

Louisiana Healthcare Connections
BAYOU HEALTH Grievances and Appeals Report

II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	16	45	2
Number of grievances/appeals resolved:	16	41	0
Number of State Fair Hearing level appeals withdrawn:	0	0	0
Number of grievances/appeals considered invalid:	0	5	0
Average length of time to complete each grievance/appeal/State Fair Hearing:	16.87 days	14.90 days	N/A
Number of overturned decisions at State Fair Hearing Level:	0	0	0
Number of health plan appeals reversed in the member's favor:	0	13	0
Percentage of appeals overturned at the State Fair Hearing level:	0%	0%	0%
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Provider submitted documentation needed.			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
N/A			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1. Clinical Criteria Not Met- Medical Procedure			
2. Quality of Care			
3. Lack of Information for Provider			
4. Timeliness			
5. Clinical Criteria Not Met- Inpatient Admissions			
Additional Information Required for Annual Report Submission			
	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year 2012:	4	5	0
Percentage of appeals reversed in Contract Year 2012:	0	36%	0

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized

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Reason Summary Chart**

Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	9	0	0
2	Accessibility of office	1	0	0
3	Attitude/Service of staff	6	0	0
4	Quality of office, building	0	0	0
5	Timeliness	0	3	0
6	Billing and Financial issues	0	0	0
7	Clinical Criteria Not Met - Durable Medical Equipment	0	2	0
8	Clinical Criteria Not Met - Inpatient Admissions	0	2	0
9	Clinical Criteria Not Met - Medical Procedure	0	22	0
10	Prior or Post Authorization	0	0	0
11	Lack of Information from Provider	0	7	1
12	Level of Care Dispute	0	1	0
13	Not a State Plan Services	0	0	0
14	Other (Must provide description in narrative column of Summary Reports)	0	0	1
TOTALS		16	45	2
DO NOT ADD OR CHANGE REASON CODES				

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