

[illegible]



IEHP Utilization Management Delegation Oversight  
LOB: Medi-Cal  
Approval Review Tool - Instructions and Data Dictionary

**File Review Instructions:**

IEHP selects 10 Cancellations 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 6 possible points. Findings related to each file review will be listed within the comments for IPA review.

Data Dictionary			
<i>Element Letter</i>	<i>Element Description</i>	<i>Methodology</i>	<i>Regulatory Criteria/ Citation/ Policy</i>
(a)	Cancellation Tracking #	<i>Element Not Scored:</i> The cancellation reference number located on the referral form for tracking purposes.	IEHP Provider Policy and Procedure - Medi-Cal MC_25E1: <i>Utilization Management - Delegation Oversight &amp; Monitoring</i>
(b)	File Type requested	<i>Element Not Scored:</i> The authorization type: Pre-Service Routine , Pre-Service Expedited, Post Service Retrospective Review, Concurrent Standard, Concurrent Expedited.	
(c)	Cancellation Reason	<i>Element Not Scored:</i> The Cancellation Reason: Member not Eligible, Data Entry Error, Primary Insurance Coverage, Misdirected, Health Plan / IPA Misdirected, Duplicate, and No Prior Auth Required.	
(d)	Authorization Received Date / Time	<i>Element Not Scored:</i> The date the authorization request was received.	
(e)	Authorization Cancellation Date / Time	<i>Element Not Scored:</i> The date the authorization request was cancelled.	
(f)	Date Referral Deemed Necessary	<i>Element Not Scored:</i> The date/time the Provider deemed the referral necessary.	
(g)	Appropriate Cancellation	<i>Scored Element:</i> Review of cancellation must demonstrate appropriateness of cancellation as listed in the IEHP Provider Policy & Procedure.	IEHP Provider Policy and Procedure - Medi-Cal MC_25E1: <i>Utilization Management - Delegation Oversight &amp; Monitoring</i>
(h)	Notification of Letter Sent	<i>Scored Element:</i> Review of documentation must demonstrate evidence that an IEHP approved notification letter was sent to the Member/Provider. *Applies to Other Health Care Coverage and Prior Authorization Not required request.	
(i)	Clear Documentation for Cancellation	<i>Scored Element:</i> Clear documentation of reason for cancellation of the case in the Medical Management system.	
(j)	Provider Outreach	<i>Scored Element:</i> In the event request is cancelled, documentation must demonstrate appropriate IPA outreach to the requesting Provider advising of reason for cancellation. In addition, appropriate outreach must be made if clarification or additional information is needed.	
(k)	Correct Template	<i>Scored Element:</i> Review of the member letter demonstrates the use of IEHP approved 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.	



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(l)	Decision Timeliness	<i>Scored Element:</i> Delegate decision to cancel a referral request is made in a timely manner according to IEHP timeliness standards.	UM Timeliness Standards - Medi-Cal
(m)	Points Received	Each file reviewed has a maximum score of 6 possible points. Total points earned from letters (g)-(l) above.	N/A
(n)	Points Possible	Each file reviewed has a maximum score of 6 possible points. Total points possible from letters (g)-(l) above, excluding non applicable elements.	
(o)	Individual File Score	Total points earned from letters (g)-(l) above divided by total points possible from letters (g)-(l) above, excluding non applicable elements for each file reviewed.	