

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 10/1/2012
 Report Period End Date: 10/31/2012

BAYOU HEALTH Reporting

Document ID: P1182
 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		
% Upheld		
% Overturned		
% Withdrawn		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		
Jul-2012	Received this Month	43	19		3		17		4							
	Total Closed this Month															
	Withdrawn by Provider															
	Per Internal Plan Action/Decision															
	Per Independent Arbitration															
	Per DHH Review															
	Other															
	Total Pending (cumulative as of month end)															
	Information needed from Provider															
	Internal Plan Review															
	Independent Arbitration															
	DHH Review															
	Other															
2012 Year to Date (YTD)	Total Complaints Received YTD															
	Total Closed YTD															
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction															
	Per Independent Arbitration															
	Per DHH Decision															

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.

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

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
5/22/2012	Noel ***	Bienville Dialysis	Q4081-epogen not being reimbursed, pre reimbursed legacy Medicaid	Claims reprocessing in progress should hit 10-23-12 check run	10/23/2012	122	C2
6/1/2012	Angela *** / Mike	Carepoint Partners	Provider contracted as IV home infusion & DME (administer IV drugs) Claims denied. Provider load as IV Home infusion causing claims to deny	Contracting indicated Provider should be loaded as IV Home infusion and is correctly loaded. Original contract listed both entities. Provided to PDM copy of original contract, both entities selected. Waiting Provider load correction, next step claims are being reprocessed.	10/15/2012	136	C2
7/1/2012	Cardiovascular Institute of the South	Cardiovascular Institute of the South	CK # 0000033169 was sent to the wrong address. The check was issued on 05/02/2012 paying multiple patient claims. They never received this check so a W-9 was faxed to LHC and was told by Mayanna that the check would be reissued. Provider called LHC today to get an update on the reissue of this check and spoke to Corrinne. She stated that she had no record of the check being reissued.	Check being reissued	10/23/2012	114	C2
7/1/2012	Terri ***	Children's Hospital Anesthesia	Anesthesia Rounding Issue	Claims being reprocessed	10/15/2012	137	C2
7/2/2012	Jennifer ***	Advanced Clinical Consultants	Claims incorrectly processing as per Provider. Home visits denied improper place of service	Provider PAR: Portico, Amisys CRM. Single source specialty PCP-NP. Claims previously adjusted to pay.022024 A. Hutchinson 051412. Issue may be billing place of service as 12 when it possibly should be 11. The CPT code 99349 directs this was a visit performed in the home. question to be presented to DHH to find out how they paid this CPT code and the POS. Still waiting on response from DHH			P4
7/20/2012	***	Reddy Family Medical Clinic via DHH	Provider has multiple locations and was not receiving correct PPS rate for each location	System Configuration issue still being addressed; claims are being processed manually.	11/4/2012	106	C2
7/20/2012	Tiffany	Michael Hagman M.D.	Provider claims denied A1, Provider not completely loaded CRM/Amisys/Portico, fully executed contract	Submitted to PDM to correct provider load, > 50 claim s, Contracting & PDM working to resolve issue			P2
7/23/2012	David ***	Centene	Start Clinic provider wasn't in Amisys	completed a PDM Ticket	10/15/2012	92	C2

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7/25/2012	Rachel ***	Optimal Health Clinic	Adeboye Francis, MD *** with Optimal Health Out-Patient Clinic Inc. *** He's a family practitioner in Baton Rouge, LA and has a large number of outstanding claims and denials right now	Currently researching with credentialing, there was some outstanding info needed from the provider, not received still as of 10-15-12, closing this case due to provider non responsiveness	11/14/2012	110	C1
7/26/2012	Robert ***	Touro Infirmary	Claim denials	J codes & non covered services recognized as system error, resolved running claim checks. Claims project started	11/14/2012	85	C2
7/26/2012	Stephanie ***	Bijan Motaghedi	Multiple procedure code, claim denials	Multiple procedure code claim denials. Issue added to DHH agenda			P4
7/30/2012	Jenna	Bayou Pediatrics	denied claim	Non Par Provider indicated claim not paid, Provider data avail CRM however claim not rec'd/available to view. request EOP & claim number. Newborn, claim data not available under mother, asked provider to resubmit claim under baby name.	11/14/2012	81	P1
7/31/2012	Kerry	Jeff Davis Imaging	a free standing radiology facility. Stated was getting different answers on who to contract with for radiology. They perform ultrasounds, mammograms, CT , mri, etc.	Claims reprocessing complete DHH and Provider notified Provider responded very happy with results and our attempts to put in place fix	10/15/2012	105	C2
7/31/2012	Vitale Care Inc.	Vitale Care Inc.		Received provider spreadsheet which is currently being reviewed.9/14/12- Spreadsheet reviewed and returned to the provider. AT of the PDM dept is getting clarification on whether or not this provider can use the same NPI for both specialties or do they need to provide another NPI.	10/16/2012	78	C5
8/1/2012	Susan *** RN	Rapides	Received this email on 8-1-12 When I spoke with Shondrika at the doctor's office about this denial, she said that when she called La HealthCare Connections about the denial she was told that it really didn't matter because the case was falling within the 30 day grace period for startup for our area and the claim would be paid anyway. She told me she did not write down the name of the person she spoke with.	Researching the information with the provider. Provider was not part of the par pending pay at 100% while in credentialing group. Not in the area during the time of the dos to allow no auth for non-par. Waiting for more info from provider. Closing due to non response by provider	10/15/2012	76	C1

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8/2/2012	Melissa	West Jefferson Medical	Melissa from West Jefferson Hospital stated numerous claims not getting paid due to no auths, non covered services that should be covered according to fee schedule, etc. She also asked about Lab code 36415 getting denied stating procedure is incidental to another procedure. Also is concerned with Injection therapy codes 96372-96376 being denied as non-covered. She is very concerned due to numerous claims denied.	Codes 96367;96368;96367;96523 are billed with a 260 rev. All four codes are denying 46-non-covered. these codes would be payable at the cost to charge ratio if billed with revenue 260 in location 22. Update: Configuration completed. Claims project being created.	11/10/2012	100	C2
8/7/2012	Angela via DHH	Connie Alix via DHH	This is a member complaint sent through a secure email from DHH, I spoke to Alesia about it and she forwarded the issue on to Special Investigations Unit at the corporate office for review and investigation. "Client called today. She suspects someone has accessed her Medicaid and SNAP records. She would also like Medicaid claims to be reviewed to determine if someone used her or her children's card fraudulently. She hopes we have some system in place that can identify employees accessing her records to help determine why or how someone could report a provider change to Bayou Health. She is also concerned that a provider could have accessed her records and provided information to another party for no business reason. SS# for her children is *** and ***. Client stated she considered help through Legal Aid and or a private investigator, and wants to know if can investigate free of charge."	Awaiting response from Corporate Special Investigations Unit. Send status request to Alesia, awaiting response. I've not heard back status but let DHH know that unit would handle from here. Closing case as SI has addressed.	11/15/2012	99	C2
8/16/2012	Charlotte ***	Baton Rouge General Physicians Group	Provider has \$50,000 in claims that need to paid. Tony was working this issue. Provider has requested LHC give them a list of PAR Provider within the 6 clinic and begin getting claims paid.	Reviewed list to determine if the provider that have outstanding claims are PAR in the system to submit claims project.			P2
8/17/2012	Dawn ***	West Carroll Health System	This service is an outpatient service performed at our hospital (West Carroll Health Systems). According to the staff in Baton Rouge we should not require a authorization if the hospital was a network provider, which it should have been. Can you check on this for me? I am also attaching some other EOB denials. They all are for the same service and all contain the same denial code	Review the claims to determine if it was denied for proper code.			P2
8/20/2012	Spring	Teche	Claims showing these codes 96374,96361,96376,96372,96365,96361 non covered.	Sent to Dawn and Rhonda, Rhonda stated a covered revenue code is billed with the codes so they would be paid based on CCR when the reconfiguration is complete. Claims project would need to get done once reconfiguration is complete. Configuration still in progress. update: Configuration completed. Claims project being created.	11/14/2012	80	C2

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8/20/2012	Sharon	Lafayette heart clinic	EOP's sent showing A1 denials, all providers showing par except, Dr. Brent Rochon and Dr. Mallavarapu showing non par. Numerous claims denied. Sharon stated all providers credentialing was sent together.	Sent to PDM for part status change however received following response.-Dr. Rochon NPI 1700874443 - I am trying to locate his Cred information as we do not currently have record of his information being submitted in our Cred Tracking database Dr. Mallavarapu NPI 1649273715 is in App not received status because his CAQH is not available. He has not been credentialed and cannot be made par until he is Credentialed. Stella Prejean was approved through committee on 08/10/12 and is in the queue to be made par. Dr. Update: Brent Rochon is being credentialed as a new provider, has been approved by committee, currently awaiting par date.			P2
8/23/2012		Slidell (via DHH)	Slidell Memorial Hospital has received payments for well babies at full medical per diem. They have submitted examples for review at the request of Kris Miller on 5/18. The provider received an email on 5/21 from Mr. Miller advising that LHC's system had been fixed and that the overpayments would be recouped. On 6/1 the overpayments were again discussed – discussion ended with LHC to provide update to the provider on 6/8. To date, the provider states that they have not received an update nor has there been a recoupment of the overpayments.	This fix is in place we will be recouping and Slidell amongst many will receive notices of such. Within the next few weeks.	11/14/2012	83	C2
8/30/2012	Asbel ***	Arcadian Ambulance	Please take a look at this invoice. SCT – hospital to hospital – emergency. Louisiana Healthcare Connections denied for no auth. I talked to them this morning – they will not pay without an auth. I did point out that this was an emergency transport. They were adamant that the transport was hospital to hospital – requires an auth. I spoke to Ronnie to see how we might handle in the future – he advised to let you know how La Healthcare Connections is choosing to handle. Ronnie and I both agree that this invoice should be paid.	this issue required a system change we should be on track for completion on 10-16-12	10/16/2012	47	C2

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9/3/2012		N. Oaks Medical Center	<p>Provider sent in via the complaint process: a. I would like to report issues we are having with our Observation claims as well as out Anesthesia claims.</p> <p>b. Observation Claims – All of our claims for observation are denying for authorization. I spoke with Jeff Marvel and clarified that an authorization is not required for observation less than 24 hours. We are non-participating but was told our status did not matter for observation claims. I was instructed to fill out a claim dispute form on every one of these denial issues and mail. We have received no responses except one which stated that the denial was upheld. I have plenty of examples if you need them.</p> <p>c. Anesthesia Claims-Our maternity related anesthesia claims are denying x8=Modifier invalid/not reported. Again I have plenty of examples of those claims as well. We also have filled out a claim dispute form and mailed these claims back for review as well.</p> <p>d. I am following the escalation process as noted on the Informational Bulletin 12-27 found on DHH's website and you are the Second Level contact.</p>	Currently researching internally for non-par providers as to whether OP Observation auth's are waived like ER non-par. It is our belief no an auth is needed for Obs. Researching with provider to determine is this in the case of Obs via ER?			P2
9/5/2012	Traci ***	Physician's Choice	Provider complained not being paid correctly on DME. UM at LHCC has stated she is being paid correctly.	Had Tim Smith and Julie Simmons talk with her. Yakima has also reached out to her. As of October 9th Provider Relations has reached out to Traci with no response. She has stated she will go to DHH. Provider has accepted changes.	10/31/2012	56	C1
9/5/2012	Olga and Daniel ***	Dr. Daniel Trejo via DHH	Provider not getting paid due to mix up with TIN with FQHC,	Mark Smith completed request as of 9/26. Provider tried to access Payspan on 9/26. Met with provider on 10/8 to get registered for Payspan. As of 10/12. Registered and awaiting dollar amount in account. Will release funds as soon as we verify. On October 20th spoke to Payspan and they pulled account. Payspan had to research how to fix. On Thursday ,November 1, 2012 had to discontinue account. Account was reactivated on November 5th. Got check to provider on November 9th.	11/9/2012	34	C2
9/5/2012		Minden Family Medicine	Provider only has one TIN and two NPI numbers. The TIN and NPI are linked to RHC. All claims for hospital admit and discharge are deny	Major systems configuration issue for this entire group of provider types FQHC/RHC. Created new pay class awaiting close of claims project.	11/15/2012	71	C2
9/8/2012	Laura ***	WK Regional Perinatal Group	All ultrasounds are deny do to no auth	Working with UM and Claims to reprocess individual claims adj to pay, approval req timely filing override, approved granted	10/31/2012	53	C2
9/20/2012	Mercedes ***	Michael Graham M.D.	maternity claims not paid		10/15/2012	26	C2

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9/28/2012	Tent ***	Trent Fogleman	Provider was having issues with RHC/NON RHC claims. Provider claims were denying due to not billing with proper NPI	Conference call with provider to further discuss billing procedures. PDM updated par date to 10/1/12. Retro approval requested for par date to pay claims. Provider is in queue to complete claims project. Provider has requested contracting to assist with NON-Par Status	11/10/2012	43	C5
10/1/2012	self	Dr Posey via DHH	Non par provider sent in cred info over a year ago	The credentialing packet at the time was missing info. Attempts to contact provider were made but info was not received. File closed out. Request provider resubmit as all materials and signatures are now old.	10/2/2012	1	C2
10/1/2012	Donna ***	Progressive Acute Care	Provider has several TIN that are not paying properly.	Provider has requested retro approvals and awaiting claims project to begin. Provider has A1 denials for inpatient/outpatient claims.			P1
10/1/2012	Evelyn ***	Community Specialty Hospital	Provider is still NonPar. Dionne Pollard is working with provider to solve. Provider is in need of funds	Working with Credentialing to get them par. Hope completion on 11/30			P2
10/9/2012	Jayden ***	Ville Plat Medical Center	<p>Ville Platte Medical Center provided services to a 13-day old newborn admitted into their PEDS's Unit (***, date of birth ***). The date of service is 6-26-2012. Upon verifying eligibility, the provider received information that the child was in "fee for service" as the Bayou Health Plan segment had not been added to the file. Based on this information, the provider requested and received a 2-day precert from Molina.</p> <p>However, upon submitting the claim to Molina, the provider received denial edit 507 (bill services to Bayou Health Plan) on 7-10-2012. The reason the claim denied is because the child's Bayou Health segment was placed on the file on 6-28-2012, an unfortunate timing issue, as the transaction was added after eligibility was verified and apparently before the claim adjudicated.</p> <p>Molina, even though they assigned a precert # based on the eligibility file at the time of verification, the child should have been enrolled in the mother's Plan for the month of birth. Based on Enrollment Rules for Newborns, payment of the claim is not Molina's responsibility.</p> <p>Can we find out LHC's procedure for these types of cases?</p>	Claim was paid	11/5/2012	27	C2
10/10/2012	Jerry ***	St Francis Hospital	Has many claims issues.	Working with claim department and billing at St. Francis to correct. Hope completion 11/30			P2

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10/11/2012	Arlene ***	Bayou Regional Women's Clinic	Dr. Keith Elbourne's practice Bayou Regional Women's Clinic, TIN *** missing checks.	Received check information from provider, sent to finance, email received from rep stating A request to "void" and "re-issue" has been sent to A/P on the nine check numbers listed below. As of Thursday, A/P still show the checks are outstanding (not cashed and not voided). The new request submitted on yesterday should be entered into the system today or Monday followed by a check being cut on Tuesday - hopefully. I'm told to not guarantee a check date but I am taking on this request as my mission next week. I will be in touch and will provide updates until I am told that it has been mailed. Sorry, I can't give you any better news. I will definitely be in touch next week.			P2
10/15/2012	self	Dr Sarfraz	No par provider claims denying	Contacted provider to let know non-par and offered to send info to become par. Till then will need an auth for each and every visit	10/15/2012	1	C2
10/16/2012	Heidi ***	Camilia City via DHH	we have yet to get any responses or resolution to the over \$50,000 in claims that are wrongfully being denied. I left a message on 10/1/12 for their supervisor, Peggy Bouzari and have yet to get a call back from her. Today I called Louisiana Healthcare Connections again trying to speak with Peggy and had to leave a message with Madonna M. I gave all my information to Madonna for her to email to her supervisor to then forward to the director of provider relations. This issue is going on 6 1/2 months now and we really need a resolution. I'm contacting you hoping you can help with trying to get someone to do their jobs and help us get our claims paid. Please contact me at *** ext. 614 or my supervisor, Joan Catanese, at ext. 647.	Each claim was discussed with provider in detail as to why it was denied and next steps. We are researching more claims with provider to determine if there are other issues involved we can assist with.			P2
10/23/2012	***	Dr. Mohammed Sarfraz via DHH	Provider has numerous A1 denials, Since June. Now showing par date 10/1/12	PDM updated par date to 10/1/12. Retro approval requested for par date to pay claims.			P2
10/23/2012	Amy ***	North Caddo Hospital/RHC	Various claims issues	Working with claim department and billing at North Caddo to correct. Hope completion 11/30			P2
10/30/2012	***	Dr. Kerman D. Beauchamp-Roch	NON-PAR from 12/01/2010 – 06/30/2012. During the time periods of Go-Live and 06/30/2012, Provider has denied claims for A1 denials; however, I can't give you an exact # due not having access to that screen in Amisys.				P2

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11/1/2012	Karl ***	All Kids Pediatrics of Opelousas	We have had ongoing questions for LHC, and the Provider Relations number has been useful. However, a visit from an actual field rep would help	The PR rep Akiko Johnson had just been out there the day before to meet with the office manager. The emails must have crossed paths around the same time.	11/1/2012	1	C2
11/1/2012	Self	Leandry Odom via DHH	Lack of access to specialists	We called the provider and provided them with a listing of in network providers. We called several specialists in the area of the specialty he needed and they indicated they would accept.	11/5/2012	4	C2
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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: Louisiana Healthcare Connections
 Reporting Period: 10/1/2012-10/31/2012

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

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