



(Insert Year) Expedited Organization Determination Tracking Log

No Activity for the Month:

PPG Name: _____

PPG ID Number: _____

Date: _____

Submitted by: _____

Phone/Email: _____

PPG Case ID#	Date/ Time Received	Member Name	Member ID#	Meets EOD Criteria* [Yes/No]	Date/ Time Decision	Member Date/Time Oral Notice	Provider Date/Time Oral Notice	Date/ Time Written Notice	Extension [Yes/No]	Decision [Approved/ Denied]	Service Type

Please E-mail this completed form by the 15th of the month via Secure Messaging to:
 UMQIMR@healthnet.com
 or you may
 fax to the Program Accreditation E-Fax: (877) 890-4105

Due to HIPAA privacy requirements, documents containing protected health information should not be submitted via unsecured e-mail.