

## Provider Complaint Summary Report

Health Plan ID: 2162438  
 Health Plan Name: United HealthCare Community Plan  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 Report Period Start Date: 2/1/2013  
 Report Period End Date: 2/28/2013

## BAYOU HEALTH Reporting

Document ID: SI182  
 Document Name: **PROVIDER COMPLAINT SUMMARY REPORT**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Reporting Period	COMPLAINT STATUS	Total # of Complaints	# of COMPLAINTS by ISSUE CATEGORY						# Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Pending or Closed >90 Days Post File Date <sup>1</sup>	
			Claims/Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information/Response			Other
Feb-2013	<b>Complaints Received this Month</b>	351	322		20			7	2		
	<b>Total Closed this Month</b>	186	157		20			7	2		
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	186	177		20			7	2		
	Per DHH Review										
	Other										
	<b>Total Pending (cumulative as of month end)</b>	202	202								18
	Information needed from Provider										
	Internal Plan Review	202	202								18
	Referred to DHH										
Other											
2013 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	360									
	<b>Total Closed YTD</b>	187	158		20			7	2		
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	187	158		20			7	2		
	Per DHH Review										
Other											

This purpose of this report is to capture and track the volume, type and status of PROVIDER complaints. A complaint includes any provider dispute of the CCN's policies, procedures, or any aspect of the CCNs administrative functions. **It DOES NOT include any provider appeals for the denial, reduction or suspension of medically necessary services nor any grievances or appeals filed by providers on behalf of members**, those are reported on the State Fair Hearing reports. Complaints should be relevant to Health Plan specific policies and practices and NOT to individual claim items. Please refer to Definitions for status & category details.

<sup>1</sup>You must submit a complaint summary sheet detailing all pending or closed (A1) complaints not resolved within 30 to 90 days a(see format on "SI 182-attachment" TABS)

SI-182 - Attachment 1: Summary listing for Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: United HealthCare Community Plan  
 Reporting Period: 2/28/2013

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
7/10/2012	Jolene	Michael Lifsey	Claim denied by Molina for missing TPL. Per claim image, TPL was on hard copy claim. Resubmit.	We are still experiencing denials with certain providers which are being researched separately as a priority.		233	P2
7/10/2012	Tamika	St Charles Parish Hospital	Claim denied for third party liability code. Per claim image, code is in box 61 on UB. Prv wants claim resubmitted.	We are still experiencing denials with certain providers which are being researched separately as a priority.		233	P2
7/10/2012	Camille	Richard Piccione	Prv claims are denying for third party EOB. Per the claim image 115 1213501270, prv is billing the TPL. Molina is not receiving the TPL.	We are still experiencing denials with certain providers which are being researched separately as a priority.		233	P2
7/17/2012		Prime Health	Form 213, UHC unable to pass the form or relevant information.	As of 2/6/2013, procedures were put in place to accept the form 213 for processing adjustments and voids.	2/6/2013	204	C2
7/27/2012		Humberto E Bohorquez M.D.	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	As of 2/4/2013, procedures were put in place to forward all medical documnetation received with a claim to Molina.	2/4/2013	192	C2
7/27/2012		Ian C Carmody M.D.	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	As of 2/4/2013, procedures were put in place to forward all medical documnetation received with a claim to Molina.	2/4/2013	192	C2
7/30/2012		George E Loss Jr, M.D	Claim submitted with documentation via paper submission - claim denied by molina for documentation. Please review why documentation is not crossing to molina.	As of 2/4/2013, procedures were put in place to forward all medical documnetation received with a claim to Molina.	2/4/2013	189	C2

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9/12/2012		Iberia Medical Center	Bill type changed for adj/void 137/138	Fix put in place as of 2/6/2013. Awaiting advices from DHH for recycle. Provider may resubmit and should successfully process.	2/6/2013	147	C2
9/24/2012		Jon Cheek, MD	TPL Issue	We are still experiencing denials with certain providers which are being researched separately as a priority.		157	P2
10/1/2012	Debbie	Prather Clinic	TPL Issue	We are still experiencing denials with certain providers which are being researched separately as a priority.		164	P2
10/3/2012	Lauren	Hood Memorial	TPL Issue	We are still experiencing denials with certain providers which are being researched separately as a priority.		166	P2
10/23/2012	Dr. Bryan		Claim submitted with attachments required to pay the claim. No process in place to pass to Molina	As of 2/4/2013, procedures were put in place to forward all medical documnetation received with a claim to Molina.	2/4/2013	103	C2
10/26/2012	Carolyn	Prime Health - RHC	Adjustment / Void Issue	As of 2/6/2013, procedures were put in place to accept the form 213 for processing adjustments and voids.	2/6/2013	103	C2
11/19/2012	Jennifer	Slidell Memorial	TPL Issue	We are still experiencing denials with certain providers which are being researched separately as a priority.		101	P2
12/12/2012	Lisa	Vital Link	Modifier not passed - claim denied	As of 2/4/2013, all affected claims were processed through Molina system. Fix is now in place for all claims received going forward.	2/4/2013	54	C2
12/14/2012	Lindey	Pediatric Group of Acadiana	Adjustment / Void Issue	As of 2/6/2013, procedures were put in place to accept the form 213 for processing adjustments and voids.	2/6/2013	54	C2

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12/18/2012		Terrebonne General Primary	The provider submitted their claim with the Medicaid id# xxx which is accurate and valid for the member. The provider states that when the claim gets to Molina, they receive xxx which is incorrect.	<b>This issue has been resolved as of 2/4/2013 with a recycle all effected claims previously submitted in place.</b>	2/4/2013	48	C2
12/18/2012		Joseph Matthew Miller	Claim was denied by Molina because medical documentation is required to process the claim.	<b>As of 2/4/2013, procedures were put in place to forward all medical documnetation received with a claim to Molina.</b>	2/4/2013	48	C2