Trend Reporting Requirements

nh healthy families

1. Please follow all steps located in the Claims Decision Tree prior to using this form at www.NHhealthyfamilies.com
2. Please use this form if you have identified a reoccurring claim trends **affecting 10 or more claims** with the same denial/payment codes.
3. **Please provide one Claim Number as an example of this issue. Fields 1-6, shaded in green, are required (other columns, shaded in blue, are optional).**
4. We will run an analysis and identify all affected claims within the date range you provide.
5. Failure to provide, complete, and accurately enter the data/information could result in delayed response from our claims team.
6. Examples of items to be reported via this escalation spreadsheet include sudden change in denials or payments not previously applied to identified codes, underpayments of codes, overpayments of codes, non-PAR denials for a contracted Provider/Practitioner.
7. **Once this form has been completed, it should be returned to NHProviderRelations@CENTENE.com**

Column	Field Name	Formatting Instructions	Example	Additional Details/Links, etc.
A	Claim Number	123NBE45678/ 123NHE45678	123NBE45678/ 123NHE45678	Claim numbers related to trend
B	Provider TIN	TAX ID #	12-3456789	Servicing Providers Tax ID #
C	Date Range	MM/DD/YYYY	01/01/2020-01/31/2020	Date range of identified trend denials
D	CPT/HCPCS Code	Denied Codes	99214/E1310	CPT/HCPCS billed on claim that trend is specific to when applicable
E	Denial Code	Denied EX codes	EXy1, EXyn, EXA1	Denial/Payment code listed on Portal or Explanation of Payment
F	Trend Description	Description of trended issue	"All claims from the Provider A, TIN XXX, have been denying EXA1 since 1/1"	Describe Issue
G	Provider Name Denial/Payment Code	First Name, Last Name Group Name	Dr. John Smith/ABCD Clinic	Provider Name
H	Case ID	Call Reference # or Case ID	S-12345678/I-12345678	These reference numbers will be given to you by Provider Services when applicable, but not required for identified trends
I	Rendering NPI	NPI #	1234567891	Servicing Providers NPI #

A	B	C	D	E	F	G	H	I
Claim Number	Provider TIN	Date Range	CPT/HCPC/REV Code	Denial Code	Trend Description	Provider Name	Case ID	Rendering NPI