

Denied Claims Report

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections - LA
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 11/1/2012
Report Period End Date: 11/30/2012

BAYOU HEALTH Reporting

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	88
Denial Reason Code 2 - Prior Authorization was not on file	10655
Denial Reason Code 3 - Member has other insurance that must be billed first	2546
Denial Reason Code 4 - Claim was submitted after the filing deadline	35
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	9994
Denial Reason Code 6 - ALL OTHER	81983
TOTAL	105301

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

1. **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 several 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 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 been inappropriately denied for timely filing will be reprocessed without the need for the provider to resubmit the claim for payment.**
 - b. **Per the report, it appears that several claims were denied for Denial Reason Code 4, and the claims were 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, the claim service lines with dates of service between 2008 and 2011 were impacted.**