

## Provider Complaint Summary Report

Health Plan ID: 2162438  
 Health Plan Name: United Healthcare Community Plan  
 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 <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		
Dec-2013	<b>Complaints Received this Month</b>	172	157	2	9	0	0	4			
	<b>Total Closed this Month</b>	176	161	2	9	0	0	4	0	0	
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	176	161	2	9	0	0	4	0	0	
	Per DHH Review										
	Other										
	<b>Total Pending (cumulative as of month end)</b>	42	42						0	0	
	Information needed from Provider										
	Internal Plan Review	42	42						0	0	
	Referred to DHH										
Other											
2013 Year to Date (YTD)	<b>Total Complaints Received YTD</b>	1480	1289	4	135	11	2	23	16		
	<b>Total Closed YTD</b>	1790	1599	4	135	11	2	23	16		
	Withdrawn by Provider										
	Per Internal Plan Complaint Process	1790	1599	4	135	11	2	23	16		
	Per DHH Review										
Other											

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**

Status Category Codes	
P1-Information needed from Provider P2-Internal Plan Review P3-Referred to DHH P4-Other	C1-Withdrawn by Provider C2-Per Internal Plan Complaint Process C3-Per DHH Review 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
				NO COMPLAINTS PENDING >30 DAYS.			

