

2012 Community Health Solutions of Louisiana
BAYOU HEALTH Grievances and State Fair Hearings Report

I. Contact Information

Date: 3-Jul-13

Health Plan Name: Community Health Solutions of Louisiana

Contact Name: ***

Contact Title: Executive Director

Address: 5145 Bluebonnet Blvd, Suite B
Baton Rouge, LA 70809

Telephone Number: ***

E-mail Address: ***

Community Health Solutions of Louisiana
BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

	Grievances	State Fair Hearings
Number of grievances reviewed:	115	
Number of grievances/State Fair Hearings resolved:	115	
Number of grievances considered invalid:	0	
Average length of time to complete each grievances/State Fair Hearing:	4 days	
Number of overturned decisions at State Fair Hearing Level:	N/A	
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	
Percentage of overturned decisions at the State Fair Hearing level:	N/A	
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	N/A	

In cases where the health plan decision was overturned in the member's favor at the State Fair Hearing level, what were the most common reasons?

In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?

List the top 5 reasons that were most commonly the subject of grievances:

- 1 Attitude/Service of Staff
- 2 Quality of Care
- 3a Timeliness
- 3b Lack of information from provider
- 4 Quality of Care

Additional Information Required for Annual Report Submission

	Grievances	State Fair Hearings
Number of grievances/ State Fair Hearings still pending at the end of Contract Year ____:		
Percentage of overturned decisions at State Fair Hearing Level in Contract Year ____:		
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year ____:		

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/1/2013	***	***	3	Member out of Medications. Doctor will not prescribe her Medications because she has not been seen there since August 2012.	4/10/2013	9	Medical Home transfer to one of Member's choosing. Member was also given the names of local urgent care centers in the Member's area.
4/2/2013	***	***	14	Unable to schedule transportation for appointments	4/5/2013	3	Member was assisted in securing an alternate transportation company that she is very pleased with.
4/3/2013	***	***	4	Responsible Party for Member thinks the office is not clean and germ free and is worried her son will be susceptible to infection	4/5/2013	2	Office Manager states they follow all guidelines for patient safety and infection control. The practice is also professionally cleaned three times a week.
4/4/2013	***	***	11	Mother of Member stated that her child had an ear infection that the previous provider missed.	4/5/2013	1	Member was assisted in the selection of another Medical Home of her choice.
4/4/2013	***	***	12	Complained PCP did not address her OB incision, was unable to get RX for MRI and was referred to Shreveport for services.	4/10/2013	6	Doctor advised he would have treated Member if infection was present. No referral was made to out of area hospital; all diagnostics done at local hospital.
4/5/2013	***	***	14	Member Mom reported that transportation company was a no show two days in one week. She had no transport for dialysis appointments.	4/5/2013	0	Call to transportation company directing that they pick up the Member immediately resulted in their arrival. Reviewed scheduled transports for the rest of the month.
4/4/2013	***	***	5	Member Mom complained that CHS Nurse told her that PSA Hours would not be decreased but she was advised by provider that they were.	4/10/2013	6	Members HHC hours were reduced because the Member was no longer on a vent and was doing better.
4/8/2013	***	***	2	Mom reported that she was having issues with making appointments	4/16/2013	8	Member was transferred to new MH. Case was also referred to Care Management for disease management and to follow up medical issues.
4/11/2013	***	***	4	Member reports office is very dirty and in a bad neighborhood. Member does not want us to contact the practice	4/11/2013	1	Member assisted with selection of another PCP in the network.
4/11/2013	***	***	11	Mother advised doctor prescribes the same medication for the same problems and it is not working	4/11/2013	0	Member transferred to another MH of her choosing.
4/10/2013	***	***	11	Member states Rx prescribed causes side effect but doctor prescribed it anyway.	4/10/2013	0	Member was transferred to a new Medical Home of her choice
4/10/2013	***	***	11	Mom states that it is difficult to reach the office at times and that he phone calls are not returned.	4/10/2013	0	Member was placed in a Medical Home of her choosing and provided with referral assistance.
4/12/2013	***	***	11	Member stated that her Medical Home referred her to the ER and misdiagnosed her bladder infection for a yeast infection.	4/24/2013	12	Practice advised that the Member was pregnant and experiencing some bleeding. The doctor was not in the office so the Member was referred to the ER for immediate attention. Member was subsequently transferred to her MH of choice.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/1/2013	***	***	11	Member made statements indicating that she was questioning whether the doctor was licensed.	4/22/2013	21	Request was sent to Credentialing Department to verify all of the physicians licenses and credentials. It was reported that everything was in order.
4/15/2013	***	***	6	Member stated she was tested for pregnancy even though she explained to provider she had a hysterectomy . Member stated she was there for seizures and wanted to know how many pregnancy tests were ordered.	4/29/2013	14	Claims history shows one 1 pregnancy test was billed in the amount of 6.37. Voice mail message was left on Member's phone with a request to call with any further questions.
4/15/2013	***	***	3	Mom does not feel the doctor puts enough effort into making sure the children are as healthy as possible.	4/24/2013	9	Medical Home transfer to one of Mom's preference.
4/15/2013	***	***	5	Mom complained that her children could not be seen because she was nine minutes late.	4/23/2013	8	The Medical Home advised children were new patients and Mom was forewarned of their policy; Patients must be on time or they will not be seen. Mom was assisted with choosing another MH in her area.
4/15/2013	***	***	5	Responsible Party for Member said her brother waited from 8:00 to 2:00 to be seen. She feels that's too long.	4/24/2013	9	The MH checked the records and the Member signed in but was not seen. They said at times there can be a wait , but not for this long. Member was assisted with selection of new MH .
4/15/2013	***	***	10	Responsible Party complained that MH never submitted a PA for the child's RX.	4/26/2013	11	MH advised that they have documentation that the RX was e-scribed to the pharmacy the same day. They had no indication that it was not received. Also advised Mom should have called them if there was a problem obtaining the RX.
4/15/2013	***	***	14	Member had multiple complaints about providers. She was upset by being dismissed by one of them.	4/25/2013	10	Member was advised that the Medical Home does not have to tolerate foul language and abusive behavior. A referral to Care Management for Mental Health Counseling was offered and declined. Member will pursue disenrolling with plan.
4/16/2013	***	***	5	Member complained of a long wait to see the doctor. She stated that the medication that was prescribed for her back lasted an hour and that she hoped another doctor would address her pain issues differently.	4/29/2013	13	Doctor advised there was no record of a compliant in the chart. She did note that a list of narcotics that she will not prescribe is posted on the front desk and many patient walk out when they see it.
4/16/2013	***	***	5	Member complained of a long wait while in the lobby while the staff was standing around doing nothing.	4/29/2013	13	Member was assisted with the selection of another MH

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/17/2013	***	***	2	Member wants to be able to schedule sick appointments sooner.	4/25/2013	8	The O.M. advised that the patients can come in any day but Wednesday, when they are closed for administrative functions. Even then, if someone comes knocking, they will take care of them if they need medical attention. Every other day, they accept walk-ins from 9:00 to 10:30 and sick patients are worked in, never sent away. Member was assisted with MH transfer .
4/16/2013	***	***	14	Member complained about scheduling issues with the transportation company and with having his reservation cancelled.	4/25/2013	9	Care advocate at CHS assisted the member by contacting First Transit and working out the scheduling issue. She was able to resolve the problem and was assured the Member will be picked up at the originally scheduled time.
4/18/2013	***	***	11	Mom requested change of Medical Home. She thinks MH is trying to have her children take tests they do not need.	4/25/2013	7	Children were assigned to a new MH that Mom requested.
4/18/2013	***	***	1	Mom complained that her infant needed x-rays and additional tests due to the vomiting her baby has had since birth.	4/25/2013	7	Provider stated that he was following standard protocol first (Zantac 15 ml, Enfamil AR –no more than 6 oz., stop the cereals and cease feeding the soy milk.) before ordering tests and x-rays
4/22/2013	***	***	3	Member says she is having medical problems and feels that seeing another doctor would be best for her.	4/25/2013	3	OM was not aware of any issues and did not know the Member had switched her MH. She did mention that the member always had a lot of pain complaints and that the doctors there will not prescribe narcotics on request. She did not know if this could be the problem.
4/22/2013	***	***	3	Member stated she does not feel the doctor examines the patient before writing a prescription.	4/22/2013	0	Member was transferred to a new MH of her choice.
4/22/2013	***	***	3	Member Mom complained that the MH schedules the member's immunizations 1 month out.	4/25/2013	3	Member chose a new MH for her child
4/22/2013	***	***	3	Member complained that when she called the MH there was no one there who could speak Spanish as there usually is. She claimed the person on the phone hung up on her.	4/26/2013	4	MH advised that the front office staff can speak a little Spanish and try to help the members. One of the nurses is bilingual but she is not always available. Most of the time the doctor is not immediately available to speak to the patients .They have to leave a message for a call back.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/19/2013	***	***	3	*** stated she was trying to explain situation and the pharmacy representative was rude. She stated they will not override her again. She stated the pharmacy representative became very irate	4/26/2013	7	Pharmacy tech stated that the Rx history shows that the prescriptions are going through with payment by Medicaid and that perhaps the other coverage was inactive. She also apologized for any rudeness that Mom said she experienced and will report it to the Manager.
4/19/2013	***	***	3	Mom states the Member was not examined correctly and ended up in the hospital	4/29/2013	10	O.M at MH states she was not aware of the complaint. She stated child was treated with steroids and given a referral to Children's Hospital. Mom was advised to call back if child did not improve. Child is being transferred to a new MH
4/19/2013	***	***	3	Mom complained that the PCP was not giving appropriate care and that Member's last immunization was when her was 6 years old.	4/26/2013	7	Received call from the MH who advised the member has not been in the office since December 2013. Child was sick the last couple of times he was seen and was given appropriate medication. Each time Mom was told to reschedule the visit for the immunizations in 6 weeks. Mom did not reschedule. Child was transferred to a new MH.
4/19/2013	***	***	3	Mom stated the provider was rude. She said her son wanted to talk to the provider and the provider reprimanded the member and threatened him.	4/29/2013	10	Member was there only once for a well-child exam. Member was examined and given a referral to a dermatologist. No follow ups were scheduled and there is nothing in the chart indicating any issues. The nurse said that she does not have any idea what Mom is speaking about. She mentioned that on one occasion she heard the doctor tell a child to "mind their manners" and wait until the adults have finished speaking.
4/23/2013	***	***	3	Member states she was dropped from the practice because she was trying to get an Rx for diabetic shoes. She adds that she cannot get her Medical Records.	4/29/2013	6	The MH was contacted and they advised the patient had only been there once and they will send out the Medical record to the practice she is going to now.
4/23/2013	***	***	3	Member feels she is getting a lot of test but no treatment for her knee and back pain.	4/23/2013	0	Member was advised the doctor does not prescribe the pains meds requested. Member is being assisted by a Care Advocate to locate specialists for her needs.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/23/2013	***	***	1	Mom called nurseline because child was having chest pain, pulse was 147. She was on her way to ER after speaking with members cardiologist who advised her to take member to ER and tell ER physician to do EKG and blood work for heart. Member has hx of heart issues dating back to 1/13. RP states member has already had one heart attack. She advised ER physician what member's cardiologist said to do. She states he refused to do the tests because he said he felt they were not necessary. Instead physician did a strep test because he felt member was having throat problems since he wasn't eating.	4/23/2013	0	Referred to care management. Issue resolved.
4/18/2013	***	***	3	Member complained provider/nurses refuses to order his medication and dosage is sometimes incorrect or dosage was incorrect.	4/25/2013	7	Member was connected to a Care Advocate to assist with coordinating his prescriptions. MH Transfer was processed to a PCP of Member's choosing.
4/23/2013	***	***	3	Mom stated that when the infant's belly button fell off, she heard the nurse say "that's disgusting I hate touching that kind of stuff"	4/23/2013	0	The Mom was assisted with a transfer to a new Medical Home of her choosing.
4/23/2013	***	***	3	Member disagrees with the doctor's diagnosis of her condition and wants to see her previous PCP who is not contracted with CHS.	4/24/2013	1	Member was connected to a Care Advocate for care coordination. Member will also call Bayou health to see if she can disenroll.
4/24/2013	***	***	3	Member was taken to MH due to hives all over face. He was prescribed Benadryl. Member continued to break out and was given two different allergy medications and advised to use Benadryl if breakout continued.	4/24/2013	0	The parent decided to request another pediatrician and transferred the child to another practice.
4/24/2013	***	***	3	Member states she's only seen the doctor once but regularly sees the Nurse Practitioner. She said she would prefer to see a doctor that prescribes pain meds for her severe migraines before they occur and this practice does not do this.	5/2/2013	3	Advised member that many doctors do not prescribe these types of drugs. Member states she will transfer to another doctor and in the meantime continue to go to the ER for severe migraines.
4/25/2013	***	***	3	Member complained that the last time she went to the MH was on 1/16/13. She had heavy menstrual bleeding and a cold sore. She also said that she was diagnosed with HIV. She wanted an RX for Valtrex which he office said they could not give to her.	4/30/2013	5	Practice Manager advised that the patient was last in the office in January. Stated and Mom began to yell and curse. The member was dismissed because the practice does not tolerate this behavior. A certified letter to the address on file for the Member went unclaimed and was returned. A letter was also sent first class mail. Member is currently looking for a new MH.
4/25/2013	***	***	3	Member states she wants a provider that can do everything at one location. Practice responded that they are not able to so.	4/25/2013	0	Member chose a new Medical Home.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
4/25/2013	***	***	14	Member complained that her scheduled transport was cancelled by the carrier.	4/26/2013	1	Member was contacted by CHS Program Manager and advised that the transportation company must be able to confirm appointments or the trip will be cancelled.
4/25/2013	***	***	2	Member stated that appointments are usually 2 months out	4/30/2013	5	Member selected a new MH
4/26/2013	***	***	3	Member complained that the staff appears to be compassionate but that they really don't help you.	4/26/2013	0	Member was assisted in the selection of a new MH
4/29/2013	***	***	3	Member called First Transit for an appointment but was told she could not get a ride. She also said she was treated rudely.	4/30/2013	1	Member Services Rep and CHS Quality Management verified that the member was scheduled and given direct number to *** @ Fox Run, the cab carrier.
4/29/2013	***	***	3	Member complained that the practice "takes too long" and is not thorough	4/29/2013	0	Member was transferred to a MH of her choosing
4/29/2013	***	***	4	Mom complained that practice smelled like urine and there was mold on the walls. Also didn't feel the doctor gave her a "correct" physical.	4/29/2013	0	Member was transferred to a new MH of her choice. A follow visit to the practice by the PSR assigned to the MH was requested.
4/29/2013	***	***	3	*** stated that it seems the doctor is always out of the office. She said she was sick and needed to see a doctor,.	4/29/2013	0	Member Service Rep located a Medical Home that Member agreed on. She said she would call them for an appointment. If so, she would call back to change the MH.
4/30/2013	***	***	1	Member stated that she had a hysterectomy but is not getting any follow up care	4/30/2013	0	Member changed medical homes. Referred for QOC
4/30/2013	***	***	3	Member complained that her Rx for heroin addiction was taken away because she missed several visits because of school.	4/30/2013	0	Information regarding Member was forwarded to Case Management for follow up and assistance.
4/30/2013	***	***	3	Mom is upset that the provider will not see the children before she pays the fees charged for missed and late appointments.	4/30/2013	0	The children were transferred to another MH. Follow up with previous MH regarding the fees.
4/30/2013	***	***	3	Mom said the doctor does not listen to her, or her kids, about the effects of the medications he prescribed.	4/30/2013	0	Children were transferred to another Medical Home
5/2/2013	***	***	3	Member went to the MH to be treated for a stubbed toe that was also bleeding. She was concerned because she is a diabetic. She felt the doctor made unnecessary comments about her weight. She complained the doctor did not put on gloves or examine her foot but told her she had a fungus. She complained that the nurse only put peroxide and a band aid on her toe while the doctor was on her cell phone discussing plans for a dinner party. Member advised she didn't get a prescription.	5/3/2013	1	Member changed medical homes. Referred to care management.
5/6/2013	***	***	12	Member complained for what she thought was a bad experience at the MH. She felt doctor misdiagnosed her and would not prescribe her steroids as she usually gets for a sinus infection. Doctor would only prescribe OTC medications .	5/6/2013	0	Member was assisted with the selection of another MH of her choosing

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
5/6/2013	***	***	2	Member complained that that the doctor has been on vacation for the past couple of weeks and she can't see another doctor because they don't know the Member's issues.	5/6/2013	0	Member decided to transfer to another MH.
5/6/2013	***	***	11	Mom complained that she took the child to the doctor multiple times but nothing was done. Mom took the child to the ER and was told that the child had the flu and Mom does not know how long the child has had it.	5/6/2013	0	Mom received the names of several PCPs in the area and it was requested that she call back with her choice for a new MH Provider.
5/7/2013	***	***	3	The doctor commented about the child being dressed in his pajamas and asked Mom if she would go out in her pajamas. Mom stated that the child was only 8 and didn't feel well. Doctor thwn apologized to Mom. A week or so after the appointment, Mom received a letter requesting that the member not return.	5/7/2013	0	A MH transfer was requested and submitted to PonchartrainPediatrics.
5/8/2013	***	***	11	Member reported on 4/19 that current MH will no longer be her PCP. Member feels it is due to her chronic pain for which she is prescribed a narcotic. She was not given medication refills to last for the next 30 days so a fax was sent requesting this. The entire list was honored except for hydrocodone and alprazolam. There were 4 faxes sent along with 2 phone calls requesting these meds. There was no contact with the member, the pharmacy, or this CM in response to the request. Medical records were obtained through 4/12/13 with no mention of d/c in the notes and the next appt was set for 4/29.	5/8/2013	0	Resolution: member was advised by CM to use ER if withdrawal s/s and referred to MPS for new MHP.
5/8/2013	***	***	12	Mother complained that there is a long wait to be seen but very little time with the patient.	5/15/2013	7	The MH advised that the average wait time is about 10 minutes. Treatment time varies and is dependent on the patient's diagnosis. The MH stated that the last time the Member was in, the records reflect that the services rendered would have taken well over 15 minutes.
5/15/2013	***	***	2	Mother complained that the doctor only sees patients in the afternoon. Mom states that she works in the afternoon and that the provider is not providing proper care and the medications that she needs	5/15/2013	0	Member was assisted with the selection of another MH
5/15/2013	***	***	3	Mother complained that the Member was terminated from the practice without notice and refused to see the child when he was ill.	5/15/2013	0	Medical Home stated that due to no shows and cancellation, the Member was dismissed from the practice. A certified return receipt letter dated 3/13/2013, was sent to the Member's home address on file but was returned unclaimed. Mom was assisted with selection of another MH.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
5/15/2013	***	***	1	Member stated that her follow up visit to the MH to review her labs was not discussed . She stated that her A1C was 13 plus and blood glucose at 500. She also stated that the doctor would not give her a referral to a pain specialist.	5/15/2013	0	Member changed medical homes. Quality review unable to substantiate complaint as member is non-complaint
5/15/2013	***	***	5	Etta stated she has missed several appointments because the drivers never show up. She stated she is in a lot of pain. She stated transportation services advised her they do not approve trips for pain management but her appointment was for sleep apnea.	5/15/2013	0	Called First Transit and Mel's. They have verified the appointment to LSU for 5/17/2013. Advised member may also call at noon time the day before to confirm. Too early to confirm the appointment for the 23rd. Sent message to Care Management to advise of the Members request to be contacted to participate in the disease management program.
5/15/2013	***	***	14	Sent a provider listing so she could choose a new pcp. Transferred to Care Management to get set up with a Case Manager for her many health issues	5/15/2013	0	5/15/201- New MH assigned and Care Management
5/15/2013	***	***	3	Member complained he feels the practice is slow and unorganized. He stated he has a bad back and needs to see a specialist . Also that the process to receive a referral is taking too long	5/15/2013	0	Follow up with Member who said he already had the MRI which is what he wanted. He may choose another MH after receiving the directory that was mailed.
5/15/2013	***	***	11	Mom complained that Member had had multiple stomach surgeries by the provider who advised he was not going to do any surgeries. Mom stated the practice said they would not see Member anymore.	5/15/2013	0	Mom located a new surgeon who advised against any more surgery at this time. It appears there was a communication issue between member and provider. Mom was referred to member Services to submit request for desired MH.
5/15/2013	***	***	1	Member complained that the provider doesn't treat or examine her properly and that the medication he prescribed caused her to vomit	5/15/2013	0	Member was transferred to a new MH of her choosing.
5/15/2013	***	***	3	Member complained that she was not greeted promptly from the office staff and were answering calls during her visit.	5/15/2013	0	Member has been transferred to a new MH of her choice.
5/15/2013	***	***	11	Mom stated that the provider prescribed several meds but nothing worked. She stated that when she told the doctor this, he didn't seem to do much about it.	5/15/2013	0	The Medical Home was changed to one of the Mother's choosing.
5/15/2013	***	***	12	Patient unable to get Rx filled due to non response from the physician regarding the PA.	5/22/2013	7	QPM contacted the practice regarding PA and reviewed the history of the attempts to have this provided to pharmacy. PA was sent a couple of hours later.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
5/17/2013	***	***	1	Member is having a problem getting an RX for diabetic shoes after repeated requests	5/21/2013	4	Provider states they have faxed the RX to the claims processor three times. If this is not successful, they will write a script for Member to bring to his doctor.
5/20/2013	***	***	14	Mom complained that the transportation company did not show for a scheduled ride. Member had an appointment for blood work that he was unable to get to.	5/21/2013	1	Transportation company was contacted. They reported that there is only 1 vendor in the area. They sometimes have a backup. Member will need to verify both p/u and return times. And confirm both the day before.
5/20/2013	***	***	14	Member made a reservation for a mammogram. The transport company in the area has no service after 3:00. Her appt was for the afternoon, returning after 3. Member states she wasn't told this at the time and the appt had to be cancelled.	5/21/2013	1	Transportation company was contacted. They reported that there is only 1 vendor in the area. They sometimes have a backup. Member will need to verify both p/u and return times. And confirm both the day before.
5/20/2013	***	***	14	Member complained that she was not able to schedule an appointment for transport due to the appointment being for pain management.	5/21/2013	1	Verified that according to First Transit, this is correct. Only the initial Pain Management the reason they could not schedule.
5/21/2013	***	***	3	Member was not able to be seen due to the Doctor being out of the office for 2 weeks.	5/21/2013	0	Mother of Member was assisted with the selection of a new MH
5/21/2013	***	***	5	Member complained of wait times at the practice	5/21/2013	0	Medical Home was changed at Member's request
5/21/2013	***	***	3	Member did not care for the PCP and finds her to be rude	5/22/2013	1	member assigned to a new MH of her choosing.
5/21/2013	***	***	5	Member stated she ordered a directory but did not receive it due to a bad address. She said she wasn't aware she could order online	5/22/2013	1	Member given the e-mail address and updated the physical address.
5/21/2013	***	***	1	Member airlifted to hospital with dx of bradycardia. Member passed a couple of days later.	6/30/2013	40	Closed. Under review by CMO.
5/22/2013	***	***	3	Mom stated Member has had the same female problem for 2 years	5/22/2013	0	Member was transferred to a new MH of her choosing.
5/23/2013	***	***	3	Member upset their Health Plan was changed without their permission	5/23/2013	0	CHS Rep apologized and warm transferred to a Bayou Health Representative for Member assistance
5/23/2013	***	***	3	Member not satisfied with service or the effects of the Rx prescribed	5/23/2013	0	Member was transferred to another MH of his choice.
5/23/2013	***	***	5	Member complained that sometimes there are long waits. Also had some bruising on his arms after injections	5/23/2013	0	Transferred to a new Medical Home
5/24/2013	***	***	7	Complaint that Member was discharged from hospital without a PA for the needed wheelchair. Efforts to expedite have not been successful	6/1/2013	8	Member received his wheelchair. Issue is resolved
5/24/2013	***	***	1	Member feels she was discharged too soon after her C Section because the incision was red and looked infected.	5/24/2013	0	Referred for QOC.
5/24/2013	***	***	5	Complaint that the clinical records and discharge papers were not sent as promised even though several requests have been made	5/24/2013	0	Member MH change

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
5/30/2013	***	***	3	Member felt that the staff did not answer the phone professionally	5/30/2013	0	New Medical Home of the Member's choosing was assigned.
5/29/2013	***	***	6	Complaint regarding charges and access to records	5/29/2013	0	Member advised Medicaid took the charges off and Member has transferred to a new MH,
5/30/2013	***	***	2	Mom stated the practice is too far away and that it's difficult to make appointments	5/30/2013	0	New MH was selected for the children
5/30/2013	***	***	3	Member stated they practice refused her service after she had been in an accident	6/3/2013	3	Spoke to MH. Doctor advised that when the member came in, she wanted to be treated right away. Doctor advised he would need to get copies of the x-rays and other treatment rendered due to the accident. He stated Member became very impatient and began to curse at him. Member selected another MH.
5/30/2012	***	***	3	Member feels the phones are not being answered in a timely manner and the doctor doesn't know how to do his job.	5/30/2013	0	Transferred to a MH that was acceptable to Member.
5/30/2013	***	***	3	Member felt the doctor chooses who he wants to see. He advised that there was nothing more he could do to treat her.	6/1/2013	1	Member changed medical homes.
5/28/2013	***	***	2	Stated when the member's shots came due last month the clinic was called. Several messages were left almost daily and never got a response.	6/1/2013	4	Members medical home changed. Refer to Provider Service Representative for follow up with provider officer regarding availability.
6/3/2013	***	***	14	The member's mother called to find out why the MH was not changed and why she didn't receive a new ID card.	6/3/2013	0	Members medical home changed. Evaluation of internal process to determine if educational opportunity or system process evaluation indicated. Member concern resolved.
6/4/2013	***	***	3	Member states was not comfortable with the services he provided. He stated he does not treat chronic conditions	6/4/2013	0	Members medical home changed. Member concern resolved.
6/4/2013	***	***	1	Member states child is not receiving the correct care on a daily basis due to the doctor only being in the office once a week and is never on call and if there is a question regarding child's care it cannot get answered.	6/18/2013	14	Members medical home changed. The office has a another physician joining the practice in August. Notified Provider Service Representative to check office hours of availability.
6/4/2013	***	***	3	Member states provider office wouldn't check her in because she was not linked to the office and then told she didn't have Medicaid. Member stated she was told by the provider he would not see her.	6/4/2013	0	Members medical home changed. Member concern resolved.
6/4/2013	***	***	1	Mother states she asked the doctor for corrective shoes. The doctor noted the member would be ridiculed in school and the mother states she argued with the doctor about receiving the shoes. Mother also states when the child was taken in for an ear infection the doctor would not do tubes for the member. Mother states member was taken to another office for emergency tubes due to ear infection.	6/13/2013	9	Members medical home changed. Quality review of treatment indicates referral to ENT provided. No quality of care issue identified.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
6/4/2013	***	***	1	Member states the doctor doesn't want to give the medications she needs. Office staff was rude and would not answer the phone and would hang up on her.	6/10/2013	6	Quality review completed. Referral to appropriate specialist for medication based on co-morbid conditions. Outreach to Member who declined further intervention. Resolved
6/4/2013	***	***	3	Member states she feels the providers is going against Medicaid policies with their patients by not listening to what the patient is telling them and doing unnecessary treatment "to try to get more money from Medicaid."	6/13/2013	9	Member newly diagnosed diabetic requiring blood glucose monitoring during each office visit, no other testing prescribed. Review of claims does not identify inappropriate testing however frequent ER use. Outreach to Member who advised she will change medical homes. Referred to Care Management.
6/6/2013	***	***	3	Member states specialist she was referred to was very rude and showed no compassion. The office was supposed to call back with results and have not.	6/11/2013	5	Spoke with office and they state they tried to call twice to give results. Office also stated the member was upset because the doctor would not prescribe stronger pain medications when asked. Spoke with member and she has an appointment with a new specialist. Member issue resolved.
6/6/2013	***	***	1	Mother states the member was twice misdiagnosed with an ear infection and ended up in the ER with an erupted eardrum. States also the provider will not give a referral to an orthopedic.	7/2/2013	26	Member changed to a new medical home. Closed referred to CMO.
6/7/2013	***	***	3	Member requested medical records transferred to medical home on 5/2 and as of 6/3 medical records not transferred. Member unable to be seen until new medical home until records received.	6/13/2013	6	Spoke with office and records were faxed to new medical home.
6/7/2013	***	***	1	Member states the primary care provider is not taking care of her and her children the way they need to be taken care of.	6/11/2013	4	Member's medical home changed. Resolved. Monitor for trends.
6/12/2013	***	***	2	Member's mother states the office gave her the run around about getting an appointment for her daughter. She finally went down to the clinic to do a walk-in and the clinic is an abandoned building. She stated they also told her to take her daughter to a medical truck for shots.	6/19/2013	7	Member's medical home changed. Spoke with office and they stated their offices are in the back of the building and perhaps the member went to the wrong suite. Refer to Provider Service Rep to follow up regarding appointment availability
6/13/2013	***	***	5	Member states she is unable to get her prescriptions filled due to the office not working on the medication authorization timely.	6/14/2013	1	Spoke with supervisor at the office and they have provided the authorization and the member can pick up her prescription at the pharmacy.
6/13/2013	***	***	6	Member's niece stated the office declined to see member because she would not supply a credit card for past due balances. States office was rude to her and refused to provide her copy of the billing records.	6/19/2013	6	QM outreach to member to determine if issue resolved. Member prescribed needed medications by PCP. Would like to see neuro however was not referred by PCP. QM Referred to Care Management for care coordination.

Community Health Solutions of Louisiana

BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 2012, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
6/13/2013	***	***	1	Member states he feels the doctor cannot properly take care of him and all of his medical issues. He states "he is the kind of doctor who will come in the room, look at you and walk out without saying one word or asking if you had any questions or concerns.	6/13/2013	0	Member's medical home changed. Resolved. Monitor for trends.
6/14/2013	***	***	3	Mother states the provider was horrible because she wanted to diagnose the patient with ADD. She also stated when she took him for testing the provider called him an idiot, made him cry and yelled at him.	6/14/2013	0	Member transferred to new medical home which resolved complaint. QM review with CMO for further outreach to provider.
6/17/2013	***	***	3	Member's mother states the representative she spoke to did not help her at all. She stated she was given information to orthopedics in her area that do not accept Medicaid.	6/17/2013	0	Educated member regarding Medical Home Program. Coordinated referral to orthopedic. Referred to Medicaid to update responsible party information. Resolved.
6/17/2013	***	***	3	Member states at her appointment the doctor did not make any eye contact when he came into the room and that he had no "bedside manner." She stated the doctor interrupted when she was going over her medications and told her "she was on a lot of medications and your previous physician was just overmedicating you." Member is very upset that she was taken off all of her medications she had been on since 2012 and told her he "needs to get to know her better before he could prescribe any of those medications."	7/1/2013	14	Member's medical home changed. Coordinated appointment to neurologist who accepts medicaid. Resolved.
6/21/2013	***	***	1	Member states there has been 4 faxes and 1 phone to the provider call to outline the concern with medication discrepancies and health related needs. She has 2 different doses of Lasix and was taking them simultaneously. When additional diuretic was ordered, the potassium dose was of concern. Also included in these requests is a need of PT home health and DME	7/2/2013	11	Contact with provider to reconcile medication orders. Referred to Care Management.

Community Health Solutions of Louisiana

Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	15	
2	Accessibility of office	8	
3	Attitude/Service of staff	48	
4	Quality of office, building	3	
5	Timeliness	11	
6	Billing and Financial issues	3	
7	Clinical Criteria Not Met - Durable Medical Equipment	1	
8	Clinical Criteria Not Met - Inpatient Admissions		
9	Clinical Criteria Not Met - Medical Procedure		
10	Prior or Post Authorization	1	
11	Lack of Information from Provider	11	
12	Level of Care Dispute	4	
13	Not a State Plan Services		
14	Other (Must provide description in narrative column of Summary Reports)	10	
TOTALS		115	
DO NOT ADD OR CHANGE REASON CODES			