CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

May 21, 2014

TO: Medicaid Advisory Committee (MAC) Board Chairwoman Partin and MAC Board Members

RE: Response to Behavioral Health Technical Advisory Committee (TAC) Testimony Presented at the July 25, 2013 MAC Meeting and brought to the MAC on January 23, 2014

Dear Chairwoman Partin and MAC:

We are writing to address testimony presented by Dr. Sheila Schuster, spokesperson of the Behavioral Health TAC, at the MAC meeting on July 25, 2013. Dr. Schuster made several recommendations to the MAC concerning behavioral health services provided through the Department for Medicaid Services (DMS) which were formally brought to the MAC at the January 23, 2014 MAC meeting.

1) Recommendation that DMS and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) carefully review the pattern of denials of therapy services made by the Managed Care Organizations (MCOs) for the group of members with serious and persistent mental illness (often comorbid with substance use disorders or developmental/intellectual disabilities). What alternative therapy services have been authorized for these individuals when TRP services have been denied? What recovery-oriented therapies are being made available?

   DMS does review denials regularly and is in communication with the MCOs and DBHDID about patterns identified. The expanded behavioral health services that became effective January 1, 2014 include more extensive community-based services and evidence-based methodologies such as Intensive Outpatient Treatment

and Assertive Community Treatment (ACT). We anticipate that these services will be used more frequently in place of TRP.

2) Recommendation that each MCO Pharmacology and Therapeutic (P&T) Committee file a report of their decisions and changes in formulary each quarter with the Medicaid P&T Committee who would receive the reports and then post them on the state's Medicaid website.

   The MCO P&T Committee meetings are open meetings. The date, time and location are posted on each MCO website as well as any decisions made at the committee meetings. All MCO websites have links to their formularies available which are available to the public.

3) Recommendation that there be a standardized Prior Authorization (PA) form which can be used by all MCOs when the request is made for a PA.

   DMS recently completed an audit into Prior Authorization procedures for all MCOs. See Attachment A.

4) Recommendation that a Behavioral Health Ombudsperson be established independent of the Cabinet for Health and Family Services (CHFS), but through an RFP issued by the CHFS, to provide easily-accessed personal responses to consumers who are experiencing difficulty with the Medicaid managed care system.

   The CHFS does have an ombudsman for the entire Cabinet. By law, this office serves as an advocate for citizens and works to ensure those seeking various public services are treated fairly. The Office of the Ombudsman answers questions about CHFS programs, investigates customer complaints and works with CHFS management to resolve them, advises CHFS management about patterns of complaints and recommends corrective action when appropriate. The Ombudsman may be contacted through an online form at http://chfs.ky.gov/dail/kltcopcontact.htm, by phone at 1-800-372-2973 or 1-800-627-4702 (TTY), through email at AndreaT.Day@ky.gov or by mail at:

   The Office of the Ombudsman
   Cabinet for Health and Family Services
   275 E. Main St., 1E-B
   Frankfort, KY 40621

5) Recommendation that DMS provide a copy of the Commissioner's data book that is distributed to the MAC members to each TAC which requests it.

   The information in the Commissioner's data book will be posted on the DMS website. We will also present additional behavioral health data to the MAC at a future meeting.

6) Recommendation that DMS share with the Behavioral Health TAC and the MAC the following data:

- # of requests for services that are denied or reduced **(Data below reflects claims for all MCO services SFY13 – claims are requests for payment)**
  **Please note this includes duplicate claim denials*

MCO	# Claims	# Adjudicated to Deny Status	Percent Denied
Coventry	10,239,334	1,912,522	18.7%
WellCare	10,641,852	1,933,100	18.2%
Passport	2,575,484	747,160	29%
Humana	257,158	63,205	24.6%
Total	23,713,828	4,655,987	19.6%

- # of Prior Authorization denials and their outcome **(All PAs for SFY13)**

MCO	# Prior Authorization Requests	# Denied	Percent
Coventry	197,799	23,573	11.9%
WellCare	146,639	10,548	7.2%
Passport	47,672	2,273	4.8%
Humana	4,701	287	6.1%
Total	396,811	36,681	9.2%

- # of appeals and their outcomes: **(SFY13)**
  Please see Attachment B.

- # of fair hearings and their outcomes **(Relating to Behavioral Health SFY13)**

Type of Case	Total #	# Dismissed	# Overturned	# Upheld	# With no action to date
Psychiatric/ Mental Health	131	81	2	9	41
Substance Abuse	6	4	0	1	1
Impact Plus	8	8	0	0	0

- # of non-formulary medication requests and their outcome **(All behavioral health drugs requested for patients in Fee-for-service for SFY13)**

Initiative	Approved	Change In Therapy	Denied
Antipsychotics	501	62	7

- # of admissions and readmissions to hospitals for BH issues, particularly for children
  Please see Attachment C. Attachment C is standard reporting by the MCOs. The data requested would be a derivation from what is contractually required of the MCOs and would require extensive data analysis. The data attached is what has been provided to DMS by the MCOs. The grievance data reflects the total claims that were both started and processed during that month.

- # of days of Therapeutic Rehabilitation Programming approved for members
  Please see Attachment C. Attachment C is standard reporting by the MCOs. The data requested would be a derivation from what is contractually required of the MCOs and would require extensive data analysis. The data attached is what has been provided to DMS by the MCOs. The grievance data reflects the total claims that were both started and processed during that month.

7) Recommendation that DMS include Peer Support Specialists as a Medicaid-reimbursed service.

   DMS has included the services of Peer Support Specialists provided through Community Mental Health Centers (CMHCs) as a Medicaid-reimbursed service. We have included Peer Support Specialists as authorized practitioners in other licensed organizations or provider groups. The correct billing code is H0038 and the fee associated is posted on the DMS website.

   DBHDID credentials Peer Support Specialists to provide services to adults and youth and Family Peer Support Specialists to provide services to parents and family members of youth. In State Fiscal Year 2013, there were 26 Full-Time Equivalent (FTE) Adult Peer Support Specialists employed by 9 of the 14 CMHCs, serving a total of 742 unduplicated adults with Serious Mental Illness (SMI) with 3,701 service episodes. There have been a total of 329 Adult Peer Support Specialists trained and certified by DBHDID since 2006. To provide services to parents and family members of youth, there were 12 Family Peer Support Specialists employed by 10 of the 14 CMHCs. They provided 7861 episodes of care.

8) Recommendation that some other certification avenue, such as the one currently used for Peer Support Specialists on the mental health side, should be developed so that these services can be made available as part of the SUD benefit in expanded and traditional Medicaid.

   Peer Support Specialists are qualified to provide services for individuals experiencing a mental health disorder, substance use disorder, or a co-occurring mental health/substance use disorder. DBHDID has set forth a credentialing process for Peer Support Specialist to become authorized providers for mental health and substance use disorder treatment. The training is currently offered several times per year. Interested individuals may contact DBHDID to find out information about the trainings. To participate in the training, interested individuals must complete an application and be selected to participate. See http://dbhdid.ky.gov/dbh/kpst.aspx

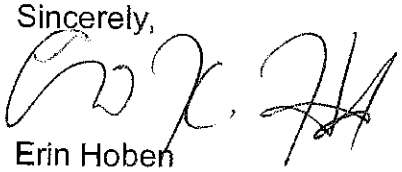
for Adult Peer Support and http://kypartnership.org/training/kentucky-family-peer-support-specialist-core-competency-training.org for Family Peer Support. Interested individuals may also contact Melissa Runyon in DBHDID at 502.564.4456x4448.

9) Recommendation that the MAC review the Deloitte report on the Health Care Workforce in Kentucky and – with the input of the relevant TACs – be a resource to DMS and to the CHFS in addressing the health care workforce capacity shortages in the Commonwealth.

We agree that the MAC should review the report and be a resource to DMS in addressing the health care workforce capacity shortages in the Commonwealth. The report can be found at the following link:

http://healthbenefitexchange.ky.gov/Documents/KY%20Healthcare%20Workforce%20Capacity%20Report%20FINAL%205_28_13.pdf

Sincerely,



Erin Hoben
Chief Policy Advisor
Office of the Commissioner
Department for Medicaid Services

cc: Lawrence Kissner, Commissioner, Department for Medicaid Services
Neville Wise, Deputy Commissioner, Department for Medicaid Services
Lisa Lee, Deputy Commissioner, Department for Medicaid Services
Dr. John Langefeld, Medical Director, Department for Medicaid Services
Barbara Epperson, Resource Management Analyst III, Department for Medicaid Services

Attachment A

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

May 20, 2014

Lawrence Kissner, Commissioner
Dept. for Medicaid Services
275 East Main Street, 6W-A
Frankfort, Kentucky

RE: Managed Care Preauthorized Services Items

Dear Commissioner:

Upon your request, this division gathered and reviewed each Managed Care Organizations (MCO) listing of services requiring preauthorization. The MCO's provided the listing by CPT/HCCPS codes for review and comparison. The detailed comparison found that each MCO differed in some areas but were overall in alignment. Below you will find the results when the codes were rolled up into larger categories.

SERVICES	Anthem	Coventry	Humana	PassPort	Well Care
All Services Provided by Non-Participating Providers	X	X	X	X	X
Ambulance Services-Air and Water	X	X	X		X
Behavioral Health and Substance Abuse Services	X	X	X	X	X
Chiropractic Visits	X	X	X	X	X
Cosmetic Procedures and Plastic Surgery	X	X	X	X	X
DME > $500 – Rental or Purchase	X	X	X	X	X
Genetic Testing	X	X	X	X	X
Home Health Care	X	X	X	X	X
Home Hospice	X	X	X	X	X
Inpatient Services (including Skilled Nursing Facility (SNF), Rehabilitation)	X	X	X	X	X
Non Emergent Outpatient Diagnostic Imaging Procedures	X	X	X	X	X
Pain Management	X	X	X	X	X
Rehabilitation Facility Admissions	X	X	X	X	X
Transplant Services	X	X	X	X	X

As you can see, the prior authorization requirements are very similar across the various MCO's. While there may be nuances within a given category, overall the MCO's are requiring prior authorization for similar services. We have also verified that the prior authorization requirements are posted on each MCO website and we are creating hotlinks from the DMS website to theirs.

This information has been confirmed by each MCO. Please let me know if you need anything further on this topic.

Sincerely,

Lee A. Guice. Director
Policy and Operations

C: Medicaid Advisory Counsel
Neville Wise, Deputy Commissioner, Medicaid
Lisa Lee, Deputy Commissioner, Medicaid
Dr. John Langefeld, Medical Director, Medicaid

Attachment B

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: CoventryCares of Kentucky
Report Run Date: 10/30/2012
Report Period From: 07/01/2012
Report Period To: 09/30/2012

DMS Use Only

Received Date:	10/30/12 kht
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	0	0	0	0	0
Authorization Appeal	0	10	10	7	0
Benefits/Eligibility Issue	0	3	3	11	0
COB/TPL Medical	0	0	0	0	0
Communication Barrier	0	0	0	0	0
Communication Unclear/Untimely	0	0	0	0	0
Condition of Office/Transportation	0	0	0	0	0
Covered Benefits	0	3	3	7	0
Denial/Reduction of Services	0	0	0	0	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	0	0	0	0	0
Grievance/Appeal Process	0	4	4	2	0
Health Plan Information	0	0	0	0	0
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-In	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
Member Rights	0	0	0	0	0
Network Adequacy	0	0	0	0	0
Network Availability	0	0	0	0	0
Per Provider Bill Member	1	9	8	12	2
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	6	6	10	0
Potential Fraud or Abuse of Services	0	1	1	0	0
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	0	0	0	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	4	4	8	17	0
Quality of Care	2	23	24	5	1
Telephone Responsiveness	0	0	0	0	0
TPL-Pharmacy	1	3	4	9	0
Transfer of Medical Records not Coordinated	0	0	0	0	0
Unhappy with Service	2	52	53	6	1
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
All Other	2	12	13	12	1

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CoventryCares of Kentucky

Report Revised: 09/24/2011

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	10/30/12 kht
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	0	0	0	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	2	2	22	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	0	0	0	0
Dissatisfied with Service Provided	2	1	3	17	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	1	1	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due to Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region; Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	1	7	8	9	0

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: CoventryCares of Kentucky
Report Run Date: 01/30/2013
Report Period From: 10/01/2012
Report Period To: 12/31/2012

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	0	1	1	18	0
Authorization Appeal	0	3	1	27	2
Benefits/Eligibility Issue	0	2	2	14	0
COB/TPL Medical	0	0	0	0	0
Communication Barrier	0	0	0	0	0
Communication Unclear/Untimely	0	0	0	0	0
Condition of Office/Transportation	0	0	0	0	0
Covered Benefits	0	2	1	28	1
Denial/Reduction of Services	0	1	1	8	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	1	1	23	0
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	0	0	0	0	0
Grievance/Appeal Process	0	1	1	12	0
Health Plan Information	0	0	0	0	0
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
Member Rights	0	0	0	0	0
Network Adequacy	0	2	2	17	0
Network Availability	0	0	0	0	0
Par Provider Bill Member	2	3	5	22	0
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	2	1	22	1
Potential Fraud or Abuse of Services	0	2	2	3	0
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	4	4	16	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	0	2	2	13	0
Quality of Care	1	17	17	2	1
Telephone Responsiveness	0	0	0	0	0
TPL-Pharmacy	0	6	5	3	1
Transfer of Medical Records not Coordinated	0	0	0	0	0
Unhappy with Service	1	14	15	11	0
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
All Other	1	14	14	10	1

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CoventryCares of Kentucky
Lighting Your Path to Good Health

Report Revised: 09/24/2011

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	0	0	0	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	0	0	0	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	0	0	0	0
Dissatisfied with Service Provided	0	1	1	9	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region, Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	0	4	3	1	1

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: CoventryCares of Kentucky
Report Run Date: 04/30/2013
Report Period From: 01/01/2013
Report Period To: 03/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	0	2	2	26	0
Authorization Appeal	0	2	2	12	0
Benefits/Eligibility Issue	0	0	0	0	0
COB/TPL Medical	0	0	0	0	0
Communication Barrier	0	0	0	0	0
Communication Unclear/Untimely	0	0	0	0	0
Condition of Office/Transportation	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Denial/Reduction of Services	0	0	0	0	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	1	1	25	0
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	0	0	0	0	0
Grievance/Appeal Process	0	1	1	26	0
Health Plan Information	0	0	0	0	0
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-In	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
Member Rights	0	4	3	22	1
Network Adequacy	0	2	2	11	0
Network Availability	0	0	0	0	0
Par Provider Bill Member	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	1	0	0	1
Potential Fraud or Abuse of Services	1	1	2	15	0
Privacy/Confidentiality	0	2	1	21	1
Provider Competency	0	0	0	0	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	0	0	0	0	0
Quality of Care	1	9	9	7	1
Telephone Responsiveness	0	0	0	0	0
TPL-Pharmacy	0	0	0	0	0
Transfer of Medical Records not Coordinated	0	0	0	0	0
Unhappy with Service	0	8	5	11	3
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
All Other	6	10	15	12	1

*Ending balance and beginning balance may not be exact from quarter to quarter as cases that are misidentified are recoded correctly.

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CoventryCares of Kentucky
Lighting Your Path to Good Health

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	1	1	20	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	1	1	1	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	1	1	22	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	0	0	0	0
Dissatisfied with Service Provided	0	1	1	24	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region; Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	1	1	1	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	1	3	4	17	0

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: CoventryCares of Kentucky
Report Run Date: 07/30/2013
Report Period From: 04/01/2013
Report Period To: 06/30/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution		Ending Balance
After Hours Access	0	0	0	0	0	0
Appointment Availability	0	1	1	21	21	0
Authorization Appeal	0	0	0	0	0	0
Benefits/Eligibility Issue	0	1	1	7	7	0
COB/TPL Medical	0	0	0	0	0	0
Communication Barrier	0	0	0	0	0	0
Communication Unclear/Untimely	0	0	0	0	0	0
Condition of Office/Transportation	0	0	0	0	0	0
Covered Benefits	0	0	0	0	0	0
Denial/Reduction of Services	0	0	0	0	0	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	1	1	32	32	0
Dissatisfied with Auto Assignment	0	0	0	0	0	0
Excessive Wait Times (office, transportation)	0	0	0	0	0	0
Grievance/Appeal Process	0	1	1	1	1	0
Health Plan Information	0	0	0	0	0	0
Health Plan Policy	0	0	0	0	0	0
Health Plan Staff Behavior	0	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0	0
Inconvenient Hours of Operation	0	0	0	0	0	0
Incorrect PCP Assignment	0	1	1	15	15	0
Interpreter	0	0	0	0	0	0
Lock-in	0	0	0	0	0	0
Member Billing Issue	0	0	0	0	0	0
Member Rights	1	0	1	13	13	0
Network Adequacy	0	3	2	3	6	1
Network Availability	0	0	0	0	0	0
Par Provider Bill Member	0	2	2	14	28	0
Physical Abuse	0	0	0	0	0	0
Physical Accessibility Issue	1	2	2	22	44	1
Potential Fraud or Abuse of Services	0	2	2	13	26	0
Privacy/Confidentiality	1	1	2	31	62	0
Provider Competency	0	0	0	0	0	0
Provider Policy	0	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	1	7	6	19	114	2
Quality of Care	1	7	5	8	40	3
Telephone Responsiveness	0	0	0	0	0	0
TPL-Pharmacy	0	4	4	5	20	0
Transfer of Medical Records not Coordinated	0	0	0	0	0	0
Unhappy with Service	4	10	10	17	170	4
Usefulness of Program Materials	0	0	0	0	0	0
Verbal Abuse	0	0	0	0	0	0
All Other	1	12	11	38	418	2

*Ending balance and beginning balance may not be exact from quarter to quarter as cases that are misidentified are recoded correctly.

Confidential

CoventryCares of Kentucky

Report Revised: 09/24/2011

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	1	1	2	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	1	1	1	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	1	1	1	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	0	0	0	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	1	1	0	0
Dissatisfied with Service Provided	0	1	1	25	1
Eligibility/Enrollment	0	10	10	3	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region; Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	0	0	0	0	0

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date: 4/12/2013
Report Period From: 1/1/2013
Report Period To: 3/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely					
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services		1	1	2	
Diagnosis Treatment Slow/Incomplete/Unclear					
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)		1	1	27	
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours of Operation					
Incorrect PCP Assignment					
Interpreter					
Lock-In					
Member Billing Issue					
Member Rights					
Network Adequacy					
Network Availability		1	1	27	
Par Provider Bill Member		1	1	7	
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude		3	3	25	1
Quality of Care					1
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated					
Unhappy with Service		2	2	16	
Usefulness of Program Materials					
Verbal Abuse					
All Other					

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization					
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL					
Covered Benefits					
Delayed> 30 days					
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided					
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility					
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-In					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy					
Objects to Drug Formulary					
Objects To Fee Schedule					
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)					
PCP Requests Member Be Removed from Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date: 7/16/2013
Report Period From: 4/1/2013
Report Period To: 6/30/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely					
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services					
Diagnosis Treatment Slow/Incomplete/Unclear					
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)					
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours of Operation					
Incorrect PCP Assignment					
Interpreter					
Lock-in					
Member Billing Issue		1			1
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member					
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude	1	4	5	22	
Quality of Care	1	1	2	25	
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated					
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other					

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization					
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL					
Covered Benefits					
Delayed> 30 days					
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided					
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility					
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy					
Objects to Drug Formulary					
Objects To Fee Schedule					
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)					
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other		3	3	2	

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date: 10/17/2013
Report Period From: 7/1/2013
Report Period To: 9/30/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely					
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services					
Diagnosis Treatment Slow/Incomplete/Unclear					
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)					
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours of Operation					
Incorrect PCP Assignment					
Interpreter					
Lock-In					
Member Billing Issue	1		1		0
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member					
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude					
Quality of Care					
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated					
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other					

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Kentucky Spirit
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization					
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL					
Covered Benefits					
Delayed> 30 days					
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided					
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility					
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy					
Objects to Drug Formulary					
Objects To Fee Schedule					
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)					
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Humana - CareSource
Report Run Date:4/24/2013
Report Period From: 1/1/2013
Report Period To: 03/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	5	5	6.6	0
Contracting/Credentialing Issue	0	3	3	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	0	0	0	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	1	1	0	0
Dissatisfied with Service Provided	0	1	1	0	0
Eligibility/Enrollment	0	2	2	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	1	1	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	4	4	0.5	0
Objects to Billing Policy	0	3	3	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region; Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	1	1	0	0
Payment/Denial Incorrect (SHB Paid)	0	1	1	1	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	1	1	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	0	2	2	0	0

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Humana - CareSource
Report Run Date:4/24/2013
Report Period From: 1/1/2013
Report Period To: 03/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	0	18	18	0.277778	0
Authorization Appeal	0	2	2	1	0
Benefits/Eligibility Issue	0	88	88	0.795455	0
COB/TPL Medical	0	6	6	0.5	0
Communication Barrier	0	1	1	0	0
Communication Unclear/Untimely	0	1	1	0	0
Condition of Office/Transportation	0	0	0	0	0
Covered Benefits	0	15	15	1.8	0
Denial/Reduction of Services	0	1	1	1	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	2	2	0.5	0
Dissatisfied with Auto Assignment	0	19	19	0.578947	0
Excessive Wait Times (office, transportation)	0	3	3	0.333333	0
Grievance/Appeal Process	0	0	0	0	0
Health Plan Information	0	18	18	0.666667	0
Health Plan Policy	0	2	2	5	0
Health Plan Staff Behavior	0	5	5	2.2	0
Inadequate/Inaccurate Dispensing	0	2	2	1	0
Inconvenient Hours of Operation	0	2	2	0	0
Incorrect PCP Assignment	0	10	10	1.6	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	23	23	4.217391	0
Member Rights	0	1	1	0	0
Network Adequacy	0	17	17	0.294118	0
Network Availability	0	76	76	0.986842	0
Par Provider Bill Member	0	21	21	3.809524	0
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	1	1	0	0
Potential Fraud or Abuse of Services	0	0	0	0	0
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	3	3	0.333333	0
Provider Policy	0	5	5	1	0
Provider/Provider Staff Behavior or Attitude	0	25	25	0.72	0
Quality of Care	0	8	6	23.83333	2
Telephone Responsiveness	0	1	1	0	0
TPL-Pharmacy	0	1	1	1	0
Transfer of Medical Records not Coordinated	0	0	0	0	0
Unhappy with Service	0	29	29	1.758621	0
Usefulness of Program Materials	0	1	1	3	0
Verbal Abuse	0	0	0	0	0
All Other	0	189	188	0.728723	1

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Kentucky Department for Medicaid Services **Report Revised: 09/24/2011** **Kentucky Dep.**

MCO Report # 27: Grievance Activity **MCO Report # 27**

MCO Name: Humana - CareSource
Report Run Date: 07/23/2013
Report Period From: 04/01/2013
Report Period To: 06/30/2013

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
All Other	1	65	66	1.2575758	0
Appointment Availability	0	3	3	0.3333333	0
Authorization Appeal	0	6	6	0.5	0
Benefits/Eligibility Issue	0	25	25	0.96	0
COB/TPL Medical	0	12	11	1.3636364	1
Communication Barrier	0	0	0		0
Communication Unclear/Untimely	0	4	4	0.5	0
Condition of Office/Transportation	0	1	1	0	0
Covered Benefits	0	14	13	0.7692308	1
Denial/Reduction of Services	0	3	3	3.6666667	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	0	0		0
Dissatisfied with Auto Assignment	0	7	7	1.5714286	0
Excessive Wait Times (office, transportation)	0	7	7	0.5714286	0
Grievance/Appeal Process	0	0	0	0	0
Health Plan Information	0	4	4	0.5	0
Health Plan Policy	0	2	2	2.5	0
Health Plan Staff Behavior	0	4	4	1.5	0
Inadequate/Inaccurate Dispensing	0	1	1	0	0
Inconvenient Hours of Operation	0	0	0		0
Incorrect PCP Assignment	0	9	8	1.375	1
Interpreter	0	1	1	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	26	26	2.9615385	0
Member Rights	0	0	0		0
Network Adequacy	0	2	2	1	0
Network Availability	0	49	48	1.8333333	1
None	0	0	0		0
Par Provider Bill Member	0	39	39	1.6410256	0
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	0	0		0
Potential Fraud or Abuse of Services	0	0	0	0	0
Privacy/Confidentiality	0	1	1	5	0
Provider Competency	0	1	1	1	0
Provider Policy	0	4	4	0.5	0
Provider/Provider Staff Behavior or Attitude	0	23	23	2.0869565	0
Quality of Care	2	13	14	24.714286	1
TPL-Pharmacy	0	0	0		0
Telephone Responsiveness	0	1	1	0	0
Transfer of Medical Records not Coordinated	0	0	0	0	0
Unhappy with Service	0	13	13	1.9230769	0
Usefulness of Program Materials	0	2	2	0	0
Verbal Abuse	0	0	0	0	0

arment for Medicaid Services **Report Revised: 09/24/2011**

: Grievance Activity

MCO Name: Humana - CareSource
Report Run Date: 07/23/2013
Report Period From:04/01/2013
Report Period To:06/30/2013

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
All Other	0	2	2	0	0
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	2	2	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	1	1	0	0
Contracting/Credentialing Issue	0	3	3	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	2	2	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	3	3	5	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	4	4	0	0
Dissatisfied with Service Provided	0	0	0		0
Eligibility/Enrollment	0	2	2	0	0
Excessive Waiting Time	0	1	1	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0		0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	6	6	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Billing Policy	0	2	2	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Other	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region; Non-Par Issue	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Payment Incorrect	0	4	4	0	0
Payment/Denial Incorrect (SHB Paid)	0	5	5	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0		0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 10/30/13
Report Period From: 7/1/13
Report Period To: 9/30/13

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization	4	597	599	.5 day	2
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL	0	594	586	2 days	8
Covered Benefits					
Delayed> 30 days	0	25	25	.5 day	0
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided	0	39	39	3 days	0
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility	0	94	92	1 day	2
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy	1	752	741	2 days	12
Objects to Drug Formulary					
Objects To Fee Schedule	0	23	0	0.5 day	0
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)	0	450	446	2 days	4
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 10/30/13
Report Period From: 7/1/13
Report Period To: 9/30/13

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely	0	1	1	5	0
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services	1	17	17	13	0
Diagnosis Treatment Slow/Incomplete/Unclear	0	15	14	21	1
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)	0	2	2	13	0
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing	0	3	3	15	0
Inconvenient Hours of Operation	0	2	2	18	0
Incorrect PCP Assignment					
Interpreter					
Lock-in					
Member Billing Issue					
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member	0	1	1	1	0
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude					
Quality of Care					
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated	0	1	1	1	0
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other - **See below break down**					
Appointment Not timely	0	2	2	25	0
Dissatisfied with Information Provided					
Environment Dirty/Offensive					
Office Staff Unprofessional	0	8	8	12	0
HIPAA					
Phone: No Answer / Busy / Hold Time / Transferred / Disconnected	0	1	1	11	0
Unprofessional Communication	0	8	8	11	0

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 1/29/2014
Report Period From: 10/1/2013
Report Period To: 12/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization	2	753	755	.5 day	0
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL	0	679	678	2 days	1
Covered Benefits					
Delayed> 30 days	0	77	77	1 day	0
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided	0	109	109	1 day	0
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility	0	53	53	.5 day	0
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy	1	914	915	1 day	0
Objects to Drug Formulary					
Objects To Fee Schedule	0	24	24	4 days	0
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)	0	254	254	1 day	0
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 1/29/2014
Report Period From: 10/1/2013
Report Period To: 12/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely					
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services		5	5	12	0
Diagnosis Treatment Slow/Incomplete/Unclear	1	5	6	26	0
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)		1	1	28	0
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing		3	3	28	0
Inconvenient Hours of Operation					
Incorrect PCP Assignment					
Interpreter					
Lock-In					
Member Billing Issue					
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member		1	1	22	0
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude					
Sexual Abuse/Harassment					
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated		1	1	29	0
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other - **See below break down**					
Appointment Not timely		1	1	1	0
Dissatisfied with Information Provided					
Environment Dirty/Offensive					
Office Staff Unprofessional		1	1	1	0
HIPAA					
Phone: No Answer / Busy / Hold Time / Transferred / Disconnected					
Unprofessional Communication		2	2	27	0

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 04/24/2013
Report Period From: 01/01/2013
Report Period To: 03/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier	0	1	1	12	0
Communication Unclear/Untimely	0	2	2	11	0
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services	0	18	15	8	3
Diagnosis Treatment Slow/Incomplete/Unclear	0	18	14	5	4
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)	0	1	1	22	0
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours of Operation	0	1	1	5	0
Incorrect PCP Assignment					
Interpreter					
Lock-in					
Member Billing Issue					
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member	0	2	1	2	1
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude					
Quality of Care					
Telephone Responsiveness					
TPL-Pharmacy					
Transfer of Medical Records not Coordinated		1	1	1	0
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other - **See below break down**					
Appointment Not timely	0	1	1	1	0
Dissatisfied with Information Provided	0	2	2	10	0
Environment Dirty/Offensive	0	2	1	13	1
Office Staff Unprofessional	0	8	7	4	1
HIPAA	0	1	1	12	0
Phone: No Answer / Busy / Hold Time / Transferred / Disconnected	0	5	5	11	0
Unprofessional Communication	0	2	2	4	0

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 04/24/2013
Report Period From: 01/01/2013
Report Period To: 03/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization	0	1481	1475	.5 day	6
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL	0	912	909	1.5 days	3
Covered Benefits					
Delayed> 30 days	0	91	91	.5 day	0
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided	0	65	64	.5 day	1
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility	0	234	233	1 day	1
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy	0	324	319	1 day	5
Objects to Drug Formulary					
Objects To Fee Schedule	0	138	137	2.5 days	1
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)	0	488	485	1.5 days	3
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 06/22/2013
Report Period From: 04/01/2013
Report Period To: 06/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely					
Benefits Eligibility Issue					
Claims Denied-No Referral/Authorization	6	858	854	0.95 days	4
Communication Barriers (Verbal or Written)					
Communication Unclear/Untimely/Inappropriate					
Contracting/Credentialing Issue					
Coordination of Benefits/TPL	3	910	910	1.07 days	0
Covered Benefits					
Delayed> 30 days	0	97	97	1.15 days	0
Denial or Reduction of Services					
Discrimination					
Dissatisfied with Auto-Assignment					
Dissatisfied with Information Provided	1	105	105	1.30 days	0
Dissatisfied with Service Provided					
Eligibility/Enrollment					
Excessive Waiting Time					
Grievance/Appeal Process					
ID Card Issue - MCO					
ID Card Issue - Medicaid					
Inadequate/Inaccurate Dispensing					
Inconvenient Hours Of Operation					
Incorrect Denial Due To Eligibility	1	73	73	2.29 days	0
Incorrect Denial Due to Retroactive Eligibility					
Limitation of Direct Access Services					
Lock-in					
Member Billing Issue					
No Claims on File					
Objects to Billing Policy	5	592	591	1.89 days	1
Objects to Drug Formulary					
Objects To Fee Schedule	1	7	7	3 days	0
Objects to Managed Care					
Objects to Pre-certification					
Objects to Provider Network					
Objects to Referral Process					
Out of Area					
Out of Region; Non-Par Issue					
Payment Incorrect					
Payment/Denial Incorrect (SHB Paid)	3	338	338	0.82 days	0
PCP Requests Member Be Removed From Panel					
PCP Selection Process					
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected					
Physical Abuse					
Potential Medicaid Fraud/Abuse					
Referral Diagnosis-Treatment Slow/Incomplete/Unclear					
Refusal of Service					
SUR/Program Integrity					
Timely Claim Override					
Verbal Abuse					
Withhold					
All Other					

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Kentucky Department for Medicaid Services
MCO Report # 27: Grievance Activity

Report Revised: 09/24/2011

MCO Name: Passport Health Plan
Report Run Date: 06/22/2013
Report Period From: 04/01/2013
Report Period To: 06/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access					
Appointment Availability					
Authorization Appeal					
Benefits/Eligibility Issue					
COB/TPL Medical					
Communication Barrier					
Communication Unclear/Untimely	0	6	6	14	0
Condition of Office/Transportation					
Covered Benefits					
Denial/Reduction of Services	3	14	13	7	1
Diagnosis Treatment Slow/Incomplete/Unclear	4	6	6	24	0
Dissatisfied with Auto Assignment					
Excessive Wait Times (office, transportation)	0	3	3	20	0
Grievance/Appeal Process					
Health Plan Information					
Health Plan Policy					
Health Plan Staff Behavior					
Inadequate/Inaccurate Dispensing	0	5	5	22	0
Inconvenient Hours of Operation					
Incorrect PCP Assignment					
Interpreter					
Lock-in					
Member Billing Issue					
Member Rights					
Network Adequacy					
Network Availability					
Par Provider Bill Member	1	1	1	11	0
Physical Abuse					
Physical Accessibility Issue					
Potential Fraud or Abuse of Services					
Privacy/Confidentiality					
Provider Competency					
Provider Policy					
Provider/Provider Staff Behavior or Attitude					
Sexual Abuse/Harassment	0	1	1	48	0
Telephone Responsiveness					
TPL-Pharmacy	0	1	1	1	0
Transfer of Medical Records not Coordinated					
Unhappy with Service					
Usefulness of Program Materials					
Verbal Abuse					
All Other - **See below break down**					
Appointment Not timely					
Dissatisfied with Information Provided					
Environment Dirty/Offensive	1	2	2	31	0
Office Staff Unprofessional	1	9	9	3	0
HIPAA	0	1	1	2	0
Phone: No Answer / Busy / Hold Time / Transferred / Disconnected					
Unprofessional Communication	0	5	5	12	0

Kentucky Department for Medicaid Services				Report Revised :	21-Oct-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	21-Oct-13			Received Date :	
Report Period From:	20130701			Reviewed Date :	
Report Period To:	20130930			Reviewer :	
			Member Grievance Activity Summary		

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	5	13	17	19	1
Authorization Appeal	0	0	0	0	0
Benefits/Eligibility issue	0	5	3	20	2
COB/TPL Medical	0	0	0	0	0
Communication Barrier	0	0	0	0	0
Communication Unclear/Untimely	0	3	0	0	3
Condition of Office/Transportation	0	0	0	0	0
Covered Benefits	0	3	0	0	3
Denial/Reduction of Services	0	4	2	20	2
Diagnosis Treatment Slow/Incomplete/Unclear	1	28	19	18	10
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	0	4	3	21	1
Grievance/Appeal Process	0	0	0	0	0
Health Plan Information	1	3	2	19	2
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	0	2	1	20	1
Inadequate/Inaccurate Dispensing	2	1	3	23	0
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	2	28	25	18	5
Member Rights	0	0	0	0	0
Network Adequacy	0	0	0	0	0
Network Availability	1	6	5	18	2
Par Provider Bill Member	18	103	92	18	29
Physical Abuse	0	1	1	19	0
Physical Accessibility issue	0	0	0	0	0
Potential Fraud or Abuse of Services	0	3	1	16	2
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	0	0	0	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	1	23	14	19	10
Quality of Care	0	16	11	21	5
Telephone Responsiveness	0	4	3	20	1
TPL-Pharmacy	0	0	0	0	0
Transfer of Medical Records not Coordinated	0	1	1	20	0
Unhappy with Service	3	22	20	19	5
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	1	1	19	0
All Other	31	128	119	19	40

Kentucky Department for Medicaid Services				Report Revised :	21-Oct-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	21-Oct-13			Received Date :	
Report Period From:	20130701			Reviewed Date :	
Report Period To:	20130930			Reviewer :	
			Provider Grievance Activity Summary		

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	0	0	0	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	0	0	0	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	0	0	0	0
Dissatisfied with Service Provided	1	1	2	20	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	1	1	22	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	0	3	2	22	1

Kentucky Department for Medicaid Services				Report Revised :	25-Jan-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	25-Jan-13			Received Date :	
Report Period From:	20121001			Reviewed Date :	
Report Period To:	20121231			Reviewer :	
			Member Grievance Activity Summary		

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	3	7	10	19	0
Authorization Appeal	0	0	0	0	0
Benefits/Eligibility issue	2	8	9	17	1
COB/TPL Medical	11	3	11	21	3
Communication Barrier	0	1	0	0	1
Communication Unclear/Untimely	0	0	0	0	0
Condition of Office/Transportation	1	2	2	15	1
Covered Benefits	0	1	1	19	0
Denial/Reduction of Services	6	17	19	17	4
Diagnosis Treatment Slow/Incomplete/Unclear	0	11	7	18	4
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	3	3	4	20	2
Grievance/Appeal Process	0	1	1	20	0
Health Plan Information	0	3	1	19	2
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	1	2	2	19	1
Inadequate/Inaccurate Dispensing	0	3	1	20	2
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-in	2	0	2	21	0
Member Billing Issue	5	34	30	19	9
Member Rights	0	1	0	0	1
Network Adequacy	0	1	1	20	0
Network Availability	3	4	5	21	2
Par Provider Bill Member	8	51	32	19	27
Physical Abuse	0	1	1	20	0
Physical Accessibility Issue	0	0	0	0	0
Potential Fraud or Abuse of Services	0	5	2	21	3
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	1	0	0	1
Provider Policy	1	2	2	17	1
Provider/Provider Staff Behavior or Attitude	8	18	17	19	7
Quality of Care	2	10	8	17	4
Telephone Responsiveness	0	4	4	16	0
TPL-Pharmacy	0	1	1	15	0
Transfer of Medical Records not Coordinated	1	1	2	21	0
Unhappy with Service	4	21	16	19	9
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	2	0	0	2
All Other	15	59	54	20	20

Kentucky Department for Medicaid Services				Report Revised :	25-Jan-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	25-Jan-13			Received Date :	
Report Period From:	20121001			Reviewed Date :	
Report Period To:	20121231			Reviewer :	
			Provider Grievance Activity Summary		

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	1	4	4	22	1
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	2	1	3	22	0
Contracting/Credentialing Issue	1	2	3	20	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	1	5	2	19	4
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	1	4	2	22	3
Dissatisfied with Service Provided	0	0	0	0	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	2	0	2	21	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	1	0	0	1
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	2	0	2	21	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	0	6	4	20	2

Kentucky Department for Medicaid Services				Report Revised :	22-Jan-14
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	22-Jan-14			Received Date :	
Report Period From:	20131001			Reviewed Date :	
Report Period To:	20131231			Reviewer :	
			Provider Grievance Activity Summary		

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	1	0	0	1
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	0	0	0	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	1	1	18	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	0	0	0	0	0
Dissatisfied with Service Provided	0	0	0	0	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	1	0	0	1
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	1	1	2	20	0

Kentucky Department for Medicaid Services				Report Revised :	22-Jan-14
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	22-Jan-14			Received Date :	
Report Period From:	20131001			Reviewed Date :	
Report Period To:	20131231			Reviewer :	
			Member Grievance Activity Summary		

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	1	8	8	19	1
Authorization Appeal	0	0	0	0	0
Benefits/Eligibility Issue	2	8	7	19	3
COB/TPL Medical	0	1	0	0	1
Communication Barrier	0	2	2	21	0
Communication Unclear/Untimely	3	1	4	22	0
Condition of Office/Transportation	0	2	2	22	0
Covered Benefits	2	2	3	21	1
Denial/Reduction of Services	3	0	3	20	0
Diagnosis Treatment Slow/Incomplete/Unclear	12	24	30	20	6
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	1	3	3	23	1
Grievance/Appeal Process	0	2	2	19	0
Health Plan Information	2	2	3	19	1
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	2	2	4	28	0
Inadequate/Inaccurate Dispensing	0	2	1	20	1
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	6	14	15	19	5
Member Rights	0	6	4	19	2
Network Adequacy	0	1	1	21	0
Network Availability	2	8	7	19	3
Par Provider Bill Member	28	79	91	20	16
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	0	0	0	0
Potential Fraud or Abuse of Services	2	3	2	19	3
Privacy/Confidentiality	0	1	1	20	0
Provider Competency	0	0	0	0	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	12	14	23	22	3
Quality of Care	6	14	12	20	8
Telephone Responsiveness	0	4	4	18	0
TPL-Pharmacy	0	0	0	0	0
Transfer of Medical Records not Coordinated	0	2	1	21	1
Unhappy with Service	6	30	28	19	8
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
All Other	44	97	116	21	25

Kentucky Department for Medicaid Services				Report Revised :	23-Jul-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	23-Jul-13			Received Date :	
Report Period From:	20130401			Reviewed Date :	
Report Period To:	20130630			Reviewer :	
			Member Grievance Activity Summary		

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	8	11	14	20	5
Authorization Appeal	0	0	0	0	0
Benefits/Eligibility issue	0	3	2	22	1
COB/TPL Medical	3	0	3	130	0
Communication Barrier	2	1	3	20	0
Communication Unclear/Untimely	0	0	0	0	0
Condition of Office/Transportation	0	3	3	18	0
Covered Benefits	0	2	2	19	0
Denial/Reduction of Services	3	6	9	20	0
Diagnosis Treatment Slow/Incomplete/Unclear	2	10	11	19	1
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	5	3	8	21	0
Grievance/Appeal Process	1	1	2	21	0
Health Plan Information	2	0	2	21	0
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	1	0	1	22	0
Inadequate/Inaccurate Dispensing	0	1	0	0	1
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	0	0	0	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	6	26	32	19	2
Member Rights	0	0	0	0	0
Network Adequacy	0	0	0	0	0
Network Availability	5	2	6	20	1
Par Provider Bill Member	14	66	62	19	18
Physical Abuse	0	1	1	16	0
Physical Accessibility Issue	0	0	0	0	0
Potential Fraud or Abuse of Services	4	1	5	23	0
Privacy/Confidentiality	0	0	0	0	0
Provider Competency	0	1	1	18	0
Provider Policy	0	0	0	0	0
Provider/Provider Staff Behavior or Attitude	9	16	24	20	1
Quality of Care	2	12	14	22	0
Telephone Responsiveness	1	3	4	19	0
TPL-Pharmacy	0	0	0	0	0
Transfer of Medical Records not Coordinated	1	0	1	22	0
Unhappy with Service	10	19	26	21	3
Usefulness of Program Materials	0	1	1	20	0
Verbal Abuse	0	0	0	0	0
All Other	37	142	149	23	30

Kentucky Department for Medicaid Services				Report Revised :	23-Jul-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	23-Jul-13			Received Date :	
Report Period From:	20130401			Reviewed Date :	
Report Period To:	20130630			Reviewer :	
			Provider Grievance Activity Summary		

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	0	0	0	0
Claims Denied-No Referral/Authorization	0	0	0	0	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	1	1	21	0
Contracting/Credentialing Issue	0	1	1	21	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	0	0	0	0	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	1	0	1	19	0
Dissatisfied with Service Provided	2	1	2	24	1
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	1	1	21	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	0	0	0	0
No Claims on File	0	0	0	0	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	0	0	0	0	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	1	0	1	19	0

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Kentucky Department for Medicaid Services				Report Revised :	15-Apr-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	15-Apr-13			Received Date :	
Report Period From:	20130101			Reviewed Date :	
Report Period To:	20130331			Reviewer :	
			Provider Grievance Activity Summary		

Provider Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
Appointment Not Timely	0	0	0	0	0
Benefits Eligibility Issue	0	1	1	22	0
Claims Denied-No Referral/Authorization	1	1	2	20	0
Communication Barriers (Verbal or Written)	0	0	0	0	0
Communication Unclear/Untimely/Inappropriate	0	1	1	22	0
Contracting/Credentialing Issue	0	0	0	0	0
Coordination of Benefits/TPL	0	0	0	0	0
Covered Benefits	0	0	0	0	0
Delayed> 30 days	0	0	0	0	0
Denial or Reduction of Services	5	0	5	20	0
Discrimination	0	0	0	0	0
Dissatisfied with Auto-Assignment	0	0	0	0	0
Dissatisfied with Information Provided	3	3	6	21	0
Dissatisfied with Service Provided	0	0	0	0	0
Eligibility/Enrollment	0	0	0	0	0
Excessive Waiting Time	0	0	0	0	0
Grievance/Appeal Process	0	0	0	0	0
ID Card Issue - MCO	0	0	0	0	0
ID Card Issue - Medicaid	0	0	0	0	0
Inadequate/Inaccurate Dispensing	0	0	0	0	0
Inconvenient Hours Of Operation	0	0	0	0	0
Incorrect Denial Due To Eligibility	0	0	0	0	0
Incorrect Denial Due to Retroactive Eligibility	0	0	0	0	0
Limitation of Direct Access Services	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	0	1	1	21	0
No Claims on File	1	0	1	20	0
Objects to Billing Policy	0	0	0	0	0
Objects to Drug Formulary	0	0	0	0	0
Objects To Fee Schedule	0	0	0	0	0
Objects to Managed Care	0	0	0	0	0
Objects to Pre-certification	0	0	0	0	0
Objects to Provider Network	0	0	0	0	0
Objects to Referral Process	0	0	0	0	0
Out of Area	0	0	0	0	0
Out of Region Non-Par Issue	0	0	0	0	0
Payment Incorrect	0	0	0	0	0
Payment/Denial Incorrect (SHB Paid)	0	0	0	0	0
PCP Requests Member Be Removed From Panel	0	0	0	0	0
PCP Selection Process	0	0	0	0	0
Phone: No Answer/Busy/Hold Time/Transferred/Disconnected	1	1	2	21	0
Physical Abuse	0	0	0	0	0
Potential Medicaid Fraud/Abuse	0	0	0	0	0
Referral Diagnosis-Treatment Slow/Incomplete/Unclear	0	0	0	0	0
Refusal of Service	0	0	0	0	0
SUR/Program Integrity	0	0	0	0	0
Timely Claim Override	0	0	0	0	0
Verbal Abuse	0	0	0	0	0
Withhold	0	0	0	0	0
All Other	1	0	1	18	0
	12	8	20	184	0

Kentucky Department for Medicaid Services				Report Revised :	15-Apr-13
MCO Report # 27: Grievance Activity					
MCO Name:	WellCare of Kentucky			DMS Use Only	
Report Run Date:	15-Apr-13			Received Date :	
Report Period From:	20130101			Reviewed Date :	
Report Period To:	20130331			Reviewer :	
			Member Grievance Activity Summary		

Member Grievance Category	Beginning Balance	Total Received	Total Resolved	Avg. Time Resolution	Ending Balance
After Hours Access	0	0	0	0	0
Appointment Availability	0	13	8	22	5
Authorization Appeal	0	0	0	0	0
Benefits/Eligibility Issue	2	8	9	21	1
COB/TPL Medical	18	4	18	76	4
Communication Barrier	1	2	3	21	0
Communication Unclear/Untimely	0	1	1	20	0
Condition of Office/Transportation	1	0	1	20	0
Covered Benefits	1	3	3	28	1
Denial/Reduction of Services	4	9	10	23	3
Diagnosis Treatment Slow/Incomplete/Unclear	5	12	15	23	2
Dissatisfied with Auto Assignment	0	0	0	0	0
Excessive Wait Times (office, transportation)	4	7	8	29	3
Grievance/Appeal Process	0	3	2	22	1
Health Plan Information	2	5	6	21	1
Health Plan Policy	0	0	0	0	0
Health Plan Staff Behavior	1	2	2	20	1
Inadequate/Inaccurate Dispensing	2	0	2	23	0
Inconvenient Hours of Operation	0	0	0	0	0
Incorrect PCP Assignment	0	2	2	22	0
Interpreter	0	0	0	0	0
Lock-in	0	0	0	0	0
Member Billing Issue	9	27	26	20	10
Member Rights	1	0	1	18	0
Network Adequacy	0	0	0	0	0
Network Availability	2	7	5	21	4
Par Provider Bill Member	26	87	98	22	15
Physical Abuse	0	0	0	0	0
Physical Accessibility Issue	0	0	0	0	0
Potential Fraud or Abuse of Services	3	9	11	21	1
Privacy/Confidentiality	0	1	1	22	0
Provider Competency	1	0	1	20	0
Provider Policy	1	0	1	18	0
Provider/Provider Staff Behavior or Attitude	7	21	24	23	4
Quality of Care	3	19	21	24	1
Telephone Responsiveness	0	0	0	0	0
TPL-Pharmacy	0	1	1	22	0
Transfer of Medical Records not Coordinated	0	3	2	22	1
Unhappy with Service	10	28	29	22	9
Usefulness of Program Materials	0	0	0	0	0
Verbal Abuse	2	0	2	18	0
All Other	28	72	77	24	23
	134	346	390	705	90

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 11, 2013

MCO Name: CoventryCares of Kentucky
Report Run Date: 04/30/2013
Report Period From: 01/01/2013
Report Period To: 03/31/2013

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

[illegible]

Medicaid Mandatory Services

02	Inpatient Hospital	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
12	Outpatient Hospital	1	0	7	1	1	2	3	1	8	100.00%	100.00%	21	8	2	0	0	0	3	3	0	0	0
32	EPSDT Related	4	0	4	0	0	0	4	1	8		87.50%	27	7	0	0	0	1	0	4	4	0	1
34	Clinical Social Worker	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
37	Physical Therapist Crossover	0	0	3	0	0	2	1	0	3		100.00%	27	3	0	0	0	0	0	2	0	1	0
38	Occupational Therapist	1	2	6	0	0	1	5	3	5		100.00%	26	5	0	0	0	0	1	4	0	0	0
39	Psychologist Crossover	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
40	DME	1	5	18	0	0	5	13	5	14		100.00%	23	14	0	0	0	0	4	7	3	0	0
41	Primary Care	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
43	Rural Health Clinic	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
44	Nurse Midwife	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
45	Family Planning	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
46	Home Health	1	1	5	0	0	1	4	3	5		80.00%	27	4	0	0	0	0	1	3	1	0	1
47	Independent Laboratory	3	1	2	0	0	0	2	0	4		75.00%	23	3	0	0	0	0	0	2	2	0	1
48	EPSDT Preventive	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
62	Emergency Transportation	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
63	Non-Emergency Transportation	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
67	Vision	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
72	Dental	0	3	6	0	0	2	4	5	3		33.33%	29	1	0	0	0	0	0	2	1	0	2
74	Physician	0	0	1	0	1	0	0	0	1	100.00%	100.00%	0	1	1	0	0	0	0	0	0	0	0
75	Certified Nurse Practitioner	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
81	Hearing	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
90	Comp. Outpatient Rehab Facility	2	1	1	0	0	0	1	0	2		50.00%	35	1	0	0	0	0	0	1	0	1	1
92	Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
93	Rehab Distinct Part Unit	0	0	1	0	0	0	1	1	1		100.00%	26	1	0	0	0	0	0	1	0	0	0
94	Physician Assistant	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Mandatory Services	13	13	54	1	2	13	38	19	54	100.00%	88.89%	23	48	3	0	0	1	9	29	11	2	8

Medicaid Optional Services

03	Mental Hospital	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
04	Renal Dialysis Clinic	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
08	Psychiatric Residential Treat Facility	0	0	1	1	0	0	0	0	1	100.00%	0.00%	0	0	1	0	0	0	0	0	0	0	0
13	Ambulatory Surgery	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
16	Impact Plus	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
17	Specialized Children's Services Clinic	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
20	Targeted Case Management – Adults	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
21	Targeted Case Management – Children	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
24	Comm. for Child Special Health Needs	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
29	Preventive Health	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
35	Chiropractor	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
36	Other Lab & X-Ray	1	1	13	0	0	7	6	5	13		100.00%	20	13	0	0	0	1	4	5	4	0	0
42	Community Mental Health Center	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
54	Nurse Anesthetist	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
55	Hospice – Non Institutional	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
64	Pharmacy	12	8	42	2	2	11	27	27	46	100.00%	97.83%	26	45	3	1	0	0	7	26	9	0	1
88	Podiatry	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
99	Unknown Type	0	0	0	0	0	0	0	0	0		0.00%	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Optional Services	13	9	56	3	2	18	33	32	60	100.00%	96.67%	24	58	4	1	0	1	11	31	13	0	1
	Totals: Mandatory and Optional	26	22	110	4	4	31	71	51	114	100.00%	92.98%	24	106	7	1	0	2	20	60	24	2	7

*Count is measurement of cases resolved in 30 days and not an accurate count of compliant cases due to possible extensions.
**Ending balance may also include State Fair Hearings
***Beginning balance and ending balance from previous quarter may vary due to cases received into the appeal department in a different reporting quarter. We must use the true receive date which may fall in the previous quarter.

Confidential

COVENTRYCARES of Kentucky

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 12, 2012

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Inpatient	57	69	368	38	330	356	356	98.88%	27	352	0	288	49	19	0
Outpatient	1	2	10	1	9	7	9	100.00%	25	9	0	4	5	0	0
Emergency Room	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Inpatient/Outpatient Other	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Mental Hospital	2	7	17	4	13	11	12	100.00%	18	12	0	10	1	1	0
PRTF	0	2	3	2	1	1	1	100.00%	1	1	0	1	0	0	0
Specialized Child Svc Clinics	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Prev & Rem Public Health	1	0	0	0	0	0	1	100.00%	26	1	0	0	0	1	0
Comm for Handicap Child	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Adult Targeted Case Mgmt	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Child Targeted Case Mgmt	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Impact Plus	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Community Mental Health	0	2	8	0	8	7	6	100.00%	13	6	0	6	0	0	0
Primary Care	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Family Planning Service	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Home Health	1	0	0	0	0	0	1	100.00%	9	1	0	0	0	1	0
Rural Health Clinic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Ambulatory Surgical Centers	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Independent Laboratory	1	1	1	0	1	1	1	100.00%	27	1	0	1	0	0	0
Dialysis Clinic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Hospice	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
EPSDT Special Services	0	1	2	1	1	2	1	100.00%	30	1	0	1	0	0	0
Hearing Aid Dealer	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Optician (528 - Optical clinic)	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rx - Non-BH - Brand	10	7	34	2	32	31	37	97.30%	24	36	0	34	3	0	1
Rx - Non-BH - Generic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rx - BH - Brand	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
RX - BH - Generic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Emergency Transportation	1	4	4	1	3	4	1	100.00%	30	1	0	0	1	0	0
Non-Emerg Amb	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Dentist - Individual	3	0	1	0	4	4	7	100.00%	18	7	0	5	2	0	0
Dentist - Group	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Physician Individual	0	0	1	0	1	1	1	100.00%	25	1	0	1	0	0	0
Physician - Group	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Audiologist	0	1	1	0	1	0	0	0.00%	0	0	0	0	0	0	0
Nurse Anesthetist	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Optometrist - Individual	0	0	15	0	15	14	15	100.00%	4	15	0	14	1	0	0
Certified Nurse practitioner	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Podiatrist	0	1	1	0	1	1	0	0.00%	0	0	0	0	0	0	0
Clinical Social Worker	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
X-Ray / Misc Supplier	6	2	9	2	7	7	13	69.23%	49	9	0	12	1	0	0
Physical Therapist	3	2	4	1	3	4	5	100.00%	29	5	0	2	1	2	0
Occupational Therapist	0	1	2	0	2	2	1	100.00%	23	1	0	0	1	0	0
Psychologist	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
DME Supplier	5	8	15	2	13	14	12	91.67%	30	11	0	9	3	0	0
CORF	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rehabilitation Distinct Part Unit	1	4	11	2	9	11	8	100.00%	22	8	0	5	3	0	0
Physician Assistant	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Unknown Type	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Total	92	114	907	56	851	478	488	97.95%	26	478	0	393	71	24	1

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 12, 2012

MCO Name: CovenryCares of Kentucky
Report Run Date: 07/30/2013
Report Period From: 04/01/2013
Report Period To: 06/30/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Medicaid Mandatory Services

02	Inpatient Hospital	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	0
12	Outpatient Hospital	0	2	10	0	0	0	10	5	8	0.00%	87.50%	30	7	0	0	0	0	0	6	2	0	1	
32	EPSDT Related	0	3	10	0	0	1	9	5	7	0.00%	100.00%	26	7	0	0	0	0	1	2	2	2	0	
34	Clinical Social Worker	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
37	Physical Therapist Crossover	0	0	2	0	0	0	2	1	2	0.00%	100.00%	27	2	0	0	0	0	0	2	0	0	0	
38	Occupational Therapist	2	1	9	0	0	1	8	5	10	0.00%	100.00%	29	10	0	0	0	0	0	6	0	4	0	
39	Psychologist Crossover	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
40	DME	5	1	20	0	0	8	12	2	24	0.00%	100.00%	26	24	0	0	0	0	4	16	3	1	0	
41	Primary Care	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
43	Rural Health Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
44	Nurse Midwife	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
45	Family Planning	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
46	Home Health	1	0	4	0	0	1	3	1	5	0.00%	100.00%	29	5	0	0	0	0	0	3	1	1	0	
47	Independent Laboratory	1	2	12	0	0	1	11	4	11	0.00%	90.91%	28	10	0	0	0	0	1	10	0	0	1	
48	EPSDT Preventive	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
62	Emergency Transportation	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
63	Non-Emergency Transportation	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
67	Vision	0	0	1	0	0	0	1	0	1	0.00%	0.00%	44	0	0	0	0	0	0	1	0	0	1	
72	Dental	3	2	6	0	0	2	4	4	7	0.00%	85.71%	27	6	0	0	0	0	2	4	1	0	1	
74	Physician	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
75	Certified Nurse Practitioner	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
81	Hearing	0	1	1	0	0	0	1	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
90	Comp. Outpatient Rehab Facility	1	4	5	0	0	1	4	3	2	0.00%	100.00%	23	2	0	0	0	0	1	1	0	0	0	
92	Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
93	Rehab Distinct Part Unit	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
94	Physician Assistant	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
	Subtotal: Mandatory Services	13	16	80	0	0	15	65	30	77	0.00%	94.81%	27	73	0	0	0	0	9	51	9	8	4	

Medicaid Optional Services

03	Mental Hospital	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
04	Renal Dialysis Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
08	Psychiatric Residential Treat Facility	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
13	Ambulatory Surgery	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
16	Impact Plus	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
17	Specialized Children's Services Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
20	Targeted Case Management – Adults	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
21	Targeted Case Management – Children	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
24	Comm. for Child Special Health Needs	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
29	Preventive Health	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
35	Chiropractor	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
36	Other Lab & X-Ray	1	3	11	0	1	0	10	5	9	100.00%	88.89%	26	8	1	0	0	0	1	3	4	0	0	
42	Community Mental Health Center	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
54	Nurse Anesthetist	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
55	Hospice – Non Institutional	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
64	Pharmacy	8	11	31	0	1	10	20	16	28	100.00%	100.00%	24	28	0	1	0	0	6	15	6	0	0	
88	Podiatry	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0	
99	Unknown Type	0	0	2	0	0	2	0	2	2	0.00%	100.00%	6	2	0	0	0	0	0	1	1	0	0	
	Subtotal: Optional Services	9	14	44	0	2	12	30	23	39	100.00%	97.44%	23	38	1	1	0	0	7	19	11	0	0	

	Total: Mandatory and Optional	22	30	124	0	2	27	95	53	116	100.00%	95.69%	25	111	1	1	0	0	16	70	20	8	4	

*Count is measurement of cases resolved in 30 days and not an accurate count of compliant cases due to possible extensions.
**Ending balance may also include State Fair Hearings
***Beginning balance and ending balance from previous quarter may vary due to cases received into the appeal department in a different reporting quarter. We must use the true received date which may fall in the previous quarter.

Confidential

CoventryCares of Kentucky

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 12, 2012

MCO Name:	CoventryCares of Kentucky
Report Run Date:	07/30/2013
Report Period From:	04/01/2013
Report Period To:	06/30/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

Inpatient	74	54	282	84	198	249	302	99.67%	28	301	0	220	70	12	0
Outpatient	1	3	20	8	12	19	18	100.00%	22	18	0	14	3	1	0
Emergency Room	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Inpatient/Outpatient Other	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Mental Hospital	53	44	90	21	69	62	99	90.91%	24	90	0	78	12	9	4
PRTF	2	0	3	2	1	1	5	80.00%	25	4	0	4	0	1	0
Specialized Child Svc Clinics	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Prev.& Rem Public Health	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Comm for Handicap Child	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Adult Targeted Case Mgmt	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Child Targeted Case Mgmt	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Impact Plus	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Community Mental Health	95	13	83	2	81	80	165	71.52%	22	118	0	158	2	5	49
Primary Care	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Family Planning Service	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Home Health	0	0	10	4	6	9	10	100.00%	24	10	0	4	5	1	0
Rural Health Clinic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Ambulatory Surgical Centers	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Independent Laboratory	1	1	9	3	6	8	9	100.00%	17	9	0	6	3	0	0
Dialysis Clinic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Hospice	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
EPSDT Special Services	1	2	11	7	4	8	10	100.00%	18	10	0	9	1	0	0
Hearing Aid Dealer	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Optician (528 - Optical clinic)	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rx - Non-BH - Brand	7	3	20	5	15	18	24	100.00%	26	24	0	19	4	1	0
Rx - Non-BH - Generic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rx - BH - Brand	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
RX - BH - Generic	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Emergency Transportation	4	14	23	14	9	23	13	100.00%	19	13	0	2	11	0	0
Non-Emerg Amb	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Dentist - Individual	0	4	15	3	12	14	11	100.00%	12	11	0	10	1	0	0
Dental - Group	0	0	12	0	12	6	12	50%	33	6	0	10	2	0	0
Physician Individual	0	1	5	0	5	4	4	100.00%	24	4	0	4	0	0	0
Physician - Group	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Audiologist	1	0	1	1	0	1	2	100.00%	18	2	0	1	1	0	0
Nurse Anesthetist	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Optometrist - Individual	0	0	1	0	1	1	1	0.00%	44	0	0	1	0	0	1
Certified Nurse practitioner	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Podiatrist	1	0	0	0	0	0	1	100.00%	29	1	0	1	0	0	0
Clinical Social Worker	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Chiropractor	0	0	2	2	0	0	2	100.00%	18	2	0	2	0	0	0
X-Ray / Misc. Supplier	4	5	19	5	14	18	18	94.44%	29	17	0	13	5	0	0
Physical Therapist	1	0	7	2	5	7	8	100.00%	20	8	0	6	1	1	0
Occupational Therapist	1	0	3	0	3	2	4	100.00%	20	4	0	4	0	0	0
Psychologist	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
DME Supplier	9	3	36	15	21	30	42	97.62%	21	41	0	29	11	2	0
CORF	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Rehabilitation Distinct Part Unit	4	0	15	2	13	13	19	94.74%	28	18	0	15	3	1	0
Physician Assistant	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Unknown Type	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0	0
Total	259	147	667	180	487	573	779	81.27%	24	711	0	610	135	34	54

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 12, 2012

MCO Name: CovenryCares of Kentucky
Report Run Date: 01/30/2013
Report Period From: 10/01/2012
Report Period To: 12/31/2012

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Medicaid Mandatory Services

02	Inpatient Hospital	2	0	1	0	0	0	1	1	3		100.00%	23	3	0	0	0	1	0	0	3	0	0
12	Outpatient Hospital	2	2	9	1	0	5	3	4	9	100.00%	88.89%	20	8	0	1	0	1	3	3	2	0	1
32	EPSDT Related	0	4	20	0	0	9	11	15	16		93.75%	26	15	0	0	0	0	1	2	8	5	0
34	Clinical Social Worker	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
37	Physical Therapist Crossover	3	0	2	0	0	1	1	1	5		80.00%	23	4	0	0	0	1	1	1	2	1	0
38	Occupational Therapist	0	2	7	0	0	4	3	4	5		80.00%	28	4	0	0	0	0	0	2	3	0	0
39	Psychologist Crossover	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
40	DME	12	2	14	0	0	8	6	10	24		91.67%	24	22	0	0	0	1	1	8	15	0	1
41	Primary Care	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
43	Rural Health Clinic	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
44	Nurse Midwife	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
45	Family Planning	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
46	Home Health	1	1	5	0	0	0	5	2	5		80.00%	26	4	0	0	0	1	0	3	2	0	0
47	Independent Laboratory	0	3	6	0	0	4	2	6	3		100.00%	26	3	0	0	0	0	0	3	0	0	0
48	EPSDT Preventive	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
62	Emergency Transportation	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
63	Non-Emergency Transportation	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
67	Vision	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
73	Dental	3	0	3	0	0	2	1	1	6		66.67%	28	4	0	0	0	0	2	3	1	0	1
74	Physician	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
75	Certified Nurse Practitioner	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
81	Hearing	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
90	Comp. Outpatient Rehab Facility	1	2	8	0	0	2	6	7	7		100.00%	20	7	0	0	0	0	0	1	5	1	1
92	Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
93	Rehab Distinct Part Unit	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
94	Physician Assistant	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Mandatory Services	24	16	73	1	0	35	39	51	83	100.00%	89.16%	244	74	0	1	0	5	8	26	41	7	4

Medicaid Optional Services

03	Mental Hospital	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
04	Renal Dialysis Clinic	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
08	Psychiatric Residential Treat Facility	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
13	Ambulatory Surgery	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
16	Impact Plus	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
17	Specialized Children's Services Clinic	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
20	Targeted Case Management – Adults	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
21	Targeted Case Management – Children	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
24	Comm. for Child Special Health Needs	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
29	Preventive Health	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
35	Chiropractor	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
36	Other Lab & X-Ray	5	1	9	0	0	5	4	6	13		84.62%	27	11	0	0	0	0	3	6	4	0	0
42	Community Mental Health Center	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
54	Nurse Anesthetist	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
55	Hospice – Non Institutional	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
64	Pharmacy	19	12	41	0	0	9	32	32	48		95.83%	27	46	0	0	0	1	1	35	10	2	0
88	Podiatry	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
99	Unknown Type	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Optional Services	24	13	50	0	0	14	36	38	61		93.44%	54	57	0	0	0	1	4	41	14	2	0
	Total: Mandatory and Optional	48	29	123	1	0	49	75	89	144		90.97%	298	131	0	1	0	6	12	67	55	9	4

*Count is measurement of cases resolved in 30 days and not an accurate count of compliant cases due to possible extensions.
**Ending balance may also include State Fair Hearings
***Beginning balance and ending balance from previous quarter may vary due to cases received into the appeal department in a different reporting quarter. We must use the true receive date which may fall in the previous quarter.

Confidential

COVENTRYCARES of Kentucky

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Friday, October 12, 2012

MCO Name:
Report Run Date:
Report Period From:
Report Period To:

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Inpatient	36	57	257	99	158	239	236	96.19%	25	227	0	176	49	11	1
Outpatient	24	2	25	6	19	21	47	97.87%	55	46	0	26	21	0	0
Emergency Room	0	0	1	0	1	1	1	100.00%	12	1	0	1	0	0	0
Inpatient/Outpatient Other	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Mental Hospital	54	62	99	27	72	12	91	59.34%	43	54	0	65	17	9	15
PRTF	0	2	8	4	4	0	6	83.33%	15	5	0	6	0	0	0
Specialized Child Svc Clinics	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Prev & Rem Public Health	0	1	1	0	1	0	0		0	0	0	0	0	0	0
Comm for Handicap Child	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Adult Targeted Case Mgmt	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Child Targeted Case Mgmt	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Impact Plus	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Community Mental Health	8	26	165	4	161	10	147	72.79%	26	107	0	139	5	3	53
Primary Care	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Family Planning Service	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Home Health	7	2	4	2	2	4	9	88.89%	23	8	0	3	6	0	0
Rural Health Clinic	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Ambulatory Surgical Centers	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Independent Laboratory	5	1	6	2	4	5	10	90.00%	31	9	0	10	0	0	0
Dialysis Clinic	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Hospice	0	0	0	0	0	0	0		0	0	0	0	0	0	0
EPSDT Special Services	2	1	17	13	4	14	18	94.44%	19	17	1	15	0	2	0
Hearing Aid Dealer	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Optician (528 = Optical clinic)	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Rx - Non-BH - Brand	6	10	28	6	22	27	24	95.83%	25	23	1	19	4	0	0
Rx - Non-BH - Generic	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Rx - BH - Brand	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Rx - BH - Generic	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Emergency Transportation	2	0	2	2	0	2	4	100.00%	29	4	0	4	0	0	0
Non-Emerg Amb	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Dentist - Individual	1	3	21	2	19	11	19	63.16%	30	12	0	7	12	0	0
Dental - Group	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Physician - Individual	1	0	1	0	1	0	2	100.00%	26	2	0	1	1	0	0
Physician - Group	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Audiologist	2	0	0	0	0	0	2	0.00%	31	0	0	0	2	0	0
Nurse Anesthetist	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Optometrist - Individual	0	0	3	0	3	2	3	100.00%	16	3	0	1	2	0	0
Certified Nurse practitioner	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Podiatrist	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Clinical Social Worker	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Chiropractor	0	0	1	0	1	0	1	100.00%	12	1	0	0	1	0	0
X-Ray / Misc. Supplier	18	5	27	3	24	24	40	92.50%	22	37	0	32	8	0	0
Physical Therapist	4	3	10	1	9	8	11	100.00%	17	11	0	5	6	0	0
Occupational Therapist	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0		0	0	0	0	0	0	0
DME Supplier	4	4	13	2	11	10	13	100.00%	19	13	0	8	5	0	0
CORF	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Psychiatric Distinct Part Unit	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Rehabilitation Distinct Part Unit	0	1	5	3	2	5	4	100.00%	18	4	0	2	2	0	0
Physician Assistant	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Unknown Type	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Total	174	180	694	175	518	395	668	84.88%	29	564	2	520	141	25	89

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

MCO Name: Humana - CareSource
Report Run Date: 4/24/2013
Report Period From: 1/1/2013
Report Period To: 3/31/2013

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Medicaid Mandatory Services

02	Inpatient Hospital																		
12	Outpatient Hospital																		
32	EPSDT Related																		
34	Clinical Social Worker																		
37	Physical Therapist Crossover																		
38	Occupational Therapist																		
39	Psychologist Crossover																		
40	DME																		
41	Primary Care																		
43	Rural Health Clinic																		
44	Nurse Midwife																		
45	Family Planning																		
46	Home Health																		
47	Independent Laboratory																		
48	EPSDT Preventive																		
62	Emergency Transportation																		
63	Non-Emergency Transportation																		
67	Vision																		
72	Dental	0	1	1	0	0	1	0	1	0				0	0	0	0	0	0
74	Physician																		
75	Certified Nurse Practitioner																		
81	Hearing																		
90	Comp. Outpatient Rehab Facility																		
92	Psychiatric Distinct Part Unit																		
93	Rehab Distinct Part Unit																		
94	Physician Assistant																		
	Subtotal: Mandatory Services	0	1	1	0	0	1	0	1	0			0	0	0	0	0	0	0

Medicaid Optional Services

03	Mental Hospital																		
04	Renal Dialysis Clinic																		
08	Psychiatric Residential Treat Facility																		
13	Ambulatory Surgery																		
16	Impact Plus																		
17	Specialized Children's Services Clinic																		
20	Targeted Case Management – Adults																		
21	Targeted Case Management – Children																		
24	Comm. for Child Special Health Needs																		
29	Preventive Health																		
35	Chiropractor																		
36	Other Lab & X-Ray																		
42	Community Mental Health Center																		
54	Nurse Anesthetist																		
55	Hospice – Non Institutional																		
64	Pharmacy	0	0	2	0	0	2	0	2	2		100.00%	7.5	2	0	0	0	0	0
88	Podiatry																		
99	Unknown Type																		
	Subtotal: Optional Services	0	0	2	0	0	2	0	2	2		100.00%	7.5	2	0	0	0	0	0

Total: Mandatory and Optional	0	1	3	0	0	3	0	3	2		100.00%	7.5	2	0	0	0	0	0

Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Report Revised: 10/11/2011

MCO Name: Humana - CareSource
Report Run Date: 4/24/2013
Report Period From: 1/1/2013
Report Period To: 3/31/2013

DMS Use Only

Received Date:	
Reviewed Date:	
Reviewer:	

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Inpatient															
Outpatient															
Emergency Room															
Inpatient/Outpatient Other	0	0	2	0	2	0	2	100.00%	18	2	0	1	1	0	0
Mental Hospital	0	0	1	0	1	0	1	100.00%	27	1	0	1	0	0	0
PRTF															
Specialized Child Svc Clinics															
Prev & Rem Public Health															
Comm for Handicap Child															
Adult Targeted Case Mgmt															
Child Targeted Case Mgmt															
Impact Plus															
Community Mental Health															
Primary Care															
Family Planning Service															
Home Health															
Rural Health Clinic															
Ambulatory Surgical Centers															
Independent Laboratory															
Dialysis Clinic															
Hospice															
EPSDT Special Services															
Hearing Aid Dealer															
Optician (528 - Optical clinic)															
Rx - Non-BH - Brand															
Rx - Non-BH - Generic															
Rx - BH - Brand															
RX - BH - Generic															
Emergency Transportation															
Non-Emerg Amb															
Dentist - Individual															
Dental - Group															
Physician Individual	0	1	2	0	2	0	1	100.00%	9	1	0	0	1	0	0
Physician - Group															
Audiologist															
Nurse Anesthetist															
Optometrist - Individual															
Certified Nurse practitioner															
Podiatrist															
Clinical Social Worker															
Chiropractor	0	0	8	0	8	0	8	100.00%	1	0	0	8	0	0	0
X-Ray / Misc. Supplier															
Physical Therapist															
Occupational Therapist															
Psychologist															
DME Supplier															
CORF															
Psychiatric Distinct Part Unit															
Rehabilitation Distinct Part Unit															
Physician Assistant															
Unknown Type	0	0	2	0	2	0	2	100.00%	16	2	0	2	0	0	0
Total	0	1	15	0	15	0	14	100.00%	8	14	0	12	2	0	0

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Kentucky Department for Medicaid Services
MCO Report # 28: Appeal Activity

Report Revised: 10/11/2011

MCO Name: Humana - CareSource
Report Run Date: 07/18/2013
Report Period From: 04/01/2013
Report Period To: 06/30/2013

DMS Use Only
Received Date:
Reviewed Date:
Reviewer:

Kentucky Deparment for Medicaid Servi
MCO Report # 28: Appeal Activity

MCO Name:
Report Run
Report Peri
Report Peri

Member Appeal Activity

				Received											Resolved								
					Expedited		Non Expedited								Expedited				Non Expedited				
															Final Disposition					Final Disposition			
COS	Category of Service (COS) Description	Beginning Balance	Ending Balance	Total	Oral	Written	Oral	Written	5 Working Days Written Notice Provided	Total	Expedited % Resolved in 3 Working Days	Non Expedited % Resolved in 30 Calendar Days	Non Expedited Average Days for Resolution	Written Notice of Resolution within 30 Calendar Days	Upheld	Overturned	Partially Overturned	Moved to Non Expedited	Oral Abandoned	Upheld	Overturned	Partially Overturned	Appeals Extended by 14 Calendar Days
	Medicaid Mandatory Services																						
75	Certified Nurse practitioner	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
34	Clinical Social Worker	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
90	Comp. Outpatient Rehab Facility	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
46	DME	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
72	Dental	1	3	6	0	0	6	0	6	4		100.00%	19.25	4	0	0	0	0	0	1	1	2	0
48	EPSDT Preventive	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
32	EPSDT Related	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
02	Emergency Transportation	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
45	Family Planning	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
61	Hearing	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
40	Home Health	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
47	Independent Laboratory	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
2	Inpatient Hospital	0	0	1	0	0	1	0	1	1		100.00%	13	1	0	0	0	0	0	1	0	0	0
63	Non Emergency Transportation	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
44	Nurse Midwife	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
38	Occupational Therapist	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
12	Outpatient Hospital	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
37	Physical Therapist Crossover	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
74	Physician	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
84	Physician Assistant	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
41	Primary Care	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
92	Psychiatric Distinct Part Unit	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
39	Psychologist Crossover	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
93	Rehab Distinct Part Unit	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
43	Rural Health Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
67	Vision	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Mandatory Services	1	3	7	0	0	7	0	7	5	0.00%	100.00%	18	4	0	0	0	0	0	2	1	2	0
	Medicaid Optional Services																						
13	Ambulatory Surgery	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
101	Ambulatory Surgical Centers	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
89	Chiropractor	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
24	Comm. for Child Special Health Needs	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
42	Community Mental Health Center	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
102	Dentist - Individual	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
55	Hospice I Non Institutional	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
14	Impact Plus	0	0	0	0	0	0	0	0	0				0	0	0	0	0	0	0	0	0	0
103	Inpatient	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
104	Inpatient/Outpatient Other	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
3	Mental Hospital	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
54	Nurse Anesthetist	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
36	Other Lab & X-Ray	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
64	Pharmacy	0	0	7	1	0	6	0	6	7	100.00%	100.00%	13.166667	7	0	1	0	0	0	6	0	0	0
105	Physician Individual	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
88	Podiatry	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
29	Preventive Health	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
8	Psychiatric Residential Treat Facility	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
4	Renal Dialysis Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
17	Specialized Children's Services Clinic	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
20	Targeted Case Management I Adults	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
21	Targeted Case Management I Children	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
99	Unknown Type	0	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Optional Services	0	0	7	1	0	6	0	6	7	100.00%	100.00%	13.166667	5	0	1	0	0	0	6	0	0	0
	Total: Mandatory and Optional	1	3	14	1	0	13	0	13	12	100.00%	100.00%	15.363636	9	0	1	0	0	0	8	1	2	0