

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: 12/1/2013
 Report Period End Date: 12/31/2013

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		
Dec-2013	Complaints Received this Month	641									
	Total Closed this Month	226	224						2	1	1
	Withdrawn by Provider	1	1								
	Per Internal Plan Complaint Process	221	219						2		1
	Per DHH Review										
	Per DAL/State Fair Hearing										
	Other	4	4							1	
	Total Pending (cumulative as of month end)	439	289				149		1	7	3
	Information needed from Provider	2	1				1				
	Internal Plan Review	423	275				147		1	1	1
	Referred to DHH	11	11							5	2
	Appeal Filed with DAL										
	Other	3	2				1			1	
2013 Year to Date (YTD)	Total Complaints Received YTD	4011									
	Total Closed YTD	3373	3243	2	33	35	2	6	52		
	Withdrawn by Provider	95	78		11	2		2	2		
	Per Internal Plan Complaint Process	3118	3028	1	21	28	2	3	35		
	Per DHH Review	11	9						2		
	Per DAL/State Fair Hearing										
Other	148	127	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.

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: 12/01/2013-12/31/2013

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
6/17/2013	***	St Tammany Parish Hospital- 985-898- 4691-	Error Code 87	EOB#: 1313295987 // DOS: 4/17/13-4/19/13 Billed Amount: 7799.00 // Issue: Claim denied for 87-no primary insurance explanation. Provider states that BCBS will not print separate EOB's for Mother and baby, they are included together on the one EOB attached to claim. Provided detailed information to the provider to prorate the Charges & EOB for mom/baby.	12/30/13	197	C2
6/28/2013	***	Alexandria Eye & Laser Center	Claim is being denied for error code 692	Sent an email to 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. 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. On 12/10/13 it was noted that Gail Williams at DHH would need to be involved and make a decision on how to handle this claim.		186	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

Health Plan Name: Community Health Solutions of Louisiana

Reporting Period: 12/01/2013-12/31/2013

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
8/23/2013	***	Acadiana Family Medical; Rayne; 337-334-7551 Ext 215	Incorrect Carrier Code	EOB#: 1314892980, 1314893001, 1314893011 // DOS: 3/25/13, 4/8/13, 5/3/13 // Billed Amount: 68.00 // Issue: Claim denied for incorrect carrier code. Carrier codes for both Aetna and Blue Cross match between claim and what we have in system. CHS will reprocess the claim.		130	P2
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 review. 12/4/13 Still no movement or resolution on claim from DHH.		74	P3
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 GRMC and advised about the error on her claims. 12/03/13 Neither paper or electronic TPLs are paying. 12/13/13 Provided the provider the HIPAA Companion Guide for the correct loop and segment for their TPL carrier code on their claims. Provider stated they would correct this and resubmit.	12/6/2013	43	C4
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. Spoke to the provider concerning the claim on 12/24/13. This claim has issues with the logic within the Legacy Medicaid system. Claim has multiple denials with the primary being the pre-cert number. The electronic file was given to Molina to verify why the Pre-cert number did not populate in the claim file on the Molina side. Requested that DHH provide assistance to have claim processed.		68	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

Health Plan Name: Community Health Solutions of Louisiana

Reporting Period: 12/01/2013-12/31/2013

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
10/31/2013	***	Pediatric Medical Clinic; 504-305-3812	patient linkage errors	11/8/2013 Patients linked to PMC from Pedzcare in August (after clinic closed) and now October not on roster. 11/14/2013- emailed management for assistance. 11/26/2013-PMC CHS Member Provider Services (MPS) Issue- forwarded complaint to CHS Member Provider Services Supervisor. Still pending. 12/17/2013- MPS reported that complaint in September led MPS to remove the patients from this provider's roster. Provider states that this is incorrect.		63	P4
11/7/2013	***	Tulane Medical Center; 504-988-1640	TPL is a limited policy and Medicaid won't update it. Please reprocess.	Asking the department for policy/process for these types of insurance. This was escalated to DHH & Molina on 12/9/2013 via email with examples. No movement as of 1/7/2014 Conference call.		54	P3
11/8/2013	***	KHAN LIAQAT phone # 972-437-5099 ext 275	EOB#: 1312590771 // DOS: 4/24/13 // Billed Amount : \$1204 // Issue: denied for no precertification but there is precertification #247622378 on file to cover dos. Problem: claim was for 3 days: 4/24, 4/25 and 4/26.	Molina denied this as "mutually exclusive to another current procedure." The same rendering physician was paid for discharge day services under EOB #1313011421. Problem: claim was for 3 days: 4/24, 4/25 and 4/26. On dos 4/24 the claim paid the discharge of 99238. Due to 4/24 paying as discharge date the other charge will not process. The provider has tried to void this unsuccessfully. This is a CHS error and needs to be corrected. Void sent to Molina on 1/8/2014.		55	P3
11/11/2013	***	University of Mississippi Medical Center, 601-925-6722	Recipient 0903641647804, dos 11/24/12 through 1-14-13, Precert # 19444. Provider states that have mailed to the FL address, electronically billed multiple times and the claim is not on file.	Claim submitted electronically and the claim denied due to box 18. Provider sent a new claim with the correction. 12/5/13. Claim denied due to block 18. Provider corrected the claim and was submitted on 12/5/2013. Contacted the provider on 1/7/14, block 17 on the UB-04 is incorret. Provided the provider with the billing instructions to change this information and rebusmit the claim.		50	P2

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: 12/01/2013-12/31/2013

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
11/25/2013	***	University Medical Center 2390 W Congress ST., Lafayette, LA 70506 225-354-4555	EOB#: 1317170601 DOS: 1-18-13 Billed Amount: 932.80 Issue: rejected for not having TPL info. However, provider states Medicaid does not require this info because the member is a student/with Maristella we checked past claims with same situation without TPL and they were paid.	Molina denied this as "mutually exclusive to another current procedure." The same rendering physician was paid for discharge day services under EOB #1313011421. Asking the department for policy/process for these types of insurance. This was escalated to DHH & Molina on 12/9/2013 via email with examples. No movement as of 1/7/2014 Conference call.		36	P3
9/26/2014	***	RIVERSIDE MED CTR-FRANKL; 985- 515-6053	Member's auto insurance paid \$5000 towards the billed amnt but claim continue to reject because of TPL info.	Asking the department for policy/process for these types of insurance. This was escalated to DHH & Molina on 12/9/2013 via email with examples. No movement as of 1/7/2014 Conference call.		96	P3