IEHP DualChoice

IEHP Utilization Management Delegation Oversight			
LOB: Medicare	Delegate/IPA:		
	Service Month:		
Denial Review Tool	Review Date:		
	Reviewer:		

Overall Score	N/A
Overall Points Possible	
Overall Points Received	

Timeliness*	
Total Denials	###
Notification Timely	%
Decisioned Timely	%

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
(a)	Denial Tracking #										
(b)	File Type Requested										
(c)	Referral Received Date / Time										
(d)	Referral Decision Date / Time										
(e)	Date Referral Deemed Necessary										
(f)	Date receipt of information reasonably necessary to make the determination										
(g)	Opportunity to Discuss										
(h)	Physician Reviewed										
(i)	Clinical Information										
(j)	Alternative Direction										
(k)	Provider/Member Outreach										
(l)	Denial Language										
(m)	Appropriate use of Criteria										
(n)	Correct Template										
(o)	Points Received										
(p)	Points Possible										
(q)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Comments										

Legend: *Orange Highlighted Elements are sanctionable elements.*

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LOB: Medicare

Denial Review Tool

		File #11	File #12	File #13	File #14	File #15	File #16	File #17	File #18	File #19	File #20
(a)	Denial Tracking #										
(b)	File Type Requested										
(c)	Referral Received Date / Time										
(d)	Referral Decision Date / Time										
(e)	Date Referral Deemed Necessary										
(f)	Date receipt of information reasonably necessary to make the determination										
(g)	Opportunity to Discuss										
(h)	Physician Reviewed										
(i)	Clinical Information										
(j)	Alternative Direction										
(k)	Provider/Member Outreach										
(l)	Denial Language										
(m)	Appropriate use of Criteria										
(n)	Correct Template										
(o)	Points Received										
(p)	Points Possible										
(q)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Comments										

Legend: *Orange Highlighted Elements are sanctionable ele*

IEHP Utilization Management Delegation Oversight

LOB: Medicare

Denial Review Tool

		File #21	File #22	File #23	File #24	File #25	File #26	File #27	File #28	File #29	File #30	Elemental Score
(a)	Denial Tracking #											
(b)	File Type Requested											
(c)	Referral Received Date / Time											
(d)	Referral Decision Date / Time											
(e)	Date Referral Deemed Necessary											
(f)	Date receipt of information reasonably necessary to make the determination											
(g)	Opportunity to Discuss											
(h)	Physician Reviewed											
(i)	Clinical Information											
(j)	Alternative Direction											
(k)	Provider/Member Outreach											
(l)	Denial Language											
(m)	Appropriate use of Criteria											
(n)	Correct Template											
(o)	Points Received											
(p)	Points Possible											
(q)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Comments											

Legend: *Orange Highlighted Elements are sanctionable ele*

IE♥HP
Inland Empire Health Plan

File Review Instructions:

IEHP selects 30 Denials/Modifications 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 8 possible points. Findings related to each file review will be listed within the comments for IPA review.

Data Dictionary

Element	Element Description	Methodology	Regulatory Criteria/ Citation/ Policy
(a)	Denial Tracking #	*Element Not Scored:* The Denial/Modification reference number located on the referral form for tracking purposes.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: *Utilization Management - Delegation Oversight & Monitoring*
(b)	File Type Requested	*Element Not Scored:* The Denial/Modification 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)	Referral Received Date / Time	*Element Not Scored:* The date/time the request was received.	
(d)	Referral Decision Date / Time	*Element Not Scored:* The date/time the request was decisioned.	
(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)	Opportunity to Discuss	*Scored Element:* Review of written communication to the Provider of a denial or modification based on medical necessity must include the name and telephone number of the physician reviewer that may be contacted for any issues/concerns regarding the decision.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: Utilization Management - Delegation Oversight & Monitoring
(h)	Physician Reviewed and Justification Documentation	*Scored Element:* Review of documentation must contain evidence that supports the denied or modified authorization determination and was conducted by a designated licensed physician with an unrestricted license. 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.	
(i)	Clinical Documentation	*Scored Element:* Review of supportive clinical information must support denial or modified authorization determination.	
(j)	Alternative Direction	*Scored Element:* Review of denied or modified authorization Member notification must include evidence that Member was provided alternative treatment information and instruction for additional follow-up care.	
(k)	Provider/Member 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.	
(l)	Denial Language	*Scored Element (sanctionable element):* Review of the denial or modification letter sent to the Member 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 and in the Member's appropriate threshold language.	
(m)	Appropriate use of Criteria	*Scored Element (sanctionable element):* Review of denial or modification authorization must demonstrate correct application of IEHP UM criteria hierarchy, as listed in the *IEHP Provider Policy & Procedure.*	
(n)	Correct Template	*Scored Element (sanctionable element):* Review of the denial 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 letter must be mailed in the Member's appropriate threshold language.	
(o)	Points Received	Each file reviewed has a maximum score of 8 possible points. Total points earned from letters (g)-(n) above.	N/A
(p)	Points Possible	Each file reviewed has a maximum score of 8 possible points. Total points possible from letters (g)-(n) above, excluding non applicable elements.	
(q)	Individual File Score	Total points earned from letters (g)-(n) above divided by total points possible from letters (g)-(n) above, excluding non applicable elements for each file reviewed.	