

IEHP Universe Expedited Service Authorization Request (MESAR) Data Dictionary

Column ID	Field Name	Field Type	Field Length	Description
A	Member First Name	CHAR Always Required	50	First name of the member
B	Member Last Name	CHAR Always Required	50	Last name of the member
C	Member ID	CHAR Always Required	20	Medicare Beneficiary Identifier (MBI) used to identify the member. This is assigned by the MMP. Note : 11-digit identifier (contains uppercase alphabetic and numeric characters). This number must be submitted excluding hyphens or dashes.
D	Contract ID	CHAR Always Required	5	The contract number of the organization. Note: H5355 identifies the CMC line of business.
E	Plan ID	CHAR Always Required	3	The plan number of the organization. Note: IEHP's assigned Plan ID is 001 .
F	Authorization or Claim Number	CHAR Always Required	40	The associated authorization number assigned by the MMP for this request. If an authorization number is not available, please provide your internal tracking or case number. Answer NA if there is no authorization or other tracking number available.
G	Who made the request?	CHAR Always Required	3	Indicate whether the pre-service request was made by a contract provider (CP), non-contract provider (NCP), member (M), member's representative (MR), or Service Coordinator/Care Coordinator (SC). Note: The term "provider" encompasses physicians and facilities.
H	Provider Type	CHAR Always Required	3	Indicate whether the provider performing the service is a contract provider (CP) or non-contract provider (NCP).
I	Date the request was received	CHAR Always Required	10	Provide the date the request was received by your organization. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Note-If the request was received as a standard service authorization request, but later expedited, enter the date of the request to expedite the service authorization request.
J	Time the request was received	CHAR Always Required	8	Provide the time the request was received by your organization. Submit in HH:MM:SS military time format (e.g., 23:59:59). Note: If the request was received as a standard service authorization request, but later expedited, enter the time of the request to expedite the service authorization.
K	Diagnosis	CHAR Always Required	100	Provide the member diagnosis/diagnoses ICD-10 codes related to this request. If the ICD codes are unavailable, provide a description of the diagnosis, or for drugs provide the 11-digit National Drug Code (NDC).

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L	Type of service	CHAR Always Required	50	Enter "BH" for behavioral health services, "LTSS" for long term services and supports, "SU" for substance use services. Additionally, enter types of services other than BH, LTSS, and SU, such as DME, SNF care, dental, vision, etc. Responses other than BH, LTSS and SU are unspecified, but should reflect the description in the Issue Description field.
M	Issue description	CHAR Always Required	2000	Provide a description of the service, medical supply or drug requested and why it was requested (if known). For denials, also provide an explanation of why the service requested was denied.
N	Was a timeframe extension taken?	CHAR Always Required	1	Yes (Y)/No (N) indicator of whether the MMP extended the timeframe to make the service authorization determination.
O	If an extension was taken, did the MMP notify the member of the reason(s) for the delay and of their right to file an expedited grievance?	CHAR Always Required	2	Yes (Y)/No (N) indicator of whether the MMP notified the member of the delay. Answer NA if no extension was taken.
P	Request Disposition	CHAR Always Required	8	Status of the request. Valid values are: approved, or denied. MMPs should note any requests that are untimely and not yet resolved (still outstanding) as denied. All untimely and pending cases should be treated as denials for the purposes of populating the rest of this record layout's fields.
Q	Date of MMP decision	CHAR Always Required	10	Date of the MMP decision. Submit in CCYY/MM/DD format (e.g., 2020/01/01). MMPs should answer NA for untimely cases that are still open.
R	Time of MMP decision	CHAR Always Requested	8	Time of the MMP decision (e.g., approved, denied). Submit in HH:MM:SS military time format (e.g., 23:59:59). MMPs should answer NA for untimely cases that are still open.
S	Was the request denied for lack of medical necessity?	CHAR Always Required	2	Yes (Y)/No (N) indicator of whether the request was denied for lack of medical necessity. Answer NA if the request was approved. Answer No if the request was denied because it was untimely.
T	Date oral notification provided to member	CHAR Always Required	10	Date oral notification provided to member. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if no oral notification.
U	Time oral notification provided to member	CHAR Always Required	8	Time oral notification provided to member. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA if no oral notification.

Column ID	Field Name	Field Type	Field Length	Description
V	Date written notification provided to member	CHAR Always Required	10	Date written notification provided to member. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if no written notification was provided.
W	Time written notification provided to member	CHAR Always Required	8	Time written notification provided to member. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA if no written notification was provided.
X	Date service authorization entered/effectuated in the MMP's system	CHAR Always Required	10	Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials.
Y	Time service authorization entered/effectuated in the MMP's system	CHAR Always Required	8	Time service authorization entered in the MMP's system. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA for denials.
Z	AOR Receipt date	CHAR Always Required	10	Date the Appointment of Representative (AOR) form or other appropriate documentation received by the MMP. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if no AOR form was required.
AA	AOR Receipt time	CHAR Always Required	8	Time the Appointment of Representative (AOR) form or other appropriate documentation received by the MMP. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA if no AOR form was required.
AB	First Tier, Downstream, and Related Entity	CHAR Always Required	70	Insert the name of the First Tier, Downstream, and Related Entity that processed the expedited service authorization request (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator). Answer NA if not applicable.