the email on to supervisor Beverly Thomas; 20121217 Sent f/u email; 20121228 Sent additional f/u email with screenshot from CaMPS showing the claim status in our system		21	P2-Internal Plan Review
20121210	Cassie ***, ***	LaComb Family Medicine; ***	Claims: Receiving denial Error Code 182 for home health claims.	20121210 Submitted claim inquiry form with supporting documentation to supervisor Beverly Thomas; 20121217 Sent f/u email checking status		21	P2-Internal Plan Review
20121219	Paige ***, ***	Women & Children's Hospital; ***	Claims: Receiving rejection code 282 for lack of supporting documentation, but they state that they sent accompanying docs twice	20121228 Submitted claim inquiry form with supporting documentation to supervisor Beverly Thomas. Beverly forwarded on claims research		12	P2-Internal Plan Review
20121219	Paige ***, ***	Women & Children's Hospital; ***	Claims: Receiving denial Error Code 021 on 14 patients so far	20121228 Submitted claim inquiry form with supporting documentation to supervisor Beverly Thomas		12	P2-Internal Plan Review

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11/27/2012	Jennifer; ***	North Oaks Pediatric Clinic; Hammond, LA; ***	CHS Rejection Code 123 required pre-cert is missing or incomplete	12/3 - sent Jennifer fax form to send to Beverly for claim resolution. 12/21/12- I told Jennifer that she would need to submit a pre-cert override request. 12/28/12 - Beverly Thomas sent request to Christopher Weems.		32	P2-Internal Plan Review