

Referral Universe (Include all medical prior authorization requests)		
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
F	Authorization type	Enter type, one of the following: Prospective, Retroactive, Concurrent
G	Date Request Received	Enter the date when the request was received from the Provider. (MM/DD/YY)
H	Time Request Received	Enter the time the request was received (For Urgent Requests only)
I	Requesting Provider	Enter the name of the requesting provider (LAST NAME, FIRST NAME)
J	Requested Provider	Enter the name of the requested provider (LAST NAME, FIRST NAME)
K	Requested Provider Specialty	Enter the requested provider's specialty
L	Service Requested	Provide a description of the service or item requested, including all CPT codes
M	Service category	Enter the service category: DME, Dermatology, Home Health, Physical Therapy, etc.
N	Diagnosis	Provide all of the Member's diagnosis/diagnoses ICD-10 codes related to the request.
O	Was a timeframe extension taken?	Yes/No indicator of whether the IPA extended the timeframe to make a decision
P	If an extension was taken, date the Notice of Delay was issued to the Member	If an extension was taken, enter the date the Notice of Delay was mailed to the Member (MM/DD/YY). Answer NA if no extension was taken.
Q	If an extension was taken, date the Notice of Delay was issued to the Provider	If an extension was taken, enter the date the Notice of Delay was mailed to the Provider (MM/DD/YY). Answer NA if no extension was taken.
R	Referral Disposition/Decision	Enter determination: Approved, Denied, Modified/Partial Approval, Cancelled, Carve-out.
S	If denied, modified, cancelled, carved-out - reason for denial, modification, cancellation or carve-out	For denied, modified, and cancelled requests, provide an explanation of why the prior authorization request was denied, modified, cancelled or carve-out. (Examples of explanations for denials that can be listed - Does Not Meet Criteria/Guidelines, Not Medically Necessary, Experimental, Out of Network Provider, Not a covered benefit, Available In Alternative Setting. Examples of explanations for cancellations that can be listed – Member Not Eligible, Data Entry Error, Primary Insurance Coverage, Misdirected, Health Plan/IPA misdirected, Duplicate and No Prio Auth Required. For a list of items that should be carved-out please reference your groups DOFR).
T	Decision Date	Enter the date of the IPA decision (MM/DD/YY).
U	Decision Time	Enter the time of the IPA decision (For Urgent Requests Only)
V	Date notice mailed to member	Enter the date the notice was mailed to the Member. (MM/DD/YY)
W	Date provider notified	Enter the date the notice was sent to the Provider. (MM/DD/YY)
X	Date effectuated	Enter the date the approved authorization was entered in to the IPA's Claims system (MM/DD/YY). (Only for approved/partially approved services)
Y	Decision maker (if denied or modified)	Enter Decision maker name if referral disposition is denied or modified