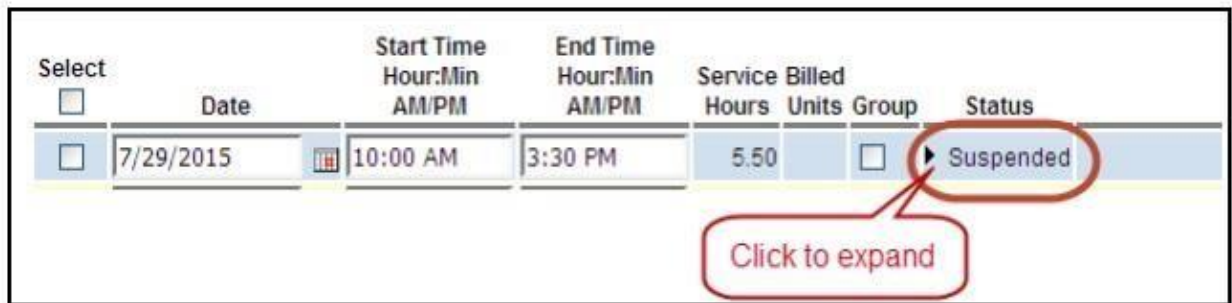


Denied or Suspended Claims

Users can click on the triangle arrow for their suspended or denied claims to expand and view the information explaining why it was suspended or denied.



Select	Date	Start Time Hour:Min AM/PM	End Time Hour:Min AM/PM	Service Billed Hours	Units	Group	Status
<input type="checkbox"/>	7/29/2015	10:00 AM	3:30 PM	5.50		<input type="checkbox"/>	▶ Suspended

Click to expand

Most of the time a **suspended claim** is the result of a duplicate claim or an overlapping claim with another provider. Providers are only allowed to overlap 15 minutes to help transition. The provider whose claim is incorrect will need to edit their claim or contact their CDDP to void the claim to eliminate the overlap. Once the claim is changed the other provider can re-submit their suspended claim. Another common reason for a suspended claim is when a provider tries submitting a relief care/24 hour/overnight shift that is less than 16 hours (see “How relief care works” section). Again, the provider will need to either edit and re-submit it or contact their CDDP to void it.

Most of the time a **denied claim** is the result of going over the number of hours the client/customer is allowed for that service. Another common reason for a denied claim is a duplicate claim. Denied claims cannot be edited, deleted, changed or re-submitted. Once denied, that claim is “dead” in the system, but will remain in the system for historical data purposes. If a correction to a denied claim is needed, a new entry can be created and submitted with the correct information.

You can click on [this link](#) for more information and to access a problem solving matrix.