

Attachment A. Data Specification for Monthly Inpatient Denials

Attachment A provides the format for submitting monthly inpatient denial information. It is accompanied by a Visual Guide (Attachment A1.)

Table 1. Report Period

Field #	Data Element	Notes
1.a	Year	Year of this report
1.b	Month	Month of this report

Table 2. Plan Identifiers

Field #	Data Element	Notes
2.a	Plan Name	This is the plan name corresponding to the Plan ID (Plan Name H596)
2.b	Plan ID	Plan's Medicaid ID (Plan_ID_H056)
2.c	HIOS ID	Health Insurance Oversight System Plan Finder
2.d	Plan type	This will refer to the Plan's line of business (HARP/Mainstream/HIVSNP)

Table 3. Provider Identifiers

Field #	Data Element	Notes
3.a	Provider Name	This is the provider name corresponding to the National Provider ID (Provider NPI Name W170)
3.b	National Provider ID	This is the NPI id of the provider (Provider Entity ID E2135).
3.c	Provider ID	This is the provider's MMIS id (Prov ID 2001)
3.d	Provider Address Line 1	Address (where service is provided) line 1
3.e	Provider Address Line 2	Address (where service is provided) line 2, if necessary.
3.f	Provider Zip Code	Zip code +4 where service is provided
3.g	Provider County	County Code where service is provided
3.h	Provider Locator Code	Corresponds to Medicaid's Provider Locator Code 2034
3.i	Type of Inpatient Admission	Report the applicable code (1,2,3,or 4) 1 Mental Health Rate Code: 2952,2962,2963,2858,4001 2 Inpatient Detox Medically Supervised Rate Code: 4801, 4802,4803,4220 3 Inpatient Detox Medically Managed Rate Code: 4800

	4 Substance Abuse Inpatient Rehabilitation Rate Code: 2957,4202,4204,4213
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Table 4. Pre-Service Denial Information

Field #	Data Element	Notes
4.a	Member is not experiencing symptoms or functional impairment that creates an imminent risk of harm to self or others.	Number of denials for this reason
4.b	Acute inpatient services are not reasonably expected to improve the member's psychiatric condition within a reasonable period of time.	Number of denials for this reason
4.c	There is no treatment plan or goal(s) for treatment appropriate to the member's condition.	Number of denials for this reason
4.d	The clinical information furnished was not sufficient to determine if the requested service satisfies level of care criteria.	Number of denials for this reason
4.e	The provider is not in network and there are contracted providers in the geographic area that can provide the same service.	Number of denials for this reason
4.f	Member does not have current, active coverage with the health plan.	Number of denials for this reason

Table 5. Concurrent review Denials Information

5.a	Person no longer demonstrates symptoms or functional impairment that requires the current level of care. Person now meets criteria for a less intensive level of care.	Number of denials for this reason
5.b	Treatment plan goals have been met, and the member can be safely treated in a less restrictive setting.	Number of denials for this reason
5.c	Further acute inpatient services are not reasonably expected to improve the member's psychiatric condition within a reasonable period of time.	Number of denials for this reason
5.d	Provider has not submitted information in a timely fashion or the clinical information furnished is not sufficient to determine if the requested service satisfies level of care criteria.	Number of denials for this reason
5.e	There is a lack of a treatment plan or goals for treatment appropriate to the patient's condition.	Number of denials for this reason
5.f	Patient is not participating in the treatment plan; and the provider has not sought treatment over objection.	Number of denials for this reason
5.g	Patient is not making progress towards goals, or no expectation of progress.	Number of denials for this reason
5.h	There is no evidence of active treatment taking place.	Number of denials for this reason

Table 6. Retrospective Denial Information

6.a	Plan determined the patient’s symptoms or functional impairment did not meet the criteria for admission for the level of care requested at any point during the episode of care.	Number of denials for this reason
6.b	The member did not meet the criteria for continuing care for the number of days service was provided;	Number of denials for this reason
6.c	Person’s problem was primarily of a psychosocial nature which can be successfully managed at a lower level of care or treatment intensity.	Number of denials for this reason
6.d	Provider did not send clinical information within Plan’s contractually specified timeframe (e.g., provider submitted chart beyond the 60-day post-discharge timeframe specified in contract for consideration of retrospective payment).	Number of denials for this reason
6.e	The clinical information furnished did not provide sufficient information to determine if the requested service satisfies Level of Care criteria.	Number of denials for this reason
6.f	Provider failed to complete requested peer review	Number of denials for this reason
6.g	Member did not have current active coverage with the health plan.	Number of denials for this reason
6.h	The provider was not in network.	Number of denials for this reason

Table 7. Denominators for Denials

Field #	Data Element	Notes
7.a	Total Number of Pre-service Authorizations Requested	Total Number of pre-service authorizations requested for the reporting month
7.b	Total Number of Concurrent Authorizations Requested	Total Number of concurrent authorizations requested for the reporting month
7.c	Total Number of Retrospective Reviews Requested	Total Number of retrospective reviews requested for the reporting month

Health Plan Monthly Denial Report File Layout

The following pages outline the format of the text file (a.k.a., flat file, ASCII file, plain text file). Figure 1 is an illustrative visual of the file.

FIGURE 1: Example of a plain-text file. (Using fields 1.a through 3.b)

