Claim Denial View Job Aid

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Summary

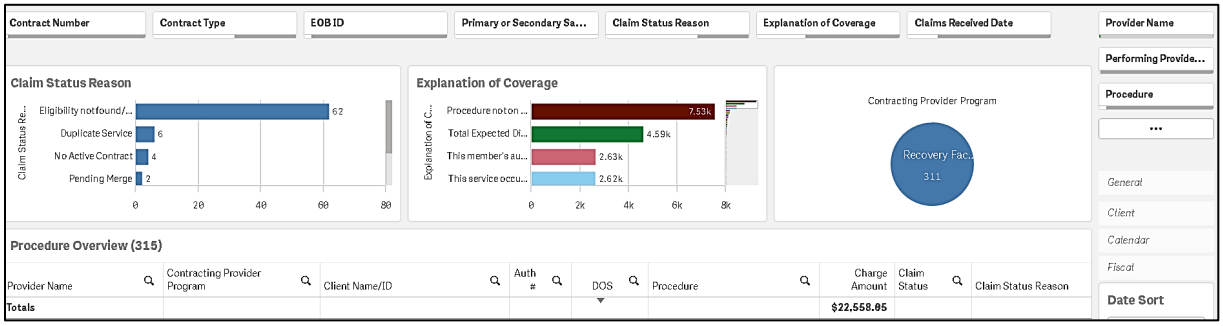
The Claim Denial View provides details and summary information regarding local or Level 1 denials. This sheet is intended to assist in denial investigation. The denial reason noted in she sheet can be crossed reference with the Sage Claim Denial Reason and Resolution Crosswalk, which outlines steps for resolution, so claims can be resubmitted/replaced. This sheet only contains locally denied claims. State related denials are found on the State Denial View sheet. Providers should use this sheet to find the necessary denial information to use for further investigation.

MSO KPI has security measures to prevent users from viewing unauthorized data. This process is achieved through validation of various data point against a patient's authorization. If any data point is missing/incorrect, KPI suppresses data. Secondary Sage Users are more susceptible to data discrepancy issues due to entry errors in their 837P/I file submission. However, if there is a mapping issue within Sage, Primary Sage Users may also experience data discrepancy issues.

Sheet Overview

No Protected Health Information (PHI) was used in the examples provided.

This sheet is comprised of six(6) sections: Filters, Claim Status Reason, Explanation of Coverage, Denial breakdown by site, and the Common Selector.

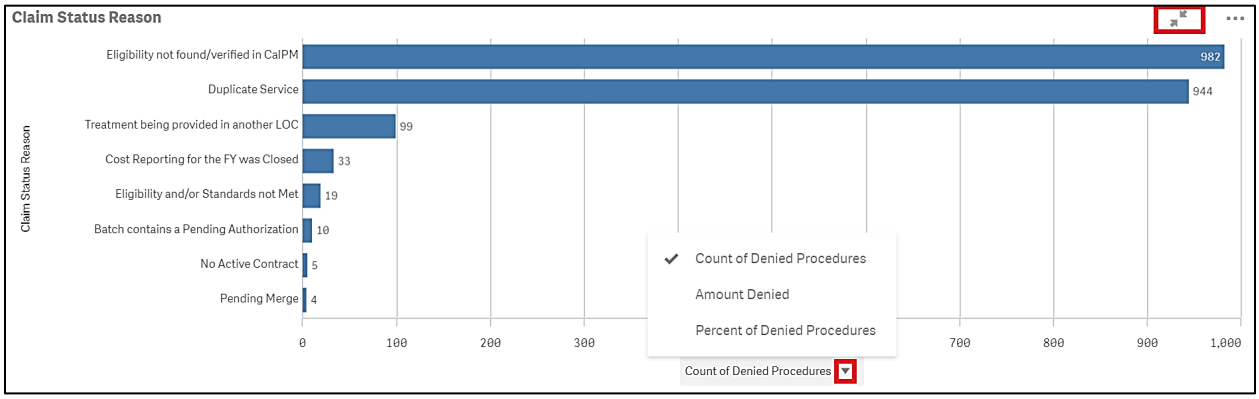


Filters

New filters were added to ease drilling down to desired data.

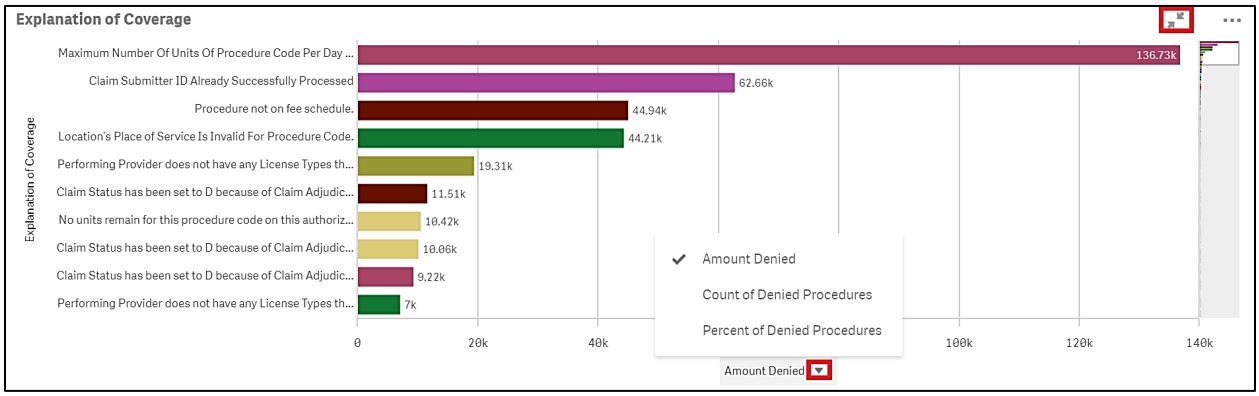
Filter Options	
Name	**Description**
Contract Number	The Agency's contract number.
Contract Type	Type of Contract (DMC, SUD, RBH etc.).
EOB ID	This is the Explanation of Benefits (EOB) number. Providers are sent EOBs through the SFTP, and this number is used for investigation purposes should there be concerns with the data.
Primary or Secondary Sage User	This is determined whether claims were submitted via Sage, or 837P/I file. This was added primarily for SAPC use.
Claim Status Reason	Claims that have an associated 'Denial Reason', were denied due to not meeting basic eligibility or contractual checks for the service.
Explanation of Coverage	Claims that have an associated 'Explanation of Coverage' were denied due to not meeting certain rate, treatment or contract standards that have been set by DMC and/or SAPC.
Claims Received Date	Date the claims were processed by SAPC (usually the same day as the day sent to SAPC).

Claim Status Reason



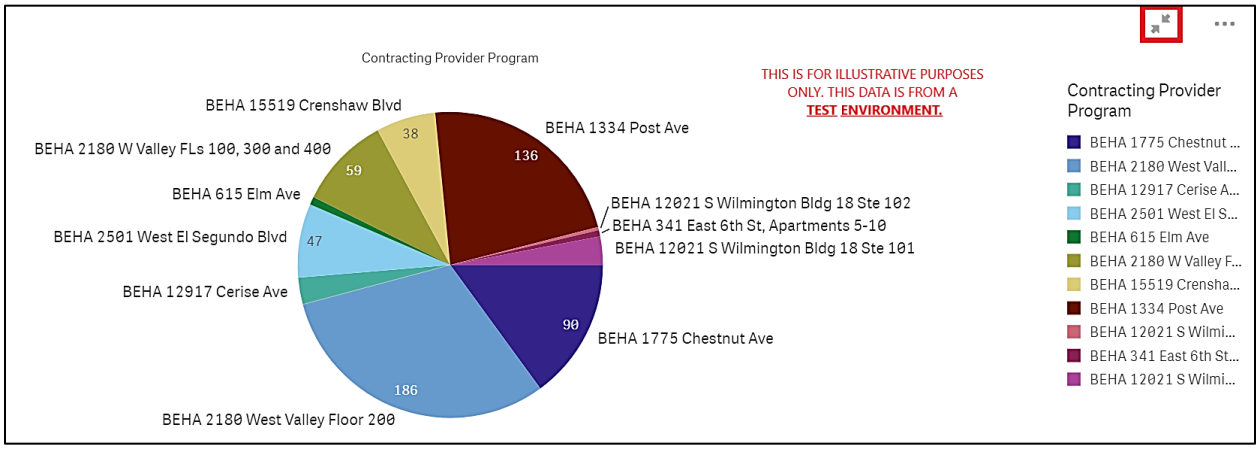
The Claim Status Reason bar graph is default to show the denial reasons by Count of Denied Procedures. Denials on this graph are related to eligibility or contractual standards that are set to deny if met. Providers can change the desired metric by clicking the dropdown at the bottom middle of the graph (may not be visible until the graph is enlarged using the 2 converging arrows in the top right corner). Providers have the option to see Claim Status Reason by either the Amount Denied or Percent of Denied Procedures (which compares the denial reason to the total of denied procedures and lists in order of highest denied percentage by default). For example, a denial percentage of 20% means that denial reason accounts for 20% of all denials shown.

Explanation of Coverage



The Explanation of Coverage bar graph works in the same as the Claim Denial Reason graph with the sorting and metric options to choose from. However, Explanation of Coverage denials are related to not meeting certain rate, treatment or contract standards that have been set by DMC and/or SAPC as noted in the Provider Manual and Rates/Standards Matrix. Providers should review the Claim Denial Crosswalk and Denial Crosswalk Instructions for further information on definitions and troubleshooting.

Denials by Site



The Denials by Site pie chart shows a breakdown of the selected Claim Denial Reason(s) and Explanation of Coverage denial(s) by Contracting Provider Program (service sites). For providers with only one site, this will show as a whole and not divided into parts.

Procedure Overview

Procedure Overview (2)

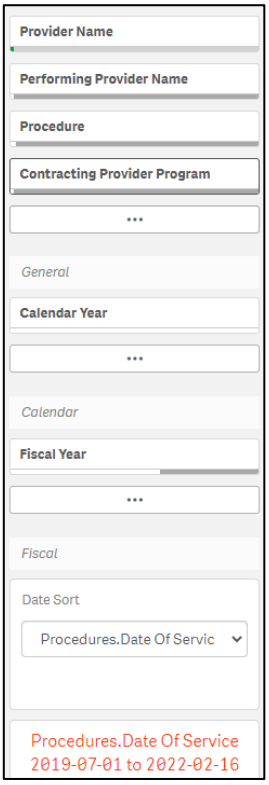
Provider Name	Contracti... Provider Program	Client Name/ID	Auth #	DOS	Procedure	Charge Amount	Claim Status	Claim Status Reas...	Explanation of Coverage	EOB ID	EOB Date	Batch ID	KPI Procedure ID
Totals						**$207.35**							
Recovery, Inc.	Recovery Facillity	TTEST,MEGA (160388)	109253	2020-11-10	Care Coordination (H0006:U1)	$35.75	Denied	Eligibility not found/verifi... in CalPM	No Entry	9078	2020-11-13	19661	4764818
Recovery, Inc.	Recovery Facillity	DOO,SCOOBY (159906)	108010	2021-05-03	Care Coordination (H0006:U7)	$171.60	Denied	No Entry	Total Expected Disbursement exceeds current Account Level amount	9532	2021-05-12	20130	4768187

The Procedure Overview table provides the detailed service information based on any filters that have been selected for each denied service. The table is coded to only show denied services (other Procedure Overviews from other sheets may show all adjudication statuses). Providers can use the information on this sheet to find the specific service that was denied for further investigation.

Procedure Overview	
Name	**Description**
Provider Name	The Agency's contract number.
Contracting Provider Program	Type of Contract (DMC, SUD, RBH etc.).
Client Name/ID	This is the Explanation of Benefits (EOB) number. Providers are sent EOBs through the SFTP, and this number is used for investigation purposes should there be concerns with the data.
Auth #	This is the authorization number
DOS	This is the date of service
Procedure	The description of the service and its corresponding HCPCS/CPT code.
Charge Amount	The amount charged to SAPC.
Claim Status	This sheet is coded to only show denied claims.
Claim Status Reason	Claims that have an associated 'Denial Reason', were denied due to not meeting basic eligibility or contractual checks for the service

Explanation of Coverage	Claims that have an associated 'Explanation of Coverage' were denied due to not meeting certain rate, treatment or contract standards that have been set by DMC and/or SAPC.
EOB ID	This is the Explanation of Benefits (EOB) number. Providers are sent EOBs through the SFTP, and this number is used for investigation purposes should there be concerns with the data.
EOB Date	The date the EOB was generated.
Batch ID	Batch ID that was initially processed. Helpful for SAPC to find claims.
KPI Procedure ID	Unique KPI ID that allows tables to show distinct values. This is needed for KPI but not in denial troubleshooting.

Common Selector



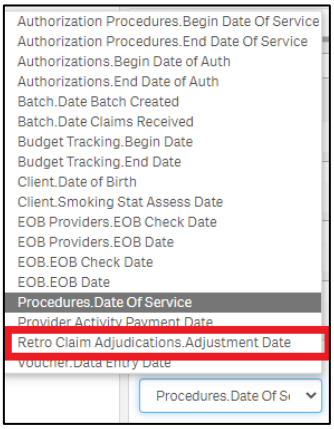
The right-hand side of the sheet has the common selectors which are available on most sheets. If additional drill down is needed, the common selector menu provides a shortcut to adding filters.

Within in each selector there are various field from which to choose for more specificity. The Common Selector options may be obstructed by the size of your screen, and they may need to be right clicked or hovered over the ellipses to see the available options.

General contains: Provider Name, Performing Provider Name, Procedure, Contracting Provider Program, Authorization Status, Authorization Type, Authorization Number, Claim ID, Contracting Provider Program Link, Client ID, and Client Status.

Calendar Year contains: Calendar Year, Calendar Quarter, Calendar Half, Month, Calendar Year-Half, Calendar Year-Quarter, Calendar Year-Month, Calendar Year-Week, Date.

Fiscal Year contains: Fiscal Year, Fiscal Half, Fiscal Quarter, Fiscal Year.Month Abbreviation, Fiscal Month number, Fiscal Year-Half, Fiscal Year-Month, Fiscal Year-Quarter.



Date Sort: This field defaults to Procedures.Date of Service on all Sheets. Changing the selection will change how the data is displayed on sheets where date of service is not hard coded into the sheet. The Claim Denial View is set to use procedures.date of service regardless of the selection. Generally, the dates in red, will show the range based on the selection made in the Date Sort field.