

Provider Complaints Summary Report

Health Plan ID: 2162519
 Health Plan Name: Amerigroup Louisiana, Inc.
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20140201
 Report Period End Date: 20140228

BAYOU HEALTH Reporting

Document ID: PI182 Revision Date: 11/01/2013
 Document Name: **PROVIDER COMPLAINTS SUMMARY REPORT**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

| | Claims Processing | Reimbursement Rates | Prior Authorization | PCP Linkages | Provider Enrollment and Credentialing | Lack of Access to Providers or Services | Provider Directory | Lack of Information /Response | Other | Total |
|--------------------------------------|-------------------|---------------------|---------------------|--------------|---------------------------------------|---|--------------------|-------------------------------|-----------|-------------|
| # complaints received this month | 675 | | 1 | | 2 | | | 2 | 7 | |
| # complaints resolved this month | 803 | | 1 | | 2 | | | | 7 | |
| # complaints pending over 30 days* | 2 | | | | | | | | | |
| # complaints pending over 90 days* | | | | | | | | | | |
| Total complaints received YTD | 1252 | | 4 | | 7 | 1 | 1 | 4 | 30 | 1299 |
| Total complaints resolved YTD | 970 | | | | | | | | | 970 |
| YTD* | 2 | | | | | | | | | 2 |
| YTD* | | | | | | | | | | |

| Formal Claims Disputes YTD | Received | Pending | Resolved | Resolved with change to original payment |
|-----------------------------------|----------|---------|----------|--|
| First Level Review | | | | |
| Second Level Review | | | | |
| Arbitration | | | | |

*Each complaint pending over 30 days for this calendar year must be shown on worksheet "A1 30+ days".