

# Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20120801  
 Report Period End Date: 20120831

# BAYOU HEALTH Reporting

Document ID: PI182  
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	390	
% Upheld	56%	
% Overturned	44%	
% Withdrawn		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 <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Aug-2012	<b>Received this Month</b>	868	492	164	6	20	7	19	160		508		508			
	<b>Total Closed this Month</b>	559	352	77	4	10	6	9	101		390		390			
	Withdrawn by Provider		11	1		1	4		6	5						
	Per Internal Plan Action/Decision		10	3	1	7	1	1	5		390		390			
	Per Independent Arbitration															
	Per DHH Review		1													
	Other		20	4	3	2	1	8	3							
	<b>Total Pending (cumulative as of month end)</b>	309	140	87	2	10	1	10	59		118		118			
	Information needed from Provider		4			6	1	10								
	Internal Plan Review		3	1	2	4			6		118		118			
	Independent Arbitration															
	DHH Review		2													
	Other		1						1							
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	1534	741	167	42	38	62	27	459		390		390			
	<b>Total Closed YTD</b>	1104									390		390			
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction															
	Per Independent Arbitration															
	Per DHH Decision															
Other																

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days  
<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

**Note for DHH:** Amerigroup Louisiana, Inc. has included in this report those items that we have previously considered to be routine inquiries in order to comply with DHH's definition of a complaint as we understood DHH to articulate during the June 14, 2012 reporting meeting - to include any expression of displeasure that cannot be resolved immediately at the time reported to the CCN. Please note that the numbers reflected in this report may include duplication counts of complaints as the complaint is often received by multiple sources. Amerigroup is working to better automate this report and hopes to have a solution in place for future reporting that will eliminate any duplicate counts.

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:

Reporting Period: MMM-YYYY

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
7/2/2012	***	Reddy RHCs	Provider disputing claims reimbursement, missing checks and non payment of claims	1. Thorough research conducted by IRU unit 2. Conference with provider to discuss findings 3 provide copies of cancelled checks paid to one RHC location		66	P2
7/10/2012	***	Endoscopy center of Monroe	Endoscopy code precert requirements	4 attempts, now have the correct amerigroup site, must complete a health plan analysis		52	P2
7/24/2012	***	Firooz Jallil, MD	Provider credentialing delay	1. Provider submitted credentialing paperwork and Amerigroup fast tracked it. 2. Provider had not submitted contract originally submitted contract which was received and in process. 3. Once contract review and approval completed system updated required.		43	P2
7/24/2012	***	Schumacher Group	27 Non par emergency room groups needed to be loaded to process claims	Created project to update provider information in claims system based on report from provider.		43	P2
8/1/2012	***	Trent Fogleman dbs Womens Clinic	RHC provider billing for Delivery and surgical services in hospital. OBGYN uses same TIN as RHC. Provider claims services paid previously by Molina.	VP of Health Plan Operations working with La DHH. He has presented claims examples to LaDHH prior to Go Live date.	NA	30	P2

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:  
 Reporting Period: MMM-YYYY

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