

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: 3/1/2014
Report Period End Date: 3/31/2014
Submission Date of Report: 4/15/2014

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 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	5399
2	Prior Authorization was not on file	32583
3	Member has other insurance that must be billed first	3386
4	Claim was submitted after the filing deadline	3584
5	Service was not covered by the BAYOU HEALTH PLAN	8898
6	All Other	377
Total		54227

Shared Savings Denied Claims- 06 Medical Crosswalk

Health Plan ID:
 Health Plan Name:
 Health Plan Contact:
 Contact Email:
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2162446
 Community Health Solutions of Louisiana

 3/1/2014
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Health Plan Denial Code	Description	Total
61	BENEFIT CODE NOT DETERMINED	18
284	PROVIDER TAXONOMY MISSING/INCOMPLETE/INVALID	211
285	MEMBER MEDICAID ID NUMBER AND NAME DO NOT MATCH	11
294	PLEASE RESUBMIT CHARGES UNDER CORRECT MEDICAID ID.	38
296	HAND WRITTEN CHANGES ARE NOT ALLOWED. RESUBMIT CLAIM CORRECTLY.	5
304	CLAIM INCLUDES SERVICES IN EXCESS OF AUTHORIZED NUMBER OF DAYS/SERVICES/UNITS. RESUBMISSION REQUIRED FOR APPROVED SERVICES ONLY	55
306	Transplants and related services require hard copy claim with attached authorization letter	39
Total		377

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

*Add additional rows as needed.