

2014 Prepaid Health Plan Name
BAYOU HEALTH Grievances and Appeals Report

I. Contact Information

Date: 20140430

Health Plan Name: AmeriHealth Caritas Louisiana

Contact Name: ***

Contact Title: Manager of Regulatory Affairs

Address: PO Box 83580

Baton Rouge, LA 70884

Telephone Number: ***

E-mail Address: ***

Prepaid Health Plans Grievance, Appeal and Fair Hearing Log (redacted)

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: ***
 Report Period Start Date: 20140101
 Report Period End Date: 20140331
 Report Due Date: 20140430
 Submission Date of Report: 20140430

BAYOU HEALTH Reporting

DocumentID: PS114 Revision Date: 11/01/2013
 Document Name: Grievance, Appeal and Fair Hearing Log (Redacted)
 Reporting Frequency: Quarterly
 Report Due Date: April 30, July 30, October 30, and January 30
 File type: Excel
 Subject Matter: Member Services

(Prepaid Health Plan Name) BAYOU HEALTH Grievances and Appeals Report			
II. Review Activities			
	Grievances	Appeals	State Fair Hearings
Number of grievances received and reviewed:	127		
Number of grievances resolved:	166		
Number of grievances in pending status:	16		
Average Length of time to complete each grievance	18		
Number of Appeals received and reviewed:		21	
Number of Appeals withdrawn:		0	
Number of Appeals resolved:		14	
Number of appeals considered invalid:		9	
Number of Health Plan appeals reversed in member's favor:		12	
Number of plan appeals in pending status:		4	
Average Length of time to complete each appeal		11	
Number of State Fair Hearing received :			3
Number of State Fair Hearing level appeals withdrawn:			1
Number of State Fair Hearings considered invalid or dismissed:			2
Number of State Fair Hearings in pending status:			0
Average length of time to complete each State Fair Hearing:			0
Number of overturned decisions at State Fair Hearing Level:			0
Number of upheld decisions at State Fair Hearing Level :			0
Percentage of appeals overturned at the State Fair Hearing level:			0%
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Additional supporting documentation received			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
Additional supporting documentation received			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
Member Charged for Service			
Lack of Concern or Uncaring Attitude			
ID Card Issue			
Wait Time Too Long			
Pharmacy Denial – Prior Authorization Required			
Additional Information Required for Annual Report Submission			
	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year ____:			
Percentage of appeals reversed in Contract Year ____:			

Prepaid Health Plans Grievance, Appeal and Fair Hearing Log (redacted)

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: Melissa Bezet
 Report Period Start Date: 20140101
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**(Prepaid Health Plan Name)
Reason Summary Chart**

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	7		
2	Accessibility of office	4		
3	Attitude/Service of staff	55		
4	Quality of office, building	1		
5	Timeliness	10		
6	Benefit Limitations/Exclusions			
7	Billing and Financial issues	70		
8	Clinical Criteria Not Met - Durable Medical Equipment		7	
9	Clinical Criteria Not Met - Inpatient Admissions		1	
10	Clinical Criteria Not Met - Medical Procedure		3	
11	Prior or Post Authorization		10	
12	Lack of Information from Provider		6	1
13	Level of Care Dispute			
14	Pharmacy	21		
15	Not a State Plan Services			2
16	Other (Must provide description in narrative column of Summary Reports)	14		
TOTALS		182	27	3
DO NOT ADD OR CHANGE REASON CODES				