Attachm	oot 1	a

		1 1											Date oral														
							Issue Description - List type of service			Y/N Flag to indicate if a			notification								Was the decision						
1							(e.g., SNF/HH/PT/OT) and level of			timeframe extension was taken.			provided to	notification					Was timely	Was timely	effectuated in						
							service (e.g.,		Y/N Flag to indicate if a determination was requested under	If Y: Was member notified of the				provided (if	Date written	Time written			notification	notification	the plan's system						
		CMS					inpatient/outpatient/ER/urgent care);	Y/N Flag to indicate if the	the expedited timeframe but the plan determined expediting	reasons for the delay & of their				no oral	notification	notification			provided to the	provided to the	within the						
Beneficia	ry Beneficia	ry Contract	CMS Date 1	the request 1	lime the request				was unnecessary and instead processed the case under the	right to file an expedited			notification,	notification,	provided to	provided to	Date effectuated Ti	me effectuated	enrollee (or	provider/physician i	if effectuation						
Name	HICN	10	Plan ID was n	received v	was received	Diagnosis	wraps and the entire field is readable	expedited timeframe	standard timeframe	grievance?	Date approvedplan level	Time approvedplan level	indicate N/A)	indicate N/A)	enrollee	enrollee	in plan's system in	plan's system	representative]?	applicable?	timeframe?	Pass/Fail	Comments	Condition	Criteria	Cause	Effect