

Provider Complaint & Appeal Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 1/1/2013
 Report Period End Date: 1/31/2013

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 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
 Reporting Frequency: Monthly
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Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions		
% Upheld		
% Overturned		
% Withdrawn		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 ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²
			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	5	3				1	1								
	Total Closed this Month															
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	3	1				1	1								
	Per Independent Arbitration															
	Per DHH Review															
	Other															
	Total Pending (cumulative as of month end)															
	Information needed from Provider															
	Internal Plan Review		2													
	Independent Arbitration															
	DHH Review															
Other																
2013 Year to Date (YTD)	Total Complaints Received YTD	5	3				1	1								
	Total Closed YTD	3	1				1	1								
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction															
	Per Independent Arbitration															
	Per DHH Decision															
Other																

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

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PI 182 - Attachment 1: Summary listing of Complaints <u>Pending or Closed in Current Reporting Month</u> that were closed 30 to 90 or more days after Original Date Filed							
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
5/22/2012	***	Metropolitan Kidney Centers (Bienville Dialysis, LaPlace, Morgan City, Chalmette, Metairie Kidney, Raceland, St. James, Napoleonville/Vascherie)	Q4081-Epogen not being reimbursed	Claims reprocessing in process to hit check run 10-23-12	10/23/2012	150 days pending	C2
6/1/2012	***	Carepoint Partners	Provider contracted as IV home infusion & DME (admin IV drugs) Claims denied, Provider loaded as IV Home Infusion causing claims to deny	Contracting indicated Provider should be loaded as IV Home Infusion and is correctly loaded. Original contract listed both entities. Provided to PDM original contract, both entities selected. Waiting Provider load correction, next step claim eval for pmt		180 days pending	P2
7/1/2012	***	Chidrens Hospital Anesthesia	Anesthesia Rounding Issue	Rounding issue corrected in system, claims project created 22168 currently processing. Project complete / paid Feb - June 2012 - July-Dec	12.1.2012	120 days pending	C2
7/20/2012	***	Michael Hagmann M.D.	Provider claims denied A1, initially Provider not completely loaded CRM/Amisys/Portico. Fully executed contract	Provider load completed. Provider indicated claims starting to pay. As per Provider claims project complete, claims paid	11/19/2012	109 days pending	C2
7/27/2012	***	West Jefferson Medical	Melissa from West Jefferson Hospital stated numerous claims not getting paid due to no auths, non covered services that should be covered according to fee schedule, etc. She also asked about Lab code 36415 getting denied stating procedure is incidental to another procedure. Also is concerned with Injection therapy codes 96372-96376 being denied as non-covered. She is very concerned due to numerous claims denied.	Codes 96367;96368;96367;96523 are billed with a 260 rev. All four codes are denying 46-non-covered. these codes would be payable at the cost to charge ratio if billed with		161 days pending	P2

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

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
9/5/2012	***	Minden Family Medicine	Provider only has one TIN and two NPI numbers. The TIN and NPI are linked to RHC. All claims for hospital admit and discharge are deny	working with PDM to have this issue fixed. Created new pay class awaiting close of claims project.	11/29/2012	89 days pending	C2
9/8/2012	***	WK Regional Periantal Group	All ultrasounds are deny do to no auth	Working with UM and Claims to reprocess claims. Claims are now in the process to be paid by the end of December. Are scheduled to be paid.	11/29/2012	36 days pending	C2
9/20/2012	***	Michael Graham M.D.	Maternity claims not paid	Claims adjusted to pay, timely override approved	10/20/2012	30 days pending	C2
10/1/2012	***	Community Specialty Hospital	Provider is still nonpar. Dionne Pollard is working with provider to solve. Provider is in need of funds	working with Credentiaing to get them par. Hope completion on 11/30. Completion did not happen in CRM. Was changed in Portico but never made it over to CRM. Have send retro to Randy on 12/6/12. Have created project and awaiting to be paid. All paid for December	12/21/2012	67 days pending	C2
10/10/2012	***	St Francis Hospital	Has many claims issues.	Working with claim department and billing at St. Franis to correct. Hope completion 11/30. 12 out of 19 claims have completed. Still working on 7 additional. All completed as of this point.	12/1/2012	57 days pending	C2
10/23/2012	***	Mohammed Sarfraz via DHH	Provider has numerous A1 denials, Since June. Now showing par date 10/1/12	PDM updated par date to 10/1/12. Retro approval requested for par date to pay claims. Claims project will get created. Update: claims project already created.	12/17/2012	57 days pending	C2
11/1/2012	***	SMSO ANESTHESIA	Provider was not made par although sent in credentialing back in April.	Good morning Randy, I am requesting a retro effective date on SMO Anesthesia back to 6.1.2012. They currently have a 10.1.2012 effective date, however it appears that this date was due in part to a delay in working the contract and losing their information after they submitted it to us in February. Now working on P and S.	11/26/2012	25 days pending	C2

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12/5/2012	***	North Oaks	questioning our three attempts to contract	provider was contacted and made aware of our three attempts contract	12/15/2012	9 days pending	C2
12/26/2012	***	Reeves Memorial Medical Center	complaint of being non-par despite having signed agreement	provider was contacted and we confirmed which providers should be par and are getting their claims reprocessed.		55 days pending	P2
1/22/2013	***	Teche Regional Medical Center	complaint of claim denials for services that she received authorization	working to determine if auth carried over to claims processing		30 days pending	P2
1/17/2013	***	DCI Inc	Complaint of non-payment of Epogen claims	procedure was not covered when claims originally submitted. This has been corrected in our system and the providers claims are being reprocessed.		27 days pending	P2
1/14/2013	***	Acadiana Vision Center	Complaint of claims denials due to being out of network	information sent to vision vendor to address		30 days pending	P2
1/10/2013	***	Hagen ENT Clinic	Provider needed a check reissued	Reissue occurred and provider received the payment	2/1/2013	21 days pending	C2
1/9/2013	***	Sarah Lee and Donna Barlow	Provider specialist listed incorrectly in directory	working with PDM to address	2/14/2013	34 days pending	C2

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: Louisiana Healthcare
 Connections
 Reporting Period: Jan-13

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
1/14/2013	***	St. Frances	Appeal for lack of medical necessity. Additional in	1/24/2013	10	C2
1/7/2013	***	LSU Health New Orleans	Appeal for lack of medical necessity. Additional in	1/24/2013	17	C2
1/3/2013	***	Lake Charles Memorial Hospital	Appealing decision to admin deny for lack of prior	1/10/2013	7	C2
1/2/2013	***	Opelousas General Health System	Level of care dispute	pending	38	C2
1/3/2013	***	Complete Home Health	Level of care dispute	1/11/2013	8	C2
1/7/2013	***	Teche Regional Medical Center		pending	32	P2
1/13/2013	***	Childrens hospital	level of care dispute	pending	27	P2
1/14/2013	***	Childrens Hospital	Did not meet medical necessity	pending	28	P2
1/14/2013	***	Snells Limbs and Braces	Did not meet medical necessity	pending	28	P2
1/14/2013	***	psa	not enough info missing ht and wt	pending	28	P1
1/14/2013	***	Promise Hospital	Did not meet medical necessity	pending	28	P2
1/21/2013	***	Delta Medical Equipment & Supply Co I	does not meet interqual	pending	19	P2
1/22/2013	***	Caldwell memorial hospital	not meeting interqual	pending	18	P2
1/23/2013	***	The Regional Medical Center of Acadian	Did not meet medical necessity	pending	17	P2
1/23/2013	***	Dr. Southern	Not enough information from provider	pending	17	P1
1/23/2013	***	Nutritional supplements	not enough info, missing ht and wt	pending	17	P1

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
1/24/2013	***	Specialty Wheelchairs	Did not meet medical necessity	pending	16	P2
1/24/2013	***	Pediakare De Louisiana	denied due to mom at home with child	pending	16	P2
1/24/2013	***	C & C Drugs dba Vital care	missing info, ht and wt	pending	16	P1
1/29/2013	***	Lambert's Orthotics & Prosthetics	Did not meet medical necessity	pending	11	P2
1/30/2013	***	Childrens Hospital	not enough information	pending	10	P1
1/30/2013	***	Childrens Hospital	not enough information	pending	10	P1
1/30/2013	***	Lane Regional Medical Center	Did not meet medical necessity	pending	10	P2

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