IHT Non-NICU Spec Doc

Report Description	
Report Field	**Field Description**
Arae	Current RAE assigned as indicated on the member's eligibility. 'Current' RAE is defined as the RAE identified with last start date and future end date
Arae Start Date	Current ARAE start date identied on the member's eligibility
Arae End Date	Current ARAE end date identied on the member's eligibility
Atrezzo Case ID	ANG Case # assigned to the prior authorization request
Contract Member ID	Member's Medicaid ID
First Name	Member's Last Name
Last Name	Member's Date of Birth
Age	Member's age, calculated using prior auth submit date - member's date of birth
Member Address1	Member's street address
Member City	Member's city
Member State	Member's state
Member Zip	Member's zip
Request Type	Non-NICU; NICU
Dx Code & Desc	Diagnosis entered at the time of prior auth submission
Request Submit Date	Date the request was submitted
Expected Admission Date	Admit Date, taken from Service Details
Expected Discharge/Transfer Date	Discharge Date, taken from Service Details
Estimated Days Inpatient	Requested Duration (Requested End Date - Requested Start Date)
Servicing Provider NPI	Servicing Provider NPI
Servicing Provider Name	Servicing Provider Name
Requesting Provider Name	Requesting Provider Name
Requesting Provider's phone	Requesting Provider's phone
Procedure Code/ICD 10	Procedure Code/ICD 10 entered during request submission
Procedure Code/ICD 10 Code Desc	Procedure Code/ICD 10 description
This submission is for information regarding Post Admission review:	Upcoming Discharge or 30 Day Interval
If this submission is for a 30 Day Interval, are you requesting assistance with discharge now?	Yes/No (both populate free text field)
Anticipated level of care upon discharge/transition?	Assisted Living Facility; Home; Home with Skilled Nursing; Long Term Acute Care; Skilled Nursing Facility; Other (populates free text)
Are there comorbidities and/or chronic conditions impacting the member's transition or discharge?	Yes/None (yes populates free text field)
Are medication barriers a risk post discharge?	Yes/No; Yes populates-Dependence on High Flow Oxygen; Financial Constraints; Frequent Changes in Medications; High Risk Medications; Knowledge Deficit; Logistical Challenges; Polypharmacy; Reduced Mobility; Transportation; Ventilator Dependence; Other
Member is pending transition/discharge but has needs that may be a barrier to transition/discharge?	Behavioral Health Needs; Cognitive Disability; Durable Medical Equipment; Home Health; Occupational Therapy; Personal Care Services; Physical Disability; Physical Therapy; Private Duty Nursing; Skilled Nursing Need; Speech Therapy; Supplies; Wound Care; Other (populates free text)
Has the hospital identified a risk of readmission for the member?	Yes/No (both populate free text field)
Please provide any additional information for the RAEs not previously mentioned:	Free text
Point of Contact Name	Free Text Field to provide Name from Point of Contact Information for RAE outreach
Point of Contact Hospital	Free Text Field to provide Hospital from Point of Contact Information for RAE outreach
Point of Contact Phone Number	Free Text Field to provide Phone number from Point of Contact Information for RAE outreach
Point of Contact Email	Free Text Field to provide Email from Point of Contact Information for RAE outreach