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 Identifiers

Field #	Data Element	Notes
1.a	Year	Year of this report
1.b	Month	Month of this report
1.c	Version	Version number of this submission, e.g. 1 if it's first submission.

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 NPI E6477).
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

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

Field #	Data Element	Notes
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

| Field #	Data Element	Notes
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)
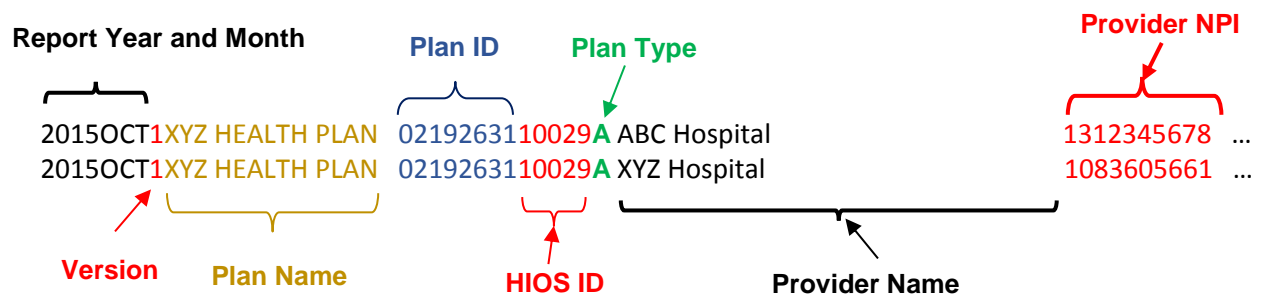
Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes/Sample Data
1.a	Year	4	Num	1	4	2015
1.b	Month	3	Char	5	7	OCT
1.c	Version	1	Num	8	8	1
2.a	Plan Name	35	Varchar	9	43	XYZ HEALTH PLAN
2.b	Plan ID	8	Char	44	51	02192631
2.c	HIOS ID	5	Char	52	56	10029
2.d	Plan Type	1	Char	57	57	A. HARP B. Mainstream C. HIVSNP
3.a	Provider Name	50	Varchar	58	107	ABC Hospital
3.b	National Provider ID	10	Char	108	117	1312345678
3.c	Provider ID	8	Char	118	125	03000123
3.d	Provider Address Line 1	50	Varchar	126	175	68 New Scotland Avenue
3.e	Provider Address Line 2	50	Varchar	176	225	
3.f	Provider Zip Code	10	Char	226	235	10002-3412

Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes/Sample Data
3.g	Provider County	2	Char	236	237	01 Albany 22 Jefferson 43 Schoharie 02 Allegany 23 Lewis 44 Schuyler 03 Broome 24 Livingston 45 Seneca 04 Cattaraugus 25 Madison 46 Steuben 05 Cayuga 26 Monroe 47 Suffolk 06 Chautauqua 27 Montgomery 48 Sullivan 07 Chemung 28 Nassau 49 Tioga 08 Chenango 29 Niagara 50 Tompkins 09 Clinton 30 Oneida 51 Ulster 10 Columbia 31 Onondaga 52 Warren 11 Cortland 32 Ontario 53 Washington 12 Delaware 33 Orange 54 Wayne 13 Dutchess 34 Orleans 55 Westchester 14 Erie 35 Oswego 56 Wyoming 15 Essex 36 Otsego 57 Yates 16 Franklin 37 Putnam 58 Bronx 17 Fulton 38 Rensselaer 59 Kings 18 Genesee 39 Rockland 60 New York 19 Greene 40 St Lawrence 61 Queens 20 Hamilton 41 Saratoga 62 Richmond 21 Herkimer 42 Schenectady 99 Others
3.h	Provider Locator Code	3	Char	238	240	007

Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes/Sample Data
3.i	Type of Inpatient Admission	1	Char	241	241	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)
4.a	Member is not experiencing symptoms or functional impairment that creates an imminent risk of harm to self or others.	3	Num	242	244	2
4.b	Acute inpatient services are not reasonably expected to improve the member's psychiatric condition within a reasonable period of time.	3	Num	245	247	3
4.c	There is no treatment plan or goal(s) for treatment appropriate to the member's condition.	3	Num	248	250	2
4.d	The clinical information furnished was not sufficient to determine if the requested service satisfies level of care criteria.	3	Num	251	253	4
4.e	The provider is not in network and there are contracted providers in the geographic area that can provide the same service.	3	Num	254	256	3
4.f	Member does not have current, active coverage with the health plan.	3	Num	257	259	5
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.	3	Num	260	262	7

Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes/Sample Data
5.b	Treatment plan goals have been met, and the member can be safely treated in a less restrictive setting.	3	Num	263	265	4
5.c	Further acute inpatient services are not reasonably expected to improve the member's psychiatric condition within a reasonable period of time.	3	Num	266	268	0
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.	3	Num	269	271	5
5.e	There is a lack of a treatment plan or goals for treatment appropriate to the patient's condition.	3	Num	272	274	0
5.f	Patient is not participating in the treatment plan; and the provider has not sought treatment over objection.	3	Num	275	277	2
5.g	Patient is not making progress towards goals, or no expectation of progress.	3	Num	278	280	1
5.h	There is no evidence of active treatment taking place.	3	Num	281	283	0
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.	3	Num	284	286	2
6.b	The member did not meet the criteria for continuing care for the number of days service was provided;	3	Num	287	289	1
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.	3	Num	290	292	1

Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes/Sample Data
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).	3	Num	293	295	0
6.e	The clinical information furnished did not provide sufficient information to determine if the requested service satisfies Level of Care criteria.	3	Num	296	298	2
6.f	Provider failed to complete requested peer review.	3	Num	299	301	0
6.g	Member did not have current active coverage with the health plan.	3	Num	302	304	0
6.h	The provider was not in network.	3	Num	305	307	1
7.a	Total Number of Pre-Service Authorizations Requested.	5	Num	308	312	250
7.b	Total Number of Concurrent Authorizations Requested.	5	Num	313	317	100
7.c	Total Number of Retrospective Reviews Requested.	5	Num	318	322	50