

# Provider Complaint & Appeal Summary Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162934  
 Health Plan Name: LaCare  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20121001  
 Report Period End Date: 20121031

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           | 2              | 0              |
| % Upheld                    | 1              | 0              |
| % Overturned                | 1              | 0              |
| % Withdrawn                 | 0              | 0              |

| Reporting Period                          | COMPLAINT STATUS                           | Total # of Provider Complaints | # of COMPLAINTS by ISSUE CATEGORY |                  |               |                           |                              |                               |       | # Complaints Pending or Closed 31 to 90 Days Post File Date <sup>1</sup> | # Complaints Pending or Closed >90 Days Post File Date <sup>1</sup> | Total Provider Appeals | By Appeal Type     |                | # Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup> | # Appeals Pending or Closed >90 Days Post File Date <sup>2</sup> |
|---|--|--------------------------------|-----------------------------------|------------------|---------------|---------------------------|------------------------------|-------------------------------|-------|--|---|------------------------|--------------------|----------------|---|--|
|   |  |                                | Claims / Payments                 | Covered Services | PAs/Referrals | PCP Auto-Assign/ Linkages | Provider Registry/ Directory | Lack of Information /Response | Other |  |   |                        | Pre-Service Denial | Payment Denial |   |  |
| Oct-2012                                  | Received this Month                        | 817                            | 717                               | 0                | 7             | 0                         | 10                           | 1                             | 82    |  | 0   | 0                      |                    |                |   |  |
|   | Total Closed this Month                    | 778                            | 679                               | 0                | 7             | 0                         | 11                           | 1                             | 80    | 25   | 0   | 2                      | 2                  | 0              | 0   |  |
|   | Withdrawn by Provider                      |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Per Internal Plan Action/Decision          | 770                            | 672                               | 0                | 7             | 0                         | 11                           | 1                             | 79    | 22   | 0   | 2                      | 2                  | 0              | 0   |  |
|   | Per Independent Arbitration                |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Per DHH Review                             |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Other (Review determined not a complaint)  | 8                              | 7                                 | 0                | 0             | 0                         | 0                            | 0                             | 1     | 3  | 0   |                        |                    |                |   |  |
|   | Total Pending (cumulative as of month end) | 154                            | 144                               | 0                | 0             | 0                         | 4                            | 1                             | 5     | 11   | 0   |                        |                    | 0              | 0   |  |
|   | Information needed from Provider           |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Internal Plan Review                       | 154                            | 144                               | 0                | 0             | 0                         | 4                            | 1                             | 5     | 11   | 0   |                        |                    | 0              | 0   |  |
|   | Independent Arbitration                    |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | DHH Review                                 |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
| Other (Review determined not a complaint) |  |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
| 2012 Year to Date (YTD)                   | Total Complaints Received YTD              | 4113                           | 3567                              | 15               | 17            | 1                         | 47                           | 22                            | 444   |  |   | 11                     | 11                 |                |   |  |
|   | Total Closed YTD                           | 3959                           | 3423                              | 15               | 17            | 1                         | 43                           | 21                            | 439   | 153  | 10  | 11                     | 11                 | 0              | 0   |  |
|   | Withdrawn by Provider                      |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Per Internal Plan Decision/Correction      | 3950                           | 3415                              | 15               | 17            | 1                         | 43                           | 21                            | 438   | 149  | 10  | 11                     | 11                 | 0              | 0   |  |
|   | Per Independent Arbitration                |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
|   | Per DHH Decision                           |                                |                                   |                  |               |                           |                              |                               |       |  |   |                        |                    |                |   |  |
| Other (Review determined not a complaint) | 9  | 8                              | 0                                 | 0                | 0             | 0                         | 0                            | 1                             | 4     | 0  |   |                        |                    |                |   |  |

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

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

**Health Plan Name:** LaCare  
**Reporting Period:** OCT-2012

| 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<br>(YYYYMMDD) | Name of Person Filing Complaint | Organization                                 | Summary of Complaint         | Summary of Attempts<br>to Resolve Complaint | Date Closed<br>(YYYYMMDD) | # of Days<br>Pending or<br>to Close | Status<br>Category |
|--------------------------|---------------------------------|--|------------------------------|---|---------------------------|-------------------------------------|--------------------|
| 20120911                 | Rhonda                          | CAIRE, ARTHUR A.                             | Claims / Payments            | Provider Agreement Update under review      |                           | 52                                  | P2                 |
| 20120911                 | Carla                           | MANSOOR, SHAHID                              | Claims / Payments            | WR needed                                   |                           | 51                                  | P2                 |
| 20120911                 | Mindy                           | ANGELOPOULOS, PETER                          | Claims / Payments            | Provider Agreement Update under review      |                           | 51                                  | P2                 |
| 20120913                 | Belinda                         | DUDOUSAT, BRYAN S.                           | Claims / Payments            | WR needed                                   |                           | 62                                  | P2                 |
| 20120913                 | Michelle                        | MORRIS, STEVEN W.                            | Claims / Payments            | Provider Agreement Update under review      |                           | 49                                  | P2                 |
| 20120917                 | Susan                           | CARELINK HOME CARE SERVICES INC              | Claims / Payments            | WR needed                                   |                           | 45                                  | P2                 |
| 20120926                 | Leslie                          | ROGERS, GLYN D.                              | Claims / Payments            | Provider Agreement Update under review      |                           | 36                                  | P2                 |
| 20120926                 | Shantell                        | DUPLECHAIN, GREGORY                          | Claims / Payments            | Provider Agreement Update under review      |                           | 36                                  | P2                 |
| 20120927                 | Kim                             | PSA HEALTHCARE                               | Claims / Payments            | WR needed                                   |                           | 35                                  | P2                 |
| 20120927                 | Kimberly                        | BMA FRANKLIN                                 | Claims / Payments            | Provider Agreement Update under review      |                           | 35                                  | P2                 |
| 20121001                 | Donie                           | MALIK, SHAHZAD M.                            | Claims / Payments            | Provider Agreement Update under review      |                           | 31                                  | P2                 |
| 20120820                 | Sherry                          | SLIDELL MEMORIAL HOSPITAL AND MEDICAL CENTER | Claims / Payments            | WR Submitted                                | 20121002                  | 43                                  | C2                 |
| 20120821                 | tanya                           | LORIO, WILLIAM A.                            | Claims / Payments            | Claim processed correctly                   | 20121002                  | 42                                  | C2                 |
| 20120821                 | Dody                            | EA CONWAY MEDICAL CENTER                     | Claims / Payments            | WR Submitted                                | 20121002                  | 42                                  | C2                 |
| 20120907                 | Cash                            | JANG, JESSICA T.                             | Claims / Payments            | WR Submitted                                | 20121026                  | 49                                  | C2                 |
| 20120907                 | Vicki                           | NELSON, LARRY F.                             | Claims / Payments            | WR Submitted                                | 20121026                  | 49                                  | C2                 |
| 20120907                 | Kristie                         | AHMAD, MOUNAF G.                             | Claims / Payments            | WR Submitted                                | 20121026                  | 49                                  | C2                 |
| 20120910                 | Emma                            | KAMPERT, AMANDA L.                           | Claims / Payments            | Provider Agreement Update under review      | 20121026                  | 46                                  | C2                 |
| 20120910                 | Angelena                        | KARANI-OBRYAN, LOREEN C.                     | Claims / Payments            | WR Submitted                                | 20121026                  | 46                                  | C2                 |
| 20120910                 | Amy                             | ARDOIN, MONIQUE T.                           | Claims / Payments            | Provider Agreement Update under review      | 20121026                  | 46                                  | C2                 |
| 20120910                 | tanya                           | LORIO, WILLIAM A.                            | Claims / Payments            | Provider Agreement Update under review      | 20121029                  | 49                                  | C2                 |
| 20120910                 | Shana                           | HARDTNER MEDICAL CENTER                      | Claims / Payments            | WR Submitted                                | 20121026                  | 46                                  | C2                 |
| 20120911                 | Allison                         | BARTELS, KATHLEEN                            | Claims / Payments            | Provider Agreement Update under review      | 20121029                  | 48                                  | C2                 |
| 20120911                 | BRITTANY                        | HEMOCARE RESOURCES, LLC                      | Claims / Payments            | Provider Agreement Update under review      | 20121031                  | 50                                  | C2                 |
| 20120911                 | Dr. Timpton                     | TIMPTON, WANDA G.                            | Claims / Payments            | WR Submitted                                | 20121031                  | 50                                  | C2                 |
| 20120911                 | thattavanh                      | WOODRING, JAIME S.                           | Claims / Payments            | Provider Agreement Update under review      | 20121022                  | 41                                  | C2                 |
| 20120912                 | Trish                           | MILLER, CHRISTOPHER B.                       | Provider Registry/ Directory | WR Submitted                                | 20121029                  | 47                                  | C2                 |

| Date Filed<br>(YYYYMMDD) | Name of Person Filing Complaint | Organization                          | Summary of Complaint | Summary of Attempts<br>to Resolve Complaint | Date Closed<br>(YYYYMMDD) | # of Days<br>Pending or<br>to Close | Status<br>Category |
|--------------------------|---------------------------------|---------------------------------------|----------------------|---|---------------------------|-------------------------------------|--------------------|
| 20120912                 | Allison                         | SULLIVAN, WENDY                       | Claims / Payments    | WR Submitted                                | 20121029                  | 47                                  | C2                 |
| 20120914                 | Mary                            | WEST CARROLL MEMORIAL HOSPITAL        | Claims / Payments    | WR Submitted                                | 20121015                  | 31                                  | C2                 |
| 20120914                 | Deborah                         | TULANE UNIVERSITY HOSPITAL AND CLINIC | Claims / Payments    | WR Submitted                                | 20121029                  | 45                                  | C2                 |
| 20120917                 | Maggie                          | TOOMER, ANDREA P.                     | Claims / Payments    | Provider Agreement Update under review      | 20121018                  | 31                                  | C2                 |
| 20120919                 | Brittany                        | MCGAW, HARRY J.                       | Claims / Payments    | Provider Educated                           | 20121024                  | 35                                  | C2                 |
| 20120919                 | Christie                        | SMITH, LONDON C.                      | Claims / Payments    | Provider Agreement Update under review      | 20121025                  | 36                                  | C2                 |
| 20120919                 | Terri                           | PADDOCK, RICHARD J.                   | Claims / Payments    | WR Submitted                                | 20121031                  | 42                                  | C2                 |
| 20120920                 | Murphy                          | BURNS, KIMBERLY                       | Claims / Payments    | WR Submitted                                | 20121031                  | 41                                  | C2                 |
| 20120920                 | DARLENE                         | PROFESSIONAL CARE PHARMACY LLC        | Claims / Payments    | WR Submitted                                | 20121031                  | 41                                  | C2                 |