



# DualChoice

# Cancellation Universe

**MONTH:** \_\_\_\_\_

**LOB:** \_\_\_\_\_

**IPA:** \_\_\_\_\_

\* Priority of Referral:

### Urgent, Routine, Concurrent, Post-Service/Retrospective

**\*\* Referral Disposition/Decision:**

Cancelled

\*\*\*Reason for Cancellation

Examples of cancellations: Member not eligible, Data Entry Error, Misdirected, Health Plan/IPA Misdirected, Withdrawal, Duplicate or Other.

**Cancellation Universe**

Column ID	Field Name	Description
A	IPA Auth/Tracking #	Enter IPA's Authorization or tracking number
B	Member Name	Enter Member's name (LAST NAME, FIRST NAME)
C	IEHP Member ID#	Enter the IEHP identifier used to identify the Member.
D	Member Date of Birth	Enter the Member's date of birth (MM/DD/YY)
E	Priority of Referral	Enter the appropriate priority: Routine, Urgent, Concurrent, Post-Service/Retrospective
F	Date Request Received	Enter the date when the request was received from the Provider. (MM/DD/YY)
G	Time Request Received	Enter the time the request was received (For Urgent Requests only)
H	Requesting Provider	Enter the name of the requesting provider (LAST NAME, FIRST NAME)
I	Requested Provider	Enter the name of the requested provider (LAST NAME, FIRST NAME)
J	Requested Provider Specialty	Enter the requested provider's specialty
K	Service Requested	Provide a description of the service or item requested, including all CPT codes
L	Service category	Enter the service category: DME, Dermatology, Home Health, Physical Therapy, etc.
M	Diagnosis	Provide all of the Member's diagnosis/diagnoses ICD-10 codes related to the request.
N	Referral Disposition/Decision	Enter determination: Cancelled
O	Reason for Cancellation	Enter cancellation reason. Examples of Cancellations - Member not eligible, Data Entry Error, Misdirected, Health Plan/IPA Misdirected, Withdrawal, Duplicate or Other.
P	Cancellation Date	Enter the date of the IPA cancelled the request (MM/DD/YY).
Q	Cancellation Time	Enter the time of the IPA cancelled the request (For Urgent Requests Only)
R	Date notice mailed to member	Enter the date the notice was mailed to the Member. (MM/DD/YY)
S	Date provider notified	Enter the date the notice was sent to the Provider. (MM/DD/YY)