

Community Health Solutions of Louisiana
BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

| | Grievances | State Fair Hearings |
|--|------------|---------------------|
| Number of grievances reviewed: | 77 | |
| Number of grievances/State Fair Hearings resolved: | 75 | 1 |
| Number of grievances considered invalid: | | |
| Average length of time to complete each grievances/State Fair Hearing: | | 9 |
| Number of overturned decisions at State Fair Hearing Level: | | 0 |
| Number of State Fair Hearing cases where plan reversed its decision in the member's favor: | | 1 |
| Percentage of overturned decisions at the State Fair Hearing level: | | N/A |
| Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor: | | 100 |

In cases where the health plan decision was overturned in the member's favor at the State Fair Hearing level, what were the most common reasons?

In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?

Additional clinical information that met the Milliman criteria.

List the top 5 reasons that were most commonly the subject of grievances:

1 Quality of Care

2 Timeliness

3 Attitude/Service of Staff

4 Other

5 Billing/Financial Issues

Additional Information Required for Annual Report Submission

| | Grievances | State Fair Hearings |
|---|------------|---------------------|
| Number of grievances/ State Fair Hearings still pending at the end of Contract Year ___: | 2 | |
| Percentage of overturned decisions at State Fair Hearing Level in Contract Year ___: | | 100 |
| Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year ___: | | 100 |

Community Health Solutions of Louisiana Reason Summary Chart

| Reason Number Code | Reason | Number of Grievances | Number of State Fair Hearings |
|--------------------|--|----------------------|-------------------------------|
| 1 | Quality of Care | 40 | |
| 2 | Accessibility of office | 2 | |
| 3 | Attitude/Service of staff | 13 | |
| 4 | Quality of office, building | 1 | |
| 5 | Timeliness | 16 | |
| 6 | Billing and Financial issues | 1 | |
| 7 | Clinical Criteria Not Met - Durable Medical Equipment | | |
| 8 | Clinical Criteria Not Met - Inpatient Admissions | | |
| 9 | Clinical Criteria Not Met - Medical Procedure | | |
| 10 | Prior or Post Authorization | | |
| 11 | Lack of Information from Provider | | |
| 12 | Level of Care Dispute | | |
| 13 | Not a State Plan Services | | |
| 14 | Other (Must provide description in narrative column of Summary Reports) | 4 | 1 |
| TOTALS | | 77 | 1 |

DO NOT ADD OR CHANGE REASON CODES