

Provider Complaint Summary Report

Health Plan ID: 2162446
 Health Plan Name: Community Health Solutions of Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 5/1/2013
 Report Period End Date: 5/31/2013

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 ¹	# Pending or Closed >90 Days Post File Date ¹
			Claims/Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information /Response	Other		
May-2013	Complaints Received this Month	191									
	Total Closed this Month	53	42			10			1	3	8
	Withdrawn by Provider	7	7								
	Per Internal Plan Complaint Process	32	25			7				2	6
	Per DHH Review	1	1								
	Per DAL/State Fair Hearing										
	Other	13	9			3			1	1	2
	Total Pending (cumulative as of month end)	145	145							20	3
	Information needed from Provider	105	105							18	1
	Internal Plan Review	34	34								
	Referred to DHH	3	3							2	1
	Appeal Filed with DAL										
Other	3	3								1	
2013 Year to Date (YTD)	Total Complaints Received YTD	1262									
	Total Closed YTD	1319	1276	1	18	13		2	9		
	Withdrawn by Provider	43	30		11			1	1		
	Per Internal Plan Complaint Process	1194	1178		6	9			1		
	Per DHH Review	2	1						1		
	Per DAL/State Fair Hearing										
Other	80	67	1	1	4		1	6			

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.

¹You 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: Community Health Solutions of Louisiana

Reporting Period: 05/01/2013-05/31/2013

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
12/11/2012	Heath ***	Louisiana Healthcare Practitioners	Unpaid claims.	Asked Heath to send claims examples. Still waiting.		172	P1
Jan 31,13	Debbie ***	Prather ENT	unpaid claims	All pending TPL claims with CHS have been processed.	5/31/2013	90	C4
2/18/2013	Stephanie ***	Acadiana Computer systems	unpaid claims	Previous employee did not follow up claims . On Feb 18th Stephanie sent to claims reseach. Spoke to her this morning faxing over remaining unpaid claims.		102	P4
2/5/2013	Greg ***, **	The Pediatric Center of SWLA; Sulphur; **	HMS forms that they are faxing in are not getting updated in the system. He says they are owed on unpaid TPL claims because of this issue.	Bill Perkins addressed issue at the last Administrative Simplification committee meeting at Greg's request.	5/14/2013	98	C4
2/2/2013	Greg ***, **	The Pediatric Center of SWLA; Sulphur; **	Provider wants to know the measures that will be used to calculate the shared savings and when they will be distributed	20130208 Spoke with supervisor who informed me that we have not yet received this information from the state		118	P3
2/27/2013	Terri ***, **	Regional Physicians Network; Lake Charles; **	Provider states that they are getting denials for TPL claims when maternity is not covered. They send printouts of policy showing no dependant coverage, but we are rejecting saying we need	20130311 Discussed at meeting with Supervisor and Executive Director. 20130318 asked provider to send examples of claims that have been denied so that we can investigate		93	P1
3/18/2013	Shay ***, **	Lake Charles Memorial Hospital	Maternity claim where primary paid zero was denied by Molina.	ANSI code issue. Resubmitting.		74	P2
3/21/2013	Ginger ***	Children's Clinic	Newborn in hospital changed plans on the first of the month and CHS is denying professional claims	Sent to claims research		71	P2

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3/27/2013	Loretta ***, **	Calcasieu Family Physicians, Sulphur	Member linkages	Sent followup email	5/8/2013	65	C2
4/10/2013	Theresa **	Management Data Systems, Lake Charles; **	Claim denied for prior auth when prior auth was received	Sent claim on to be reviewed	5/17/2013	43	C2
4/18/2013	Melonie ***, **		Not getting paid for facility portion of ultrasounds, only professional. Rejected as duplicates.	Claims research has tried contacting provider, no response.		43	P2
4/24/2013	Dawn ***, **	Pediatric Cardiology, Lake Charles	TPL claims	Sent to claims research	5/31/2013	37	C4
5/1/2013	Alice, **	**	CHS requiring back up that Medicaid did not pay on biophysical claims.	Examples of claims were not CHS or biophysical. Requested examples with proper diagnosis code. Alice sent to DHH for clarification.		30	P3