OHIO HOSPITAL ASSOCIATION

OHA DATA SUBMISSION

Data Specification Guide and Data Dictionary

Data Submission Type: Payer Scorecard - Quantitative Submission

Last Updated: 1/4/2024

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

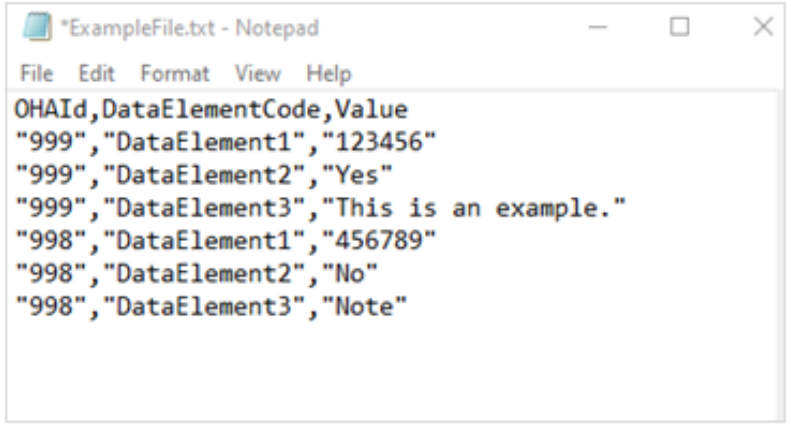
Data Columns:

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:



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 *See Lookup Table "Commercial Payers"	Payer Name - Commercial Payer 1	
Payer Name - Commercial Payer 2	PayerName_ComPayer2	No	Lookup *See Lookup Table "Commercial Payers"	Payer Name - Commercial Payer 2	
Payer Name - Commercial Payer 3	PayerName_ComPayer3	No	Lookup *See Lookup Table "Commercial Payers"	Payer Name - Commercial Payer 3	
Payer Name - Commercial Payer 4	PayerName_ComPayer4	No	Lookup *See Lookup Table "Commercial Payers"	Payer Name - Commercial Payer 4	
Payer Name - Commercial Payer 5	PayerName_ComPayer5	No	Lookup *See Lookup Table "Commercial Payers"	Payer Name - Commercial Payer 5	
Days to Pay - Commercial Payer 1	DaysToPay_ComPayer1	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Commercial Payer 1	TotalGrossCharges_ComPayer1	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Number of Accounts - Commercial Payer 1	TotalAccounts_ComPayer1	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Commercial Payer 1	TotalInitialDeniedClaims_ComPayer1	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Commercial Payer 1	TotalFinalDeniedClaims_ComPayer1	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
0-30 days (Total Charges) - Commercial Payer 1	AR_0d30d_TotChg_ComPayer1	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Commercial Payer 1	AR_31d90d_TotChg_ComPayer1	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Commercial Payer 1	AR_91d180d_TotChg_ComPayer1	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Commercial Payer 1	AR_181d365d_TotChg_ComPayer1	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Commercial Payer 1	AR_366d_TotChg_ComPayer1	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 1	ID_AddtlDoc_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 1	ID_Authorization_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Commercial Payer 1	ID_Eligibility_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 1	ID_ImproperSite_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 1	ID_MedNecessity_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 1	ID_NonClinical_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 1	ID_NonCovered_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Commercial Payer 1	ID_Registration_TotChg_ComPayer1	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Commercial Payer 1	FD_AddtlDoc_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 1	FD_Authorization_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Commercial Payer 1	FD_Eligibility_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 1	FD_ImproperSite_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 1	FD_MedNecessity_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 1	FD_NonClinical_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 1	FD_NonCovered_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Commercial Payer 1	FD_Registration_TotChg_ComPayer1	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Commercial Payer 1	FiledAppeals_Count_ComPayer1	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Commercial Payer 1	FiledAppeals_Chg_ComPayer1	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Commercial Payer 1	OverturnedAppeals_Count_ComPayer1	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Commercial Payer 2	DaysToPay_ComPayer2	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Commercial Payer 2	TotalGrossCharges_ComPayer2	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Commercial Payer 2	TotalAccounts_ComPayer2	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Commercial Payer 2	TotalInitialDeniedClaims_ComPayer2	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Commercial Payer 2	TotalFinalDeniedClaims_ComPayer2	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Commercial Payer 2	AR_0d30d_TotChg_ComPayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Commercial Payer 2	AR_31d90d_TotChg_ComPayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Commercial Payer 2	AR_91d180d_TotChg_ComPayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Commercial Payer 2	AR_181d365d_TotChg_ComPayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Commercial Payer 2	AR_366d_TotChg_ComPayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Commercial Payer 2	ID_AddtlDoc_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 2	ID_Authorization_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Commercial Payer 2	ID_Eligibility_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 2	ID_ImproperSite_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 2	ID_MedNecessity_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 2	ID_NonClinical_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 2	ID_NonCovered_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Commercial Payer 2	ID_Registration_TotChg_ComPayer2	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 2	FD_AddtlDoc_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 2	FD_Authorization_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Commercial Payer 2	FD_Eligibility_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 2	FD_ImproperSite_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 2	FD_MedNecessity_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 2	FD_NonClinical_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Commercial Payer 2	FD_NonCovered_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Commercial Payer 2	FD_Registration_TotChg_ComPayer2	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Commercial Payer 2	FiledAppeals_Count_ComPayer2	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Commercial Payer 2	FiledAppeals_Chg_ComPayer2	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Commercial Payer 2	OverturnedAppeals_Count_ComPayer2	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Commercial Payer 3	DaysToPay_ComPayer3	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Commercial Payer 3	TotalGrossCharges_ComPayer3	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Commercial Payer 3	TotalAccounts_ComPayer3	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Initial Denied Accounts - Commercial Payer 3	TotalInitialDeniedClaims_ComPayer3	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Commercial Payer 3	TotalFinalDeniedClaims_ComPayer3	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Commercial Payer 3	AR_0d30d_TotChg_ComPayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
31-90 days (Total Charges) - Commercial Payer 3	AR_31d90d_TotChg_ComPayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Commercial Payer 3	AR_91d180d_TotChg_ComPayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Commercial Payer 3	AR_181d365d_TotChg_ComPayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Commercial Payer 3	AR_366d_TotChg_ComPayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 3	ID_AddtlDoc_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 3	ID_Authorization_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Commercial Payer 3	ID_Eligibility_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 3	ID_ImproperSite_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 3	ID_MedNecessity_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 3	ID_NonClinical_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 3	ID_NonCovered_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Commercial Payer 3	ID_Registration_TotChg_ComPayer3	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 3	FD_AddtlDoc_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Authorization (Total) - Commercial Payer 3	FD_Authorization_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Commercial Payer 3	FD_Eligibility_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 3	FD_ImproperSite_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 3	FD_MedNecessity_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 3	FD_NonClinical_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 3	FD_NonCovered_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Commercial Payer 3	FD_Registration_TotChg_ComPayer3	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Commercial Payer 3	FiledAppeals_Count_ComPayer3	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Commercial Payer 3	FiledAppeals_Chg_ComPayer3	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Commercial Payer 3	OverturnedAppeals_Count_ComPayer3	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Commercial Payer 4	DaysToPay_ComPayer4	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Total Gross Charges - Commercial Payer 4	TotalGrossCharges_ComPayer4	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Commercial Payer 4	TotalAccounts_ComPayer4	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Commercial Payer 4	TotalInitialDeniedClaims_ComPayer4	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Commercial Payer 4	TotalFinalDeniedClaims_ComPayer4	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Commercial Payer 4	AR_0d30d_TotChg_ComPayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Commercial Payer 4	AR_31d90d_TotChg_ComPayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Commercial Payer 4	AR_91d180d_TotChg_ComPayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Commercial Payer 4	AR_181d365d_TotChg_ComPayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Commercial Payer 4	AR_366d_TotChg_ComPayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Commercial Payer 4	ID_AddtlDoc_TotChg_ComPayer4	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 4	ID_Authorization_TotChg_ComPayer4	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Commercial Payer 4	ID_Eligibility_TotChg_ComPayer4	No	Integer	Total charges for accounts initially denied due to eligibility.	
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Non-covered Service (Total) - Commercial Payer 4	ID_NonCovered_TotChg_ComPayer4	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Commercial Payer 4	ID_Registration_TotChg_ComPayer4	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 4	FD_AddtlDoc_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 4	FD_Authorization_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Commercial Payer 4	FD_Eligibility_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 4	FD_ImproperSite_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 4	FD_MedNecessity_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 4	FD_NonClinical_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Commercial Payer 4	FD_NonCovered_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Commercial Payer 4	FD_Registration_TotChg_ComPayer4	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Commercial Payer 4	FiledAppeals_Count_ComPayer4	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Commercial Payer 4	FiledAppeals_Chg_ComPayer4	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Commercial Payer 4	OverturnedAppeals_Count_ComPayer4	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Commercial Payer 5	DaysToPay_ComPayer5	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Commercial Payer 5	TotalGrossCharges_ComPayer5	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Commercial Payer 5	TotalAccounts_ComPayer5	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Initial Denied Accounts - Commercial Payer 5	TotalInitialDeniedClaims_ComPayer5	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Commercial Payer 5	TotalFinalDeniedClaims_ComPayer5	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Commercial Payer 5	AR_0d30d_TotChg_ComPayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
31-90 days (Total Charges) - Commercial Payer 5	AR_31d90d_TotChg_ComPayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Commercial Payer 5	AR_91d180d_TotChg_ComPayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Commercial Payer 5	AR_181d365d_TotChg_ComPayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Commercial Payer 5	AR_366d_TotChg_ComPayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 5	ID_AddtlDoc_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Commercial Payer 5	ID_Authorization_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Commercial Payer 5	ID_Eligibility_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 5	ID_ImproperSite_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 5	ID_MedNecessity_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 5	ID_NonClinical_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 5	ID_NonCovered_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Commercial Payer 5	ID_Registration_TotChg_ComPayer5	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Commercial Payer 5	FD_AddtlDoc_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Authorization (Total) - Commercial Payer 5	FD_Authorization_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Commercial Payer 5	FD_Eligibility_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Commercial Payer 5	FD_ImproperSite_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Commercial Payer 5	FD_MedNecessity_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Commercial Payer 5	FD_NonClinical_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Commercial Payer 5	FD_NonCovered_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Commercial Payer 5	FD_Registration_TotChg_ComPayer5	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Commercial Payer 5	FiledAppeals_Count_ComPayer5	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Commercial Payer 5	FiledAppeals_Chg_ComPayer5	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Commercial Payer 5	OverturnedAppeals_Count_ComPayer5	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Overturned Appeals Charges - Commercial Payer 1	OverturnedAppeals_Chg_ComPayer1	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Commercial Payer 2	OverturnedAppeals_Chg_ComPayer2	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Commercial

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Overturned Appeals Charges - Commercial Payer 3	OverturnedAppeals_Chg_ComPayer3	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Commercial Payer 4	OverturnedAppeals_Chg_ComPayer4	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Commercial Payer 5	OverturnedAppeals_Chg_ComPayer5	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Payer Name - Medicare Payer 2	PayerName_MedicarePayer2	No	Lookup *See Lookup Table "Medicare Payers"	Payer Name - Medicare Payer 2	
Payer Name - Medicare Payer 3	PayerName_MedicarePayer3	No	Lookup *See Lookup Table "Medicare Payers"	Payer Name - Medicare Payer 3	
Payer Name - Medicare Payer 4	PayerName_MedicarePayer4	No	Lookup *See Lookup Table "Medicare Payers"	Payer Name - Medicare Payer 4	
Payer Name - Medicare Payer 5	PayerName_MedicarePayer5	No	Lookup *See Lookup Table "Medicare Payers"	Payer Name - Medicare Payer 5	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Traditional FFS	DaysToPay_MedicareTraditionalFFS	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Traditional FFS	TotalGrossCharges_MedicareTraditionalFFS	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Traditional FFS	TotalAccounts_MedicareTraditionalFFS	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Traditional FFS	TotalInitialDeniedClaims_MedicareTraditionalFFS	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Traditional FFS	TotalFinalDeniedClaims_MedicareTraditionalFFS	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Traditional FFS	AR_0d30d_TotChg_MedicareTraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Traditional FFS	AR_31d90d_TotChg_MedicareTraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Traditional FFS	AR_91d180d_TotChg_MedicareTraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Traditional FFS	AR_181d365d_TotChg_MedicareTraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Traditional FFS	AR_366d_TotChg_MedicareTraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Traditional FFS	ID_AddtlDoc_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Traditional FFS	ID_Authorization_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Traditional FFS	ID_Eligibility_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Traditional FFS	ID_ImproperSite_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Traditional FFS	ID_MedNecessity_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Traditional FFS	ID_NonClinical_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Traditional FFS	ID_NonCovered_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Traditional FFS	ID_Registration_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Traditional FFS	FD_AddtlDoc_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Traditional FFS	FD_Authorization_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to authorization.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Eligibility (Total) - Traditional FFS	FD_Eligibility_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Traditional FFS	FD_ImproperSite_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Traditional FFS	FD_MedNecessity_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Traditional FFS	FD_NonClinical_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Traditional FFS	FD_NonCovered_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Traditional FFS	FD_Registration_TotChg_MedicareTraditionalFFS	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Traditional FFS	FiledAppeals_Count_MedicareTraditionalFFS	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Traditional FFS	FiledAppeals_Chg_MedicareTraditionalFFS	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Traditional FFS	OverturnedAppeals_Count_MedicareTraditionalFFS	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Medicare Payer 2	DaysToPay_MedicarePayer2	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Medicare Payer 2	TotalGrossCharges_MedicarePayer2	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Medicare Payer 2	TotalAccounts_MedicarePayer2	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Medicare Payer 2	TotalInitialDeniedClaims_MedicarePayer2	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Medicare Payer 2	TotalFinalDeniedClaims_MedicarePayer2	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Medicare Payer 2	AR_0d30d_TotChg_MedicarePayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Medicare Payer 2	AR_31d90d_TotChg_MedicarePayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Medicare Payer 2	AR_91d180d_TotChg_MedicarePayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Medicare Payer 2	AR_181d365d_TotChg_MedicarePayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Medicare Payer 2	AR_366d_TotChg_MedicarePayer2	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Medicare Payer 2	ID_AddtlDoc_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 2	ID_Authorization_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Medicare Payer 2	ID_Eligibility_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 2	ID_ImproperSite_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 2	ID_MedNecessity_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 2	ID_NonClinical_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 2	ID_NonCovered_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Medicare Payer 2	ID_Registration_TotChg_MedicarePayer2	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 2	FD_AddtlDoc_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 2	FD_Authorization_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Medicare Payer 2	FD_Eligibility_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 2	FD_ImproperSite_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Med Necessity Admission (Total) - Medicare Payer 2	FD_MedNecessity_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 2	FD_NonClinical_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 2	FD_NonCovered_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Medicare Payer 2	FD_Registration_TotChg_MedicarePayer2	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Medicare Payer 2	FiledAppeals_Count_MedicarePayer2	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Medicare Payer 2	FiledAppeals_Chg_MedicarePayer2	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Medicare Payer 2	OverturnedAppeals_Count_MedicarePayer2	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Medicare Payer 3	DaysToPay_MedicarePayer3	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Medicare Payer 3	TotalGrossCharges_MedicarePayer3	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Number of Accounts - Medicare Payer 3	TotalAccounts_MedicarePayer3	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Medicare Payer 3	TotalInitialDeniedClaims_MedicarePayer3	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Medicare Payer 3	TotalFinalDeniedClaims_MedicarePayer3	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
0-30 days (Total Charges) - Medicare Payer 3	AR_0d30d_TotChg_MedicarePayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Medicare Payer 3	AR_31d90d_TotChg_MedicarePayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Medicare Payer 3	AR_91d180d_TotChg_MedicarePayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Medicare Payer 3	AR_181d365d_TotChg_MedicarePayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Medicare Payer 3	AR_366d_TotChg_MedicarePayer3	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 3	ID_AddtlDoc_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 3	ID_Authorization_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Medicare Payer 3	ID_Eligibility_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 3	ID_ImproperSite_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 3	ID_MedNecessity_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 3	ID_NonClinical_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Medicare Payer 3	ID_NonCovered_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Medicare Payer 3	ID_Registration_TotChg_MedicarePayer3	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 3	FD_AddtlDoc_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 3	FD_Authorization_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Medicare Payer 3	FD_Eligibility_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 3	FD_ImproperSite_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 3	FD_MedNecessity_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 3	FD_NonClinical_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 3	FD_NonCovered_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Medicare Payer 3	FD_Registration_TotChg_MedicarePayer3	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Medicare Payer 3	FiledAppeals_Count_MedicarePayer3	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Medicare Payer 3	FiledAppeals_Chg_MedicarePayer3	No	Integer	Total charges for accounts with appeals/reconsideration requests.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Overturned Appeals - Medicare Payer 3	OverturnedAppeals_Count_MedicarePayer3	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Medicare Payer 4	DaysToPay_MedicarePayer4	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Medicare Payer 4	TotalGrossCharges_MedicarePayer4	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Medicare Payer 4	TotalAccounts_MedicarePayer4	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Medicare Payer 4	TotalInitialDeniedClaims_MedicarePayer4	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Medicare Payer 4	TotalFinalDeniedClaims_MedicarePayer4	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Medicare Payer 4	AR_0d30d_TotChg_MedicarePayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Medicare Payer 4	AR_31d90d_TotChg_MedicarePayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Medicare Payer 4	AR_91d180d_TotChg_MedicarePayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Medicare Payer 4	AR_181d365d_TotChg_MedicarePayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Medicare Payer 4	AR_366d_TotChg_MedicarePayer4	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Medicare Payer 4	ID_AddtlDoc_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 4	ID_Authorization_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Medicare Payer 4	ID_Eligibility_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 4	ID_ImproperSite_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 4	ID_MedNecessity_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 4	ID_NonClinical_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 4	ID_NonCovered_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Medicare Payer 4	ID_Registration_TotChg_MedicarePayer4	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 4	FD_AddtlDoc_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 4	FD_Authorization_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Medicare Payer 4	FD_Eligibility_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 4	FD_ImproperSite_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Med Necessity Admission (Total) - Medicare Payer 4	FD_MedNecessity_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 4	FD_NonClinical_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 4	FD_NonCovered_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Medicare Payer 4	FD_Registration_TotChg_MedicarePayer4	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Medicare Payer 4	FiledAppeals_Count_MedicarePayer4	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Medicare Payer 4	FiledAppeals_Chg_MedicarePayer4	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Medicare Payer 4	OverturnedAppeals_Count_MedicarePayer4	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Medicare Payer 5	DaysToPay_MedicarePayer5	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Medicare Payer 5	TotalGrossCharges_MedicarePayer5	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Number of Accounts - Medicare Payer 5	TotalAccounts_MedicarePayer5	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Medicare Payer 5	TotalInitialDeniedClaims_MedicarePayer5	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Medicare Payer 5	TotalFinalDeniedClaims_MedicarePayer5	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
0-30 days (Total Charges) - Medicare Payer 5	AR_0d30d_TotChg_MedicarePayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Medicare Payer 5	AR_31d90d_TotChg_MedicarePayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Medicare Payer 5	AR_91d180d_TotChg_MedicarePayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Medicare Payer 5	AR_181d365d_TotChg_MedicarePayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Medicare Payer 5	AR_366d_TotChg_MedicarePayer5	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 5	ID_AddtlDoc_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 5	ID_Authorization_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Medicare Payer 5	ID_Eligibility_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 5	ID_ImproperSite_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 5	ID_MedNecessity_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 5	ID_NonClinical_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Medicare Payer 5	ID_NonCovered_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Medicare Payer 5	ID_Registration_TotChg_MedicarePayer5	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Medicare Payer 5	FD_AddtlDoc_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Medicare Payer 5	FD_Authorization_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Medicare Payer 5	FD_Eligibility_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Medicare Payer 5	FD_ImproperSite_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Medicare Payer 5	FD_MedNecessity_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Medicare Payer 5	FD_NonClinical_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Medicare Payer 5	FD_NonCovered_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Medicare Payer 5	FD_Registration_TotChg_MedicarePayer5	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Medicare Payer 5	FiledAppeals_Count_MedicarePayer5	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Medicare Payer 5	FiledAppeals_Chg_MedicarePayer5	No	Integer	Total charges for accounts with appeals/reconsideration requests.	

SECTION: Medicare

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Overturned Appeals - Medicare Payer 5	OverturnedAppeals_Count_MedicarePayer5	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Overturned Appeals Charges - Traditional FFS	OverturnedAppeals_Chg_MedicareTraditionalFFS	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Medicare Payer 2	OverturnedAppeals_Chg_MedicarePayer2	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Medicare Payer 3	OverturnedAppeals_Chg_MedicarePayer3	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Medicare Payer 4	OverturnedAppeals_Chg_MedicarePayer4	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Medicare Payer 5	OverturnedAppeals_Chg_MedicarePayer5	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Traditional FFS	DaysToPay_TraditionalFFS	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Traditional FFS	TotalGrossCharges_TraditionalFFS	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Traditional FFS	TotalAccounts_TraditionalFFS	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Traditional FFS	TotalInitialDeniedClaims_TraditionalFFS	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

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Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Traditional FFS	TotalFinalDeniedClaims_TraditionalFFS	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Traditional FFS	AR_0d30d_TotChg_TraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Traditional FFS	AR_31d90d_TotChg_TraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Traditional FFS	AR_91d180d_TotChg_TraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Traditional FFS	AR_181d365d_TotChg_TraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Traditional FFS	AR_366d_TotChg_TraditionalFFS	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Traditional FFS	ID_AddtlDoc_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Traditional FFS	ID_Authorization_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Traditional FFS	ID_Eligibility_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Traditional FFS	ID_ImproperSite_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Traditional FFS	ID_MedNecessity_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Traditional FFS	ID_NonClinical_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Traditional FFS	ID_NonCovered_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Traditional FFS	ID_Registration_TotChg_TraditionalFFS	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Traditional FFS	FD_AddtlDoc_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Traditional FFS	FD_Authorization_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Traditional FFS	FD_Eligibility_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Traditional FFS	FD_ImproperSite_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Traditional FFS	FD_MedNecessity_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Traditional FFS	FD_NonClinical_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Traditional FFS	FD_NonCovered_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Traditional FFS	FD_Registration_TotChg_TraditionalFFS	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Traditional FFS	FiledAppeals_Count_TraditionalFFS	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Traditional FFS	FiledAppeals_Chg_TraditionalFFS	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Traditional FFS	OverturnedAppeals_Count_TraditionalFFS	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Buckeye	DaysToPay_BuckeyeHPMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Buckeye	TotalGrossCharges_BuckeyeHPMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Buckeye	TotalAccounts_BuckeyeHPMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Initial Denied Accounts - Buckeye	TotalInitialDeniedClaims_BuckeyeHPMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Buckeye	TotalFinalDeniedClaims_BuckeyeHPMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Buckeye	AR_0d30d_TotChg_BuckeyeHPMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
31-90 days (Total Charges) - Buckeye	AR_31d90d_TotChg_BuckeyeHPMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Buckeye	AR_91d180d_TotChg_BuckeyeHPMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Buckeye	AR_181d365d_TotChg_BuckeyeHPMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Buckeye	AR_366d_TotChg_BuckeyeHPMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Buckeye	ID_AddtlDoc_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Buckeye	ID_Authorization_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Buckeye	ID_Eligibility_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Buckeye	ID_ImproperSite_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Buckeye	ID_MedNecessity_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Buckeye	ID_NonClinical_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - Buckeye	ID_NonCovered_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Buckeye	ID_Registration_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Buckeye	FD_AddtlDoc_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Buckeye	FD_Authorization_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Buckeye	FD_Eligibility_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Buckeye	FD_ImproperSite_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Buckeye	FD_MedNecessity_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Buckeye	FD_NonClinical_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Buckeye	FD_NonCovered_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Buckeye	FD_Registration_TotChg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Filed Appeals - Buckeye	FiledAppeals_Count_BuckeyeHPMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Buckeye	FiledAppeals_Chg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Buckeye	OverturnedAppeals_Count_BuckeyeHPMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - CareSource	DaysToPay_CareSourceMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - CareSource	TotalGrossCharges_CareSourceMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - CareSource	TotalAccounts_CareSourceMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Initial Denied Accounts - CareSource	TotalInitialDeniedClaims_CareSourceMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - CareSource	TotalFinalDeniedClaims_CareSourceMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - CareSource	AR_0d30d_TotChg_CareSourceMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
31-90 days (Total Charges) - CareSource	AR_31d90d_TotChg_CareSourceMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - CareSource	AR_91d180d_TotChg_CareSourceMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - CareSource	AR_181d365d_TotChg_CareSourceMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - CareSource	AR_366d_TotChg_CareSourceMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - CareSource	ID_AddtlDoc_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - CareSource	ID_Authorization_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - CareSource	ID_Eligibility_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - CareSource	ID_ImproperSite_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - CareSource	ID_MedNecessity_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - CareSource	ID_NonClinical_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Non-covered Service (Total) - CareSource	ID_NonCovered_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - CareSource	ID_Registration_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - CareSource	FD_AddtlDoc_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - CareSource	FD_Authorization_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - CareSource	FD_Eligibility_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - CareSource	FD_ImproperSite_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - CareSource	FD_MedNecessity_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - CareSource	FD_NonClinical_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - CareSource	FD_NonCovered_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - CareSource	FD_Registration_TotChg_CareSourceMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Filed Appeals - CareSource	FiledAppeals_Count_CareSourceMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - CareSource	FiledAppeals_Chg_CareSourceMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - CareSource	OverturnedAppeals_Count_CareSourceMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Days to Pay - Molina	DaysToPay_MolinaMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Molina	TotalGrossCharges_MolinaMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Molina	TotalAccounts_MolinaMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Initial Denied Accounts - Molina	TotalInitialDeniedClaims_MolinaMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - Molina	TotalFinalDeniedClaims_MolinaMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Molina	AR_0d30d_TotChg_MolinaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
31-90 days (Total Charges) - Molina	AR_31d90d_TotChg_MolinaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Molina	AR_91d180d_TotChg_MolinaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Molina	AR_181d365d_TotChg_MolinaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Molina	AR_366d_TotChg_MolinaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Molina	ID_AddtlDoc_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Molina	ID_Authorization_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Molina	ID_Eligibility_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Molina	ID_ImproperSite_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Molina	ID_MedNecessity_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Molina	ID_NonClinical_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Molina	ID_NonCovered_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Molina	ID_Registration_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Molina	FD_AddtlDoc_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Molina	FD_Authorization_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Molina	FD_Eligibility_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Molina	FD_ImproperSite_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Molina	FD_MedNecessity_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Molina	FD_NonClinical_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Molina	FD_NonCovered_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Molina	FD_Registration_TotChg_MolinaMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Molina	FiledAppeals_Count_MolinaMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Molina	FiledAppeals_Chg_MolinaMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Molina	OverturnedAppeals_Count_MolinaMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Paramount	DaysToPay_ParmamountMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Paramount	TotalGrossCharges_ParmamountMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Paramount	TotalAccounts_ParmamountMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Paramount	TotalInitialDeniedClaims_ParmamountMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Paramount	TotalFinalDeniedClaims_ParmamountMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Paramount	AR_0d30d_TotChg_ParmamountMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Paramount	AR_31d90d_TotChg_ParmamountMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Paramount	AR_91d180d_TotChg_ParmamountMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Paramount	AR_181d365d_TotChg_ParmamountMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Paramount	AR_366d_TotChg_ParmamountMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Paramount	ID_AddtlDoc_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Paramount	ID_Authorization_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Paramount	ID_Eligibility_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Paramount	ID_ImproperSite_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Paramount	ID_MedNecessity_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Paramount	ID_NonClinical_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Paramount	ID_NonCovered_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Paramount	ID_Registration_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Paramount	FD_AddtlDoc_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Paramount	FD_Authorization_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Eligibility (Total) - Paramount	FD_Eligibility_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Paramount	FD_ImproperSite_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Paramount	FD_MedNecessity_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Paramount	FD_NonClinical_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Paramount	FD_NonCovered_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Paramount	FD_Registration_TotChg_ParmamountMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Paramount	FiledAppeals_Count_ParmamountMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Paramount	FiledAppeals_Chg_ParmamountMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Paramount	OverturnedAppeals_Count_Parmamount Medicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).

SECTION: Medicaid

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Overturned Appeals Charges - Traditional FFS	OverturnedAppeals_Chg_TraditionalFFS	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Buckeye	OverturnedAppeals_Chg_BuckeyeHPMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - CareSource	OverturnedAppeals_Chg_CareSourceMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Molina	OverturnedAppeals_Chg_MolinaMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).
Overturned Appeals Charges - Paramount	OverturnedAppeals_Chg_ParmamountMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - UnitedHealthcare	DaysToPay_UHCMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - UnitedHealthcare	TotalGrossCharges_UHCMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Number of Accounts - UnitedHealthcare	TotalAccounts_UHC Medicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - UnitedHealthcare	TotalInitialDeniedClaims_UHCMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.
Final Denied Accounts - UnitedHealthcare	TotalFinalDeniedClaims_UHCMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
0-30 days (Total Charges) - UnitedHealthcare	AR_0d30d_TotChg_UHCMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - UnitedHealthcare	AR_31d90d_TotChg_UHCMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - UnitedHealthcare	AR_91d180d_TotChg_UHCMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - UnitedHealthcare	AR_181d365d_TotChg_UHCMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - UnitedHealthcare	AR_366d_TotChg_UHCMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.
Add'l Documentation Requests (Total) - UnitedHealthcare	ID_AddtlDoc_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - UnitedHealthcare	ID_Authorization_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - UnitedHealthcare	ID_Eligibility_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - UnitedHealthcare	ID_ImproperSite_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - UnitedHealthcare	ID_MedNecessity_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - UnitedHealthcare	ID_NonClinical_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - UnitedHealthcare	ID_NonCovered_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - UnitedHealthcare	ID_Registration_TotChg_UHCMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - UnitedHealthcare	FD_AddtlDoc_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - UnitedHealthcare	FD_Authorization_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - UnitedHealthcare	FD_Eligibility_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - UnitedHealthcare	FD_ImproperSite_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - UnitedHealthcare	FD_MedNecessity_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - UnitedHealthcare	FD_NonClinical_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - UnitedHealthcare	FD_NonCovered_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - UnitedHealthcare	FD_Registration_TotChg_UHCMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - UnitedHealthcare	FiledAppeals_Count_UHCMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - UnitedHealthcare	FiledAppeals_Chg_UHCMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - UnitedHealthcare	OverturnedAppeals_Count_UHCMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Overturned Appeals Charges - UnitedHealthcare	OverturnedAppeals_Chg_UHCMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Humana Medicaid	DaysToPay_Humana Medicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Humana Medicaid	TotalGrossCharges_ HumanaMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Humana Medicaid	TotalAccounts_Hum anaMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Humana Medicaid	TotalInitialDeniedCla ims_HumanaMedicai d	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Humana Medicaid	TotalFinalDeniedClaims_HumanaMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Humana Medicaid	AR_0d30d_TotChg_HumanaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Humana Medicaid	AR_31d90d_TotChg_HumanaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Humana Medicaid	AR_91d180d_TotChg_HumanaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Humana Medicaid	AR_181d365d_TotChg_HumanaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Humana Medicaid	AR_366d_TotChg_HumanaMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Humana Medicaid	ID_AddtlDoc_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Humana Medicaid	ID_Authorization_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Humana Medicaid	ID_Eligibility_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Humana Medicaid	ID_ImproperSite_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Humana Medicaid	ID_MedNecessity_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Humana Medicaid	ID_NonClinical_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Humana Medicaid	ID_NonCovered_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Humana Medicaid	ID_Registration_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Humana Medicaid	FD_AddtlDoc_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Humana Medicaid	FD_Authorization_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	
Eligibility (Total) - Humana Medicaid	FD_Eligibility_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Improper site-of-service (Total) - Humana Medicaid	FD_ImproperSite_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Humana Medicaid	FD_MedNecessity_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Humana Medicaid	FD_NonClinical_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Humana Medicaid	FD_NonCovered_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Humana Medicaid	FD_Registration_TotChg_HumanaMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Humana Medicaid	FiledAppeals_Count_HumanaMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Humana Medicaid	FiledAppeals_Chg_HumanaMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Humana Medicaid	OverturnedAppeals_Count_HumanaMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Overturned Appeals Charges - Humana Medicaid	OverturnedAppeals_Chg_HumanaMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - AmeriHealth Medicaid	DaysToPay_AmeriHealthMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - AmeriHealth Medicaid	TotalGrossCharges_AmeriHealthMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - AmeriHealth Medicaid	TotalAccounts_AmeriHealthMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - AmeriHealth Medicaid	TotalInitialDeniedClaims_AmeriHealthMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - AmeriHealth Medicaid	TotalFinalDeniedClaims_AmeriHealthMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - AmeriHealth Medicaid	AR_0d30d_TotChg_AmeriHealthMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - AmeriHealth Medicaid	AR_31d90d_TotChg_AmeriHealthMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - AmeriHealth Medicaid	AR_91d180d_TotChg_AmeriHealthMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - AmeriHealth Medicaid	AR_181d365d_TotChg_AmeriHealthMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - AmeriHealth Medicaid	AR_366d_TotChg_AmeriHealthMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - AmeriHealth Medicaid	ID_AddtlDoc_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - AmeriHealth Medicaid	ID_Authorization_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - AmeriHealth Medicaid	ID_Eligibility_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - AmeriHealth Medicaid	ID_ImproperSite_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - AmeriHealth Medicaid	ID_MedNecessity_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - AmeriHealth Medicaid	ID_NonClinical_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - AmeriHealth Medicaid	ID_NonCovered_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - AmeriHealth Medicaid	ID_Registration_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - AmeriHealth Medicaid	FD_AddtlDoc_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - AmeriHealth Medicaid	FD_Authorization_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Eligibility (Total) - AmeriHealth Medicaid	FD_Eligibility_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - AmeriHealth Medicaid	FD_ImproperSite_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - AmeriHealth Medicaid	FD_MedNecessity_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - AmeriHealth Medicaid	FD_NonClinical_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - AmeriHealth Medicaid	FD_NonCovered_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - AmeriHealth Medicaid	FD_Registration_TotChg_AmeriHealthMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - AmeriHealth Medicaid	FiledAppeals_Count_AmeriHealthMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - AmeriHealth Medicaid	FiledAppeals_Chg_AmeriHealthMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - AmeriHealth Medicaid	OverturnedAppeals_Count_AmeriHealthMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).
Overturned Appeals Charges - AmeriHealth Medicaid	OverturnedAppeals_Chg_AmeriHealthMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Days to Pay - Aetna/OhioRise Medicaid	DaysToPay_AetnaOhioRiseMedicaid	No	Integer	For primary accounts that closed during the survey period, report the number of days from first claim date (date at which the claim is released from the clearinghouse) of the primary payer to final payment (remit date) from primary payer (average inpatient and outpatient accounts combined).	Days to Pay must be greater than 0. If you do not know what Days to Pay is for this payer, leave it blank.
Total Gross Charges - Aetna/OhioRise Medicaid	TotalGrossCharges_AetnaOhioRiseMedicaid	No	Integer	The total gross charges for discharges (inpatient, outpatient and ED) during the time period, for the selected payer.	Total Gross Charges must be greater than the Sum of Initial Denials (Total $).
Number of Accounts - Aetna/OhioRise Medicaid	TotalAccounts_AetnaOhioRiseMedicaid	No	Integer	The total number of hospital inpatient, outpatient and ED discharged accounts for the time period, for the selected payer. (Do not include professional/physician claims.)	
Initial Denied Accounts - Aetna/OhioRise Medicaid	TotalInitialDeniedClaims_AetnaOhioRiseMedicaid	No	Integer	The number of remits reflecting an initial denial for the selected payer. Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Initial Denied Accounts must be less than or equal to Number of Accounts.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Final Denied Accounts - Aetna/OhioRise Medicaid	TotalFinalDeniedClaims_AetnaOhioRiseMedicaid	No	Integer	Provide the number of accounts finally denied, for the selected payer, during the survey period after all reconsiderations and appeals have been pursued. Discharges do not have to be within the survey period (i.e., you can include older accounts that were adjusted within the survey period). Whether to treat an account as Initially/Finally Denied is dependent upon how your organization treats it in terms of administrative burden. If a downgraded/down-coded account is appealed, include the account in Denials data as it triggers administrative burden. However, if a downgraded/downcoded account is accepted as payment-in-full, do not include account in Denials data as it does not cause additional administrative burden.	Final Denied Accounts must be less than or equal to Initial Denied Accounts.
0-30 days (Total Charges) - Aetna/OhioRise Medicaid	AR_0d30d_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 0-30 days outstanding.	
31-90 days (Total Charges) - Aetna/OhioRise Medicaid	AR_31d90d_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 31-90 days outstanding.	
91-180 days (Total Charges) - Aetna/OhioRise Medicaid	AR_91d180d_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 91-180 days outstanding.	
181-365 days (Total Charges) - Aetna/OhioRise Medicaid	AR_181d365d_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 181-365 days outstanding.	
366 + days (Total Charges) - Aetna/OhioRise Medicaid	AR_366d_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total amount of outstanding gross billed charges in AR, for the selected payer, that are 366 or more days outstanding.	Total Accounts Receivable (sum of all Total $) must be greater than 0.

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Add'l Documentation Requests (Total) - Aetna/OhioRise Medicaid	ID_AddtlDoc_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to additional documentation requests.	
Authorization (Total) - Aetna/OhioRise Medicaid	ID_Authorization_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to authorization.	
Eligibility (Total) - Aetna/OhioRise Medicaid	ID_Eligibility_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to eligibility.	
Improper site-of-service (Total) - Aetna/OhioRise Medicaid	ID_ImproperSite_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to improper site-of-service.	
Med Necessity Admission (Total) - Aetna/OhioRise Medicaid	ID_MedNecessity_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to medical necessity.	
Non-clinical issue (Total) - Aetna/OhioRise Medicaid	ID_NonClinical_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to non-clinical issues.	
Non-covered Service (Total) - Aetna/OhioRise Medicaid	ID_NonCovered_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to non-covered service.	
Registration (Total) - Aetna/OhioRise Medicaid	ID_Registration_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts initially denied due to registration.	Sum of Initial Denials (Total $) must be greater than 0.
Add'l Documentation Requests (Total) - Aetna/OhioRise Medicaid	FD_AddtlDoc_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to additional documentation requests.	
Authorization (Total) - Aetna/OhioRise Medicaid	FD_Authorization_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to authorization.	

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Eligibility (Total) - Aetna/OhioRise Medicaid	FD_Eligibility_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to eligibility.	
Improper site-of-service (Total) - Aetna/OhioRise Medicaid	FD_ImproperSite_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to improper site-of-service.	
Med Necessity Admission (Total) - Aetna/OhioRise Medicaid	FD_MedNecessity_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to medical necessity.	
Non-clinical issue (Total) - Aetna/OhioRise Medicaid	FD_NonClinical_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to non-clinical issues.	
Non-covered Service (Total) - Aetna/OhioRise Medicaid	FD_NonCovered_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to non-covered service.	
Registration (Total) - Aetna/OhioRise Medicaid	FD_Registration_TotChg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts finally denied due to registration.	Sum of Final Denials (Total $) must be less than than or equal to the sum of Initial Denials (Total $).
Filed Appeals - Aetna/OhioRise Medicaid	FiledAppeals_Count_AetnaOhioRiseMedicaid	No	Integer	Total number of appeals/reconsideration requests.	
Filed Appeals Charges - Aetna/OhioRise Medicaid	FiledAppeals_Chg_AetnaOhioRiseMedicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests.	
Overturned Appeals - Aetna/OhioRise Medicaid	OverturnedAppeals_Count_AetnaOhioRiseMedicaid	No	Integer	Total number of appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total #) must be less than or equal to Filed Appeals (Total #).

SECTION: Medicaid (cont'd)

Data Element Name	Data Element Code	Required?	Data Type	Definition	Validation
Overturned Appeals Charges - Aetna/OhioRise Medicaid	OverturnedAppeals_Chg_AetnaOhioRise Medicaid	No	Integer	Total charges for accounts with appeals/reconsideration requests overturned by payer.	Overturned Appeals (Total $) must be less than or equal to Filed Appeals (Total $).

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

Medicare Payers

Code	Description
AetnaMedicare	AETNA Medicare
AetnaMyCareOhio	Aetna MyCare Ohio
AnthemMedicare	Anthem Medicare

Medicare Payers

Code	Description
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

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
WVU Medicine - Harrison Community Hospital	021
Wyandot Memorial Hospital	172