

<b>Attachment A- Denial and Appeal Data</b>	<b>M/S</b>	<b>MH</b>	<b>SUD</b>	<b>Total</b>
<b>A. The total number of utilization review requests (including prior authorization/precertification, concurrent review, retrospective review)</b>				
1. Based on medical necessity*				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization/home healthcare				
d. intensive outpatient				
e. routine outpatient				
2. Based on anything other than medical necessity (list other request reasons and indicate how many requests fell under each reason)				
<b>B. The total number of UR requests in A that were denied.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
2. Based on anything other than medical necessity (list other denial reasons and indicate how many denials fell under each reason)				
<b>The percentage of UR requests that were denied.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
2. Based on anything other than medical necessity				
<b>C. The total number of grievances resulting from the above denials.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of grievances resulting from the above denials.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>D. The total number of grievances in C that were reversed.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				

e. routine outpatient				
<b>The percentage of grievances that were reversed.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>E. The total number of grievances that were modified.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of grievances that were modified.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>F. The total number of grievances in C that were upheld.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of grievances in C that were upheld.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>G. The number of grievances in E or F that went to external review (through MIA).</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of grievances in E or F that went to external review (through MIA).</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				

c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>H. The total number of external grievances above in G that were reversed.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of external grievances above in G that were reversed.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>I. The total number of external grievances above in G that were modified.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				
<b>The percentage of external grievances above in G that were modified.</b>				
1. Based on medical necessity				
a. inpatient				
b. skilled nursing/residential facility				
c. partial hospitalization				
d. intensive outpatient				
e. routine outpatient				

\* "medical necessity" shall include determinations of the most appropriate level of care and whether a service is experimental or investigational