

IEHP Utilization Management Delegation Oversight LOB: Medi-Cal		Overall Score N/A		Timeliness*																																																																																																																																																																																										
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<b>Approval Review Tool</b> <table border="1"> <thead> <tr> <th></th> <th>File #1</th> <th>File #2</th> <th>File #3</th> <th>File #4</th> <th>File #5</th> <th>File #6</th> <th>File #7</th> <th>File #8</th> <th>File #9</th> <th>File #10</th> <th>Elemental Score</th> </tr> </thead> <tbody> <tr> <td>(a) Approval Tracking #</td> <td></td> </tr> <tr> <td>(b) File Type Requested</td> <td></td> </tr> <tr> <td>(c) Authorization Received Date / Time</td> <td></td> </tr> <tr> <td>(d) Authorization Decision Date / Time</td> <td></td> </tr> <tr> <td>(e) Date Referral Deemed Necessary</td> <td></td> </tr> <tr> <td>(f) Member/Provider Language</td> <td></td> </tr> <tr> <td>(g) Notification of Letter Sent</td> <td></td> </tr> <tr> <td>(h) Clinical Documentation</td> <td></td> </tr> <tr> <td>(i) Provider Outreach</td> <td></td> </tr> <tr> <td>(j) Correct Template</td> <td></td> </tr> <tr> <td>(k) Points Received</td> <td></td> </tr> <tr> <td>(l) Points Possible</td> <td></td> </tr> <tr> <td>(m) Individual File Score</td> <td>N/A</td> <td></td> </tr> <tr> <td>Comments</td> <td colspan="10"></td> <td></td> </tr> </tbody> </table>												File #1	File #2	File #3	File #4	File #5	File #6	File #7	File #8	File #9	File #10	Elemental Score	(a) Approval Tracking #												(b) File Type Requested												(c) Authorization Received Date / Time												(d) Authorization Decision Date / Time												(e) Date Referral Deemed Necessary												(f) Member/Provider Language												(g) Notification of Letter Sent												(h) Clinical Documentation												(i) Provider Outreach												(j) Correct Template												(k) Points Received												(l) Points Possible												(m) Individual File Score	N/A		Comments																				
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### File Review Instructions:

IEHP selects 10 approved Authorizations for review from the IPA Delegated *Monthly Referral Tracking Log*. Each file will be reviewed against the elements listed below and noted as follows: "1" yes the file review element meets, "0" when the file review element does not meet. Each file reviewed has a maximum score of 5 possible points. Findings related to each file review will be listed within the comments for IPA review.

Data Dictionary			
Element Letter	Element Description	Methodology	Regulatory Criteria/ Citation/ Policy
(a)	Approval Tracking #	<p><b>Element Not Scored:</b></p> <p>The authorization reference number located on the referral form for tracking purposes.</p>	IEHP Provider Policy and Procedure - Medi-Cal MC_25E1: <i>Utilization Management - Delegation Oversight &amp; Monitoring</i>
(b)	File Type requested	<p><b>Element Not Scored:</b></p> <p>The authorization type: Pre-Service Routine , Pre-Service Expedited, Post Service Retrospective Review, Concurrent Standard, Concurrent Expedited.</p>	
(c)	Authorization Received Date / Time	<p><b>Element Not Scored:</b></p> <p>The date the authorization request was received.</p>	
(d)	Authorization Decision Date / Time	<p><b>Element Not Scored:</b></p> <p>The date the authorization request was approved.</p>	
(e)	Date Referral Deemed Necessary	<p><b>Element Not Scored:</b></p> <p>The date/time the Provider deemed the referral necessary.</p>	
(f)	Member/Provider Language	<p><b>Scored Element:</b></p> <p>Review of the authorization approval letter sent to the Member/Provider must be written in a manner, format, and language that can be easily understood.</p>	IEHP Provider Policy and Procedure - Medi-Cal MC_25E1: <i>Utilization Management - Delegation Oversight &amp; Monitoring</i>
(g)	Notification of Letter Sent	<p><b>Scored Element:</b></p> <p>Review of documentation must demonstrate evidence that an approved authorization letter was sent to the Member/Provider.</p>	
(h)	Clinical Documentation	<p><b>Scored Element:</b></p> <p>Review of supportive clinical information must demonstrate the application of the criteria utilized to determine decision. Element excludes automated authorization approvals.</p>	
(i)	Provider Outreach	<p><b>Scored Element:</b></p> <p>In the event initial request submitted by Provider does not include information reasonably necessary to make a determination of the authorization, evidence must demonstrate IPA outreach to the requesting Provider for additional clinical information.</p>	
(j)	Correct Template	<p><b>Scored Element:</b></p> <p>Review of the authorization letter demonstrates the use of IEHP approved template and attachments - Correct template with attachments can be found on the IEHP website at: <a href="http://iehp.org">iehp.org</a>. Member authorization letter must be mailed in the Member's appropriate threshold language.</p>	
(k)	Points Received	Each file reviewed has a maximum score of 5 possible points. Total points earned from letters (e)-(i) above.	N/A
(l)	Points Possible	Each file reviewed has a maximum score of 5 possible points. Total points possible from letters (e)-(i) above, excluding non applicable elements.	
(m)	Individual File Score	Total points earned from letters (e)-(i) above divided by total points possible from letters (e)-(i) above, excluding non applicable elements for each file reviewed.	