Denied Claims Report

BAYOU HEALTH Reporting

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contact:	***
Contact Email:	***
Report Period Start Date:	10/1/2012
Report Period End Date:	10/31/2012

Document ID:	P173
Document Name:	**Denied Claims Report**
Reporting Frequency:	Monthly
Report Due Date:	15th of the month following end of reporting period
File Type:	Excel
Subject Matter:	Informatics (I)

#DENIAL_CODE	COUNT*
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	169
Denial Reason Code 2 - Prior Authorization was not on file	15918
Denial Reason Code 3 - Member has other insurance that must be billed first	3237
Denial Reason Code 4 - Claim was submitted after the filing deadline	81
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	12413
Denial Reason Code 6 - ALL OTHER	116229
TOTAL	148047

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

***Report 173 includes the following claims data for October 2012:**

I. Claim service line level detail which impacts the actual number of denials reported, the number of denials reported will be more than the number of claims denied, for example:

- **a. If three lines on a claim each deny for one reason (the same or different reason), three denials would be reported; and**
- **b. If three lines on a claim each deny for two reasons (not a member and not a covered service), six denials would be recorded.**

2. Timely Filing

- **a. Due to an error in the system for provider set-up, an incorrect 90 day timely filing requirement was imposed on claims submitted by 9 providers. The provider set-up error resulted in denials of claims submitted by the impacted providers.**
  - **i. Provider set-up corrections are in process for all of the impacted 9 providers.**
  - **ii. System validations are currently being run to ensure that all providers have the appropriate 365 day timely filing requirement.**
  - **iii. Any claims that have inappropriately denied for timely filing will be reprocessed without the need for the provider to resubmit the claim for payment.**
  - **iv. One Claim with 5 service lines was impacted and reported as denied in the October Report.**

- **b. Per the report, it appears that 81 claims denied for Denial Reason Code 4, claim was submitted after the filing deadline; however, the claims payment system hierarchy requires that a claim be denied first due to timely filing as a primary denial reason and second for coverage not effective at the time of service. Both denial reasons are correct. Given the claim denial hierarchy, 187 claim service**