

2013 UnitedHealthcare Community Plan
BAYOU HEALTH Grievances and State Fair Hearings Report

I. Contact Information	
Date:	4/30/2013
Health Plan Name:	United HealthCare Community Plan
Contact Name:	xxx
Contact Title:	COO
Address:	3838 N Causeway Blvd., Suite 3225, Metairie, LA 70002
Telephone Number:	xxx
E-mail Address:	xxx

January - March 2013

UnitedHealthcare Community Plan
BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

	Grievances	State Fair Hearings
Number of grievances reviewed:	14	0
Number of grievances/State Fair Hearings resolved:	12	8
Number of grievances considered invalid:	0	0
Average length of time to complete each grievances/State Fair Hearing:	8.3	4.1
Number of overturned decisions at State Fair Hearing Level:	NA	0
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	1
Percentage of overturned decisions at the State Fair Hearing level:	NA	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	0
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?		
N/A		
In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?		
Missing Documentation		
List the top 5 reasons that were most commonly the subject of grievances:		
1. Attitude of Provider		
2. Quality of Care		
3. Long Wait in Office		
4		
5		
Additional Information Required for Annual Report Submission		
Percentage of overturned decisions at State Fair Hearing Level in Contract Year 2013:	NA	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year 2013:	NA	0

**2013 Bayou Health Shared Plan: UnitedHealthcare Community Plan
Grievances Summary Report**

***Grievances received or completed in 2013 (If grievance was not completed in 2013, write "pending" in column 3.)**

Grievance Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
1/8/13	xxxxxxxxxxxx	Member Representative	3	Provider was rude	1/11/13	4	Member will stay with PCP
1/9/13	xxxxxxxxxxxx	Member Representative	7	Long wait in office	1/13/13	3	Member will stay with PCP
1/11/13	xxxxxxxxxxxx	Member	3	Nurse was rude	1/17/13	7	Member will contact member services
2/6/13	xxxxxxxxxxxx	Member Representative	3	Provider was rude	2/14/13	9	Member will stay with PCP
2/8/13	xxxxxxxxxxxx	Member	3	Provider was cruel	2/22/13	15	Unable to speak with member, did not return voice messages
2/11/13	xxxxxxxxxxxx	Member Representative	7	Provider did not want to give flu shot	2/22/13	12	Unable to speak with member, did not return voice messages
2/12/2013	xxxxxxxxxxxx	Member Representative	1	Quality of Care	2/13/13	2	QOC Investigation Initiated
2/13/13	xxxxxxxxxxxx	Member	3	Provider's staff was rude	2/19/13	7	Unable to reach member, number incorrect
2/19/13	xxxxxxxxxxxx	Member	1	Quality of Care	2/26/13	8	QOC Investigation Initiated
2/19/13	xxxxxxxxxxxx	Member	1	Quality of Care	2/26/13	8	QOC Investigation Initiated
3/14/13	xxxxxxxxxxxx	Member Representative	3	Provider was rude and dismissed pateint from his practice	3/29/13	16	Changed PCP
3/18/13	xxxxxxxxxxxx	Member	3	Dissatisfaction with the quality of service regarding availability of appointments	3/26/13	9	Changed PCP
3/28/13	xxxxxxxxxxxx	Member	3	Dismissed from practice	Pending	Pending	Pending
3/28/2013	xxxxxxxxxxxx	Member	3	Problem getting prescription refilled	Pending	Pending	Pending

January-March 2013
 UnitedHealthcare Community Plan
 BAYOU HEALTH State Fair Hearing Summary Report

***Annual Report: If hearing was not completed in 20__, indicate status as "pending" in column 7**

State Fair Hearing Reporting Period:									
(1) Date Request Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Requesting State Fair Hearing (Member, Authorized Rep. or Provider)	(4) Type of Service Denied (Be Specific)	(5) Reason for State Fair Hearing (Use Number Code from Reason Summary)	(6) State Fair Hearing Reason Narrative	(7) Date Hearing Was Completed	(8) Number of Business Days to Resolve	(9) Determination (Upheld, Overturned, Withdrawn)	(10) Explain Reason State Fair Hearing Was Upheld, Overturned or Withdrawn
2/27/2013	XXXXXXXXXXXXXX	Member	N/A	14	Concerning out of pocket expenses for his Dental and Pharmaceutical treatment, both of which are craved out services for the health plan. Request did not fit State Fair Hearing guidelines. Member's case was forwarded to DHH for assistance	N/A	1	N/A	N/A
3/1/2013	XXXXXXXXXXXXXX	Member	Hysterectomy	9		Pending	7	Pending	No Show (Member) - Conditional Order Of Dismissal Of Hearing Request filed by DAL. Hearing re-set for 4/29/2013
3/7/2013	XXXXXXXXXXXXXX	Authorized Rep (Parent)	MRI	9		Pending	7	Pending	No Show (Member) - Conditional Order Of Dismissal Of Hearing Request filed by DAL
3/12/2013	XXXXXXXXXXXXXX	Member	MRI	9		N/A	N/A	UHC overturn	UHC overturn - Order Terminated
3/15/2013	XXXXXXXXXXXXXX	Member	MRI	9		Pending	6	Pending	No Show (Member)- Conditional Order Of Dismissal Of Hearing Request filed by DAL
3/19/2013	XXXXXXXXXXXXXX	Authorized Rep (Parent)	craniofacial and maxillofacial procedure	9		4/15/2013	7	Withdrawal	Case dismissed. Member Representative proceeded with out of state surgery.
3/26/2013	XXXXXXXXXXXXXX	Authorized Rep (Husband)	Inpatient Rehab	8		N/A	N/A	Withdrawal	Member Representative withdrew request
3/27/2013	XXXXXXXXXXXXXX	Member	MRI	9		Pending	5	Pending	No Show (Member)- Conditional Order Of Dismissal Of Hearing Request filed by DAL

January-March 2013
UnitedHealthcare Community Plan
Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	3	
2	Accessibility of office	1	
3	Attitude/Service of staff	9	
4	Quality of office, building		
5	Timeliness		
6	Billing and Financial issues		
7	Clinical Criteria Not Met - Durable Medical Equipment		
8	Clinical Criteria Not Met - Inpatient Admissions		1
9	Clinical Criteria Not Met - Medical Procedure		6
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)	1	1
TOTALS		14	8
DO NOT ADD OR CHANGE REASON CODES			

*Provider did not believe flu test was warranted that far into illness