

BAYOU HEALTH Reporting

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Health Plan ID:	<u>2162934</u>
Health Plan Name:	<u>LaCare</u>
Health Plan Contact:	<u>***</u>
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Lacare
BAYOU HEALTH Grievances and Appeals Report

II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	134	40	10
Number of grievances/appeals resolved:	154	25	1
Number of State Fair Hearing level appeals withdrawn:	NA	NA	9
Number of grievances/appeals considered invalid:	1	18	0
Average length of time to complete each grievance/appeal/State Fair Hearing:	23	11	0
Number of overturned decisions at State Fair Hearing Level:	NA	NA	0
Number of health plan appeals reversed in the member's favor:	NA	18	0
Percentage of appeals overturned at the State Fair Hearing level:	NA	NA	0

In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?

Services requested do not meet LaCare's criteria for medical necessity

Documented trial and failure

History warrants approval

Lack of clinical documentation

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

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

Lack of Concern/Uncaring Attitude

Difficulty Obtaining Appointment

Office Staff is Rude/Inconsiderate

Customer Service Quality

Clinical/Quality Care

Additional Information Required for Annual Report Submission

	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year 2012:	32	2	0
Percentage of appeals reversed in Contract Year 2012:	NA	35	0

LaCare Reason Summary Chart

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	33	0	0
2	Accessibility of office	24	0	0
3	Attitude/Service of staff	50	0	0
4	Quality of office, building	0	0	0
5	Timeliness	0	4	0
6	Billing and Financial issues	3	0	0
7	Clinical Criteria Not Met - Durable Medical Equipment	19	7	1
8	Clinical Criteria Not Met - Inpatient Admissions	0	1	0
9	Clinical Criteria Not Met - Medical Procedure	0	2	0
10	Prior or Post Authorization	4	20	1
11	Lack of Information from Provider	0	2	4
12	Level of Care Dispute	0	0	0
13	Not a State Plan Services	0	2	3
14	Other (Must provide description in narrative column of Summary Reports)	1	0	1
TOTALS		134	38	10

DO NOT ADD OR CHANGE REASON CODES