

## 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: 11/1/2013  
 Report Period End Date: 11/30/2013

## 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 <sup>1</sup> | # Pending or Closed >90 Days Post File Date <sup>1</sup> |
|----------------------------|---|-----------------------|-----------------------------------|------------------|---------------|--------------------------|-----------------------------|------------------------------|-------|---|--|
|                            |   |                       | Claims/Payment                    | Covered Services | PAs/Referrals | PCP Auto-Assign/Linkages | Provider Registry/Directory | Lack of Information/Response | Other |   |  |
| Nov-2013                   | <b>Complaints Received this Month</b>             | 235                   |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | <b>Total Closed this Month</b>                    | 193                   | 177                               | 1                |               | 4                        | 1                           |                              | 9     | 2   |  |
|                            | Withdrawn by Provider                             | 5                     | 3                                 |                  |               | 2                        |                             |                              |       |   |  |
|                            | Per Internal Plan Complaint Process               | 182                   | 170                               | 1                |               | 1                        | 1                           |                              | 9     | 2   |  |
|                            | Per DHH Review                                    |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Per DAL/State Fair Hearing                        |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Other   | 6                     | 5                                 |                  |               | 1                        |                             |                              |       |   |  |
|                            | <b>Total Pending (cumulative as of month end)</b> | 60                    | 44                                |                  |               | 16                       |                             |                              |       | 4   | 1  |
|                            | Information needed from Provider                  | 2                     | 2                                 |                  |               |                          |                             |                              |       | 1   |  |
|                            | Internal Plan Review                              | 36                    | 36                                |                  |               |                          |                             |                              |       |   |  |
|                            | Referred to DHH                                   | 3                     | 3                                 |                  |               |                          |                             |                              |       | 2   | 1  |
|                            | Appeal Filed with DAL                             |                       |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | Other   | 19                    | 3                                 |                  |               | 16                       |                             |                              |       | 1   |  |
| 2013<br>Year to Date (YTD) | <b>Total Complaints Received YTD</b>              | 3370                  |                                   |                  |               |                          |                             |                              |       |   |  |
|                            | <b>Total Closed YTD</b>                           | 3150                  | 3022                              | 2                | 33            | 35                       | 2                           | 6                            | 50    |   |  |
|                            | Withdrawn by Provider                             | 95                    | 78                                |                  | 11            | 2                        |                             | 2                            | 2     |   |  |
|                            | Per Internal Plan Complaint Process               | 2900                  | 2812                              | 1                | 21            | 28                       | 2                           | 3                            | 33    |   |  |
|                            | Per DHH Review                                    | 11                    | 9                                 |                  |               |                          |                             |                              | 2     |   |  |
|                            | Per DAL/State Fair Hearing                        |                       |                                   |                  |               |                          |                             |                              |       |   |  |
| Other                      | 144   | 123                   | 1                                 | 1                | 5             |                          | 1                           | 13                           |       |   |  |

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.

<sup>1</sup>You 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: 11/01/2013-11/30/2013

| 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<br>(YYYYMMDD) | Name of Person Filing Complaint | Organization                                   | Summary of Complaint   | Summary of Attempts to Resolve Complaint  | Date Closed<br>(YYYYMMDD) | # of Days<br>Pending or to<br>Close | Status Category |
|--------------------------|---------------------------------|--|--|---|---------------------------|-------------------------------------|-----------------|
| 6/28/2013                | ***                             | Alexandria Eye & Laser Center                  | Claim is being denied for error code 692                                   | Will research and contact Molina for a reason to the denial. Sent an email to *** at Molina on 7/9/2013 with all of the information to determine why it is denying for the 692. The procedure code is not a manually priced procedure. Still under review with DHH. Molina has the procedure listed at a PAC 810 Price Manually but on the fee schedule it doesn't reflect that it is a manual priced code. Per ***, the procedure file has been updated the claim can be reprocessed. As of 9/3, procedure file was updated with 2/1/2013 date instead of 2/1/2012. CHS is waiting for the file to be updated with the beginning date of Bayou Health so that the claim can be resubmitted for payment. As of 10/1/2013 the procedure file has been updated, the claim has been resubmitted by CHS and denied again for the 692 denial. This matter has been given over to DHH for review on how to proceed with the edits within the FI payment system. 10/29, no update received from DHH. Per the two meetings with DHH on 11/12 and 11/26, there is no movement on this claim. It is still on the list of items discussed on the Bi-Weekly Call. |                           | 155                                 | P3              |
| 8/29/2013                | ***                             | Alferez LLC; 504-644-4787                      | CHS is referring patients to provider that are outside of age restrictions | 9/26/2013- Emailed Member Services to check status of linkage changes; 9/26/2013- MPS responded that they are waiting on a response from provider; Received confirmation 11/16 that remaining members were moved.   | 11/16/2013                | 78                                  | C2              |
| 9/18/2013                | ***                             | Parish Anesthesia of New Orleans, 866-570-0077 | Denying delivery billed after hysterectomy was done.                       | Member had sterilization on 8/7/13 (after delivery); no history of hysterectomy. Rejected for 749 per Molina. Tubal was done 7/29/2009. Precert was applied to the claim. The logic at Molina will not let this bypass. Sending to DHH for review. 11/14 - received response from DHH that this is still under reievew.   |                           | 43                                  | P3              |

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|--------------------------|---------------------------------|--|--|---|---------------------------|-------------------------------------|-----------------|
| 10/24/2013               | ***                             | Glenwood Regional Medical Center 318-329-4402            | 10/24/13 Received email from Michelle at GRMC. All secondary claims denying stating TPL information not on claim.                        | 10/25/13 TPL information was in the wrong spot on the claim. 10/28/13 Spoke with Michelle at GRMC advised her about the error on her claims. 12/03/13 Spoke with Ms. Shelly she states that they are still having this issue. She states that neither paper tpl or electronic tpl claims are paying.  |                           | 37                                  | P1              |
| 10/24/2013               | ***                             | Tulane Medical Center                                    | Provider stated they called Molina and the precert did not come across from CHS. Escalated the claim due to it being a transplant claim. | Emailed 10/24/2013 DHH with all of the claim details and the electronic information to verify with Molina if the precert came across. Sent a follow up on 11/7/2013   |                           | 37                                  | P3              |
| 10/8/2013                | ***                             | Terrebonne General Medical Center; Houma; (985) 873-4482 | Claim rejected for TPL code  | 10/08/2013 - Claim sent to claims department for review<br>11/30/2013 - Claim not paid. Have not received an itemized EOB. Per *** at TGMC - they do not receive itemized EOBs from BCBS. She said, to her knowledge, they have never had to do this in the past with BCBS. She said she is going to check with her billing department to make sure. Educated provider that per CHS and Molina policy, she is required to itemize EOBs. Complaint closed. | 11/30/2013                | 53                                  | C2              |
| 10/31/2013               | ***                             | Pediatric Medical Clinic; 504-305-3812                   | patient linkage errors   | 11/8/2013 Made contact with Barbara after many failed attempts, patients linked to PMC from Pedzcare in August (after clinic closed) and now October not on roster.<br>11/14/2013- emailed management for assistance.<br>11/26/2013-PMC MPS Issue- forwarded complaint to MPS Supervisor. Still pending.  |                           | 32                                  | P4              |