

## Provider Complaints Summary Report

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20140301  
 Report Period End Date: 20140331

## BAYOU HEALTH Reporting

Document ID: PI182      Revision Date: 11/01/2013  
 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

	Claims Processing	Reimbursement Rates	Prior Authorization	PCP Linkages	Provider Enrollment and Credentialing	Lack of Access to Providers or Services	Provider Directory	Lack of Information /Response	Other	Total
# complaints received this month	1012		2		4				7	1025
# complaints resolved this month	1059									1059
# complaints pending over 30 days*	5									5
# complaints pending over 90 days*	0									0
<b>Total</b>										
Total complaints received YTD	2264		6		11	1	1	4	37	2324
Total complaints resolved YTD	2029									2029
# complaints pending over 30 days YTD*	7									7
# complaints pending over 90 days YTD*										

Formal Claims Disputes YTD	Received	Pending	Resolved	Resolved with change to original payment
First Level Review				
Second Level Review				
Arbitration				

\*Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".

**PI 182 - Attachment 1: Complaints Pending or Closed 30+ days after Original Date Filed**

**Health Plan Name:** Amerigroup Louisiana, Inc.  
**Reporting Period:** 20140301-20140331

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P1-Information needed from Provider	C1-Withdrawn by Provider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	Status Category
12/23/2014	Nicole T	North Oaks Rehabilitation	The provider advised the claim was underpaid.	Provider attempted once before to resolve this issue on 9/19/13		67	C2
1/14/2014	Ashley Wyatt	Duncan, Mary A.	Claims for Savoy Family Practice and Mamou are not paying. Non RHC claims are requiring an RHC encounter code	The provider has contacted their Provider Representative twice as well as called into the Provider Service Unit		45	C2
2/18/2014	Stephany H	Walvekar, Rohan R.	The provider is requesting for payment of unlisted code. APP-296661	1st attempt		41	P2
2/25/2014	Birgit S.	Wingo, Susan	Provider billing address has been updated. Provider is requesting review of checks sent to the wrong address. APP-305311	1st attempt		35	P2
2/5/2014	Cecelia R	Family Practice Center	APP-280973: Provider disputing the underpayment for denial stating charges exceed Medicaid allowed amount.	Configuration was verified and claim reprocessed under the appropriate provider ID. Appeals decision to overturn for a new claim denial as member has other primary coverage; Explanation of benefits from the primary is required.	3/9/2014	32	C2
2/24/2014	Melinda B	Paul, Rhonda T.	APP-304370: Provider disputing the payment amount for CPT code 99204 25	Configuration was verified for the provider's agreement on claim 118671059600 for CPT code billed 99204 25. The contract rate for the code varies by age. Appeal decision was upheld as claim processed appropriately based on the member's age for the fee schedule rate.	3/27/2017	32	C2

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending	Status Category
10/1/2013	Christen S	Louisiana Rehab Products	APP-357060: Provider disputing claim underpayment to no authorization denial. Refernced Auth# 103605783	Currently reviewing appeal for resolution		190	P2