

# Provider Complaint Summary Report

Health Plan ID: 2162446  
 Health Plan Name: Community Health Solutions of Louisiana  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 2/1/2013  
 Report Period End Date: 2/28/2013

# BAYOU HEALTH Reporting

Document ID: SI182  
 Document Name: PROVIDER COMPLAINT SUMMARY REPORT  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

Reporting Period	COMPLAINT STATUS	Total # of Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Pending or Closed >90 Days Post File Date <sup>1</sup>
			Claims/Payment	Covered Services	PAs/Referrals	PCP Auto-Assign/Linkages	Provider Registry/Directory	Lack of Information/Response	Other		
Dec-2012	<b>Complaints Received this Month</b>	255									
	<b>Total Closed this Month</b>	244	236		8					3	
	Withdrawn by Provider	14	6		8					1	
	Per Internal Plan Complaint Process	193	193							2	
	Per DHH Review										
	Per DAL/State Fair Hearing										
	Other	37	37								
	<b>Total Pending (cumulative as of month end)</b>	24	22					1	1	5	1
	Information needed from Provider	2	2							2	
	Internal Plan Review	10	9						1		
	Referred to DHH	5	4					1		3	
Appeal Filed with DAL											
Other	7	7								1	
2012 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	271									
	<b>Total Closed YTD</b>	300									
	Withdrawn by Provider	18	8		8			1	1		
	Per Internal Plan Complaint Process	241	239				2				
	Per DHH Review										
	Per DAL/State Fair Hearing										
Other	41	37		1	1				2		

This purpose of this report is to capture and track the volume, type and status of PROVIDER complaints. A complaint includes any provider dispute of the CCN's policies, procedures, or any aspect of the CCNs administrative functions. **It DOES NOT include any provider appeals for the denial, reduction or suspension of medically necessary services nor any grievances or appeals filed by providers on behalf of members**, those are reported on the State Fair Hearing reports. Complaints should be relevant to Health Plan specific policies and practices and NOT to individual claim items. Please refer to Definitions for status & category details.

<sup>1</sup>You must submit a complaint summary sheet detailing all pending or closed (A1) complaints not resolved within 30 to 90 days a(see format on "SI 182-attachment" TABS)

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

Health Plan Name: Community Health Solutions of Louisiana

Reporting Period: 2/1/2013-2/28/2013

Status Category Codes	
P1-Information needed from Provider	C1-Withdrawn by Provider
P2-Internal Plan Review	C2-Per Internal Plan Complaint Process
P3-Referred to DHH	C3-Per DHH Review
P4-Other	C4-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
10/24/2012	Jennah/Bayou Pediatrics	Bayou Pediatric Associates	Newborn was auto-assigned to a PCP almost 250 miles from his home address.	10/24/2012 Patient's PCP to be corrected; forwarded to Molina for payment 2/29 and 2/25.		127	P4
12/3/2012	Rachel Z Chatters ***	Rachel Z. Chatters, Lake Charles	Newborn enrollment: Dr. Chatters states that Amerigroup in particular is refusing to give her PAs to treat their members. If she tells them to send her information about contracting with them, they give her the PA. She feels that this is a liability issue when she is unable to care for or get reimbursed for her patients. She gave me an example of a newborn with a metabolic condition, where time was essential, that she had to send to another physician across town that was not familiar with the treatment. She had several members that she has treated in the past so she had to assist the physician with the logarithms and such to treat her patient until they could get linked to CHS.	12/03 - passed information on to supervisor Kathy *** who was going to discuss with superiors. DHH revised informational bulletin 12/5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue. 02/27 - spoke to Dr. Chatters again and she stated that she is still having issues seeing newborns in her office and getting paid.		87	P3
12/3/2012	Leslie ***, ***	Jeff Davis Family Medicine, Jennings; ***	*	12/03/2012 - passed the information on to supervisor Kathy *** who was going to discuss with superiors. DHH revised informational bulletin 12-5 but did not address out of network payment issues. Maddie stated on a noon call to contract with all 5 plans to avoid this issue. 02/06 - spoke with provider again and they stated that it wasn't as bad now that they are no longer on call for providers that take other plans, but it is still an issue when seeing newborns before they can switch to CHS.		87	P3

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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
12/3/2012	Chuck ***, ***	The Children's Clinic of SWLA, Lake Charles; ***	Newborn enrollment: Provider is having trouble getting paid for seeing their patients who haven't yet been linked to CHS.	12/3 - Passed the information on to supervisor Kathy *** who was going to discuss with superiors. DHH revised information bulletin 12-5 but did not address out of network payment. Maddie stated on a noon call to contract with all 5 plans to avoid this issue.		87	P3
12/11/2012	Heath ***	Louisiana Healthcare Practitioners	Unpaid claims.	Asked Heath to send claims examples. Still waiting.		79	P1
1/4/2013	Elizabeth ***	Audiological Consultants	Rejected claim.	Waiting for Elizabeth to send examples.		55	P1