



OHA DATA SUBMISSION

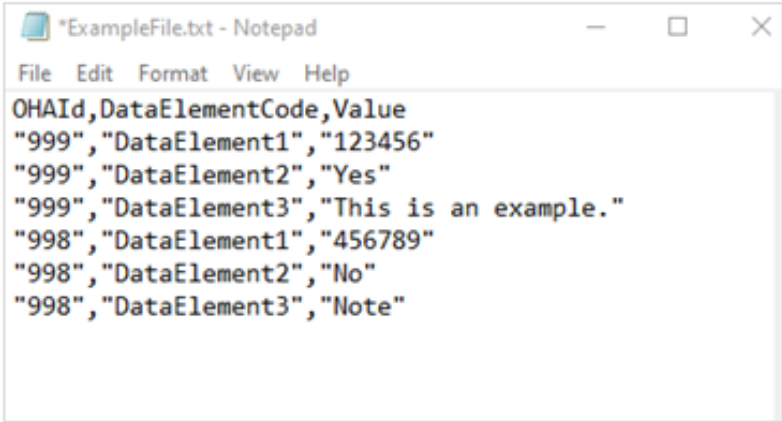
Data Specification Guide and Data Dictionary

Data Submission Type: Payer Scorecard - Qualitative Submission

DATA FILE SPECIFICATION

- File Type: .csv or .txt
- Text Delimiter: Comma
- Text Qualifier: Not required, but it is recommended that you enclose each data element with quotes (")
- Header: Required
- Data Columns:
- 1. OHAId** – This is the OHA Identifier for the entity (facility or system) that you are submitting data for. Please see the OHA Id lookup table below.
 - 2. Data Element Code** – This is the code for the data element that you are submitting. The data in this column must match the data element code listed below in the Data Elements and Data Dictionary section.
 - 3. Value** – This is the value you are submitting for the data element. The value should be the correct data type for that Data Element, as specified in the Data Element section.

File Example:

A screenshot of a Notepad window titled "ExampleFile.txt - Notepad". The window contains a CSV file with three columns: OHAId, DataElementCode, and Value. The data is as follows:

OHAId	DataElementCode	Value
"999"	"DataElement1"	"123456"
"999"	"DataElement2"	"Yes"
"999"	"DataElement3"	"This is an example."
"998"	"DataElement1"	"456789"
"998"	"DataElement2"	"No"
"998"	"DataElement3"	"Note"

FREQUENTLY ASKED QUESTIONS

1. Does my file need to include every data element listed?

No. The file upload feature will create a new submission with only the data elements that are present in the file you upload. You will still need to review the data submission and complete the submission.

2. Can I submit data for more than one facility at a time?

Yes. You can submit data for multiple facilities by adding the OHA Identifier to the first column. A new data submission will be created for each OHA Id that is included in the file.

3. Can I submit data for more than one time period with one file submission?

No. When you use the upload feature, you will need to select the date that the submission is for during the upload process.

DATA ELEMENTS AND DATA DICTIONARY

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Commercial Payer 1	PayerName_ComPayer1	No	Lookup <i>*See Lookup Table "Commercial Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Commercial Payer 1	QL_OpIssues_Timely_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Commercial Payer 1	QL_OpIssues_Comments_ComPayer1	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Commercial Payer 1	QL_PA_Clear_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Commercial Payer 1	QL_PA_Changes_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Commercial Payer 1	QL_PA_Timely_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Commercial Payer 1	QL_PA_Law_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Prior Auth Comments - Commercial Payer 1	QL_PA_Comments_ComPayer1	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Commercial Payer 1	QL_Cred_Clear_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Commercial Payer 1	QL_Cred_Changes_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Commercial Payer 1	QL_Cred_Timely_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Commercial Payer 1	QL_Cred_Issues_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Commercial Payer 1	QL_Cred_Comments_ComPayer1	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Commercial Payer 1	QL_Appeals_Clear_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Commercial Payer 1	QL_Appeals_Changes_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Commercial Payer 1	QL_Appeals_Timely_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Commercial Payer 1	QL_Appeals_Complaint_ComPayer1	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Commercial Payer 1	QL_Appeals_Complaint_Comments_ComPayer1	No	String	If so, please describe.	
Appeals Comments - Commercial Payer 1	QL_Appeals_Comments_ComPayer1	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Commercial Payer 1	QL_Denial_Trend_ComPayer1	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Commercial Payer 1	QL_Denial_Trend_Comments_ComPayer1	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Commercial Payer 1	QL_Denial_Comments_ComPayer1	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Commercial Payer 1	QL_Downgrade_PatientStatus_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Commercial Payer 1	QL_Downgrade_Conconsistent_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - Commercial Payer 1	QL_Downgrade_Clear_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Commercial Payer 1	QL_Downgrade_Rare_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Commercial Payer 1	QL_Downgrade_Notification_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Commercial Payer 1	QL_Downgrade_Information_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Commercial Payer 1	QL_Downgrade_Comments_ComPayer1	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Commercial Payer 1	QL_PA_Escalation_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Commercial Payer 1	QL_PA_Discharge_ComPayer1	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Commercial Payer 2	PayerName_ComPayer2	No	Lookup <i>*See Lookup Table "Commercial Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Commercial Payer 2	QL_OpIssues_Timely_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Commercial Payer 2	QL_OpIssues_Comments_ComPayer2	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Commercial Payer 2	QL_PA_Clear_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Commercial Payer 2	QL_PA_Changes_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Commercial Payer 2	QL_PA_Timely_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Commercial Payer 2	QL_PA_Law_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Commercial Payer 2	QL_PA_Comments_ComPayer2	No	String	Comments about the selected payer regarding prior authorization issues.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The credentialing process for payer is clear. - Commercial Payer 2	QL_Cred_Clear_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Commercial Payer 2	QL_Cred_Changes_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Commercial Payer 2	QL_Cred_Timely_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Commercial Payer 2	QL_Cred_Issues_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Commercial Payer 2	QL_Cred_Comments_ComPayer2	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Commercial Payer 2	QL_Appeals_Clear_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Commercial Payer 2	QL_Appeals_Changes_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Commercial Payer 2	QL_Appeals_Timely_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Commercial Payer 2	QL_Appeals_Complaint_ComPayer2	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Commercial Payer 2	QL_Appeals_Complaint_Comments_ComPayer2	No	String	If so, please describe.	
Appeals Comments - Commercial Payer 2	QL_Appeals_Comments_ComPayer2	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Commercial Payer 2	QL_Denial_Trend_ComPayer2	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Commercial Payer 2	QL_Denial_Trend_Comments_ComPayer2	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Commercial Payer 2	QL_Denial_Comments_ComPayer2	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Commercial Payer 2	QL_Downgrade_PatientStatus_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Commercial Payer 2	QL_Downgrade_Conconsistent_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - Commercial Payer 2	QL_Downgrade_Clear_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Commercial Payer 2	QL_Downgrade_Rare_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Commercial Payer 2	QL_Downgrade_Notification_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Commercial Payer 2	QL_Downgrade_Information_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Commercial Payer 2	QL_Downgrade_Comments_ComPayer2	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Commercial Payer 2	QL_PA_Escalation_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Commercial Payer 2	QL_PA_Discharge_ComPayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Commercial Payer 3	PayerName_ComPayer3	No	Lookup <i>*See Lookup Table "Commercial Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Commercial Payer 3	QL_OpIssues_Timely_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Commercial Payer 3	QL_OpIssues_Comments_ComPayer3	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Commercial Payer 3	QL_PA_Clear_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Commercial Payer 3	QL_PA_Changes_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Commercial Payer 3	QL_PA_Timely_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Commercial Payer 3	QL_PA_Law_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Commercial Payer 3	QL_PA_Comments_ComPayer3	No	String	Comments about the selected payer regarding prior authorization issues.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The credentialing process for payer is clear. - Commercial Payer 3	QL_Cred_Clear_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Commercial Payer 3	QL_Cred_Changes_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Commercial Payer 3	QL_Cred_Timely_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Commercial Payer 3	QL_Cred_Issues_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Commercial Payer 3	QL_Cred_Comments_ComPayer3	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Commercial Payer 3	QL_Appeals_Clear_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Commercial Payer 3	QL_Appeals_Changes_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Commercial Payer 3	QL_Appeals_Timely_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Commercial Payer 3	QL_Appeals_Complaint_ComPayer3	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Commercial Payer 3	QL_Appeals_Complaint_Comments_ComPayer3	No	String	If so, please describe.	
Appeals Comments - Commercial Payer 3	QL_Appeals_Comments_ComPayer3	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Commercial Payer 3	QL_Denial_Trend_ComPayer3	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Commercial Payer 3	QL_Denial_Trend_Comments_ComPayer3	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Commercial Payer 3	QL_Denial_Comments_ComPayer3	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Commercial Payer 3	QL_Downgrade_PatientStatus_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Commercial Payer 3	QL_Downgrade_Conconsistent_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - Commercial Payer 3	QL_Downgrade_Clear_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Commercial Payer 3	QL_Downgrade_Rare_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Commercial Payer 3	QL_Downgrade_Notification_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Commercial Payer 3	QL_Downgrade_Information_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Commercial Payer 3	QL_Downgrade_Comments_ComPayer3	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Commercial Payer 3	QL_PA_Escalation_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Commercial Payer 3	QL_PA_Discharge_ComPayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Commercial Payer 4	PayerName_ComPayer4	No	Lookup <i>*See Lookup Table "Commercial Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Commercial Payer 4	QL_OpIssues_Timely_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Commercial Payer 4	QL_OpIssues_Comments_ComPayer4	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Commercial Payer 4	QL_PA_Clear_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Commercial Payer 4	QL_PA_Changes_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Commercial Payer 4	QL_PA_Timely_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Commercial Payer 4	QL_PA_Law_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Commercial Payer 4	QL_PA_Comments_ComPayer4	No	String	Comments about the selected payer regarding prior authorization issues.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The credentialing process for payer is clear. - Commercial Payer 4	QL_Cred_Clear_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Commercial Payer 4	QL_Cred_Changes_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Commercial Payer 4	QL_Cred_Timely_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Commercial Payer 4	QL_Cred_Issues_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Commercial Payer 4	QL_Cred_Comments_ComPayer4	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Commercial Payer 4	QL_Appeals_Clear_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Commercial Payer 4	QL_Appeals_Changes_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Commercial Payer 4	QL_Appeals_Timely_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Commercial Payer 4	QL_Appeals_Complaint_ComPayer4	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Commercial Payer 4	QL_Appeals_ComplaintComments_ComPayer4	No	String	If so, please describe.	
Appeals Comments - Commercial Payer 4	QL_Appeals_Comments_ComPayer4	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Commercial Payer 4	QL_Denial_Trend_ComPayer4	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Commercial Payer 4	QL_Denial_TrendComments_ComPayer4	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Commercial Payer 4	QL_Denial_Comments_ComPayer4	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Commercial Payer 4	QL_Downgrade_PatientStatus_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Commercial Payer 4	QL_Downgrade_Conistent_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - Commercial Payer 4	QL_Downgrade_Clear_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Commercial Payer 4	QL_Downgrade_Rare_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Commercial Payer 4	QL_Downgrade_Notification_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Commercial Payer 4	QL_Downgrade_Information_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Commercial Payer 4	QL_Downgrade_Comments_ComPayer4	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Commercial Payer 4	QL_PA_Escalation_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Commercial Payer 4	QL_PA_Discharge_ComPayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Commercial Payer 5	PayerName_ComPayer5	No	Lookup <i>*See Lookup Table "Commercial Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Commercial Payer 5	QL_OpIssues_Timely_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Commercial Payer 5	QL_OpIssues_Comments_ComPayer5	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Commercial Payer 5	QL_PA_Clear_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Commercial Payer 5	QL_PA_Changes_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Commercial Payer 5	QL_PA_Timely_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Commercial Payer 5	QL_PA_Law_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Commercial Payer 5	QL_PA_Comments_ComPayer5	No	String	Comments about the selected payer regarding prior authorization issues.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The credentialing process for payer is clear. - Commercial Payer 5	QL_Cred_Clear_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Commercial Payer 5	QL_Cred_Changes_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Commercial Payer 5	QL_Cred_Timely_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Commercial Payer 5	QL_Cred_Issues_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Commercial Payer 5	QL_Cred_Comments_ComPayer5	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Commercial Payer 5	QL_Appeals_Clear_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Commercial Payer 5	QL_Appeals_Changes_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Commercial Payer 5	QL_Appeals_Timely_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Commercial Payer 5	QL_Appeals_Complaint_ComPayer5	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Commercial Payer 5	QL_Appeals_Complaint_Comments_ComPayer5	No	String	If so, please describe.	
Appeals Comments - Commercial Payer 5	QL_Appeals_Comments_ComPayer5	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Commercial Payer 5	QL_Denial_Trend_ComPayer5	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Commercial Payer 5	QL_Denial_Trend_Comments_ComPayer5	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Commercial Payer 5	QL_Denial_Comments_ComPayer5	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Commercial Payer 5	QL_Downgrade_PatientStatus_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Commercial Payer 5	QL_Downgrade_Conistent_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - Commercial Payer 5	QL_Downgrade_Clear_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Commercial Payer 5	QL_Downgrade_Rare_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Commercial Payer 5	QL_Downgrade_Notification_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Commercial Payer 5	QL_Downgrade_Information_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Commercial Payer 5	QL_Downgrade_Comments_ComPayer5	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Commercial Payer 5	QL_PA_Escalation_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Commercial Payer 5	QL_PA_Discharge_ComPayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Operational issues with this payer are resolved within a reasonable timeframe. - Traditional FFS	QL_OpIssues_Timely_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Traditional FFS	QL_OpIssues_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Traditional FFS	QL_PA_Clear_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Traditional FFS	QL_PA_Changes_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Traditional FFS	QL_PA_Timely_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Traditional FFS	QL_PA_Law_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Traditional FFS	QL_PA_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Traditional FFS	QL_Cred_Clear_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Information about changes to the credentialing process for payer is communicated clearly and timely. - Traditional FFS	QL_Cred_Changes_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Traditional FFS	QL_Cred_Timely_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Traditional FFS	QL_Cred_Issues_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Traditional FFS	QL_Cred_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Traditional FFS	QL_Appeals_Clear_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Traditional FFS	QL_Appeals_Changes_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Traditional FFS	QL_Appeals_Timely_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Traditional FFS	QL_Appeals_Complaint_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Traditional FFS	QL_Appeals_ComplaintComments_MedicareTraditionalFFS	No	String	If so, please describe.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Appeals Comments - Traditional FFS	QL_Appeals_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Traditional FFS	QL_Denial_Trend_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Traditional FFS	QL_Denial_TrendComments_MedicareTraditionalFFS	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Traditional FFS	QL_Denial_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Traditional FFS	QL_Downgrade_PatientStatus_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Traditional FFS	QL_Downgrade_Consistent_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Traditional FFS	QL_Downgrade_Clear_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Traditional FFS	QL_Downgrade_Rare_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/rarely.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer provides notification to the hospital prior to imposing a DRG downgrade - Traditional FFS	QL_Downgrade_Notification_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Traditional FFS	QL_Downgrade_Information_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Traditional FFS	QL_Downgrade_Comments_MedicareTraditionalFFS	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Traditional FFS	QL_PA_Escalation_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Traditional FFS	QL_PA_Discharge_MedicareTraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Payer Name - Medicare Payer 2	PayerName_MedicarePayer2	No	Lookup <i>*See Lookup Table "Medicare Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Medicare Payer 2	QL_OpIssues_Timely_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Medicare Payer 2	QL_OpIssues_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding operational issues.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The PA requirements for payer are clear, provided on their website and consistently applied. - Medicare Payer 2	QL_PA_Clear_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Medicare Payer 2	QL_PA_Changes_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Medicare Payer 2	QL_PA_Timely_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Medicare Payer 2	QL_PA_Law_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Medicare Payer 2	QL_PA_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Medicare Payer 2	QL_Cred_Clear_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Medicare Payer 2	QL_Cred_Changes_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Medicare Payer 2	QL_Cred_Timely_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Medicare Payer 2	QL_Cred_Issues_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Medicare Payer 2	QL_Cred_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Medicare Payer 2	QL_Appeals_Clear_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Medicare Payer 2	QL_Appeals_Changes_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Medicare Payer 2	QL_Appeals_Timely_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Medicare Payer 2	QL_Appeals_Complaint_MedicarePayer2	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Medicare Payer 2	QL_Appeals_ComplaintComments_MedicarePayer2	No	String	If so, please describe.	
Appeals Comments - Medicare Payer 2	QL_Appeals_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Medicare Payer 2	QL_Denial_Trend_MedicarePayer2	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - Medicare Payer 2	QL_Denial_TrendComments_MedicarePayer2	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Medicare Payer 2	QL_Denial_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Medicare Payer 2	QL_Downgrade_PatientStatus_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Medicare Payer 2	QL_Downgrade_Consistent_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Medicare Payer 2	QL_Downgrade_Clear_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Medicare Payer 2	QL_Downgrade_Rare_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Medicare Payer 2	QL_Downgrade_Notification_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Medicare Payer 2	QL_Downgrade_Information_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Downgrades Comments - Medicare Payer 2	QL_Downgrade_Comments_MedicarePayer2	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Medicare Payer 2	QL_PA_Escalation_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Medicare Payer 2	QL_PA_Discharge_MedicarePayer2	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Payer Name - Medicare Payer 3	PayerName_MedicarePayer3	No	Lookup <i>*See Lookup Table "Medicare Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Medicare Payer 3	QL_OplIssues_Timely_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Medicare Payer 3	QL_OplIssues_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Medicare Payer 3	QL_PA_Clear_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Medicare Payer 3	QL_PA_Changes_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Medicare Payer 3	QL_PA_Timely_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Medicare Payer 3	QL_PA_Law_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Medicare Payer 3	QL_PA_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Medicare Payer 3	QL_Cred_Clear_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Medicare Payer 3	QL_Cred_Changes_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Medicare Payer 3	QL_Cred_Timely_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Medicare Payer 3	QL_Cred_Issues_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Credentialing Comments - Medicare Payer 3	QL_Cred_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Medicare Payer 3	QL_Appeals_Clear_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Medicare Payer 3	QL_Appeals_Changes_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Medicare Payer 3	QL_Appeals_Timely_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Medicare Payer 3	QL_Appeals_Complaint_MedicarePayer3	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Medicare Payer 3	QL_Appeals_ComplaintComments_MedicarePayer3	No	String	If so, please describe.	
Appeals Comments - Medicare Payer 3	QL_Appeals_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Medicare Payer 3	QL_Denial_Trend_MedicarePayer3	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Medicare Payer 3	QL_Denial_TrendComments_MedicarePayer3	No	String	If so, please describe the specific codes and/or services targeted for denials.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Denials Comments - Medicare Payer 3	QL_Denial_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Medicare Payer 3	QL_Downgrade_PatientStatus_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Medicare Payer 3	QL_Downgrade_Consistent_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Medicare Payer 3	QL_Downgrade_Clear_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Medicare Payer 3	QL_Downgrade_Rare_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently / rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Medicare Payer 3	QL_Downgrade_Notification_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Medicare Payer 3	QL_Downgrade_Information_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Medicare Payer 3	QL_Downgrade_Comments_MedicarePayer3	No	String	Comments about the selected payer regarding downgrades.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Medicare Payer 3	QL_PA_Escalation_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Medicare Payer 3	QL_PA_Discharge_MedicarePayer3	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Payer Name - Medicare Payer 4	PayerName_MedicarePayer4	No	Lookup <i>*See Lookup Table "Medicare Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Medicare Payer 4	QL_OpIssues_Timely_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Medicare Payer 4	QL_OpIssues_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Medicare Payer 4	QL_PA_Clear_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Medicare Payer 4	QL_PA_Changes_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PA requests within a reasonable timeframe. - Medicare Payer 4	QL_PA_Timely_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Medicare Payer 4	QL_PA_Law_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Medicare Payer 4	QL_PA_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Medicare Payer 4	QL_Cred_Clear_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Medicare Payer 4	QL_Cred_Changes_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Medicare Payer 4	QL_Cred_Timely_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Medicare Payer 4	QL_Cred_Issues_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Medicare Payer 4	QL_Cred_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Medicare Payer 4	QL_Appeals_Clear_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Information about changes to the appeals process for payer is communicated clearly and timely. - Medicare Payer 4	QL_Appeals_Changes_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Medicare Payer 4	QL_Appeals_Timely_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Medicare Payer 4	QL_Appeals_Complaint_MedicarePayer4	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Medicare Payer 4	QL_Appeals_ComplaintComments_MedicarePayer4	No	String	If so, please describe.	
Appeals Comments - Medicare Payer 4	QL_Appeals_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Medicare Payer 4	QL_Denial_Trend_MedicarePayer4	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Medicare Payer 4	QL_Denial_TrendComments_MedicarePayer4	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Medicare Payer 4	QL_Denial_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding denials.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Medicare Payer 4	QL_Downgrade_PatientStatus_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Medicare Payer 4	QL_Downgrade_Consistent_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Medicare Payer 4	QL_Downgrade_Clear_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Medicare Payer 4	QL_Downgrade_Rare_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently / rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Medicare Payer 4	QL_Downgrade_Notification_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Medicare Payer 4	QL_Downgrade_Information_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Medicare Payer 4	QL_Downgrade_Comments_MedicarePayer4	No	String	Comments about the selected payer regarding downgrades.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Medicare Payer 4	QL_PA_Escalation_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Medicare Payer 4	QL_PA_Discharge_MedicarePayer4	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Payer Name - Medicare Payer 5	PayerName_MedicarePayer5	No	Lookup <i>*See Lookup Table "Medicare Payers"</i>	Payer Name	
Operational issues with this payer are resolved within a reasonable timeframe. - Medicare Payer 5	QL_OpIssues_Timely_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Medicare Payer 5	QL_OpIssues_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Medicare Payer 5	QL_PA_Clear_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Medicare Payer 5	QL_PA_Changes_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PA requests within a reasonable timeframe. - Medicare Payer 5	QL_PA_Timely_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Medicare Payer 5	QL_PA_Law_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Medicare Payer 5	QL_PA_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding prior authorization issues.	
The credentialing process for payer is clear. - Medicare Payer 5	QL_Cred_Clear_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The credentialing process for this payer is clear.	
Information about changes to the credentialing process for payer is communicated clearly and timely. - Medicare Payer 5	QL_Cred_Changes_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the credentialing process for this payer is communicated clearly and timely.	
Payer completes credentialing requests within 90 days. - Medicare Payer 5	QL_Cred_Timely_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer completes credentialing requests within 90 days.	
Issues and/or concerns with the credentialing process for payer are efficiently addressed. - Medicare Payer 5	QL_Cred_Issues_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Issues and/or concerns with the credentialing process for this payer are efficiently addressed.	
Credentialing Comments - Medicare Payer 5	QL_Cred_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding credentialing.	
The appeals process for payer is clear and consistently applied. - Medicare Payer 5	QL_Appeals_Clear_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Information about changes to the appeals process for payer is communicated clearly and timely. - Medicare Payer 5	QL_Appeals_Changes_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Medicare Payer 5	QL_Appeals_Timely_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Medicare Payer 5	QL_Appeals_Complaint_MedicarePayer5	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Medicare Payer 5	QL_Appeals_ComplaintComments_MedicarePayer5	No	String	If so, please describe.	
Appeals Comments - Medicare Payer 5	QL_Appeals_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Medicare Payer 5	QL_Denial_Trend_MedicarePayer5	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Medicare Payer 5	QL_Denial_TrendComments_MedicarePayer5	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Medicare Payer 5	QL_Denial_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding denials.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Medicare Payer 5	QL_Downgrade_PatientStatus_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Medicare Payer 5	QL_Downgrade_Consistent_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Medicare Payer 5	QL_Downgrade_Clear_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Medicare Payer 5	QL_Downgrade_Rare_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Medicare Payer 5	QL_Downgrade_Notification_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Medicare Payer 5	QL_Downgrade_Information_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Medicare Payer 5	QL_Downgrade_Comments_MedicarePayer5	No	String	Comments about the selected payer regarding downgrades.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Medicare Payer 5	QL_PA_Escalation_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Medicare Payer 5	QL_PA_Discharge_MedicarePayer5	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Operational issues with this payer are resolved within a reasonable timeframe. - Traditional FFS	QL_OpIssues_Timely_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Traditional FFS	QL_OpIssues_Comments_TraditionalFFS	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Traditional FFS	QL_PA_Clear_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Traditional FFS	QL_PA_Changes_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Traditional FFS	QL_PA_Timely_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PAs according to Ohio's Prior Authorization law - Traditional FFS	QL_PA_Law_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Traditional FFS	QL_PA_Comments_TraditionalFFS	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - Traditional FFS	QL_Appeals_Clear_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Traditional FFS	QL_Appeals_Changes_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Traditional FFS	QL_Appeals_Timely_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Traditional FFS	QL_Appeals_Complaint_TraditionalFFS	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Traditional FFS	QL_Appeals_ComplaintComments_TraditionalFFS	No	String	If so, please describe.	
Appeals Comments - Traditional FFS	QL_Appeals_Comments_TraditionalFFS	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Traditional FFS	QL_Denial_Trend_TraditionalFFS	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - Traditional FFS	QL_Denial_TrendComments_TraditionalFFS	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Traditional FFS	QL_Denial_Comments_TraditionalFFS	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Traditional FFS	QL_Downgrade_PatientStatus_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Traditional FFS	QL_Downgrade_Consistent_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Traditional FFS	QL_Downgrade_Clear_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Traditional FFS	QL_Downgrade_Rare_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Traditional FFS	QL_Downgrade_Notification_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Traditional FFS	QL_Downgrade_Information_TraditionalFFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Downgrades Comments - Traditional FFS	QL_Downgrade_Comments_Traditional FFS	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Traditional FFS	QL_PA_Escalation_Traditional FFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Traditional FFS	QL_PA_Discharge_Traditional FFS	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - Buckeye	QL_OplIssues_Timely_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Buckeye	QL_OplIssues_Comments_BuckeyeHPMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Buckeye	QL_PA_Clear_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Buckeye	QL_PA_Changes_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Buckeye	QL_PA_Timely_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PAs according to Ohio's Prior Authorization law - Buckeye	QL_PA_Law_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Buckeye	QL_PA_Comments_BuckeyeHPMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - Buckeye	QL_Appeals_Clear_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Buckeye	QL_Appeals_Changes_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Buckeye	QL_Appeals_Timely_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Buckeye	QL_Appeals_Complaint_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Buckeye	QL_Appeals_ComplaintComments_BuckeyeHPMedicaid	No	String	If so, please describe.	
Appeals Comments - Buckeye	QL_Appeals_Comments_BuckeyeHPMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Buckeye	QL_Denial_Trend_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - Buckeye	QL_Denial_TrendComments_BuckeyeHPMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Buckeye	QL_Denial_Comments_BuckeyeHPMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Buckeye	QL_Downgrade_PatientStatus_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Buckeye	QL_Downgrade_Conconsistent_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Buckeye	QL_Downgrade_Clear_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Buckeye	QL_Downgrade_Rare_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Buckeye	QL_Downgrade_Notification_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Buckeye	QL_Downgrade_Information_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Downgrades Comments - Buckeye	QL_Downgrade_Comments_BuckeyeHPMedicaid	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Buckeye	QL_PA_Escalation_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Buckeye	QL_PA_Discharge_BuckeyeHPMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - CareSource	QL_OpIssues_Timely_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - CareSource	QL_OpIssues_Comments_CareSourceMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - CareSource	QL_PA_Clear_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - CareSource	QL_PA_Changes_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - CareSource	QL_PA_Timely_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PAs according to Ohio's Prior Authorization law - CareSource	QL_PA_Law_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - CareSource	QL_PA_Comments_CareSourceMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - CareSource	QL_Appeals_Clear_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - CareSource	QL_Appeals_Changes_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - CareSource	QL_Appeals_Timely_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - CareSource	QL_Appeals_Complaint_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - CareSource	QL_Appeals_ComplaintComments_CareSourceMedicaid	No	String	If so, please describe.	
Appeals Comments - CareSource	QL_Appeals_Comments_CareSourceMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - CareSource	QL_Denial_Trend_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - CareSource	QL_Denial_TrendComments_CareSourceMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - CareSource	QL_Denial_Comments_CareSourceMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - CareSource	QL_Downgrade_PatientStatus_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - CareSource	QL_Downgrade_Consistent_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - CareSource	QL_Downgrade_Clear_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - CareSource	QL_Downgrade_Rare_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - CareSource	QL_Downgrade_Notification_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - CareSource	QL_Downgrade_Information_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Downgrades Comments - CareSource	QL_Downgrade_Comments_CareSourceMedicaid	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - CareSource	QL_PA_Escalation_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - CareSource	QL_PA_Discharge_CareSourceMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - Molina	QL_OpIssues_Timely_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Molina	QL_OpIssues_Comments_MolinaMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Molina	QL_PA_Clear_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Molina	QL_PA_Changes_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Molina	QL_PA_Timely_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PAs according to Ohio's Prior Authorization law - Molina	QL_PA_Law_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Molina	QL_PA_Comments_MolinaMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - Molina	QL_Appeals_Clear_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Molina	QL_Appeals_Changes_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Molina	QL_Appeals_Timely_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Molina	QL_Appeals_Complaint_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Molina	QL_Appeals_ComplaintComments_MolinaMedicaid	No	String	If so, please describe.	
Appeals Comments - Molina	QL_Appeals_Comments_MolinaMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Molina	QL_Denial_Trend_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - Molina	QL_Denial_TrendComments_MolinaMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Molina	QL_Denial_Comments_MolinaMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Molina	QL_Downgrade_PatientStatus_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Molina	QL_Downgrade_Consistent_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Molina	QL_Downgrade_Clear_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Molina	QL_Downgrade_Rare_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Molina	QL_Downgrade_Notification_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Molina	QL_Downgrade_Information_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Molina	QL_Downgrade_Comments_MolinaMedicaid	No	String	Comments about the selected payer regarding downgrades.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Molina	QL_PA_Escalation_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Molina	QL_PA_Discharge_MolinaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - Paramount	QL_OplIssues_Timely_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Paramount	QL_OplIssues_Comments_ParmamountMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Paramount	QL_PA_Clear_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Paramount	QL_PA_Changes_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Paramount	QL_PA_Timely_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Paramount	QL_PA_Law_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Prior Auth Comments - Paramount	QL_PA_Comments_ParamamountMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - Paramount	QL_Appeals_Clear_ParamamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Paramount	QL_Appeals_Changes_ParamamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Paramount	QL_Appeals_Timely_ParamamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Paramount	QL_Appeals_Complaint_ParamamountMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Paramount	QL_Appeals_ComplaintComments_ParamamountMedicaid	No	String	If so, please describe.	
Appeals Comments - Paramount	QL_Appeals_Comments_ParamamountMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Paramount	QL_Denial_Trend_ParamamountMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Paramount	QL_Denial_TrendComments_ParamamountMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Denials Comments - Paramount	QL_Denial_Comments_ParmamountMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Paramount	QL_Downgrade_PatientStatus_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Paramount	QL_Downgrade_Consistent_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Paramount	QL_Downgrade_Clear_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Paramount	QL_Downgrade_Rare_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Paramount	QL_Downgrade_Notification_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Paramount	QL_Downgrade_Information_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Paramount	QL_Downgrade_Comments_ParmamountMedicaid	No	String	Comments about the selected payer regarding downgrades.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Paramount	QL_PA_Escalation_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Paramount	QL_PA_Discharge_ParmamountMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Operational issues with this payer are resolved within a reasonable timeframe. - UnitedHealthcare	QL_OplIssues_Timely_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - UnitedHealthcare	QL_OplIssues_Comments_UHCMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - UnitedHealthcare	QL_PA_Clear_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - UnitedHealthcare	QL_PA_Changes_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - UnitedHealthcare	QL_PA_Timely_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PAs according to Ohio's Prior Authorization law - UnitedHealthcare	QL_PA_Law_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - UnitedHealthcare	QL_PA_Comments_UHCMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - UnitedHealthcare	QL_Appeals_Clear_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - UnitedHealthcare	QL_Appeals_Changes_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - UnitedHealthcare	QL_Appeals_Timely_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - UnitedHealthcare	QL_Appeals_Complaint_UHCMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - UnitedHealthcare	QL_Appeals_ComplaintComments_UHCMedicaid	No	String	If so, please describe.	
Appeals Comments - UnitedHealthcare	QL_Appeals_Comments_UHCMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - UnitedHealthcare	QL_Denial_Trend_UHCMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
If so, please describe the specific codes and/or services targeted for denials. - UnitedHealthcare	QL_Denial_TrendComments_UHCMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - UnitedHealthcare	QL_Denial_Comments_UHCMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - UnitedHealthcare	QL_Downgrade_PatientStatus_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - UnitedHealthcare	QL_Downgrade_Conistent_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - UnitedHealthcare	QL_Downgrade_Clear_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - UnitedHealthcare	QL_Downgrade_Rare_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - UnitedHealthcare	QL_Downgrade_Notification_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - UnitedHealthcare	QL_Downgrade_Information_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Downgrades Comments - UnitedHealthcare	QL_Downgrade_Comments_UHCMedicaid	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - UnitedHealthcare	QL_PA_Escalation_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - UnitedHealthcare	QL_PA_Discharge_UHCMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - Humana Medicaid	QL_OpIssues_Timely_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Humana Medicaid	QL_OpIssues_Comments_HumanaMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Humana Medicaid	QL_PA_Clear_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Humana Medicaid	QL_PA_Changes_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer processes PA requests within a reasonable timeframe. - Humana Medicaid	QL_PA_Timely_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Humana Medicaid	QL_PA_Law_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Humana Medicaid	QL_PA_Comments_HumanaMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - Humana Medicaid	QL_Appeals_Clear_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Humana Medicaid	QL_Appeals_Changes_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Humana Medicaid	QL_Appeals_Timely_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Humana Medicaid	QL_Appeals_Complaint_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Humana Medicaid	QL_Appeals_ComplaintComments_HumanaMedicaid	No	String	If so, please describe.	
Appeals Comments - Humana Medicaid	QL_Appeals_Comments_HumanaMedicaid	No	String	Comments about the selected payer regarding appeals.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Humana Medicaid	QL_Denial_Trend_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Humana Medicaid	QL_Denial_TrendComments_HumanaMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - Humana Medicaid	QL_Denial_Comments_HumanaMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Humana Medicaid	QL_Downgrade_PatientStatus_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Humana Medicaid	QL_Downgrade_Consistent_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Humana Medicaid	QL_Downgrade_Clear_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Humana Medicaid	QL_Downgrade_Rare_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Humana Medicaid	QL_Downgrade_Notification_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Humana Medicaid	QL_Downgrade_Information_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Humana Medicaid	QL_Downgrade_Comments_HumanaMedicaid	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - Humana Medicaid	QL_PA_Escalation_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Humana Medicaid	QL_PA_Discharge_HumanaMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	
Operational issues with this payer are resolved within a reasonable timeframe. - AmeriHealth Medicaid	QL_OpIssues_Timely_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - AmeriHealth Medicaid	QL_OpIssues_Comments_AmeriHealthMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - AmeriHealth Medicaid	QL_PA_Clear_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - AmeriHealth Medicaid	QL_PA_Changes_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - AmeriHealth Medicaid	QL_PA_Timely_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - AmeriHealth Medicaid	QL_PA_Law_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - AmeriHealth Medicaid	QL_PA_Comments_AmeriHealthMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	
The appeals process for payer is clear and consistently applied. - AmeriHealth Medicaid	QL_Appeals_Clear_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - AmeriHealth Medicaid	QL_Appeals_Changes_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - AmeriHealth Medicaid	QL_Appeals_Timely_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - AmeriHealth Medicaid	QL_Appeals_Complaint_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - AmeriHealth Medicaid	QL_Appeals_ComplaintComments_AmeriHealthMedicaid	No	String	If so, please describe.	
Appeals Comments - AmeriHealth Medicaid	QL_Appeals_Comments_AmeriHealthMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - AmeriHealth Medicaid	QL_Denial_Trend_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - AmeriHealth Medicaid	QL_Denial_TrendComments_AmeriHealthMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	
Denials Comments - AmeriHealth Medicaid	QL_Denial_Comments_AmeriHealthMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - AmeriHealth Medicaid	QL_Downgrade_PatientStatus_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - AmeriHealth Medicaid	QL_Downgrade_Conconsistent_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer's policies regarding DRG downgrading are understandable and reasonable - AmeriHealth Medicaid	QL_Downgrade_Clear_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - AmeriHealth Medicaid	QL_Downgrade_Rare_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - AmeriHealth Medicaid	QL_Downgrade_Notification_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - AmeriHealth Medicaid	QL_Downgrade_Information_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - AmeriHealth Medicaid	QL_Downgrade_Comments_AmeriHealthMedicaid	No	String	Comments about the selected payer regarding downgrades.	
For PA appeals, payer's process for escalating the process to senior decisionmakers is efficient and effective - AmeriHealth Medicaid	QL_PA_Escalation_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer's process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - AmeriHealth Medicaid	QL_PA_Discharge_AmeriHealthMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Operational issues with this payer are resolved within a reasonable timeframe. - Aetna/OhioRise Medicaid	QL_OpIssues_Timely_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Operational issues with this payer are resolved within a reasonable timeframe.	
Operational Issues - Comments - Aetna/OhioRise Medicaid	QL_OpIssues_Comments_AetnaOhioRiseMedicaid	No	String	Comments about the selected payer regarding operational issues.	
The PA requirements for payer are clear, provided on their website and consistently applied. - Aetna/OhioRise Medicaid	QL_PA_Clear_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The prior authorization requirements for this payer are clear, provided on their website and consistently applied.	
Information about changes to PA requirements for payer is communicated clearly and timely and is available on their website. - Aetna/OhioRise Medicaid	QL_PA_Changes_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the prior authorization requirements for this payer is communicated clearly and timely and is available on their website.	
Payer processes PA requests within a reasonable timeframe. - Aetna/OhioRise Medicaid	QL_PA_Timely_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations within a reasonable timeframe.	
Payer processes PAs according to Ohio's Prior Authorization law - Aetna/OhioRise Medicaid	QL_PA_Law_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer processes authorizations according to Ohio's Prior Authorization law (e.g., responds within 48 hours for urgent services, 10 days for other services; prior authorization requests are submitted electronically, etc.).	
Prior Auth Comments - Aetna/OhioRise Medicaid	QL_PA_Comments_AetnaOhioRiseMedicaid	No	String	Comments about the selected payer regarding prior authorization issues.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
The appeals process for payer is clear and consistently applied. - Aetna/OhioRise Medicaid	QL_Appeals_Clear_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	The appeals process for this payer is clear and consistently applied.	
Information about changes to the appeals process for payer is communicated clearly and timely. - Aetna/OhioRise Medicaid	QL_Appeals_Changes_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	Information about changes to the appeals process for this payer is communicated clearly and timely.	
Payer addresses appeals within a reasonable timeframe. - Aetna/OhioRise Medicaid	QL_Appeals_Timely_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer addresses appeals within a reasonable timeframe.	
Has your hospital/health system filed a provider complaint with ODI or ODM on any issue(s)? - Aetna/OhioRise Medicaid	QL_Appeals_Complaint_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital/health system filed a provider complaint with the Ohio Department of Insurance or the Ohio Department of Medicaid on any issue(s)?	
If so, please describe. - Aetna/OhioRise Medicaid	QL_Appeals_ComplaintComments_AetnaOhioRiseMedicaid	No	String	If so, please describe.	
Appeals Comments - Aetna/OhioRise Medicaid	QL_Appeals_Comments_AetnaOhioRiseMedicaid	No	String	Comments about the selected payer regarding appeals.	
Has your hospital/health system experienced a trend in denials by payer for specific codes or services? - Aetna/OhioRise Medicaid	QL_Denial_Trend_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Yes/No"</i>	Has your hospital or health system experienced a trend in denials for specific codes or services?	
If so, please describe the specific codes and/or services targeted for denials. - Aetna/OhioRise Medicaid	QL_Denial_TrendComments_AetnaOhioRiseMedicaid	No	String	If so, please describe the specific codes and/or services targeted for denials.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Denials Comments - Aetna/OhioRise Medicaid	QL_Denial_Comments_AetnaOhioRiseMedicaid	No	String	Comments about the selected payer regarding denials.	
Payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable - Aetna/OhioRise Medicaid	QL_Downgrade_PatientStatus_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding downgrading patient status from inpatient to observation are clear and reasonable.	
Payer consistently follows its policies regarding downgrading patient status from inpatient to observation - Aetna/OhioRise Medicaid	QL_Downgrade_Consistent_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer consistently follows its policies regarding downgrading patient status from inpatient to observation.	
Payer's policies regarding DRG downgrading are understandable and reasonable - Aetna/OhioRise Medicaid	QL_Downgrade_Clear_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer's policies regarding DRG downgrading are understandable and reasonable.	
Payer downgrades DRGs infrequently / rarely - Aetna/OhioRise Medicaid	QL_Downgrade_Rare_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer downgrades DRGs infrequently/ rarely.	
Payer provides notification to the hospital prior to imposing a DRG downgrade - Aetna/OhioRise Medicaid	QL_Downgrade_Notification_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides notification to the hospital prior to imposing a DRG downgrade.	
Payer provides sufficient information / data to substantiate the basis for DRG downgrades - Aetna/OhioRise Medicaid	QL_Downgrade_Information_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer provides sufficient information / data to substantiate the basis for DRG downgrades.	
Downgrades Comments - Aetna/OhioRise Medicaid	QL_Downgrade_Comments_AetnaOhioRiseMedicaid	No	String	Comments about the selected payer regarding downgrades.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
For PA appeals, payer’s process for escalating the process to senior decisionmakers is efficient and effective - Aetna/OhioRise Medicaid	QL_PA_Escalation_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	When seeking prior authorization, this payer’s process for escalating the process to senior decisionmakers is efficient and effective.	
Payer is efficient in processing PA requests to discharge patients to post-acute providers - Aetna/OhioRise Medicaid	QL_PA_Discharge_AetnaOhioRiseMedicaid	No	Lookup <i>*See Lookup Table "Likert Scale"</i>	This payer is efficient in processing authorization requests to discharge patients to post-acute providers.	

DATA ELEMENT LOOKUP TABLES

Commercial Payers

Code	Description
AETNA	AETNA
Allied	Allied
Anthem	Anthem
Aultcare	Aultcare
CareSource	CareSource
Cigna Healthcare	Cigna Healthcare
HealthScope	HealthScope
Humana	Humana
Insight	Insight
MedicalBenefits	Medical Benefits
MedicalMutual	Medical Mutual
Paramount	Paramount
ParkviewSignatureCare	Parkview Signature Care
Summacare	Summacare
TheHealthPlan	The Health Plan
TheOSUHealthPlan	The OSU Health Plan
UMWAHealthRetiree	UMWA Health & Retiree
UnitedHealthcare	UnitedHealthcare
UnitedMedicalResources	United Medical Resources

Likert Scale

Code	Description
1	1 - Strongly Disagree
2	2 - Disagree
3	3 - Undecided

Likert Scale

Code	Description
4	4 - Agree
5	5 - Strongly Agree

Medicare Payers

Code	Description
AetnaMedicare	AETNA Medicare
AetnaMyCareOhio	Aetna MyCare Ohio
AnthemMedicare	Anthem Medicare
BuckeyeHPMedicare	Buckeye Health Plan Medicare
CareSourceMedicare	CareSource Medicare
CoventryMedicare	Coventry Medicare
HealthPlanSecureCare	The Health Plan SecureCare
HumanaMedicare	Humana Medicare
MedicalMutualMedicare	Medical Mutual Medicare
Medigold	Medigold
MolinaMedicare	Molina Medicare
ParamountMedicare	Paramount Medicare
Primetime	Primetime
SummacareMedicare	Summacare Medicare
UHCMedicare	United Healthcare Medicare

Yes/No

Code	Description
Yes	Yes
No	No

OHA IDENTIFIER LOOKUP

Entity Name	OHA Id
Adams County Regional Medical Center	185
Adena Health System	1002
Advanced Specialty Hospitals Of Toledo	602
Akron Children's Hospital	003
Ashtabula County Medical Center	008
Aultman Health Foundation	1004
Avita Health System	1005
Blanchard Valley Health System	1006
Bon Secours Mercy Health	1018
Cincinnati Children's Hospital Medical Center	028
Cleveland Clinic	1008
CMH Regional Health System	188
Community Hospitals and Wellness Centers	1009
Community Memorial Hospital	094
Coshocton Regional Medical Center	067
Crystal Clinic Orthopaedic Center	500
Dayton Children's Hospital	070
East Liverpool City Hospital	079
Fairfield Medical Center	100
Firelands Health	152
Fisher-Titus Medical Center	134
Fulton County Health Center	182
Genesis Hospital	194
Grand Lake Health System	159
Henry County Hospital	131

Entity Name	OHA Id
Highland District Hospital	095
Hocking Valley Community Hospital	104
Holzer Health System	1012
Kettering Health	1013
Knox Community Hospital	130
Lake Health	1015
Licking Memorial Health Systems	1053
Lima Memorial Health System	101
Madison Health	105
Magruder Hospital	146
Mary Rutan Hospital	015
McLaren St. Luke's Hospital	121
Memorial Health System	1017
Memorial Hospital	118
Mercer Health	056
Morrow County Hospital	129
Mount Carmel Behavioral Health	582
Mount Carmel Health System	1025
Nationwide Children's Hospital	057
Ohio Hospital for Psychiatry	357
Ohio Valley Surgical Hospital	274
OhioHealth	1026
OhioHealth Southeastern Medical Center	022
OhioHealth Van Wert Hospital	174
Paulding County Hospital	143

Entity Name	OHA Id
Pomerene Hospital	127
Premier Health	1027
ProMedica	1029
Salem Regional Medical Center	151
Shriners Children's Ohio	239
Southern Ohio Medical Center	148
Southwest General Health Center	125
St. Vincent Charity Medical Center	053
Steward Health Care System	1033
Summa Health System	1034
The Bellevue Hospital	016
The Christ Hospital	029
The MetroHealth System	1056
The Ohio State University Health System	1037
The Rehabilitation Institute of Ohio	203
The Test Hospital	998
The University of Toledo Medical Center	164
TriHealth	1038
Trinity Health Systems	1041
UC Health	1042
University Hospitals	1045
Wayne HealthCare	091
Western Reserve Hospital	069
Wilson Health	156
Wood County Hospital	018
Wooster Community Hospital	189
WVU Medicine - Barnesville Hospital	011

Entity Name	OHA Id
WVU Medicine - Harrison Community Hospital	021
Wyandot Memorial Hospital	172