Response Details	
ID:	157678122
Timestamp:	17 Jan, 2023 09:12:37 AM AST
IP Address:	208.83.38.100
Time Taken:	1621 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.

399,966

4. Año

2022

* 5. Trimestre

» 2 (Oct-Dic)

* 6. Fecha de entrega del informe

» 01/17/2023

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	84	218	92	12	526	1648
* 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	21	0	0	0	0	0	0
* 6. Cubierta de plan médico no vigente/vencida	0	162	301	219	29	60	734
* 7. Servicio incompatible con la edad del paciente	0	33	752	413	23	26	168
* 8. Servicio incompatible con el sexo del paciente	0	52	100	63	3	18	27
* 9. Servicio incompatible con el manejo y tratamiento de la condición del paciente	0	0	0	0	0	0	0
* 10. Política médica	0	2179	8877	3730	2304	2395	11025
* 11. Otro	0	9157	23831	10247	1893	11209	35945

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

DenyHcDesc Sum of Total OPERATING PHYSICIAN INFORMATION REQUIRED 4 CONNECT ADJUSTMENT OR VOID CLAIM REQUIRES REVIEW 26 CLAIM SHOULD BE DENIED DUE TO MEDICARE MEMBER SURCHARGE 6 OTHER CARRIER FINANCIAL DETAILS NOT AVAILABLE OR IMBALANCED 11 ANNUAL BENEFIT AMOUNT EXCEEDED 236 INDIVIDUAL LIFETIME VISITS EXCEEDED 1 BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 16 NO CONTRACT TERM FOUND FOR SERVICE 7765 EXCLUDED CONTRACT TERM FOR SERVICE 52 BENEFIT REQUIRES SPECIALTY CODE NOT FOUND ON PROVIDER 33 BENEFIT HAS AGE RESTRICTION 76 INVALID SERVICE CODE ON DOS 5 CLAIM AND CONTRACT TERM MODIFIERS DO NOT MATCH 24 TERM DOES NOT MEET DATE CRITERIA OF THE CLAIM 162 DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 137 PROCEDURE CODE ON CLAIM DOES NOT MATCH

TERMS VALID PROCEDURE 106 BILL TYPE ON CLAIM DOES NOT MATCH CONTRACT TERM 531 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 288 LEVEL OF CARE BENEFIT NOT FOUND 9 INVALID ACCOMMODATION DAYS 4 BENEFIT COVERAGE NOT STARTED 83 MEMBER NOT ENROLLED ON DOS 12 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 46 BILL TYPE DOES NOT MATCH BENEFIT 32 NO COB ENTERED WITH A SECONDARY ENROLLMENT 935 MEMBER HAS AN ACTIVE RESTRICTION ON ENROLLMENT 36 MEMBER LOST ELIGIBILITY DURING DATE SPAN 2 ASSISTANT SURGEON NOT ALLOWED 3 BENEFIT REQUIRES MANUAL REVIEW 765 INVALID MEDICARE ACTION CODE 592 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 2078 INTERNAL ENROLLMENT AND COB AMOUNTS ENTERED 3 AUTO ACCIDENT INDICATED ON CLAIM - PURSUE AND PAY 3 OTHER INSURANCE INDICATED ON CLAIM - PURSUE AND PAY 4 BENEFIT RESTRICTION GROUP VALIDATION FAILED 748 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 29 DEFAULT FFS PERCENT NOT DEFINED 1039 CLAIM LINE OVERLAPS CONTRACT AFFILIATION TERM DATE 2 CLAIM LINE OVERLAPS CONTRACT TERM TERMINATION DATE 25 VISIT MASTER LIMIT EXCEEDED 717 INVALID OR MISSING ADMISSION DATE 47 INVALID BILL TYPE 2 PRIMARY DIAGNOSIS CODE IS REQUIRED 37 SUBMISSION WINDOW EXCEEDED FOR CLAIM START DATE 4636 INVALID DIAGNOSIS CODE FOR BENEFIT 151 WORKERS COMPENSATION CLAIM 4 DUPLICATE LINE ON SAME CLAIM 18 INVALID CPT/HCPCS CODE 9 INVALID FROM DOS 36 INVALID THRU DOS 179 DUPLICATE MEM/DOS/SRVC CODE/MOD 6 PROCEDURE CODE NOT FOUND OR INVALID FOR DATE OF SERVICE 3 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 2884 DIAGNOSIS CODE DOES NOT EXIST 10 DIAGNOSIS CODE IS NOT VALID ON DOS 7 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 1371 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 3403 DUPLICATE MEM/DOS/PAY TO/RENDERING PHYS/CHARGES 22 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 722 NO AVAILABLE BED DAYS ON UM 169 CES PROCESS AUTO-FIX RECOMMENDATIONS 2 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 433 DUPLICATE LINE/CODE IDENTIFIED 2329 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 2061 MANUAL PEND OF CLAIM 20 MAX PER DAY DOLLAR LIMIT MET 262 STATUS CHANGE CAUSED BY SF MESSAGE CODE 230 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 959 CLAIM - INPATIENT CLAIM/UM EXISTS FOR SAME DOS AS ER CLAIM 9

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	0	0	0
* 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	18	0	30
* 7. Servicio incompatible con la edad del paciente	0	0	2	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	145	21	621
* 11. Otro	0	674	54	1197

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

DenyHcDesc Sum of Total BENEFIT DOES NOT MEET DATE CRITERIA OF THE CLAIM 3 NO CONTRACT TERM FOUND

FOR SERVICE 59 INVALID SERVICE CODE ON DOS 1 CONTRACT TERM REQUIRES DOCUMENTATION 4 DIAGNOSIS ON CLAIM DOES NOT MATCH TERMS VALID RANGE 4 SUBMISSION DATE EXCEEDS POLICY TERMINATION RUN-OFF PERIOD 2 LOCATION-SPECIFIC BENEFIT DOES NOT MATCH CLAIM 156 LEVEL OF CARE BENEFIT NOT FOUND 1 PROVIDER IS NOT PART OF NETWORK REQUIRED FOR BENEFIT 1 NO COB ENTERED WITH A SECONDARY ENROLLMENT 37 BENEFIT REQUIRES MANUAL REVIEW 2 INVALID MEDICARE ACTION CODE 17 PEND CLAIM IF COB IS 0 ON SECONDARY ENROLLMENT CLAIM 232 BENEFIT RESTRICTION GROUP VALIDATION FAILED 4 MEMBER DOES NOT HAVE COVERAGE CODE REQUIRED ON BENEFIT 7 DEFAULT FFS PERCENT NOT DEFINED 93 PRIMARY DIAGNOSIS CODE IS REQUIRED 8 INVALID DIAGNOSIS CODE FOR BENEFIT 9 CONTRACT TERM REQUIRES UM 1 INVALID CPT/HCPCS CODE 1 DUPLICATE MEM/DOS/SRVC CODE/MOD/RENDERING PHYS 414 DIAGNOSIS CODE IS NOT VALID ON DOS 4 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO 78 DUPLICATE MEM/DOS/SRVC CODE/MOD/PAY TO/RENDERING PHYS 360 INPATIENT CLAIM SUBMISSION WINDOW EXCEEDED (CLAIM THRU DATE) 3 UNITS EXPANSION DETECTED 6 NO COB MEMBER RESPONSIBILITY PROVIDED BY PRIMARY CARRIER 2 DUPLICATE LINE/CODE IDENTIFIED 384 (DUP/DUPIF/DUPOF) POSSIBLE DUPLICATE CLAIM 4 PRIMARY CARRIER PAID DATE REQUIRED ON COB CLAIMS 16 COB CLAIM EXCEEDS SUBMISSION WINDOW 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 Santiago

13. Posición:

COA Lead

14. Departamento/ Área:

Business Operations Monitoring Division / Payment Integrity

15. Teléfono:
Phone

787-273-1110

16. Correo electrónico:

tania.collazo@ssspr.com