IEHP Universe Standard Service Authorization Request (MSSAR) 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 sponsor 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).
J	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).
K	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.

Column ID	Field Name	Field Type	Field Length	Description
L	Issue description	CHAR Always Required	2,000	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 request was denied.

Column ID	Field Name	Field Type	Field Length	Description
M	Was the request made under the expedited timeframe, but processed by the plan under the standard timeframe?	CHAR Always Required	1	Yes (Y)/No (N) indicator of whether the request was made under an expedited timeframe, but was processed under the standard timeframe.
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 decision.
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	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.
S	Date oral notification provided to member	CHAR Always Required	10	Date oral notification provided to enrollee. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if no oral notification.
T	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.

Column ID	Field Name	Field Type	Field Length	Description
U	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.

Column ID	Field Name	Field Type	Field Length	Description
V	AOR Receipt date	CHAR Always Required	10	Date the Appointment of Representative (AOR) form received by the MMP. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if no AOR form was required.
W	First Tier, Downstream, and Related Entity	CHAR Always Required	70	Insert the name of the First Tier, Downstream, and Related Entity that processed the standard service authorization request (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator). Answer NA if not applicable.