Response Details	
ID:	120008305
Timestamp:	21 Jul, 2021 08:47:16 AM AST
IP Address:	74.213.66.107
Time Taken:	613 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:	18.3923
Longitude:	-67.1096
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

» Triple S Salud Inc.

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

» No

* 2. Tipo de Plan Médico

» Privado

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

412,911

4. Año

2021

* 5. Trimestre

» 4 (Abr-Jun)

* 6. Fecha de entrega del informe

» 07/21/2021

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	0	0	0	0	0	0
* 2. Falta de pre-autorización	0	36	74	52	8	100	486
* 3. Falta de información/información incompleta	0	0	0	0	0	0	0
* 4. Ausencia de credenciales del proveedor/facilidad médico-hospitalaria	0	0	0	0	0	0	0
* 5. Medicamento fuera de formulario	26	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	175	677	374	84	106	1005
* 7. Servicio incompatible con la edad del paciente	0	30	580	277	14	9	172
* 8. Servicio incompatible con el sexo del paciente	0	75	90	49	4	20	56
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	6013	15872	5318	3411	4307	18407
* 11. Otro	0	19000	28554	15242	1718	13086	39288

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

*Solo 1 categoria de duplicado.NO CONTRACT TERM FOUND FOR SERVICE 6375SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 6218DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 3769DEFAULT FFS PERCENT NOT DEFINED 2123PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 2118BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 1589DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 1473BENEFIT IS EXCLUDED FROM BENEFIT PLAN 1238BENEFIT RESTRICTION GROUP VALIDATION FAILED 1223NO COB ENTERED WITH A SECONDARY ENROLLMENT 996CONTRACT TERM REQUIRES DOCUMENTATION 758NO BENEFIT FOR SERVICE 743BENEFIT REQUIRES MANUAL REVIEW 743LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 719PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 594INVALID DIAGNOSIS CODE FOR BENEFIT

567CONTRACT TERM RESTRICTION GROUP VALIDATION FAILED 551INVALID MEDICARE ACTION CODE 511VISIT MASTER LIMIT EXCEEDED 448BENEFIT VISIT LIMIT EXCEEDED 396PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 381DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 347NO AVAILABLE BED DAYS ON UM 300NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 295ANNUAL BENEFIT AMOUNT EXCEEDED 281TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM 277SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 236MAX PER DAY DOLLAR LIMIT MET 233CONTRACT TERM REQUIRES MANUAL REVIEW 213BENEFIT HAS AGE RESTRICTION 178COB CLAIM EXCEEDS SUBMISSION WINDOW 176INVALID THRU DOS 160PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE 126EXCLUDED CONTRACT TERM FOR SERVICE 111UNITS EXPANSION DETECTED 108BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 105CES PROCESS AUTO-FIX RECOMMENDATIONS 71UM HAS NO AVAILABLE UNITS 70STATUS CHANGE CAUSED BY SF MESSAGE CODE 63CONTRACT TERM REQUIRES UM 61BILL TYPE DOES NOT MATCH BENEFIT 57OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED 55BENEFIT COVERAGE NOT STARTED 53DUPLICATE MEM/DOS/SRVC CODE/MOD 51CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE 51CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH 43INVALID OR MISSING ADMISSION DATE 41MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 33BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 31DUPLICATE LINE ON SAME CLAIM 30INVALID FROM DOS 29UM SERVICE LINE DENIED 29LEVEL OF CARE BENEFIT NOT FOUND 29DIAGNOSIS CODE DOES NOT EXIST 23PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE 21MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 17CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM 13UM SERVICES DO NOT MATCH CLAIM 12AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY 12INVALID CPT/HCPCS CODE 11MEMBER NOT ENROLLED ON DOS 11UM NOT FOUND 9OPERATING PHYSICIAN INFORMATION REQUIRED 8INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 8MULTIPLE ENROLLMENTS FOUND FOR MEMBER NAME BUT NO DOB MATCH 8DIAGNOSIS CODE IS NOT VALID ON DOS 7DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES 7NO ACTIVE PROVIDER CONTRACT 5INTERNAL ENROLLMENT AND COB AMOUNTS ENTERED 5INVALID BILL TYPE 5MEMBER LOST ELIGIBILITY DURING DATE SPAN 5INVALID MODIFIER CODE ON DATE OF SERVICE 5UM IS CLOSED 5INVALID SERVICE CODE ON DOS 4WORKERS COMPENSATION CLAIM 4BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER 3CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE 3BENEFIT DOLLAR LIMIT EXCEEDED 2INDIVIDUAL LIFETIME VISITS EXCEEDED 2OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY 2REIMBURSE MEMBER SELECTED ON CONTRACTED CLAIM 2UM IS NOT FOR SAME MEMBER 2UM IS NOT FOR SAME PROVIDER 1MANUAL PEND OF CLAIM 1PRIMARY DIAGNOSIS CODE IS REQUIRED 1CLAIM LINE OVERLAPS CONTRACT AFFILIATION TERM DATE 1CONNECT REQUIRES CLAIM REVIEW 1OTHER INSURANCE INFORMATION UNKNOWN - PURSUE AND PAY 1NO COB AMOUNT ON CLAIM 1

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	0	0	0
* 2. Falta de pre-autorización	0	1	0	74
* 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	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	24	2	25
* 7. Servicio incompatible con la edad del paciente	0	1	0	2
* 8. Servicio incompatible con el sexo del paciente	0	0	0	1
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0

* 10. Política médica	0	248	12	834
* 11. Otro	0	1061	50	1824

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

*Solo 1 categoria de duplicados.DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 625SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 343PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 310LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 199DEFAULT FFS PERCENT NOT DEFINED 82NO COB ENTERED WITH A SECONDARY ENROLLMENT 80DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 56INVALID DIAGNOSIS CODE FOR BENEFIT 43(DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 39NO CONTRACT TERM FOUND FOR SERVICE 31NO BENEFIT FOR SERVICE 29PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 28PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 25BENEFIT RESTRICTION GROUP VALIDATION FAILED 21MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 16NO AVAILABLE BED DAYS ON UM 15INVALID MEDICARE ACTION CODE 14UNITS EXPANSION DETECTED 10BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 9NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 9DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 5BENEFIT REQUIRES MANUAL REVIEW 5SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 2MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 2COB CLAIM EXCEEDS SUBMISSION WINDOW 2UM IS CLOSED 2INVALID OR MISSING ADMISSION DATE 2BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER 2BENEFIT IS EXCLUDED FROM BENEFIT PLAN 2DIAGNOSIS CODE IS NOT VALID ON DOS 2LEVEL OF CARE BENEFIT NOT FOUND 1MULTIPLE EXTERNAL ENROLLMENTS EXIST 1UM SERVICES DO NOT MATCH CLAIM 1INVALID FROM DOS 1BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 1INVALID SERVICE CODE ON DOS 1REIMBURSE MEMBER SELECTED ON CONTRACTED CLAIM 1PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE 1BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 1

* 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:

Natalia Torres

13. Posición:

Analista Estadistico

14. Departamento/ Área:

Payment Integrity Unit

15. Teléfono:
Phone

787-749-4949

16. Correo electrónico:

natalia.torres1@ssspr.com