1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Beneficiary Name	Beneficiary HICN	CMS Contract ID	CMS Plan ID	Date the request was received	Time the request was received	Diagnosis	Issue Description – List type of service (e.g., SNF/HH/PT/OT) and level of service (e.g., inpatient/outpatient/ER/urgent care); ensure text field is formatted so text wraps and the entire field is readable	Y/N Flag to indicate if the OD was processed under expedited timeframe	Y/N Flag to indicate if a determination was requested under the expedited timeframe but the plan determined expediting was unnecessary and instead processed the case under the standard timeframe	Y/N Flag to indicate if a timeframe extension was taken. If Y: Was member notified of the reasons for the delay & of their right to file an expedited grievance?	Date approved--plan level	Time approved--plan level	Date oral notification provided to enrollee (if no oral notification, indicate N/A)	Time oral notification provided (if no oral notification, indicate N/A)	Date written notification provided to enrollee	Time written notification provided to enrollee	Date effectuated in plan's system	Time effectuated in plan's system	Was timely notification provided to the enrollee (or representative)?	Was timely notification provided to the provider/physician if applicable?	Was the decision effectuated in the plan's system within the effectuation timeframe?	Pass/Fail	Comments	Condition	Criteria	Cause	Effect