

Provider Complaint & Appeal Summary Report

BAYOU HEALTH Reporting

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130201
 Report Period End Date: 20130228

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	310	
% Upheld	73%	
% Overturned	27%	
% Withdrawn		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		
Feb-2013	Received this Month	1393	1312	12	32	1	9	12	15		381		381			
	Total Closed this Month	1447	1374	9	32		8	12	12		310		310			
	Withdrawn by Provider		4		23		2									
	Per Internal Plan Action/Decision		1358	6	3		6	2	12				310			
	Per Independent Arbitration															
	Per DHH Review				1											
	Other		12	3	5			10								
	Total Pending (cumulative as of month end)	371	363	3		1	1		3		71		71			
	Information needed from Provider					1										
	Internal Plan Review		363	3			1		3				71			
	Independent Arbitration															
	DHH Review									1						
Other																
2013 Year to Date (YTD)	Total Complaints Received YTD	2914	2795	16	41	5	10	18	29		793		793			
	Total Closed YTD	3337	3228	13	40	4	9	18	25		682		682			
	Withdrawn by Provider		4		23		2									
	Per Internal Plan Decision/Correction		3203	6	11	1	7	5	17				682			
	Per Independent Arbitration															
	Per DHH Decision				1				2							
Other		21	7	5	3		13	6								

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.

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: Amerigroup Louisiana, Inc.
Reporting Period: 20130201 to 20130228

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 (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
20120925	***	RHC	Claims denying of services outside RHC services. if it an acceptable billing practice to allow them to bill using the RHC TIN but be reimbursed for services beyond the T1015? And if so, are there any limitations on what they can bill for beyond the T1015.	Operations reached out to the state to determine if this is acceptable. Provide cash advance to provider for the claims that denied until issue is resolved. 12/18/12 Provider signed the Cash advance agreement.		155	P4