

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email:
 Report Period Start Date: 20130801
 Report Period End Date: 20130831

BAYOU HEALTH Reporting

Document ID: PI182
 Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	512	
% 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% Withdrawn		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		
Aug-2013	Received this Month	561	529	16		9		7			632		631			
	Total Closed this Month	494	466	11		9		7	1		512		512			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	482	461	11		9			1		512		512			
	Per Independent Arbitration															
	Per DHH Review															
	Other	12	5					7								
	Total Pending (cumulative as of month end)	340	335	5						1	120		120			
	Information needed from Provider									1						
	Internal Plan Review	340	335	5							120		120			
	Independent Arbitration															
	DHH Review															
Other																
2013 Year to Date (YTD)	Total Complaints Received YTD	6866	6331	68	75	39	22	56	88		5493		5492			
	Total Closed YTD	7932	7637	65	63	37	18	49	63		3284		32884			
	Withdrawn by Provider	39	4	9	23	1	2									
	Per Internal Plan Decision/Correction	7692	7528	36	29	26	16	5	52	3						
	Per Independent Arbitration															
	Per DHH Decision	5	2		1				2							
Other	196	103	20	10	10		44	9								

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.