

2012 UnitedHealthcare Community Plan
BAYOU HEALTH Grievances and State Fair Hearings Report

I. Contact Information

Date: 10/29/2012

Health Plan Name: UnitedHealthcare Community Plan

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3rd Quarter 2012
 UnitedHealthcare Community Plan
 BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

	Grievances	State Fair Hearings
Number of grievances reviewed:	26	11
Number of grievances/State Fair Hearings resolved:	26	11
Number of grievances considered invalid:		
Average length of time to complete each grievances/State Fair Hearing:	26	17
Number of overturned decisions at State Fair Hearing Level:		0
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:		4
Percentage of overturned decisions at the State Fair Hearing level:		0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:		36.36%

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?

N/A

In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?

Additional clinical information received

List the top 5 reasons that were most commonly the subject of grievances:

1. Attitude/service of staff

2. Timeliness

3. Accessibility of office

4

5

Additional Information Required for Annual Report Submission

	Grievances	State Fair Hearings
Number of grievances/ State Fair Hearings still pending at the end of Contract Year ____:		
Percentage of overturned decisions at State Fair Hearing Level in Contract Year ____:		
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year ____:		

**3rd Quarter 2012
UnitedHealthcare Community Plan
BAYOU HEALTH Grievances Summary Report**

***Annual Report: If grievance was not completed in 20__, indicate status as "pending" in column 6**

Grievances 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
7/6/11	xxx	Member Representative	3	Attitude of provider	8/20/12	46	Changed PCP, Refer to CM, Refer to member services to assist with finding PCP
7/3/12	xxx	Member	3	Attitude of staff. Timliness of referral process	7/9/12	7	Phone number incorrect, Information provided in unable to contact letter. In case management
7/11/12	xxx	Member Representative	3	Office staff rude. Member was late for appointment and office staffmade her reschedule appointment	8/22/12	43	Changed PCP
7/11/12	xxx	Member	3	Member unhappy with PCP plan of care	7/18/12	8	Changed PCP
7/6/12	xxx	Member	5	Attitude of office staff. Difficulty finding physical therapist who accepts Medicaid in members geographic area.	8/22/12	48	Changed PCP
7/18/12	xxx	Member Representative	5	Difficulty obtaining medical records from previous PCP	8/22/12	36	QM facilitated medical records to new PCP
7/20/12	xxx	Member	3	Provider would not accept as patient due to high risk OB patient	8/22/12	34	Changed OB, QM referred to HFS
7/20/12	xxx	Member Representative	3	Attitude of staff to mother after arrived late for appointment	7/30/12	11	Phone number incorrect, Information provided in unable to contact letter
7/31/12	xxx	Member	3	Attitude of provider	8/22/12	23	Changed PCP, Refer to CM, Refer to member services to assist with finding PCP
7/30/12	xxx	Member	3	Provider would not order tests member wanted	8/27/12	29	Changed PCP, Refer to CM, Refer to member services to assist with finding PCP
7/6/11	xxx	Member Representative	3	Attitude of Staff	8/20/12	45	Will change PCP, referred to CM, Referred to member services to assist with PCP
7/6/12	xxx	Member	5	Attitude of Staff, communication of referral process to member	8/22/12	48	Changed Orthopedist
7/11/12	xxx	Member Representative	3	Attitude of Staff	8/22/12	43	Changed PCP
7/18/12	xxx	Member Representative	5	Difficulty having previous PCP fax medical records to new PCP	8/22/12	36	QM called provider to ensure release of inforamtion was received
7/20/12	xxx	Member	3	Attitude of Staff, communication of processes to member	8/22/12	34	QM referred to HFS. Changed PCP.
7/30/12	xxx	Member	3	Attitude of provider	8/27/12	29	Changed PCP,Refer to CM

**3rd Quarter 2012
UnitedHealthcare Community Plan
Reason Summary Chart**

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care		
2	Accessibility of office	1	
3	Attitude/Service of staff	19	
4	Quality of office, building		
5	Timeliness	6	
6	Billing and Financial issues		1
7	Clinical Criteria Not Met - Durable Medical Equipment		
8	Clinical Criteria Not Met - Inpatient Admissions		2
9	Clinical Criteria Not Met - Medical Procedure		7
10	Prior or Post Authorization		1
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)		
TOTALS		26	11
DO NOT ADD OR CHANGE REASON CODES			