

IEHP Utilization Management Delegation Oversight

LOB: Medicare

Approval Review Tool

Delegate/IPA:

Service Month:

Review Date:

Reviewer:

Overall Score

N/A

Overall Points Possible

Overall Points Received

Timeliness*

Total Auths Approved

Notification Timely

Decided Timely

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%

%

*Details Provided by IEHP HCI Dept

	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) Date receipt of information reasonably necessary to make the determination											
(g) Member/Provider Language											
(h) Notification of Letter Sent											
(i) Clinical Documentation											
(j) Provider Outreach											
(k) Correct Template											
(l) Points Received											
(m) Points Possible											
(n) Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Comments											

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 #	Element Not Scored: The authorization reference number located on the referral form for tracking purposes.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: <i>Utilization Management - Delegation Oversight & Monitoring</i>
(b)	File Type requested	Element Not Scored: The authorization type: Pre-Service Routine , Pre-Service Expedited, Post Service Retrospective Review, Concurrent Standard, Concurrent Expedited. Review of documentation for a proper downgrade from an expedited determination request to a standard determination and for proper notification to the enrollee that explains that the organization will process the request using the 14-day timeframe for standard determinations, informs the enrollee of the right to file an expedited grievance, informs the enrollee of the right to resubmit a request for an expedited determination with any physician's support, and provides instructions about the grievance process and timeframes.	
(c)	Authorization Received Date / Time	Element Not Scored: The date the authorization request was received.	
(d)	Authorization Decision Date / Time	Element Not Scored: The date the authorization request was approved.	
(e)	Date Referral Deemed Necessary	Element Not Scored: The date/time the Provider deemed the referral necessary.	
(f)	Date receipt of information reasonably necessary to make the determination	Element Not Scored: The date the Plan or Delegate received information reasonably necessary to make the determination.	
(g)	Member Language	Scored Element: Review of the authorization approval letter sent to the Member/Provider or enrollee's authorized representative when an AOR is in place, must be written in a manner, format, and language that can be easily understood.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: <i>Utilization Management - Delegation Oversight & Monitoring</i>
(h)	Notification of Letter Sent	Scored Element: Review of documentation must demonstrate evidence that a approved authorization letter was sent to the Member/Provider.	
(i)	Clinical Documentation	Scored Element: Review of supportive clinical information must demonstrate the application of the criteria utilized to determine decision. Documentation must include a written assessment of medical necessity, relevant clinical information, appropriateness of level of care, and the specific criteria upon which the decision was based. Element excludes automated authorization approvals.	
(j)	Provider Outreach	Scored Element: 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.	



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Approval Review Tool - Instructions and Data Dictionary

(k)	Correct Template	Scored Element: Review of the authorization letter demonstrates the use of IEHP approved CMS template and attachments- Correct template with attachments can be found on the IEHP website at: iehp.org . Member authorization letter must be mailed in the Member's appropriate threshold language.	N/A
(l)	Points Received	Each file reviewed has a maximum score of 5 possible points. Total points earned from letters (e)-(i) above.	
(m)	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.	
(n)	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.	