

Shared Savings Denied Claims- Medical Summary

Health Plan ID: 2162446
 Health Plan Name: Community Health Solutions of Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 1/1/2014
 Report Period End Date: 1/31/2014
 Submission Date of Report: 2/15/2014

BAYOU HEALTH Reporting

Document ID: S1173 Revision Date: 11/01/2013
 Document Name: **Shared Savings Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	5646
2	Prior Authorization was not on file	2537
3	Member has other insurance that must be billed first	4458
4	Claim was submitted after the filing deadline	7503
5	Service was not covered by the BAYOU HEALTH PLAN	10950
6	All Other	457
Total		31551

Shared Savings Denied Claims- 06 Medical Crosswalk

Health Plan ID: 2162446
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 Health Plan Contact: ***
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 Report Period Start Date: 1/1/2014
 Report Period End Date: 1/31/2014
 Submission Date of Report: 2/15/2014

BAYOU HEALTH Reporting

Document ID: SI173 Revision Date: 11/01/2013
 Document Name: **Shared Savings Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporti
 File Type: Excel
 Subject Matter: Informatics (I)

Health Plan Denial Code	Description	Total
1	DUPLICATE CHARGE	1
61	BENEFIT CODE NOT DETERMINED	11
284	PROVIDER TAXONOMY MISSING/INCOMPLETE/INVALID	261
285	MEMBER MEDICAID ID NUMBER AND NAME DO NOT MATCH	9
294	PLEASE RESUBMIT CHARGES UNDER CORRECT MEDICAID ID.	47
296	HAND WRITTEN CHANGES ARE NOT ALLOWED. RESUBMIT CLAIM CORRECTLY.	33
304	CLAIM INCLUDES SERVICES IN EXCESS OF AUTHORIZED NUMBER OF DAYS/SERVICES/UNITS. RESUBMISSION REQUIRED FOR APPROVED SERVICES ONLY	95
Total		457

*Description and totals of all 'Code 6' Denial Codes in Detailed Report.

*Add additional rows as needed.

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