

Standard Reports Guide

Version 1
1/21/2026

Contents

Standard Reports Library	4
Case Management Reports	4
Case Management Report Fields and Filters	6
Enrollment Referral Source	6
Open Program Detail	7
Care Plan Dashboard- 3 Reports	8
Problems and Goals Details	8
Goal with Interventions	9
Goals with Barriers	10
Program Assessment Detail	11
Program Cost Savings Detail	12
Program Outcome Status Detail	12
Program Enrollment	13
Program Tasks Activity Detail	14
Member Reports	15
Member Report Fields and Filters	16
Membership Enrollment Detail	16
Member Demographics Detail	17
Utilization Management Reports	18
Utilization Management Reports	19
Appeals Activity Detail	19
Grievances Activity Detail	20
Final Status Requests Details	21
Pended Request Detail	23
Provider Portal Request Details	24
Requests Turn Around Time	25

Standard Reports Library

Report	Module
Enrollment Referral Source	Care Management
Open Program Detail	Care Management
Plan of Care and Goals Detail	Care Management
Program Assessment Detail	Care Management
Program Cost Savings Detail	Care Management
Program Outcome Status Detail	Care Management
Task All Activity Detail	Care Management
Program Enrollment	Care Management
Membership Enrollment Detail	Membership
Member Demographics Detail	Membership
Appeals Activity Detail	Utilization Management
Provider Portal Details	Utilization Management
Grievances Activity Detail	Utilization Management
Pended Requests Detail	Utilization Management
Requests Activity Detail	Utilization Management
Requests Turn Around Time Detail	Utilization Management

Case Management Reports

Report	Description
<p>Enrollment Referral Source</p>	<p>This report gives users clear insight into where each member’s referral originated when they enrolled in a program. Users can easily see both the specific program a member joined and the source that referred them. Understanding referral sources help teams identify which outreach efforts are most effective, so you can optimize enrollment strategies.</p>
<p>Open Program Detail</p>	<p>This report provides a comprehensive view of all currently open programs for both classic and digital. You can easily access detailed information about each program in one place. Having full visibility into open programs helps your team stay organized and informed. It supports better resource planning, ensures timely member engagement, and allows case managers to coordinate care more effectively across different programs—leading to improved member outcomes and program success.</p>
<p>Plan of Care and Goals Detail</p>	<p>This dashboard provides a complete view of a member’s plan of care by bringing together three key reports in one place. Users can easily see all documented problems, goals, interventions, and barriers related to the member’s care. Having all this information in a single view helps case managers get a clear, comprehensive understanding of a member’s care plan quickly. It supports better decision-making, improves care coordination, and ensures that barriers to progress are identified and addressed promptly enhancing the member’s care experience and outcomes.</p>
<p>Program Assessment Detail</p>	<p>This report lets users track the status of assessments for each program, showing which assessments that have been completed and which have been started but are still in progress. Users can also review the specific questions asked and the answers provided. Having clear visibility into assessment progress helps your team monitor member engagement and identify where follow-up may be needed.</p>
<p>Program Cost Savings Detail</p>	<p>This report provides detailed information about the cost savings tracked within each program. Users can see the type of savings, the specific savings categories, the expected costs, and the actual costs incurred. Understanding cost savings helps your team measure</p>

	the financial impact of your programs and identify where resources are being used most effectively.
Program Enrollment	This report provides complete details about program enrollment. Users can see who has enrolled in each program, who has not, and the reasons for non-enrollment. Having clear insight into enrollment status helps your team identify barriers preventing members from joining programs.
Program Outcome Status Detail	This report provides a detailed view of all programs that have been closed. Users can see how long each member participated in the program and the reason the program was closed. Understanding the outcomes of closed programs helps your team evaluate program effectiveness and member progress. Tracking duration and closure reasons support continuous improvement, allowing teams to refine care strategies and ensure better results for future members.
Task All Activity Detail	This report displays all tasks related to programs, providing important details such as task type, source, turnaround time, status, and all compliance-related information. Having clear visibility into all program tasks helps your team stay organized and ensures timely completion of important activities. Monitoring task details and compliance supports efficient workflows, reduces risks, and helps maintain high-quality care and program standards.

Case Management Report Fields and Filters

Enrollment Referral Source

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Program Create Date, Enrollment Start date, Source, Primary Diagnosis, Department, Care Manager, Digital,

Fields	Description
Program_ID	Program Identifier for member in

Program Description	Name of Program
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Program Type	Classic/Digital
Program Source	Program Referral Source
Care Manager	Care Manager (acct party of the program)
Department	Department Program was assigned
Digital	Flag if a program was digital
Primary Diagnosis	Member's Primary Diagnosis Code
Primary Diagnosis Description	Member's Primary Diagnosis Description

[Open Program Detail](#)

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Program Create Date, Enrollment Start date, Screening Date, Department, Care Manager, Digital,

Fields	Description
Program_ID	Program Identifier for member in
Program Description	Name of Program
Client_Code	Member's Client Code

Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Program Type	Classic/Digital
Program Source	Program Referral Source
Care Manager	Care Manager (acct party of the program)
Department	Department Program was assigned
Screening Status	Screened, not screened
Screening Date	Screened Date
Enrollment Status	Enrolled, not enrolled
Enrollment Severity Description	Low, Medium, High (Configurable)
Enrollment Start	Date when member enrolled to program
Step_Description	Journey Step (Active Journey, Enrollment Assessment, Outreach & Consent, and Close)
State	Journey Status (Not Stated, Agreed, Enroll, In Progress, Done)
Digital	Flag if a program was
Primary Diagnosis	Member's Primary Diagnosis Code
Primary Diagnosis Description	Member's Primary Diagnosis Description

Care Plan Dashboard- 3 Reports

Problems and Goals Details

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Enrollment Start date, Digital, Problem, Problem Start Date, Goal, Goal Start Date, Intervention, Intervention Start Date, Barrier, Barrier Identification Date

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Program Description	Name of Program
Program_ID	Program Identifier for member in
Care Manager	Care Manager (acct party of the program)
Problem	Problem Description
Source	Referral Source
Problem Start Date	Problem Start Date
Problem Closed date	Problem Closed Date
Problem Outcome	Program Outcome Description
Goal	Goal Description
Goal Start Date	Goal Start Date
Goal Closed Date	Goal Closed Date
Goal Outcome	Goal Outcome

Goal Priority

Short Term/Long Term

Goal with Interventions

Fields	Description
Member ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Program Owner	Care Manager (acct party of the program)
Program	Program Name
Program Status	Open or closed
Problem	Problem Description
Problem Start Date	Problem Start Date
Problem Closed Date	Problem Closed Date
Problem Outcome	Program Outcome Description
Goal	Goal Description
Goal Start Date	Goal Start Date
Goal Complete Date	Goal Closed Date
Goal Outcome	Goal Outcome
Intervention	Intervention Description
Intervention Priority	Intervention Priority
Intervention Start Date	Intervention Start Date
Intervention Completion Date	Intervention Completion Date

Goals with Barriers

Fields	Description
Member ID	Member's ID



Member Last Name	Member Last Name
Member First Name	Member First Name
Program Owner	Care Manager (acct party of the program)
Program	Program Name
Program Status	Open or closed
Problem	Problem Description
Problem Start Date	Problem Start Date
Problem Closed Date	Problem Closed Date
Problem Outcome	Program Outcome Description
Goal	Goal Description
Goal Start Date	Goal Start Date
Goal Complete Date	Goal Closed Date
Goal Outcome	Goal Outcome
Barrier	Barrier Description
Barrier Identification Date	Barrier Identification Date
Barrier Resolution Date	Barrier Resolution Date

Program Assessment Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Enrollment Start date, Digital, Assessment Name, Program Assessment Response Status

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID

Member ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Gender	Member's Current Age
Age	Member's Gender
Program Description	Name of Program
Program_ID	Program Identifier for member in
Enrollment Start Date	Date when member enrolled to program
Assessment_Name	Assessment Name
Program_Assessment_Response_Status_Description	Assessment Status: Completed, In Progress, Not Started
Assessment Start Date	Date User Started Assessment
Assessment Completion Date	Date User Completed Assessment
Assessment Questions and Answers	Assessment Questions and Answers
Total Score	Total Score when Questions have score
Step_Description	Journey Step (Active Journey, Enrollment Assessment, Outreach & Consent, and Close)
DeDe	Journey Status (Not Stated, Agreed, Enroll, In Progress, Done)
Digital	Flag if a program was

Program Cost Savings Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Digital, Member ID

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business

Group_ID	Member's Group ID
Program Description	Name of Program
Care Management Type	Care Management Type (Configurable)
Member ID	Member's ID
Savings Category	Saving Category for Programs (Configurable)
Expected Cost	Expected Cost of Care Management Type
Actual Cost	Actual Cost of Care Management Type
Savings Type	Savings Type (Configurable)
Total Savings	Total Savings

Program Outcome Status Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Program Closed Date, Program Closed Reason, Digital

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Program Description	Name of Program
Program_ID	Program Identifier for member in
Program Type	Classic/Digital
Program Source	Referral Source
Care Manager	Care Manager (acct party of the program)
Department	Department Program was assigned
Screening Date	Date Member was screened for Program
Enrollment Start	Date Member Enrolled to Program

Enrollment Severity Description	Low, Medium, High (Configurable)
Program_Closed_Date	Date Program was Closed
Program_closed_Reason_description	Reason Program was Closed
Primary Diagnosis	Member's Primary Diagnosis Code
Primary Diagnosis Description	Member's Primary Diagnosis Description

Program Enrollment

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Enrollment Start date, Digital, Not Enrolled Reason, Enrollment Status

Fields	Description
Program_ID	Program Identifier for member in
Program Description	Name of Program
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member's Primary Diagnosis Code
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Primary Diagnosis	Member's Primary Diagnosis Code
Primary Diagnosis Description	Member's Primary Diagnosis Description
Program Type	Classic/Digital
Program Source	Program Referral

Care Manager	Care Manager (User Assigned)
Department	Department Program was assigned
Enrollment Status Description	Enrolled, not enrolled
Enrollment Severity Description	Low, Medium, High (Configurable)
Enrollment Start	Date Member Enrolled to Program
Not Enrolled Reason	Reason Why Member Did not Enroll
Enrollment Reopen Date	Date Member Reenrolled to Program
Enrollment Reopen Reason	Reason Member Reenrolled

Program Tasks Activity Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Program Description, Task Priority, Task Type, Task Reason, Task Start Date

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Program_ID	Name of Program
Program Description	Program Identifier for member in
Task Priority	Program Priority of Task (configurable)
Task Source	Source of how Program Task was created
Task Type	Type of Task for Program (Configurable)
Task Reason	Reason for Program Task (Configurable)
Task Class	Class of Program Task
Task Start Date	Task Start Date
Task Due Date	Task Due Date

Task Complete Date	Task Completed Date
Task Owner	Owner of Task
Task Outcome	Outcome of Task
Task Status	Closed, Open
TAT Minutes	Turn Around Time in Minutes
Completion State	Compliance Status if Turnaround time was met or not

Member Reports

Report	Description
Member Demographics Detail	This report provides important information about members, including race, subscriber details, the member's relationship with the subscriber, and other key demographic data. Having accurate demographic and subscriber information helps your team better understand the member population and ensures correct eligibility and benefits administration.
Membership Enrollment Detail	This report provides detailed information on members, including their assigned business categories, effective and termination dates, attribution details, and contact information. Having access to this comprehensive member information allows your team to accurately verify and manage eligibility status, track member assignments, and maintain up-to-date contact details.

Member Report Fields and Filters

Membership Enrollment Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Active, Attributed Provider

Fields	Description
Client ID	Member's Client Code
Plan ID	Member's Plan ID
LOB	Member's Line of Business
Group ID	Member's Group ID
Member ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Birth Date	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Member Effective Date	Member's Effective Date with Plan
Member Term Date	Member's Term Date with Plan
Phone Number	Member's Phone Number
Address	Member's Address
City	Member's City
State	Member's State
Zip Code	Member's Zip Code
Active	Member Active or Inactive
Attributed Provider	Member's PCP or Attributed Provider

[Member Demographics Detail](#)

Filter: Client Description, Plan Description, LOB Description, Group Description, Race, Primary Enrollment, Relationship to Subscriber

Fields	Description
Client ID	Member's Client Code

Plan ID	Member's Plan ID
Group ID	Member's Line of Business
Line of Business	Member's Group ID
Member ID	Member's ID
Last Name	Member Last Name
First Name	Member First Name
Gender	Member's Gender
Active	Member Active or Inactive
Marital Status	Member's Marital Status
Race	Member's Race
Subscriber ID	ID of Subscriber
Primary Enrollment	Flag of Primary Enrollment
Relationship to Subscriber	Member's Relationship to Subscriber

Utilization Management Reports

Report	Description
Appeals Activity Details	This report allows users to monitor the entire appeals workflow by tracking the type, status, and critical compliance dates for each case. It features powerful drill-down capabilities, enabling you to filter and analyze the data by business category, appeal type, status, or a specific period to identify trends and ensure timeliness.
Grievances Activity Details	This report allows users to monitor the entire grievance process by tracking the type, status, and critical compliance dates for each case. It features powerful filtering capabilities, enabling you to analyze the data by business category, grievance type, status, or a specific period to identify trends and ensure timely resolution.

<p>Final Status Requests Details</p>	<p>This report allows users to analyze all finalized authorization requests, providing a complete record of case details, service information, and key compliance dates. Powerful filters allow you to segment the data by business category, request type, status, or date range to review decision patterns and audit performance.</p>
<p>Pended Request Detail</p>	<p>This report gives a view of all requests pending. It captures essential request details, service information, and the specific reason for each pend, along with all data needed to monitor turnaround times (TAT). Users can filter this queue by business category, status, or date range to focus on specific caseloads and resolve pending items efficiently.</p>
<p>Portal Request Details</p>	<p>This report gives users complete visibility into the request submission from the Medecision provider portal. It displays all request information for each submission, including request type, urgency, and status. The report is designed to help you manage incoming volume, allowing you to filter by the submitting provider, request type, or time period to better understand and organize the workload.</p>
<p>Requests Turn Around Time</p>	<p>This report allows users to evaluate the timeliness of their authorization process. It details the specific turnaround time (TAT) for every request and clearly indicates whether each request met its required compliance deadline. Powerful filters enable you to pinpoint blocks and assess performance by segmenting data by business category, request type, or status.</p>

Utilization Management Reports

Appeals Activity Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Appeal Process Type, Level of Appeal, Type of Appeal, Notified Date and Time, Request Type

Fields	Description
--------	-------------

Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Request ID	Request Identification
Reconsideration ID	Appeal Identification
Urgency	Urgency for Reconsiderations/Appeals
Appeal Process Type	Process Type for Reconsiderations/Appeals (Configurable)
Level of Appeal	Appeal/Reconsideration Level (Configurable)
Type of Appeal	Type of Appeal/Reconsideration (Configurable)
Source of Initial Decision	Method on How an Initial Decision was Made (Configurable)
Due Date Reason	Reason for the Due Date of Appeal/Reconsideration (Configurable)
Reason	Appeal/Reconsideration Reason
Notified Date and Time	Appeal/Reconsideration Received Date/Time
Due Date Time	Appeal/Reconsideration Due Date/Time for Decision
All Documentation Received Date Time	Date/Time when Documentation when all documentation was received
Resolution Date Time	Date/time of Resolution
Appeal Status	Appeal/Reconsideration Status (Configurable)
Status Reason	Appeal/Reconsideration Reason (Configurable)
Determination Date	Date of Final Determination
Letter Mailed to Member Date	Date when the Letter was Mailed to Member on Decision



Letter Faxed/Mailed to Provider Date

Date Letter was Faxed or Mailed to Provider on Decision

Request Type

Request Type for Original Request

Grievances Activity Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Request Classification, Treatment Setting, Duration, Notification Date/Time, Determination Date

Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Request ID	Request Identification
Request Classification	Prior Auth, Post Service, Grievance, Concurrent Review (Configurable)
Treatment Setting	Where a Treatment was done (Configurable)
Ordering Provider	Ordering Provider
Submitting Provider	Submitting Provider
Servicing Provider	Servicing Provider
Facility	Requested Facility
Attending Provider	Attending Provider

Related Requests	Related Requests
Overall Status	Overall Status of Request
Status Reason	Reason for the status (Pend, Approved, Denied, Void) (Configurable)
Duration	Total Request Days
Notification Date/Time	Request Received Date
Determination Date	Date of Final Determination
Letter Mailed to Member Date	Date when the Letter was Mailed to Member on Decision
Letter Faxed/Mailed to Provider Date	Date Letter was Faxed or Mailed to Provider on Decision

Final Status Requests Details

Filter: Client Description, Plan Description, LOB Description, Group Description, Request Classification, Request Type, Requesting Provider, Submitting Provider, Overall Status, Initial/Extension, Notification Date/Time, Determination Date

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Request ID	Member's ID
Request classification	Prior Auth, Post Service, Grievance, Concurrent Review (Configurable)
Request Type	Outpatient/Inpatient
Healthcare Type	Physical Health, Behavior Health (Configurable)
Treatment Setting	Where a Treatment was done (Configurable)
Overall Status	Overall Status of a Request (Approved, Partially Approved, Pended, Denied, Voided)
Requesting Provider	Requesting Provider

Submitting Provider	Submitting Provider
Servicing Provider	Servicing Provider
Facility	Requested Facility
Primary Diagnosis	Request Primary Diagnosis Code
Primary Diagnosis Description	Request Primary Diagnosis Description
Initial/Extension	Request indicator of Initial or Extension
Notification Date/Time	Request Received Date
Determination Date	Date of Final Determination
Letter Mailed to Member Date	Date when the Letter was Mailed to Member on Decision
Letter Faxed/Mailed to Provider Date	Date Letter was Faxed or Mailed to Provider on Decision
Due Date/ Time	Date/Time Decision is Due
Request Requested from Date	Overall Requested from Date
Request Requested Through Date	Overall Requested through Date
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Service Code	Service Code of Requested Service
Service Description	Service Code Description of Requested Service
Unit	Number of Unit
Duration	c
From Date	From Date of Service
To Date	To Date of Service

Pended Request Detail

Filter: Client Description, Plan Description, LOB Description, Group Description, Request ID, Request Classification, Request Type, Service from Date, Status Reason, Department, Owner,

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Member_ID	Member's ID
Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Request ID	Request Identification
Request classification	Prior Auth, Post Service, Grievance, Concurrent Review (Configurable)
Request Type	Outpatient/Inpatient
Healthcare Type	Physical Health, Behavior Health (Configurable)
Treatment Setting	Where a Treatment was done (Configurable)v
Overall Status	Overall Status of Request
Ordering Provider	Ordering Provider
Submitting Provider	Submitting Provider
Servicing Provider	Servicing Provider
Facility	Requested Facility
Primary Diagnosis	Request Primary Diagnosis Code
Primary Diagnosis Description	Request Primary Diagnosis Description
Initial/Extension	Request indicator of Initial or Extension



Service Code	Service Code of Requested Service
Service Description	Service Code Description of Requested Service
Unit	Number of Unit
Duration	Number of Days
From Date	From Date of Service
Through Date	To Date of Service
Request Source	Phone, Fax Provider Portal
Status	Pend
Status Reason	Pend Reason
Owner Name	Request Owner
Owner Department Name	Department Owner
Review Type	Type of Review (Configurable)
Due Date	Due Date/Time for Decision

Provider Portal Request Details

Filter: Client Description, Plan Description, LOB Description, Group Description, Request Classification, Request Type, Ordering Provider, Requesting Provider, Submitting Provider, Facility, Healthcare Type, Overall Status, Request Requested from Date

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Ordering Provider	Ordering Provider
Submitting Provider	Submitting Provider
Servicing Provider	Servicing Provider
Facility	Requested Facility

Source System	Request Originated
Request ID	Request Identification
Request classification	Prior Auth, Post Service, Grievance, Concurrent Review (Configurable)
Request Type	Outpatient/Inpatient
Healthcare Type	Physical Health, Behavior Health (Configurable)
Overall Status	Where a Treatment was done (Configurable)
Request Requested from Date	Request Requested from Date
Request Requested Through Date	Request Requested Through Date
User	User who Submitted it

Requests Turn Around Time

Filter: Client Description, Plan Description, LOB Description, Group Description, Request Classification, Request Type, Date/Time, Determination Date

Fields	Description
Client_Code	Member's Client Code
Plan_ID	Member's Plan ID
Line_Of_Business	Member's Line of Business
Group_ID	Member's Group ID
Request ID	Request Identification
Request classification	Prior Auth, Post Service, Grievance, Concurrent Review (Configurable)
Request Type	Outpatient/Inpatient
Healthcare Type	Physical Health, Behavior Health (Configurable)
Treatment Setting	Where a Treatment was done (Configurable)
Overall Status	Where a Treatment was done (Configurable)
Requesting Provider	Requesting Provider
Member_ID	Member's ID

Member Last Name	Member Last Name
Member First Name	Member First Name
Date of Birth	Member's Date of Birth
Age	Member's Current Age
Gender	Member's Gender
Submitting Provider	Submitting Provider
Servicing Provider	Servicing Provider
Facility	Requested Facility
Primary Diagnosis	Request Primary Diagnosis Code
Primary Diagnosis Description	Request Primary Diagnosis Description
Initial/Extension	Request indicator of Initial or Extension
Notification Date/Time	Request Received Date
Determination Date	Date of Final Determination
Letter Mailed to Member Date	Date when the Letter was Mailed to Member on Decision
Letter Faxed/Mailed to Provider Date	Date Letter was Faxed or Mailed to Provider on Decision
Due Date	Due Date/Time for Decision
TAT in Days	Calculated Turn Around Time in Days
Owner Department Name	Department Owner
Owner	Request Owner