**Process: Fast Track Appeals**

Termination of SNF, HH, or CORF Services

Provider delivers NOMNC to Member no later than 2 days/visits before the covered services end

Member or authorized representative acknowledges receipt of the NOMNC by signing and dating the form

Copy is given to Member; Provider places original in Member's case file and sends (faxes) one copy to Plan (336-659-2945)

Member or authorized representative disagrees with termination of services

Member may appeal no later than noon next day or day before coverage ends; Member contacts QIO to request a review

QIO notifies Plan and the Provider of the request for a review

Immediately, the Provider faxes/forwards to the Plan and/or QIO additional information to support the termination (ECM should immediately request the information and time it must be received)

By close of business day (4:30 PM), the Plan provides the Member and QIO with a detailed explanation (DENC) of why coverage is ending

The Plan also supplies the QIO all pertinent medical information and a copy of NOMNC. May be provided via telephone, fax or in writing by 4:30 PM of the day of the appeal request

The QIO may solicit input from the Member

By 4:30 PM on the day after all necessary information is received, the QIO makes a determination whether coverage of services should continue and notifies the Member, the Provider and the Plan.

If the QIO does not receive the information needed to sustain the Plan's decision, then the QIO may make a decision or defer the decision until the information is received

If the QIO defers the decision, then the Plan is responsible for coverage of continued services