

Provider Complaints Summary Report

Health Plan ID: 2162438
 Health Plan Name: United Healthcare Community Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 2/1/2014
 Report Period End Date: 2/28/2014

BAYOU HEALTH Reporting

Document ID: SI182 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	35	11	46	2	0	0	0	2		96
# complaints resolved this month	26	12	34	0	3	0	0	2		77
# complaints pending over 30 days*										0
# complaints pending over 90 days*										0
Total										
Total complaints received YTD	62	17	73	6	3	7	0	2		170
Total complaints resolved YTD	95	18	51	6	3	7	0	2		182
# complaints pending over 30 days YTD*										0
# complaints pending over 90 days YTD*										0

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