

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

I. Contact Information	
Date:	2162438
Health Plan Name:	United HealthCare Community Plan
Contact Name:	xxx
Contact Email:	xxx

_____ April - June 2013 _____
 UnitedHealthcare Community Plan
 BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

	Grievances	State Fair Hearings
Number of grievances reviewed:	13	N/A
Number of grievances/State Fair Hearings resolved:	13	6
Number of grievances considered invalid:	N/A	N/A
Average length of time to complete each grievances/State Fair Hearing:	9.6	1
Number of overturned decisions at State Fair Hearing Level:	N/A	0
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	2
Percentage of overturned decisions at the State Fair Hearing level:	N/A	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	33%

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?

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:

Attitude/service of staff

Quality of Care

Quality of Office Building

Additional Information Required for Annual Report Submission

	Grievances	State Fair Hearings
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
3/28/13	xxxxxxxxxxx	Member	3	Dismissed from practice	4/11/13	15	Referred to member services to help find new PCP
3/28/13	xxxxxxxxxxx	Member	3	Problem getting prescription refilled	4/1/13	5	Prescription refilled
4/5/13	xxxxxxxxxxx	Member	3	Office Manager was rude	4/18/13	14	Referred to member services to help find new PCP. Doctor no longer accepts Medicaid
4/17/13	xxxxxxxxxxx	Member	3	Canceling her appts and not referring for pain management	4/24/13	8	Switched Providers
4/26/13	xxxxxxxxxxx	Member	4	Quality of office building	5/3/13	8	Assisted to find new PCP, QOC investigation initiated
4/30/13	xxxxxxxxxxx	Member	1	Quality of Care	5/15/2013	16	QOC Investigation
5/1/13	xxxxxxxxxxx	Member	1	Quality of Care	5/13/13	13	QOC investigation
5/2/13	xxxxxxxxxxx	Member	1	Quality of Care	5/6/13	5	QOC investigation initiated, Changed PCP
5/8/13	xxxxxxxxxxx	Member	1	Quality of Care	5/8/13	1	QOC Investigation
5/17/13	xxxxxxxxxxx	Member	3	Attitude/Service of Staff	5/30/2013	14	Referred to case management
5/28/13	xxxxxxxxxxx	Member	1	Quality of Care	5/30/2013	3	QOC investigation, assisted to find new PCP and orthopedist
6/10/2013	xxxxxxxxxxx	Member	3	Provider Attitude	6/21/2013	12	Mailed invalid telephone letter. No response. Case closed

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
6/11/2013	xxxxxxxxxxx	Member	3	The member did not like the treatment she received from the staff.	6/21/2013	11	Mailed invalid telephone letter. No response. Case closed

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 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
6/6/2012	xxxxxxxxxx	Authorized Rep (Parent)	Pediatric Day Health Care	14	Clinical Criteria Not Met - Medical Service	n/a	n/a	n/a	Denial was overturned by Physician to Physician conference call prior to the member's representative filing the State Fair Hearing request.
6/11/2013	xxxxxxxxxx	Authorized Rep (Parent)	MRI	9		n/a	n/a	n/a	Health plan reversed its decision. Request for MRI was approved.
6/28/2013	xxxxxxxxxx	Member	Pharmacy	14	New UHC member requested reimbursement for out of pocket expenses for medication while she was with previous Bayou health plan. (Pharmacy is a craved out service for UHC)	n/a	n/a	n/a	No SFH was held. Member was not eligible at the time the claim occurred.
5/3/2013	xxxxxxxxxx	Individual	Knee Arthroplasty	9	n/a	n/a	n/a	n/a	Health Plan reversed decision after receiving additional documentation
5/21/2013	xxxxxxxxxx	Individual	MRI	9	UHC Medical Director never received information to solidify medical necessity	6/18/2013	6/18/2013	Withdrawn	Member withdrew request during State Fair Hearing.
4/17/2013	xxxxxxxxxx	Authorized Rep (Parent)	Home Health	14	Mother is appealing home health nurse for her son	n/a	n/a	Withdrawn	Member withdrew request (May 23,2013) prior to State Fair Hearing (May 29, 2013)

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Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	5	
2	Accessibility of office		
3	Attitude/Service of staff	7	
4	Quality of office, building	1	
5	Timeliness		
6	Billing and Financial issues		
7	Clinical Criteria Not Met - Durable Medical Equipment		
8	Clinical Criteria Not Met - Inpatient Admissions		
9	Clinical Criteria Not Met - Medical Procedure		3
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)		3
TOTALS		13	6
DO NOT ADD OR CHANGE REASON CODES			

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