

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: 4/1/2013
 Report Period End Date: 4/30/2013

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 ¹ | # Pending or Closed >90 Days Post File Date ¹ |
|----------------------------|---|-----------------------|-----------------------------------|------------------|---------------|--------------------------|-----------------------------|------------------------------|-------|---|--|
| | | | Claims/Payment | Covered Services | PAs/Referrals | PCP Auto-Assign/Linkages | Provider Registry/Directory | Lack of Information/Response | Other | | |
| Apr-2013 | Complaints Received this Month | 219 | | | | | | | | | |
| | Total Closed this Month | 358 | 349 | | 9 | | | | | 10 | |
| | Withdrawn by Provider | 12 | 9 | | 3 | | | | | 2 | |
| | Per Internal Plan Complaint Process | 341 | 335 | | 6 | | | | | 3 | |
| | Per DHH Review | | | | | | | | | | |
| | Per DAL/State Fair Hearing | | | | | | | | | | |
| | Other | 5 | 5 | | | | | | | 5 | |
| | Total Pending (cumulative as of month end) | 182 | 182 | | | | | | | 5 | 1 |
| | Information needed from Provider | 3 | 3 | | | | | | | 1 | 1 |
| | Internal Plan Review | 146 | 146 | | | | | | | 1 | |
| | Referred to DHH | 5 | 5 | | | | | | | 2 | |
| | Appeal Filed with DAL | | | | | | | | | | |
| Other | 28 | 28 | | | | | | | 1 | | |
| 2013 Year to Date (YTD) | Total Complaints Received YTD | 1071 | | | | | | | | | |
| | Total Closed YTD | 1266 | 1234 | 1 | 18 | 3 | 2 | 8 | | | |
| | Withdrawn by Provider | 36 | 23 | | 11 | | 1 | 1 | | | |
| | Per Internal Plan Complaint Process | 1162 | 1153 | | 6 | 2 | | 1 | | | |
| | Per DHH Review | 1 | | | | | | 1 | | | |
| | Per DAL/State Fair Hearing | | | | | | | | | | |
| Other | 67 | 58 | 1 | 1 | 1 | 1 | 5 | | | | |

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.

¹You 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: 04/01/2013-04/30/2013

| 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 |
|-----------------------|---------------------------------|---|--|---|------------------------|-------------------------------|-----------------|
| 12/11/2012 | Heath *** | Louisiana Healthcare Practitioners | Unpaid claims. | Asked Heath to send claims examples. Still waiting. | | 141 | P1 |
| 1/4/2013 | Elizabeth *** | Audiological Consultants | Rejected claim. | Received examples and claim was paid. | 4/1/2013 | 87 | C1 |
| Jan 30,13 | Amy *** | Acadiana Medical | unpaid claims | Received examples and claim was paid. | 4/1/2013 | 60 | C2 |
| Jan 31,13 | Debbie *** | Prather ENT | unpaid claims | Tpl Claims will hold onto claims and resubmit at a later date. | | 59 | P2 |
| 2/18/2013 | Stephanie *** | Acadiana Computer systems | unpaid claims | Previous employee did not follow up claims . On Feb 18th Stephanie sent to claims reseach. Spoke to her this morning faxing over remaining unpaid claims. | | 71 | P4 |
| 2/26/2013 | Dottie *** | Christus | unpaid claims | claim was rejected by CHS and resubmitted to Molina for payment on 2-28 | 4/1/2013 | 63 | C4 |
| 2/26/2013 | Hillary *** | Alexandria Eye and Lase | unpaid claims | claim was rejected by CHS and resubmitted to Molina for payment on 2-28 | 4/1/2013 | 63 | C4 |
| 2/27/2013 | Lyn *** | Womens Health | unpaid claims | claim was rejected by CHS and resubmitted to Molina for payment on 2-28 | 4/1/2013 | 62 | C4 |
| 2/27/2013 | Tabitha | Red River ENT | unpaid claims | claim was rejected by CHS and resubmitted to Molina for payment on 2-28 | 4/1/2013 | 62 | C4 |
| 2/28/2013 | Carol | DE. Donna Breen ENT | unpaid claims | Visit 3/27 claims we looked at had been paid by CHS. | 4/1/2013 | 61 | C4 |
| 2/5/2013 | Greg ***, ** | The Pediatric Center of SWLA; Sulphur; ** | HMS forms that they are faxing in are not getting updated in the system. He says they are owed on unpaid TPL claims because of this issue. | Executive Director spoke to Greg. | | 84 | P3 |

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

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| 2/2/2013 | Greg ***, *** | The Pediatric Center of SWLA; Sulphur; *** | Provider wants to know the measures that will be used to calculate the shared savings and when they will be distributed | 20130208 Spoke with supervisor who informed me that we have not yet received this information from the state | | 87 | P3 |
| 2/27/2013 | Terri ***, *** | Regional Physicians Network; Lake Charles; *** | Provider states that they are getting denials for TPL claims when maternity is not covered. They send printouts of policy showing no dependant coverage, but we are rejecting saying we need | 20130311 Discussed at meeting with Supervisor and Executive Director. 20130318 asked provider to send examples of claims that have been denied so that we can investigate | | 62 | P1 |
| 3/1/2013 | Kelly ***, *** | Falgoust Eye Medical & Surgical; Lake Charles; *** | Trouble getting claim processed from 07/17/2013. Submitted several times with requested info | Claim was reprocessed and paid. | 4/24/2013 | 54 | C2 |
| 3/18/2013 | Shay ***, *** | Lake Charles Memorial Hospital; Lake Charles | Maternity claim where primary paid zero was denied by Molina. | Claims research - issue was ANSI code. | 4/30/2013 | 42 | C1 |
| 3/19/2013 | Lacie ***, *** | West Jefferson Physician Services; Marrero, LA; *** | CHS Claim Rejections | Sent to claims research and resolved | 4/25/2013 | 37 | C2 |
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