

2012 UnitedHealthcare Community Plan
BAYOU HEALTH Grievances and State Fair Hearings Report

I. Contact Information

Date:	1/30/2012
Health Plan Name:	UnitedHealthcare Community Plan
Contact Name:	xxx
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4rd Quarter 2012
 UnitedHealthcare Community Plan
 BAYOU HEALTH Grievances and State Fair Hearings Report

II. Review Activities

	Grievances	State Fair Hearings
Number of grievances reviewed:	19	7
Number of grievances/State Fair Hearings resolved:	19	7
Number of grievances considered invalid:	0	NA
Average length of time to complete each grievances/State Fair Hearing:	8 days	5.5 days
Number of overturned decisions at State Fair Hearing Level:	NA	0
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	3
Percentage of overturned decisions at the State Fair Hearing level:	NA	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	43.00%

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

N/A

In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?

Additional clinical information received

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

1. Attitude/service of staff

2. Quality of Care

3. Accessibility of office

4

5

Additional Information Required for Annual Report Submission

	Grievances	State Fair Hearings
Number of grievances/ State Fair Hearings still pending at the end of Contract Year 2012:	0	0
Percentage of overturned decisions at State Fair Hearing Level in Contract Year 2012:	0	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year 2012:	0	43%

4rd Quarter 2012
UnitedHealthcare Community Plan
BAYOU HEALTH Grievances Summary Report

***Annual Report: If grievance was not completed in 20__, indicate status as "pending" in column 6**

Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/2/12	xxx	Member	3	Provider's staff was rude	10/3/2012	2	Changed PCP
10/2/12	xxx	Member	3	Provider staff was rude and long wait time	10/4/2012	3	Has PCP of Choice
10/8/12	xxx	Member	3	Provider was rude, long appt availability wait	10/10/2012	3	Assisted in changing PCP
10/16/12	xxx	Member Representative	1	Quality of Care Issue	11/8/2012	23	QOC Investigation Iniated
10/17/12	xxx	Member Representative	1	Quality of Care Issue	10/25/2012	9	QOC Investigation Iniated
10/18/12	xxx	Member Representative	1	Quality of Care Issue	10/29/2012	12	QOC Investigation Iniated
10/18/12	xxx	Member	1	Quality of Care Issue	11/19/2012	33	QOC Investigation Iniated, Changed PCP
10/26/12	xxx	Member	1	Quality of Care Issue	11/12/2012	18	QOC Investigation Iniated, Changed PCP, Refer to CM
11/1/2012	xxx	Member	3	Long wait time to see provider	11/1/2012	1	Refer to member services
11/5/2012	xxx	Member Representative	3	Provider was rude, long wait in office	11/7/2012	3	Assisted in changing PCP
11/8/2012	xxx	Member	3	Provider office was closed, no one contacted the PT to advise	11/13/2012	6	Assisted in changing PCP
11/8/2012	xxx	Member	3	Attitude of Provider	11/13/2012	6	Changed providers
12/12/2012	xxx	Member	1	Quality of Care Issue	12/14/2012	3	QOC Investigation Iniated
12/12/2012	xxx	Member Representative	3	Attitude of Provider Staff	12/18/2012	7	Has PCP of Choice
12/13/2012	xxx	Member	3	Attitude of Provider	12/14/2012	2	Refer back to CM
12/13/2012	xxx	Member	1	Provider would not return call	12/20/2012	8	Provider contacted member and appointment made
12/17/2012	xxx	Member Representative	2	Provider did not want to see PT	12/21/2012	5	Insufficient information to investigate case

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Grievances Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
12/21/2012	xxx	Member Representative	1	Quality of Care Issue	12/27/2012	7	Phone number incorrect, Unable to contact to research complaint
12/27/2012	xxx	Member	3	Attitude of Provider Staff	12/31/2012	5	Will change PCP, Number to transportation given, Number to NHL given

**4th Quarter 2012
UnitedHealthcare Community Plan
BAYOU HEALTH State Fair Hearing Summary Report**

***Annual Report: If hearing was not completed in 20__ indicate status as "pending" in column 7**

State Fair Hearing Reporting Period:									
(1) Date Request Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Requesting State Fair Hearing (Member, Authorized Rep. or Provider)	(4) Type of Service Denied (Be Specific)	(5) Reason for State Fair Hearing (Use Number Code from Reason Summary)	(6) State Fair Hearing Reason Narrative	(7) Date Hearing Was Completed	(8) Number of Days to Resolve	(9) Determination (Upheld, Overturned, Withdrawn)	(10) Explain Reason State Fair Hearing Was Upheld, Overturned or Withdrawn
10/1/2012	xxx	Member	n/a	6	Member contested bill she received from an Out-of-State, Out of Network Provider. No UHC denial on file - Motion to Dismiss was submitted	n/a	n/a	n/a	Case dismissed. DAL agreed case did meet State Fair Hearing criteria.
10/1/2012	xxx	Member Representative	Pediatric Day Care	9	Member's mother appealed the denial of Pediatric Day Care for son	10/22/2012	5	Upheld	DAL agreed request for Pediatric Day Care did not meet medical criteria - Case uploaded to SharePoint - 10/5/2012
11/9/2012	xxx	Member Representative	Pediatric Day Care	9	Member's mother appealed the denial of Pediatric Day Care for son	12/17/2012	6	Upheld	DAL agreed request for Pediatric Day Care did not meet medical criteria - Case sent to DAL on 11/14/2012
11/28/2012	xxx	Member Representative	Genetic Testing	9	Member's Mother appealed the denial of genetic testing for daughter (Down's Syndrome)	n/a	n/a	Reversed	Health Plan reversed decision - Testing approved
12/6/2012	xxx	Member	n/a	6	Member contested bill she received prior to Bayou Health enrollment. Member requested retroactive payment. Case routed to DHH	n/a	n/a	n/a	Hearing was held on 1/24/2013. DHH worked with Member and Providers to rectify issue. Member withdrew State Fair Hearing Request.
12/6/2012	xxx	Member	MRI (Spine)	9	Member contested denial for MRI	n/a	n/a	Reversed	Health Plan reversed decision - Request for MRI approved.
12/12/2012	xxx	Member	Botox injection for Multiple Sclerosis	9	Member contested denial for Botox injection. Member has been diagnosed with Multiple Sclerosis	n/a	n/a	Reversed	Health plan reversed decision - Request for Botox injections approved

**4th Quarter 2012
UnitedHealthcare Community Plan
Reason Summary Chart**

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