Appeal Case Detail Report

Case ID: AP-220800002

Client Account: ABC Hospital
Facility: ABC Hospital
Address:

Facility Contact Primary: Jane Smith
Third Party Firm: (None Specified)

Appeal Specialist: Sally Appealer
Peer to Peer Specialist: (None Specified)
Overread Specialist: Owen Overreader

Patient: Ellen Example
Patient Account #: 123456789
Dates of Service: 02-28-2022 to 04-14-2022

DOB: 11-14-1956 Patient
MR #: 123456
Subscriber ID654321:
Claim ID: (None Specified)

Total Billed Amount: $1,385,071.13
Total Denied: $92,478.00
Total Recovered: (None Specified)
Total Recovered Rate: 0%

Total Billed	Expected Reimbursement	Total Denied	Total Recovered	Total Recovered Rate
$1,385,071.13	$695,591.11	$92,478.00	92,478.00	100%

Appeal Summary Details

Final Stage: Appealed - Level 1
Appeal Type: Clinical

Payer: United Healthcare
Payer Type: Commercial

Denied Date: 06-30-2022
Denial Overturned Date: 08-30-2022

Appeal Due Date: 08-12-2022

Denial Upheld Date: (None Specified)

Payer Denial Reason: Clinical Medical Necessity

Actual Denial Reason: Clinical Medical Necessity; Day(s) Denied

Root Cause: Day(s) Denied Defined and Appealed

Appeal Notes

Title	Note	Created	Last Modified
Time spent on Appeal	6 hours was spent on appeal. It was 45 days in patient stay and 7 days of it was denied. Took time to review all aspects of chart.	08-18-2022 by Erica Goodwin	08-18-2022 by Erica Goodwin
Submitted to ABC Hospital	Sent appeal letter to John Paul on 08.18.2022	08-17-2022 by Erica Goodwin	08-18-2022 by Shirley Garcia
08/05/2022 1452 GENERAL	Medlinks, please review. United Healthcare has denied dates of service 4/8/2022-4/14/2022 stating patient could have been safely discharged on 4/8/2022. May you review those dates and, if you find the patient was not safe for discharge, provide a clinical letter in support for an appeal?	08-12-2022 by Shirley Garcia	08-18-2022 by Shirley Garcia

Title	Note	Created	Last Modified
	Thank you, John		

Notes And Attachments

The undersigned are in full agreement with the findings summarized in this Appeal Report. Items not listed are correctly billed and require no adjustments.

Hospital: Signature _____ Title _____ Carrier: Signature _____ Title _____

Name _____ Date _____ Name _____ Date _____