Response Details	
ID:	136294060
Timestamp:	18 Jan, 2022 03:03:52 PM AST
IP Address:	24.157.17.167
Time Taken:	678 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

» 2 (Oct-Dic)

* 6. Fecha de entrega del informe

» 01/18/2022

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	298	408	429	26	454	1343
* 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	24	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	237	364	261	28	61	1058
* 7. Servicio incompatible con la edad del paciente	0	46	1094	460	11	30	507
* 8. Servicio incompatible con el sexo del paciente	0	77	130	72	3	28	47
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	4298	14643	5037	3737	3782	23397
* 11. Otro	0	46618	57532	27370	5080	25493	89022

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

Edito Descripción Count 1009 OPERATING PHYSICIAN INFORMATION REQUIRED 2 101 NO ACTIVE PROVIDER CONTRACT 1 112 CLAIM AMOUNT EXCEEDS THE MAXIMUM ALLOWED 1 1143 CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE 8 1150 OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED 34 116 ANNUAL BENEFIT AMOUNT EXCEEDED 310 123 INDIVIDUAL LIFETIME VISITS EXCEEDED 1 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 38 150 NO CONTRACT TERM FOUND FOR SERVICE 17548 151 EXCLUDED CONTRACT TERM FOR SERVICE 124 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 9 155 BENEFIT HAS AGE RESTRICTION 143 158 INVALID SERVICE CODE ON DOS 20 162 CONTRACT TERM REQUIRES DOCUMENTATION 556 169 CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH 25 172 TERM DOES NOT MEET

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DATE CRITERIA OF THE CLAIM 423 173 DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 273 174 PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE 68 175 BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 839 183 SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 115 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 328 189 LEVEL OF CARE BENEFIT NOT FOUND 21 192 BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER 12 202 NO BENEFIT FOR SERVICE 2511 203 BENEFIT IS EXCLUDED FROM BENEFIT PLAN 974 204 INVALID ACCOMMODATION DAYS 2 206 BENEFIT VISIT LIMIT EXCEEDED 703 209 BENEFIT COVERAGE NOT STARTED 90 210 MEMBER NOT ENROLLED ON DOS 21 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 282 214 BILL TYPE DOES NOT MATCH BENEFIT 31 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 1035 217 MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 7 218 MEMBER LOST ELIGIBILITY DURING DATE SPAN 45 221 ASSISTANT SURGEON NOT ALLOWED 1 224 BENEFIT REQUIRES MANUAL REVIEW 1018 225 CONTRACT TERM REQUIRES MANUAL REVIEW 11 238 INVALID MEDICARE ACTION CODE 442 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 2632 253 INTERNAL ENROLLMENT AND COB AMOUNTS ENTERED 3 263 AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY 7 265 OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY 6 266 OTHER INSURANCE INFORMATION UNKNOWN - PURSUE AND PAY 2 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 1318 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 39 293 DEFAULT FFS PERCENT NOT DEFINED 12416 294 CLAIM LINE OVERLAPS CONTRACT AFFILIATION TERM DATE 6 296 CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE 35 298 VISIT MASTER LIMIT EXCEEDED 598 301 INVALID OR MISSING ADMISSION DATE 38 304 INVALID BILL TYPE 9 305 PRIMARY DIAGNOSIS CODE IS REQUIRED 356 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 10503 330 INVALID DIAGNOSIS CODE FOR BENEFIT 639 366 WORKERS COMPENSATION CLAIM 1 367 CONTRACT TERM REQUIRES UM 18 376 CONTRACT TERM RESTRICTION GROUP VALIDATION FAILED 680 378 NO COB AMOUNT ON CLAIM 6 502 DUPLICATE LINE ON SAME CLAIM 22 504 INVALID CPT/HCPCS CODE 41 511 INVALID FROM DOS 29 512 INVALID THRU DOS 45 519 DUPLICATE MEM/DOS/SRVC CODE/MOD 67 521 PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE 4 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 10045 523 DIAGNOSIS CODE DOES NOT EXIST 16 525 DIAGNOSIS CODE IS NOT VALID ON DOS 91 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 2398 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 10254 533 DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES 2 543 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 6 601 UM IS CLOSED 3 606 UM NOT FOUND 18 608 UM IS NOT FOR SAME PROVIDER 1 609 UM DATES DO NOT MATCH CLAIM 6 610 UM SERVICES DO NOT MATCH CLAIM 29 611 UM HAS NO AVAILABLE UNITS 248 612 UM HAS INSUFFICIENT UNITS REMAINING 1 614 NO AVAILABLE BED DAYS ON UM 412 616 UM SERVICE LINE DENIED 15 9002 CES PROCESS AUTO-FIX RECOMMENDATIONS 24 9013 UNITS EXPANSION DETECTED 55 903 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 96 9035 DUPLICATE LINE/CODE IDENTIFIED 9357 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 10788 913 MANUAL PEND OF CLAIM 18 923 MAX PER DAY DOLLAR LIMIT MET 106 940 STATUS CHANGE CAUSED BY SF MESSAGE CODE 146 944 MULTIPLE ENROLLMENTS FOUND FOR MEMBER NAME BUT NO DOB MATCH 3 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 773 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 206 998 CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM 24

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	19	2	169
* 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	27	2	24
* 7. Servicio incompatible con la edad del paciente	0	0	0	0

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* 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	297	22	753
* 11. Otro	0	2227	201	4296

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

Edito Descripción Count 9035 DUPLICATE LINE/CODE IDENTIFIED 902 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 321 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 210 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 137 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 107 330 INVALID DIAGNOSIS CODE FOR BENEFIT 104 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 76 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 41 202 NO BENEFIT FOR SERVICE 41 293 DEFAULT FFS PERCENT NOT DEFINED 34 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 32 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 19 238 INVALID MEDICARE ACTION CODE 15 150 NO CONTRACT TERM FOUND FOR SERVICE 15 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 13 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 11 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 10 224 BENEFIT REQUIRES MANUAL REVIEW 8 9013 UNITS EXPANSION DETECTED 6 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 6 173 DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 5 614 NO AVAILABLE BED DAYS ON UM 4 525 DIAGNOSIS CODE IS NOT VALID ON DOS 3 903 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 3 512 INVALID THRU DOS 2 203 BENEFIT IS EXCLUDED FROM BENEFIT PLAN 2 511 INVALID FROM DOS 2 610 UM SERVICES DO NOT MATCH CLAIM 2 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 2 189 LEVEL OF CARE BENEFIT NOT FOUND 1 504 INVALID CPT/HCPCS CODE 1 301 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:

Tania Collazo

13. Posición:

Systems Support Data Analyst

14. Departamento/ Área:

Business Operations Monitoring Division / Paymeny Integrity

15. Teléfono:
Phone

787-273-1110

16. Correo electrónico:

tania.collazo@ssspr.com

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