

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: Louisiana Healthcare Connections

Reporting Period: 12/01/2012 -12/31/2012

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P1-Information needed from Provider	C1-Withdrawn by Provider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
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
5/22/2012	Noel ***	Metropolitan Kidney Centers (BiennevilleDialysis, LaPlace, Morgan City, Chalmette, Metairie Kidney, Raceland, St. James, Napoleonville/Vascherie)	Q4081-Epogen not being reimbursed	Claims reprocessing in process to hit check run 10-23-12			C2
6/1/2012	Angela ***/Mike	Carepoint Partners	Provider contracted as IV home infusion & DME (admin IV drugs) Claims denied, Provider loaded 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 original contract, both entities selected. Waiting Provider load correction, next step claim eval for pmt			P2
7/1/2012	Terri ***	Chidrens Hospital Anesthesia	Anesthesia Rounding Issue	Rounding issue corrected in system, claims project created 22168 currently processing. Project complete / paid Feb -June 2012. July- Dec 2012 claims awaiting rate adj.			P2
7/20/2012	Tiffany	Michael Hagmann M.D.	Provider claims denied A1, initially Provider not completely loaded CRM/Amisys/Portico. Fully executed contract	Provider load completed. Provider indicated claims starting to pay. As per Provider claims project complete, claims paid			C2
7/27/2012	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 created to pay claims. UDate: In Jcodes project		161	P2
7/30/2012	Jannah	Bayou Pediatrics (NON PAR Provider: Ruthanne Gallagher)	Non PAR Provider, indicated claim not paid. Provider unable to provide claim number. Newborn claim data unavailable under Mother. As the Provider is NON PAR & Newborn is NOT La. Healthcare Conn Member, selected plan Provider is PAR available	Evaluated CRM, identified Provider no claim data avail, identified Mother, no claim data available. In person visit to secure claim information, phone contact to Provider to secure information. Awaiting claim in. Claim paid 10-10-12			C2
8/2/2012	Spring	Teche Minden Family Medicine	Claims showing these codes 96374,96361,96376,96372,96365,96361 non covered.	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. Configuratin still in progress. UPDATE: Configuration completed. Claims project created. UDate: in Jcodes project		155	P2
9/5/2012	***		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	working with PDM to have this issue fixed. Created new payclass awaiting close of claims project.	11/29/2012	89 days pending	C2

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11	9/8/2012	Laura ***	WK Regional Perinatal Group	All ultrasounds are deny do to no auth	Working with UM and Claims to reprocess claims. Claims are now in the process to be paid by the end of December. Are scheduled to be paid.	11/29/2012	36 days pending	C2
4	9/20/2012	Mercedes ***	Michael Graham M.D.	Maternity claims not paid	Claims adjusted to pay, timely override approved			C2
12	10/1/2012	Evelyn ***	Community Speciality Hospital	Provider is still nonpar. Dionne Pollard is working with provdier to solve. Provider is in need of funds	Working with Credentialing to get them par. Hope completion on 11/30. Completion did not happen in CRM. Was changed in Portico but never made it over to CRM. Have send retro to Randy on 12/6/12. Have created project and awaiting to be paid. All paid for December.	12/21/2012	67 days pending	C2
12	10/10/2012	Jerry ***	St Francis Hospital	Has many claims issues.	Working with claim department and billing at St. Franis to correct. Hope completion 11/30. 12 out of 19 claims have completed. Still working on 7 additional. All completed as of this point.	12/1/2012	57 days pending	C2
9	10/23/2012	Mohammed ***	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. Claims project will get created. Update: claims project already created.	12/17/2012	57	C2
14	11/1/2012	Deborah ***	Monroe Surgical Hospital	Their Tin was not made par only the Cadrio EKG provdiers were made par. Deborah/Jodi, The system is still showing you are NonPar with an effective start date of September 1st. Your contract was executed on July 26th for Committee Review. The contract was received on June 25. Submitted to CRM to fix.	Submitted to PDM on 11/1/12. Still having issues a few issue with PDM to correct. Has a Par effective date of 9/1/12.	12/12/2012	36 days pending	C2
15	11/1/2012	Betty ***	SMSO ANESTHESIA	Provider was not made par although sent in credentaing back in April.	Good morning Randy, I am requesting a retro effective date on SMO Anesthesia back to 6.1.2012. They currently have a 10.1.2012 effective date, however it appears that this date was due in part to a delay in working the contract and losing their information after they submitted it to us in February. Now woring on P and S.	11/26/2012	25 days pending	C2
16	12/7/2012	Janice	Orthopediatric Clinic of Monroe	Has auth but claims are denying. Non a par provider but getting auth	Have resubmitted claims. Awaiting to see if get paid		24 days pending	P2
17	12/3/2012	Marie ***	Womens Provider Healthcare	denial A1 auth when Dr. Alferex should have been par	retro approval obtained and claims project to adjus their claims were submitted		38 days pending	P2
18	12/5/2012	Patricia ***	North Oaks	questioning our three attempts to contract	provider was contacted and made aware of our three attempts contract	12/15/2012		C2
19	12/26/2012	Ms. M. ****	Reeves Memorial Medical Center	complaint of being non-par despite having signed agreement	provider was contacted and we confirmed which providers shold be par and are getting their claims reprocessed.		16 days pending	P2

Values for Types of Complaints

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.

