IEHP Utilization Management Delegation Oversight

LOB: Covered California

Denial Review Tool

Delegate/IPA:	
Service Month:	
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 Delay Notice Issued										
(g)	Opportunity to Discuss										
(h)	Physician Reviewed										
(i)	Clinical Documentation										
(j)	Alternative Direction										
(k)	Provider/Member Outreach										
(l)	Access to Care										
(m)	Denial Language										
(n)	Appropriate use of Criteria										
(o)	Correct Template										
(p)	Points Received										
(q)	Points Possible										
(r)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Comments										

IEHP Utilization Management Delegation Oversight

LOB: Covered California

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 Delay Notice Issued										
(g)	Opportunity to Discuss										
(h)	Physician Reviewed										
(i)	Clinical Documentation										
(j)	Alternative Direction										
(k)	Provider/Member Outreach										
(l)	Access to Care										
(m)	Denial Language										
(n)	Appropriate use of Criteria										
(o)	Correct Template										
(p)	Points Received										
(q)	Points Possible										
(r)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Comments											

IE HP
Inland Empire Health Plan

IEHP Utilization Management Delegation Oversight

LOB: Covered California

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 Delay Notice Issued											
(g)	Opportunity to Discuss											
(h)	Physician Reviewed											
(i)	Clinical Documentation											
(j)	Alternative Direction											
(k)	Provider/Member Outreach											
(l)	Access to Care											
(m)	Denial Language											
(n)	Appropriate use of Criteria											
(o)	Correct Template											
(p)	Points Received											
(q)	Points Possible											
(r)	Individual File Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Comments											