Response Details	
ID:	152841952
Timestamp:	13 Oct, 2022 03:19:49 PM AST
IP Address:	24.157.17.167
Time Taken:	744 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.

400041

4. Año

2022

* 5. Trimestre

» 1 (Jul-Sep)

* 6. Fecha de entrega del informe

» 10/13/2022

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	215	350	177	22	750	1721
* 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	14	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	227	453	315	31	75	905
* 7. Servicio incompatible con la edad del paciente	0	65	679	0	9	0	0
* 8. Servicio incompatible con el sexo del paciente	0	53	107	80	0	25	38
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	2673	9040	3387	2666	2518	10277
* 11. Otro	0	10070	19429	6719	1327	9728	25177

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

Deny Edit Deny Edit Desc Sum of Total 1009 OPERATING PHYSICIAN INFORMATION REQUIRED 1 101 NO ACTIVE PROVIDER CONTRACT 1 1143 CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE 12 1150 OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED 43 116 ANNUAL BENEFIT AMOUNT EXCEEDED 196 123 INDIVIDUAL LIFETIME VISITS EXCEEDED 3 149 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 32 150 NO CONTRACT TERM FOUND FOR SERVICE 3199 151 EXCLUDED CONTRACT TERM FOR SERVICE 45 154 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 2 155 BENEFIT HAS AGE RESTRICTION 106 158 INVALID SERVICE CODE ON DOS 18 162 CONTRACT TERM REQUIRES DOCUMENTATION 274 169 CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH 17 172 TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM 209 173 DIAGNOSIS

ON CLAIM DOES NOT MATCH TERMS VALID RANGE 108 174 PROCEDURE CODE ON CLAIM DOES NOT MATCH TERMS VALID PROCEDURE 124 175 BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 295 183 SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 91 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 216 189 LEVEL OF CARE BENEFIT NOT FOUND 21 192 BENEFIT REQUIRES CONTRACTED (PAR) PROVIDER 5 202 NO BENEFIT FOR SERVICE 703 203 BENEFIT IS EXCLUDED FROM BENEFIT PLAN 408 204 INVALID ACCOMMODATION DAYS 2 206 BENEFIT VISIT LIMIT EXCEEDED 685 209 BENEFIT COVERAGE NOT STARTED 68 210 MEMBER NOT ENROLLED ON DOS 27 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 51 214 BILL TYPE DOES NOT MATCH BENEFIT 41 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 576 217 MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 30 218 MEMBER LOST ELIGIBILITY DURING DATE SPAN 9 224 BENEFIT REQUIRES MANUAL REVIEW 933 225 CONTRACT TERM REQUIRES MANUAL REVIEW 41 238 INVALID MEDICARE ACTION CODE 357 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 2064 253 INTERNAL ENROLLMENT AND COB AMOUNTS ENTERED 9 263 AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY 9 265 OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY 14 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 964 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 47 293 DEFAULT FFS PERCENT NOT DEFINED 949 294 CLAIM LINE OVERLAPS CONTRACT AFFILIATION TERM DATE 2 296 CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE 25 298 VISIT MASTER LIMIT EXCEEDED 583 301 INVALID OR MISSING ADMISSION DATE 64 304 INVALID BILL TYPE 13 305 PRIMARY DIAGNOSIS CODE IS REQUIRED 38 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 5441 330 INVALID DIAGNOSIS CODE FOR BENEFIT 135 366 WORKERS COMPENSATION CLAIM 1 367 CONTRACT TERM REQUIRES UM 126 376 CONTRACT TERM RESTRICTION GROUP VALIDATION FAILED 582 378 NO COB AMOUNT ON CLAIM 1 502 DUPLICATE LINE ON SAME CLAIM 14 504 INVALID CPT/HCPCS CODE 15 508 INVALID MODIFIER CODE ON DATE OF SERVICE 2 511 INVALID FROM DOS 25 512 INVALID THRU DOS 43 519 DUPLICATE MEM/DOS/SRVC CODE/MOD 90 521 PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE 2 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 1236 523 DIAGNOSIS CODE DOES NOT EXIST 6 525 DIAGNOSIS CODE IS NOT VALID ON DOS 33 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 865 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 1745 533 DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES 3 543 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 3 601 UM IS CLOSED 7 606 UM NOT FOUND 11 607 UM IS NOT FOR SAME MEMBER 1 608 UM IS NOT FOR SAME PROVIDER 2 609 UM DATES DO NOT MATCH CLAIM 8 610 UM SERVICES DO NOT MATCH CLAIM 15 611 UM HAS NO AVAILABLE UNITS 234 612 UM HAS INSUFFICIENT UNITS REMAINING 1 614 NO AVAILABLE BED DAYS ON UM 218 616 UM SERVICE LINE DENIED 18 9002 CES PROCESS AUTO-FIX RECOMMENDATIONS 96 9013 UNITS EXPANSION DETECTED 35 903 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 131 9035 DUPLICATE LINE/CODE IDENTIFIED 1091 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 1811 913 MANUAL PEND OF CLAIM 16 923 MAX PER DAY DOLLAR LIMIT MET 83 940 STATUS CHANGE CAUSED BY SF MESSAGE CODE 293 944 MULTIPLE ENROLLMENTS FOUND FOR MEMBER NAME BUT NO DOB MATCH 19 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 755 967 COB CLAIM EXCEEDS SUBMISSION WINDOW 118 998 CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM 11

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	2	0	60
* 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	20	0	34
* 7. Servicio incompatible con la edad del paciente	0	0	0	2
* 8. Servicio incompatible con el sexo del	0	0	0	4

paciente				
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0
* 10. Política médica	0	183	24	790
* 11. Otro	0	442	89	956

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

Deny Edit Deny Edit Desc Sum of Total 150 NO CONTRACT TERM FOUND FOR SERVICE 7 172 TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM 1 185 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 91 189 LEVEL OF CARE BENEFIT NOT FOUND 1 202 NO BENEFIT FOR SERVICE 18 210 MEMBER NOT ENROLLED ON DOS 3 211 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 2 216 NO COB ENTERED WITH A SECONDARY ENROLLMENT 18 218 MEMBER LOST ELIGIBILITY DURING DATE SPAN 2 238 INVALID MEDICARE ACTION CODE 5 252 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 254 271 BENEFIT RESTRICTION GROUP VALIDATION FAILED 10 272 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 5 293 DEFAULT FFS PERCENT NOT DEFINED 57 311 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 107 367 CONTRACT TERM REQUIRES UM 2 512 INVALID THRU DOS 1 522 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 145 523 DIAGNOSIS CODE DOES NOT EXIST 2 525 DIAGNOSIS CODE IS NOT VALID ON DOS 1 531 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 13 532 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 127 609 UM DATES DO NOT MATCH CLAIM 1 610 UM SERVICES DO NOT MATCH CLAIM 1 614 NO AVAILABLE BED DAYS ON UM 5 9013 UNITS EXPANSION DETECTED 9 9035 DUPLICATE LINE/CODE IDENTIFIED 77 9038 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 3 966 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 18

* 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:

Claims Operations Analyst Lead

14. Departamento/ Área:

Business Operations Monitoring / Payment Int.

15. Teléfono:
Phone

787-273-1110

16. Correo electrónico:

tania.collazo@ssspr.com