

IEHP Utilization Management Delegation Oversight
 LOB: Covered California
 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	

*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) 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Comments											