

# Provider Complaint & Appeal Summary Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20130101  
 Report Period End Date: 20130131

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	372	
% Upheld	77%	
% Overturned	23%	
% Withdrawn		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		
Jan-2013	Received this Month	1521	1483	4	9	4	1	6	14		412		412			
	Total Closed this Month	1890	1854	4	8	4	1	6	13		372		372			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision		1845		8	1	1	3	5				372			
	Per Independent Arbitration															
	Per DHH Review								2							
	Other		9	4		3		3	6							
	Total Pending (cumulative as of month end)	467	465		1				1			40		40		
	Information needed from Provider		1													
	Internal Plan Review		463						1					40		
	Independent Arbitration															
	DHH Review										1					
Other		1		1												
2013 Year to Date (YTD)	Total Complaints Received YTD	1521	1483	4	9	4	1	6	14		412		412			
	Total Closed YTD	1890	1854	4	8	4	1	6	13		372		372			
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction		1845		8	1	1	3	5				372			
	Per Independent Arbitration															
	Per DHH Decision								2							
Other		9	4		3		3	6								

<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.

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: Amerigroup Louisiana, Inc.

Reporting Period: 20130101 - 20130131

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
9/25/2012	***	RHC	Claims denying of services outside RHC services. if it an acceptable billing practice to allow them to bill using the RHC TIN but be reimbursed for services beyond the T1015? And if so, are there any limitations on what they can bill for beyond the T1015.	Operations reached out to the state to determine if this is acceptable. Provide cash advance to provider for the claims that denied until issue is resolved. 12/18/12 Provider signed the Cash advance agreement.		127	P4
10/15/2012	***	Alferez, LLC	Provider complaint - credentialing issue	Provider request not received. Sent provider contract and application for completion and advised provider to get it back quickly so that we could expedite it. However, provider has not returned information to date. Complaint closed.	20130129	106	P1

