Response Details	
ID:	148422024
Timestamp:	22 Jul, 2022 04:04:57 PM AST
IP Address:	24.157.17.167
Time Taken:	1067 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.

409,953

4. Año

2022

* 5. Trimestre

» 4 (Abr-Jun)

* 6. Fecha de entrega del informe

» 07/22/2022

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	176	360	307	13	526	1252
* 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	20	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	223	271	154	26	72	790
* 7. Servicio incompatible con la edad del paciente	0	42	703	439	7	18	582
* 8. Servicio incompatible con el sexo del paciente	0	49	111	81	3	28	23
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	1972	9752	3312	2713	2452	14070
* 11. Otro	0	9640	18169	7855	1247	8657	28005

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

DenyHc DenyHcDesc Sum of Total 1009 OPERATING PHYSICIAN INFORMATION REQUIRED 6 101 NO ACTIVE PROVIDER CONTRACT 1 1143 CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE 7 1150 OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED 32 116 ANNUAL BENEFIT AMOUNT EXCEEDED 263 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 32 150 NO CONTRACT TERM FOUND FOR SERVICE 3409 151 EXCLUDED CONTRACT TERM FOR SERVICE 46 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 5 155 BENEFIT HAS AGE RESTRICTION 61 158 INVALID SERVICE CODE ON DOS 14 162 CONTRACT TERM REQUIRES DOCUMENTATION 311 169 CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH 13 172 TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM 108 173 DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 151

174 PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE 131 175 BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 559 183 SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 126 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 181 189 LEVEL OF CARE BENEFIT NOT FOUND 12 192 BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER 5 200 BENEFIT DAY LIMIT EXCEEDED 1 202 NO BENEFIT FOR SERVICE 593 203 BENEFIT IS EXCLUDED FROM BENEFIT PLAN 582 204 INVALID ACCOMMODATION DAYS 4 206 BENEFIT VISIT LIMIT EXCEEDED 571 209 BENEFIT COVERAGE NOT STARTED 33 210 MEMBER NOT ENROLLED ON DOS 20 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 63 214 BILL TYPE DOES NOT MATCH BENEFIT 48 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 684 217 MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 15 218 MEMBER LOST ELIGIBILITY DURING DATE SPAN 15 221 ASSISTANT SURGEON NOT ALLOWED 2 224 BENEFIT REQUIRES MANUAL REVIEW 792 225 CONTRACT TERM REQUIRES MANUAL REVIEW 54 238 INVALID MEDICARE ACTION CODE 427 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 1894 253 INTERNAL ENROLLMENT AND COB AMOUNTS ENTERED 2 263 AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY 13 265 OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY 23 266 OTHER INSURANCE INFORMATION UNKNOWN - PURSUE AND PAY 2 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 800 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 55 284 REIMBURSE MEMBER SELECTED ON CONTRACTED CLAIM 2 293 DEFAULT FFS PERCENT NOT DEFINED 935 296 CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE 32 298 VISIT MASTER LIMIT EXCEEDED 530 301 INVALID OR MISSING ADMISSION DATE 37 304 INVALID BILL TYPE 8 305 PRIMARY DIAGNOSIS CODE IS REQUIRED 165 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 6710 330 INVALID DIAGNOSIS CODE FOR BENEFIT 121 345 DETAIL LINE REV CODE NOT 0023 1 366 WORKERS COMPENSATION CLAIM 1 367 CONTRACT TERM REQUIRES UM 125 376 CONTRACT TERM RESTRICTION GROUP VALIDATION FAILED 651 378 NO COB AMOUNT ON CLAIM 2 502 DUPLICATE LINE ON SAME CLAIM 14 504 INVALID CPT/HCPCS CODE 1848 508 INVALID MODIFIER CODE ON DATE OF SERVICE 3 511 INVALID FROM DOS 42 512 INVALID THRU DOS 46 519 DUPLICATE MEM/DOS/SRVC CODE/MOD 25 521 PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE 5 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 1373 523 DIAGNOSIS CODE DOES NOT EXIST 10 525 DIAGNOSIS CODE IS NOT VALID ON DOS 36 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 811 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 1678 533 DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES 4 543 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 8 601 UM IS CLOSED 3 606 UM NOT FOUND 15 607 UM IS NOT FOR SAME MEMBER 4 608 UM IS NOT FOR SAME PROVIDER 4 609 UM DATES DO NOT MATCH CLAIM 2 610 UM SERVICES DO NOT MATCH CLAIM 35 611 UM HAS NO AVAILABLE UNITS 212 612 UM HAS INSUFFICIENT UNITS REMAINING 5 614 NO AVAILABLE BED DAYS ON UM 157 616 UM SERVICE LINE DENIED 16 9002 CES PROCESS AUTO-FIX RECOMMENDATIONS 4 9013 UNITS EXPANSION DETECTED 44 903 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 129 9035 DUPLICATE LINE/CODE IDENTIFIED 1192 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 1154 913 MANUAL PEND OF CLAIM 19 923 MAX PER DAY DOLLAR LIMIT MET 116 940 STATUS CHANGE CAUSED BY SF MESSAGE CODE 223 944 MULTIPLE ENROLLMENTS FOUND FOR MEMBER NAME BUT NO DOB MATCH 2 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 738 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 190 992 MULTIPLE EXTERNAL ENROLLMENTS EXIST 1 998 CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM 17

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	16	2	84
* 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	6	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	14	0	28
* 7. Servicio incompatible con la edad del paciente	0	0	0	2

* 8. Servicio incompatible con el sexo del paciente	0	1	0	0
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0
* 10. Política médica	0	260	7	960
* 11. Otro	0	406	22	872

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

DenyHc DenyHcDesc Total 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 1 150 NO CONTRACT TERM FOUND FOR SERVICE 1 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 2 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 12 202 NO BENEFIT FOR SERVICE 8 210 MEMBER NOT ENROLLED ON DOS 1 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 1 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 8 224 BENEFIT REQUIRES MANUAL REVIEW 1 238 INVALID MEDICARE ACTION CODE 2 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 60 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 14 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 2 293 DEFAULT FFS PERCENT NOT DEFINED 36 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 67 330 INVALID DIAGNOSIS CODE FOR BENEFIT 2 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 52 525 DIAGNOSIS CODE IS NOT VALID ON DOS 2 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 8 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 39 614 NO AVAILABLE BED DAYS ON UM 2 9035 DUPLICATE LINE/CODE IDENTIFIED 42 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 3 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 5 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 1 150 NO CONTRACT TERM FOUND FOR SERVICE 3 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 2 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 18 202 NO BENEFIT FOR SERVICE 4 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 7 224 BENEFIT REQUIRES MANUAL REVIEW 2 238 INVALID MEDICARE ACTION CODE 4 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 44 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 6 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 1 293 DEFAULT FFS PERCENT NOT DEFINED 16 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 17 330 INVALID DIAGNOSIS CODE FOR BENEFIT 1 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 51 525 DIAGNOSIS CODE IS NOT VALID ON DOS 1 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 5 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 42 543 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 1 614 NO AVAILABLE BED DAYS ON UM 2 9013 UNITS EXPANSION DETECTED 1 9035 DUPLICATE LINE/CODE IDENTIFIED 40 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 1 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 5 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 1 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 1 150 NO CONTRACT TERM FOUND FOR SERVICE 3 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 20 189 LEVEL OF CARE BENEFIT NOT FOUND 2 202 NO BENEFIT FOR SERVICE 6 203 BENEFIT IS EXCLUDED FROM BENEFIT PLAN 2 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 6 218 MEMBER LOST ELIGIBILITY DURING DATE SPAN 1 238 INVALID MEDICARE ACTION CODE 4 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 67 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 1 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 4 293 DEFAULT FFS PERCENT NOT DEFINED 9 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 18 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 38 523 DIAGNOSIS CODE DOES NOT EXIST 1 525 DIAGNOSIS CODE IS NOT VALID ON DOS 2 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 2 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 31 610 UM SERVICES DO NOT MATCH CLAIM 1 614 NO AVAILABLE BED DAYS ON UM 1 616 UM SERVICE LINE DENIED 1 9013 UNITS EXPANSION DETECTED 1 903 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 1 9035 DUPLICATE LINE/CODE IDENTIFIED 36 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 2

* 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/ Payment Int.

15. Teléfono:
Phone

787-273-1110

16. Correo electrónico:

tania.collazo@ssspr.com