

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 11/1/2012
 Report Period End Date: 11/30/2012

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		
% 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% Withdrawn		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			
Nov-2012	Received this Month	18	18														
	Total Closed this Month	7															
	Withdrawn by Provider	5															
	Per Internal Plan Action/Decision	2															
	Per Independent Arbitration																
	Per DHH Review																
	Other																
	Total Pending (cumulative as of month end)																
	Information needed from Provider																
	Internal Plan Review																
	Independent Arbitration																
	DHH Review																
Other																	
2012 Year to Date (YTD)	Total Complaints Received YTD																
	Total Closed YTD																
	Withdrawn by Provider																
	Per Internal Plan Decision/Correction																
	Per Independent Arbitration																
	Per DHH Decision																
Other																	

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.

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

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
9/5/2012	***	Minden Family Medicine	Provider only has one TIN and two NPI numbers. The TIN and NPI are linked to RHC. All claims for hospital admit and discharge are deny	Working with PDM to have this issue fixed. Created new payclass awaiting close of claims project.		89 days pending	P2
9/8/2012	Laura ***	WK Regional Perinatal Group	All ultrasounds are deny do to no auth	Working with UM and Claims to reprocess claims. Claims are now in the process to be paid by the end of December.	11/29/2012	36 days pending	C2
10/1/2012	Evelyn ***	Community Specialty Hospital	Provider is still nonpar. Dionne Pollard is working with provider to solve. Provider is in need of funds	Working with Credentialing to get them par. Hope completion on 11/30. Completion did not happen in CRM. Was changed in Portico but never made it over to CRM. Have send retro to Randy on 12/6/12		67 days pending	P2
10/10/2012	Jerry ***	St Francis Hospital	Has many claims issues.	Working with claim department and billing at St. Franis to correct. Hope completion 11/30. 12 out of 19 claims have completed. Still working on 7 additional.		57 days pending	P1
11/1/2012	Deborah ***	Monroe Surgical Hospital	Their tin was not made par only the Cadrio EKG providers were made par. Deborah/Jodi, The system is still showing you are NonPar with an effective start date of September 1st. Your contract was executed on July 26th for	Submitted to PDM on 11/1/12. Still having issues a fewer issue with PDM to correct.		36 days pending	P1
11/1/2012	Betty ***	SMSO ANESTHESIA	Provider was not made par although sent in credentialing back in April.	Good morning Randy, I am requesting a retro effective date on SMO Anesthesia back to 6.1.2012. They currently have a 10.1.2012 effective date, however it appears that this date was due in part to a delay in working the contract and losing their information after they submitted it to us in	11/26/2012	25 days pending	C2
7/27/2012	Elizabeth	West Jefferson Medical	numerous claims not getting paid due to no auths, non covered services that should be covered according to fee schedule, etc. She also asked about Lab code 36415 getting denied stating procedure is incidental to another	menssa from west Jefferson hospital stated Codes 96367;96368;96367;96523 are billed with a 260 rev. All four codes are denying 46-non-covered. these codes would be payable at the cost to charge ratio if billed with revenue 260 in location 22. Update: Configuration completed. Claims project created to pay claims		138 days pending	P2

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
		Teche	Claims showing these codes 96374,96361,96376,96372,96365,96361 non covered.	A covered revenue code is billed with the codes so they would be paid based on CCR when the reconfiguration is complete. Claims project would need to get done once reconfiguration is complete. Configuration still in progress. UPDATE: Configuration completed. Claims project created.			P2
8/2/2012	Melissa	Mohammed Sarfraz via DHH	Provider has numerous A1 denials, Since June. Now showing par date 10/1/12	PDM updated par date to 10/1/12. Retro approval requested for par date to pay claims. Claims project will get created. Provider wasn't par when date was made available; however, Um decided that they wouldn't honor timely filing.			c1
8/16/2012	Charlette ***	Baton Rouge General Physicians Group	Provider has \$50,000 in claims that need to paid. Tony was working this issue. Provider has requested LHC give them a list of PAR Provider within the 6 clinic and begin getting claims paid.	Reviewed list to determine if the provider that have outstanding claims are PAR in the system to submit claims project.		N/A	P2
8/17/2012	Dawn ***	West Carroll Health System	This service is an outpatient service performed at our hospital (West Carroll Health Systems). According to the staff in Baton Rouge we should not require a authorization if the hospital was a network provider, which it should have been. Can you check on this for me? I am also attaching some other EOB denials. They all are for the same service and all contain the same denial code	Review the claims to determine if it was denied for proper code.		2	c1
10/1/2012	Donna ***	Progressive Acute Care	Provider has several TIN that are not paying properly.	Provider has requested retro approvals and awaiting claims project to begin. Provider has A1 denials for inpatient/outpatient claims. Provider is requesting a claims project and claims are being identified. Claims are in que.			C1

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
7/20/2012	Tiffany	Michael Hagman M.D.	Provider claims denied A1, Provider not completely loaded CRM/Amisys/Portico, fully executed contract	Each claim was discussed with provider in detail as to why it was denied and next steps. We are researching more claims with provider to determine if there are other issues involved we can assist with. A conference call was held with manager and internal PR Rep		0	P2
10/23/2012	Mohammed ***	Dr. Mohammed Sarfraz via DHH	Provider has numerous A1 denials, Since June. Now showing par date 10/1/12	PDM updated par date to 10/1/12. Retro approval requested for par date to pay claims.	11/8/2012		C1
7/30/2012	Jennah	Bayou Pediatrics (NON PAR Provider: Ruthanne Gallagher)	Non PAR Provider, indicated claim not paid. Provider unable to provide claim number. Newborn claim data unavailable under Mother. As the Provider is NON PAR & Newborn is NOT La. Healthcare Conn Member, selected plan Provider is PAR available	Evaluated CRM, identified Provider no claim data avail, identified Mother, no claim data available. In person visit to secure claim information, phone contact to Provider to secure information. Awaiting claim in			P1
7/1/2012	Terri ***	Chidrens Hospital Anesthesia	Anesthesia Rounding Issue	Rounding issue corrected in system, claims project created 22168 currently processing.			P2
7/20/2012	Tiffany	Michael Hagmann M.D.	Provider claims denied A1, initially Provider not completely loaded CRM/Amisys/Portico. Fully executed contract	Provider load completed. Provider indicated claims starting to pay.			P2
10/30/2012	***	Dr. Kerman D. Beauchamp-Roch	NON-PAR from 12/01/2010 – 06/30/2012. During the time periods of Go-Live and 06/30/2012, Provider has denied claims for A1 denials; however, I can't give you an exact # due not having access to that screen in Amisys.		11/10/2012		C1

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.

The report programming is still under review, thus any changes may result in resubmission of the report.

This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Louisiana Healthcare Connections
 Reporting Period: 11/1/2012 - 11/30/2012

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
P5-Other	C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category