Response Details	
ID:	128954475
Timestamp:	15 Oct, 2021 02:26:20 PM AST
IP Address:	208.83.38.100
Time Taken:	490 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:	18.3861
Longitude:	-66.0434
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.

424081

4. Año

2021

* 5. Trimestre

» 1 (Jul-Sep)

* 6. Fecha de entrega del informe

» 10/15/2021

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	123	299	452	8	422	1732
* 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	9	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	137	336	231	29	72	1023
* 7. Servicio incompatible con la edad del paciente	0	38	671	268	13	16	480
* 8. Servicio incompatible con el sexo del paciente	0	49	123	82	1	21	45
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	3735	12337	4815	3248	4132	25083
* 11. Otro	0	10513	25015	11858	1872	16250	60704

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

NO CONTRACT TERM FOUND FOR SERVICE(17351) SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE(7815) (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM(7663) BENEFIT IS EXCLUDED FROM BENEFIT PLAN(4105) PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM(2319) DEFAULT FFS PERCENT NOT DEFINED(2214) BENEFIT RESTRICTION GROUP VALIDATION FAILED(1549) BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM(1349) BENEFIT REQUIRES MANUAL REVIEW(1123) NO BENEFIT FOR SERVICE(1053) CONTRACT TERM REQUIRES DOCUMENTATION(952) NO COB ENTERED WITH A SECONDARY ENROLLMENT(685) VISIT MASTER LIMIT EXCEEDED(555) INVALID DIAGNOSIS CODE FOR BENEFIT(551) PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS(499) BENEFIT VISIT LIMIT EXCEEDED(485) NO AVAILABLE BED DAYS ON UM(482) CONTRACT TERM

RESTRICTION GROUP VALIDATION FAILED(471) INVALID MEDICARE ACTION CODE(465) SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD(286) LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM(267) MAX PER DAY DOLLAR LIMIT MET(260) BENEFIT HAS AGE RESTRICTION(232) ANNUAL BENEFIT AMOUNT EXCEEDED(218) DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE(212) COB CLAIM EXCEEDS SUBMISSION WINDOW(168) PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT(167) TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM(156) NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER(151) EXCLUDED CONTRACT TERM FOR SERVICE(135) UM HAS NO AVAILABLE UNITS(96) BENEFIT COVERAGE NOT STARTED(78) UNITS EXPANSION DETECTED(76) BILL TYPE DOES NOT MATCH BENEFIT(73) PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE(71) INVALID FROM DOS(65) STATUS CHANGE CAUSED BY SF MESSAGE CODE(62) UM SERVICES DO NOT MATCH CLAIM(51) CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE(49) DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES(37) INVALID THRU DOS(36) BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER(35) INVALID OR MISSING ADMISSION DATE(33) DUPLICATE LINE ON SAME CLAIM(31) LEVEL OF CARE BENEFIT NOT FOUND(29) CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH(26) CONTRACT TERM REQUIRES MANUAL REVIEW(24) MEMBER NOT ENROLLED ON DOS(23) MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT(21) INVALID CPT/HCPCS CODE(20) CES PROCESS AUTO-FIX RECOMMENDATIONS(20) OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED(19) CONTRACT TERM REQUIRES UM(19) UM SERVICE LINE DENIED(15) DIAGNOSIS CODE DOES NOT EXIST(15) UM NOT FOUND(14) DIAGNOSIS CODE IS NOT VALID ON DOS(13) PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE(12) BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM(12) INVALID MODIFIER CODE ON DATE OF SERVICE(11) INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE)(10) CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM(9) OPERATING PHYSICIAN INFORMATION REQUIRED(8) CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE(7) UM HAS INSUFFICIENT UNITS REMAINING(6) MULTIPLE ENROLLMENTS FOUND FOR MEMBER NAME BUT NO DOB MATCH(6) AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY(6) UM IS CLOSED(6) CLAIM LINE OVERLAPS CONTRACT AFFILIATION TERM DATE(5) MEMBER LOST ELIGIBILITY DURING DATE SPAN(5) MANUAL PEND OF CLAIM(5) OTHER INSURANCE INFORMATION UNKNOWN - PURSUE AND PAY(4) BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER(4) WORKERS COMPENSATION CLAIM(4) MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT(4) MULTIPLE EXTERNAL ENROLLMENTS EXIST(3) UM DATES DO NOT MATCH CLAIM(3) DUPLICATE MEM/DOS/SRVC CODE/MOD(3) INVALID BILL TYPE(3) OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY(3) INVALID ACCOMMODATION DAYS(2) UM IS NOT FOR SAME PROVIDER(2) NO ACTIVE PROVIDER CONTRACT(2) REIMBURSE MEMBER SELECTED ON CONTRACTED CLAIM(1) CLAIM PAYMENT AMOUNT EXCEEDS THE MAXIMUM ALLOWED(1) OTHER ENROLLMENT EXISTS FOR SERVICE LINE DATES(1) PRIMARY DIAGNOSIS CODE IS REQUIRED(1) PROVIDER NOT ACTIVE FOR PLAN ON DOS(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	36	2	258
* 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	25	0	19
* 7. Servicio incompatible con la edad del paciente	0	2	0	3
* 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	239	8	636
* 11. Otro	0	1312	52	2311

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

DUPLICATE LINE/CODE IDENTIFIED(902) PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM(321) SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE(210) LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM(137) NO COB ENTERED WITH A SECONDARY ENROLLMENT(107) INVALID DIAGNOSIS CODE FOR BENEFIT(104) DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO(76) (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM(41) NO BENEFIT FOR SERVICE(41) DEFAULT FFS PERCENT NOT DEFINED(34) BENEFIT RESTRICTION GROUP VALIDATION FAILED(32) BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER(19) INVALID MEDICARE ACTION CODE(15) NO CONTRACT TERM FOUND FOR SERVICE(15) PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT(13) PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS(11) MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT(10) BENEFIT REQUIRES MANUAL REVIEW(8) UNITS EXPANSION DETECTED(6) COB CLAIM EXCEEDS SUBMISSION WINDOW(6) DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE(5) NO AVAILABLE BED DAYS ON UM(4) DIAGNOSIS CODE IS NOT VALID ON DOS(3) NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER(3) INVALID THRU DOS(2) BENEFIT IS EXCLUDED FROM BENEFIT PLAN(2) INVALID FROM DOS(2) UM SERVICES DO NOT MATCH CLAIM(2) BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM(2) LEVEL OF CARE BENEFIT NOT FOUND(1) INVALID CPT/HCPCS CODE(1) INVALID OR MISSING ADMISSION DATE(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 Berríos

13. Posición:

Statistical Analyst

14. Departamento/ Área:

Payment Integrity Unit Business Operations Monitoring Division

15. Teléfono:
Phone

787-749-4949

16. Correo electrónico:

natalia.torres1@ssspr.com

QuestionPro