

## Provider Complaint Summary Report

Health Plan ID: 2162438  
 Health Plan Name: UnitedHealthcare Community Plan  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 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>	8	6		1				1		
	<b>Total Closed this Month</b>	5	3		1				1		
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	5	3		1				1		
	Per DHH Review										
	Other										
	<b>Total Pending (cumulative as of month end)</b>	16	16							2	9
	Information needed from Provider										
	Internal Plan Review	16	16							2	9
	Referred to DHH										
Other											
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	115									
	<b>Total Closed YTD</b>	99									
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	99									
	Per DHH Review										
Other											

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: UnitedHealthcare Community Plan

Reporting Period: 10/31/2012

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
7/10/2012	Jolene	Michael Lifsey	Claim denied by Molina for missing TPL. Per claim image, TPL was on hard copy claim. Resubmit.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		112	P2
7/10/2012	Tamika	St Charles Parish Hospital	Claim denied for third party liability code. Per claim image, code is in box 61 on UB. Prv wants claim resubmitted.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		112	P2
7/10/2012	Camille	Richard Piccione	Prv claims are denying for third party EOB. Per the claim image 115 1213501270, prv is billing the TPL. Molina is not receiving the TPL.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		112	P2
7/17/2012		Prime Health	Form 213, UHC unable to pass the form or relevant information.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		105	P2
7/27/2012		Humberto E Bohorquez M.D.	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		96	P2
7/27/2012		Ian C Carmody M.D.	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		96	P2
7/30/2012		George E Loss Jr, M.D	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		93	P2
7/31/2012		Clint Thomas	NDC	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		92	P2
7/31/2012		Fresinius	NDC	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		92	P2
9/12/2012		Iberia Medical Center	Bill type changed for adj/void 137/138	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		49	P2

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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
9/24/2012		Jon Cheek, MD	TPL Issue	UHC is working toward system issue to resolve and achieve successful transmisson to Molina		37	P2