Response Details	
ID:	157651241
Timestamp:	16 Jan, 2023 04:28:00 PM AST
IP Address:	63.128.77.28
Time Taken:	5700 seconds
Back Button Usage:	Not used
Score:	0.0
Survey Language:	English
Source Identifier:	
Email Address:	
Email List:	

Integration Tags	
External Reference:	
Custom Variable 1 :	
Custom Variable 2 :	
Custom Variable 3 :	
Custom Variable 4 :	
Custom Variable 5 :	

Geo Coding	
Country:	PR
Region:	
Latitude:	18.3588
Longitude:	-66.115
Radius:	0.0

Location Map

Questions marked with a * are required

INFORME TRIMESTRAL DE DENEGACIONES DE SERVICIOS O DETERMINACIONES ADVERSAS DE SERVICIOS DE SALUD

* 1. Nombre de la Organización de Servicios de Salud o Plan Médico

» MMM

* ¿Está reportando información de un trimestre que ya fue sometido?

» No

* 2. Tipo de Plan Médico

» Plan de Salud del Gobierno

3. Cantidad de asegurados servidos por este tipo de plan médico a la fecha del cierre del trimestre a reportar.

325,262

4. Año

2022

* 5. Trimestre

» 2 (Oct-Dic)

* 6. Fecha de entrega del informe

» 01/16/2023

7. Justificación para la denegación - Salud Física Justificaciones

	Medicamento	Laboratorio	Servicio médico especializado	Servicio médico sub-especializado	Cirugía	Rayos X	Otro
* 1. Facturación fuera de período de contrato	0	8	3337	1900	19	223	157
* 2. Falta de pre-autorización	0	111	1400	2067	44	282	679
* 3. Falta de información/información incompleta	77	0	2	2	0	0	2
* 4. Ausencia de credenciales del proveedor/facilidad médico-hospitalaria	0	0	0	0	0	0	0
* 5. Medicamento fuera de formulario	132	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	52	170	161	15	31	80
* 7. Servicio incompatible con la edad del paciente	0	1	595	1448	0	1	19
* 8. Servicio incompatible con el sexo del paciente	0	3	0	1	0	3	1
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	0	3	2	0	0	1
* 11. Otro	81	15989	145468	65366	3126	11425	30531

8. Si contestó otro en alguna de las opciones para Salud Física, por favor especifique:

Físico RX- 87661944-LANTUS 100 UNIT/ML VIAL, 87673789 JENTADUETO XR 5 MG-1,000 MG TB,87939316-ATROVENT 17 MCG HFA INHALER,87971114-PREGABALIN 75 MG CAPSULE,87976024-ACTEMRA 162 MG/0.9 ML SYRINGE,87981703 FESOTERODINE ER 4 MG TABLET,88115018-LANTUS 100 UNIT/ML VIAL, 88163154-EZETIMIBE 10 MG TABLET,88191637 SOLIQUA 100 UNIT-33 MCG/ML PEN,88209293-JANUVIA 50 MG TABLET,88280948-LOKELMA 10 GRAM POWDER PACKET,88337944-CANDESARTAN CILEXETIL 32 MG TB,88439729- ROSUVASTATIN CALCIUM 10 MG TAB,88496557 PREMARIN VAGINAL CREAM-APPL,88526375 OLUMIANT 2 MG TABLE,88531089-HUMULIN N 100 UNIT/ML VIAL,88544650-OZEMPIC 0.25-0.5 MG/DOSE PEN,88547258-LACOSAMIDE 100 MG TABLET,88754018-PREGABALIN 75 MG CAPSULE,89328634 HUMATE-P 1,200 UNIT VWF:RCO,89331769-PREGABALIN 75 MG

CAPSULE,-89344291-TRULICITY 0.75 MG/0.5 ML PEN,89358136-TREMFYA 100, MG/ML ,NJECTOR,89362337,mACTEMRA ACTPEN 162 MG/0.9 ML,89372653-ESTRADIOL 0.01% CREAM,-89374693-QULLIVANT XR 25 MG/5 ML SUSP,89389040 EMGALITY 120 MG/ML PEN,89448879EMGALITY 120 MG/ML PEN,89553146 ROSUVASTATIN CALCIUM 20 MG TAB,89557777LANTHANUM CARB 1,000 MG TB CHW,89565001 BREO ELLIPTA 200-25 MCG INH,89608702 QUILLIVANT XR 25 MG/5 ML SUSP,8962661-SOD FER GLUC CPLX 62.5 MG/5 ML,89649993 MESALAMINE 1,000 MG SUPP,89717505-LINZESS 145 MCG CAPSULE, .8982220,DUPIXENT 300 MG/2 ML SYRINGE,89846322,ELIQUIS 5 MG,TABLET,89846642,LACOSAMIDE 200 MG TABLET,89918607ELIQUIS 2.5 MG TABLET,90033381 ANORO ELLIPTA 62.5-25 MCG INH,90047041 PRASUGREL 10 MG TABLET,90080796 SILDENAFIL 20 MG TABLET,90154587 JARDIANCE 10 MG TABLET,90236416 FARXIGA 10 MG TABLET,90262481-GENOTROPIN 12 MG CARTRIDGE,90294924 EMGALITY 120 MG/ML PEN,90322305 EVENITY 210 MG DOSE-2 SYRINGES,90352320 PREGABALIN 75 MG CAPSULE,,90354504 INCRUSE ELLIPTA ,62.5 MCG INH, 90443093 ,TALTZ 80 MG/ML SYRINGE90516063 ,NOVOLOG 100 UNIT/ML VIAL,90534596-LANTUS 100 UNIT/ML VIAL,90539441 HUMULIN N 100 UNIT/ML VIAL,90576268 ADVAIR HFA 115-21 MCG INHALER,90748028-GILENYA 0.5 MG CAPSULE,90772638-BRILINTA 90 MG TABLET,90795356-THALOMID 100 MG CAPSULE,90808291-LANTHANUM CARB 1,000 MG TB CHW,90808888 EPLERENONE 25 MG TABLET,,90833389 GLIPIZIDE 10 MG TABLET90840715 ENBREL 50 MG/ML SURECLICK,90874427 MEDROXYPROGESTERONE 150 MG/ML,90911686 OZEMPIC 0.25-0.5 MG/DOSE PEN, 90912987-OZEMPIC 1 MG/DOSE (4 MG/3 ML),90963495-PROAIR HFA 90 MCG INHALER,90989855 FARXIGA 5 MG TABLET,90989998-TRULICITY 1.5 MG/0.5 ML PEN,90990016-BUDESONIDE-ORMOTEROL 160-4.5,90991882-ORENCIA 125 MG/ML SYRINGE,90992359-OUJEO MAX SOLOSTR 300 UNIT/ML,90992422,TOUJEO MAX SOLOSTR 300 UNIT/ML,91027235-FARXIGA 10 MG TABLET,91099507 JANUVIA 50 MG TABLET,91102705-JANUVIA 50 MG TABLET,91270811 GLIPIZIDE ER 10 MG TABLET,91286766-GLIMEPIRIDE 4 MG TABLET,91297175-DUPIXENT 300 MG/2 ML SYRINGE,91297189 NOVOLOG 100 UNIT/ML FLEXPEN,91298177 LANTUS 100 UNIT/ML VIAL,91348293 INFLECTRA 100 MG VIAL,91356986 ELIQUIS 2.5 MG TABLET fisico- M9-ADJ.REQUESTED DOES NOT PROCEED ML-PENDING OTHER INSURANCE ENTRY KA-PRIMARY PROCEDURE G-SUBMIT PROV # WHO GAVE SERV T6-DENIED: REC NOT PRESTD TO PCC PD-SERV INCLUDED IN PERDIEM/ER DH-FILING TIME LIMIT HAS EXPIRED 16-OTHER INSURANCE IS PRIMARY KO-SECONDARY PROCEDURE FA-CLAIM CORRECTION-OVERPAYMENT MC-MEDICARE IS PRIMARY PAYER A9-CLAIMS CORRECTION DC-DUP EXT:& BK-DENIED- SVC PAID IN OTHER LINE 3D-WHEN, WHERE AND HOW? KB-TERTIARY PROCEDURE IJ-INCIDENTAL CCI T0-DENIED-PER MED DIR REVIEW HR-HIGH RISK MEMBER MU-MISSING/INVALID MODIFIER A7-ACC. DETAILS (HOW,WHEN,WHERE) OR-OB POOL MEMBER F9-COVID19 2 HG-POS AND SERVICE DOES NOT MATCH C6-USE CORRECT FORM HCFA1500/UB04 7K-ONE DAY PROC.COUNT-DUP. KP-OTHER PROCEDURE 34-LACKS COST OF EVIDENCE KQ-INCIDENTAL PROCEDURE EW-ER WITHOUT CRITERIA 70-REFERRAL REQUIRED, NOT FOUND W8-DIAGNOSI CODE NOT EFF FOR DATE 8I-PRE-PAYMENT REVIEW AH-RECEIVED AFTER 90 DAYS 10-OTHER INSURANCE/COVERAGE M4-PEND-OPEN LINE FOR SPEC SVCS H9-COVID19 US-SVC.OUT OF P.R. NOT AUTHORIZED Y1-ERROR PROVEEDOR NB-NOT COVERED BENEFIT GK-INVALID MODIFIER FOR PROC IB-REFILE CONTRACTED/CORRECT CODE KK-INVALID MODIFIER FOR PROC FC-NO FEE SCHEDULE W PRICING MOD C1-CAPITATED SERVICE AG-REFILE WITH SPECIFIC DOS E5-LACK PATIENT NAME/NUMBER SX-SEX INVALID FOR DIAGNOSIS 8U-DENIED - AUTHORIZATION DENIED DA-AGE INVALID FOR DIAGNOSIS ?D-OPN POSS DUP &: MN-SERVICE RENDERED TO NEW BORN JN-SUBMIT PRIMARY CARRIER'S EOP 36-NOT COVERED BENEFIT-MAPPING 8K-DUP.SVC-VERIFY SVC.MODIFIERS 1P-PENDING - UNDER REVISION CQ-PAID-CPT/REV CORREC.ACC.INF RE MJ-MUTUALLY EXCLUSIVE CCI M6-ADJ.RECEIVED. PAID CORRECTLY. CI-COVID-19 NJ-MISSING/INVALID NPI NUMBER WD-POSSIBLE WORK REL. CONDITION 8J-AUDIT BY ADVIZZOR M8-AUTO COVERAGE RESPONSABILITY L1-REF LABS PAID CONTRACTED FEES EC-EXCLUDED BY ASES CONTRACT CJ-CPT/REV NOT ACC.INF REC G9-MEDICARE-A SUBMIT AS BAD DEBT 1C-CLAIMS SPECIAL PROJECT 68-ROOM & BOARD/DATE MISMATCH GD-UNLISTED PROCEDURE KH-MUTUALLY EXCLUSIVE PROC SP-NOT COVERED FOR YOUR SPECIALTY EN-MISSING SERVICE CODE PT-DENIED-PLEASE USE 97799 UL-USER LIMIT EXCEEDED M7-THIRD PARTY CARRIER RESPONSAB. DX-DIAGNOSIS NOT COVERED UT-DAYS DENIED BY MEDICAL AUDITOR KE-UNLISTED PROCEDURE OC-OTHER CARRIER PAID TOTAL FEE 42-NO FEE SCH FOUND - PR1021 Y2-ERROR ANALISTA M-MA-10 AUTHORIZATIONS/SERVICES B4-INVALID DIAGNOSIS CODE KC-COSMETIC PROCEDURE K1-ADD-ON CODE GU-UNDEFINED PROCEDURE CL-SUBMITTED TO CONT LOADING SC-SERV/PROC INCLUDED IN SURGERY 37-SERV BEFORE/AFTER GROUP EFFEC 13-SERV INVALID FOR PRV/VENDOR 27-OUTSIDE CLAIM FUTURE PERIOD EA-PROV NAME OR NUMBER MISSING A6-REFERRED ISSUES & EMAIL MA-MA 10 MEMBER E9-MSNG DX ON CLAIM/MEDICAL ORD 8C-FR-PSG CLAIMS FULL OVERPAYMENT UE-ALLOWED UNITS EXCEDED CF-CERTIFIED IN VACCINE ADM C9-COORDINATION BENEFIT MEDICARE P2-HIGH DOLLAR CLAIMS XX-ESRD MEMBER 24-EXCESSIVE CHARGES Y3-ERROR CONTRATO BI-DUPLICATE SE 6B-NEW PTE.CODE FILED WITH/3 YEAR 6K-LIFETIME PROC.COUNT-DUP. PH-PROVIDER SUSPENDED/TERMINATED KY-PROCEDURE INVALID FOR FEMALE UJ-OTHER INSURANCE IS PRIMARY DB-NOT PAYABLE BASED ON RCVD INF OP-OPR PROVIDER MK-SERVICE PAYABLE BY REPORT RO-SVC CODE NON COV FOR PVD SPEC

9. Justificación para la denegación - Salud Mental Justificaciones

	Medicamento	Servicio médico especializado	Servicio médico sub-especializado	Otro
* 1. Facturación fuera de período de contrato	0	1253	230	3
* 2. Falta de pre-autorización	14	521	92	63
* 3. Falta de información/información incompleta	0	0	0	0
* 4. Ausencia de credenciales del proveedor/facilidad médico-hospitalaria	0	0	0	0
* 5. Medicamento fuera de formulario	21	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	25	6	5
* 7. Servicio incompatible con la edad del paciente	0	0	0	0
* 8. Servicio incompatible con el sexo del paciente	0	0	0	0
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0
* 10. Política médica	0	0	0	0
* 11. Otro	7	2691	1206	479

10. Si contestó otro en alguna de las opciones para Salud Mental, por favor especifique:

FLUVOXAMINE MALEATE 100 MG TAB CLONAZEPAM 2 MG TABLET ATOMOXETINE HCL 40 MG CAPSULE DEXTROAMP-AMPHETAMINE 5 MG TAB DEXMETHYLPHENIDATE 5 MG TAB ZIPRASIDONE HCL 60 MG CAPSULE ALPRAZOLAM 1 MG TABLET M9-ADJ.REQUESTED DOES NOT PROCEED T6-DENIED: REC NOT PRESTD TO PCC 70-REFERRAL REQUIRED, NOT FOUND DH-FILING TIME LIMIT HAS EXPIRED ML-PENDING OTHER INSURANCE ENTRY W7-SERVICE CODE NOT EFF FOR DATE KO-SECONDARY PROCEDURE BK-DENIED- SVC PAID IN OTHER LINE T0-DENIED-PER MED DIR REVIEW 3D-WHEN, WHERE AND HOW? 10-OTHER INSURANCE/COVERAGE 1P-PENDING - UNDER REVISION A7-ACC. DETAILS (HOW,WHEN,WHERE) F9-COVID19 2 16-OTHER INSURANCE IS PRIMARY NB-NOT COVERED BENEFIT FA-CLAIM CORRECTION-OVERPAYMENT W8-DIAGNOSI CODE NOT EFF FOR DATE A9-CLAIMS CORRECTION DB-NOT PAYABLE BASED ON RCVD INF IB-REFILE CONTRACTED/CORRECT CODE PD-SERV INCLUDED IN PERDIEM/ER M4-PEND-OPEN LINE FOR SPEC SVCS H9-COVID19 HR-HIGH RISK MEMBER AH-RECEIVED AFTER 90 DAYS KA-PRIMARY PROCEDURE 72-READMISSION MENTAL HG-POS AND SERVICE DOES NOT MATCH GH-UP TO $250 MAX PER EYE C6-USE CORRECT FORM HCFA1500/UB04 IJ-INCIDENTAL CCI MC-MEDICARE IS PRIMARY PAYER G9-MEDICARE-A SUBMIT AS BAD DEBT EW-ER WITHOUT CRITERIA Y1-ERROR PROVEEDOR

* 11. Por este medio certifico que la información provista en dicho informe es fiel y exacta en cumplimiento con lo estipulado en la Ley Núm. 47-2017. Por tanto, la misma es una oficial, puede ser verificada y publicada en cualquier momento a solicitud de la Oficina del Procurador del Paciente.

» Si

12. Reporte preparado por:

Yessica M. Cardona Negrón

13. Posición:

Medicaid Compliance Specialist

14. Departamento/ Área:

Compliance

15. Teléfono:
Phone

787-249-4150

16. Correo electrónico:

yessica.cardona-negron@mmmhc.com