IEHP

DualChoice

IEHP Utilization Management Delegation Oversight

LOB: Medicare

Cancellation/Dismissal Review Tool

Delegate/IPA:	
Service Month:	
Review Date:	
Reviewer:	

Overall Score	N/A
Overall Points Possible	
Overall Points Received	

		File #1	File #2	File #3	File #4	File #5	File #6	File #7	File #8	File #9	File #10	Elemental Score
(a)	Cancellation/Dismissal Tracking #											
(b)	File Type Requested											
(c)	Cancellation Reason/Dismissal											
(d)	Authorization Received Date/Time											
(e)	Authorization Cancellation/Dismissal Date/Time											
(f)	Date Referral Deemed Necessary											
(g)	Date receipt of information reasonably necessary to make the determination											
(h)	Appropriate Cancellation/Dismissal											
(i)	Notification of Letter Sent											
(j)	Clear Documentation for Cancellation/Dismissal											
(k)	Provider Outreach											
(l)	Correct Template											
(m)	Decision Timeliness											
(n)	Points Received											
(o)	Points Possible											
(p)	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 cancellations/dismissals for review from the IPA Delegated *Monthly Referral Tracking Log* and *Cancellation Universe* . 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			
Element Letter	*Element Description*	*Methodology*	*Regulatory Criteria/ Citation/ Policy*
(a)	Cancellation/Dismissal Tracking #	*Element Not Scored:* The cancellation/dismissal reference number located on the referral form for tracking purposes.	
(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.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: *Utilization Management - Delegation Oversight & Monitoring*
(c)	Cancellation Reason/Dismissal	*Element Not Scored:* The Cancellation Reason: Member not Eligible, Data Entry Error, Primary Insurance Coverage, Misdirected, Health Plan / IPA Misdirected, Duplicate, and No Prior Auth Required. If request is a dismissal select "Dismissal."	
(d)	Authorization Received Date/Time	*Element Not Scored:* The date the authorization request was received.	
(e)	Authorization Cancellation/Dismissal Date/Time	*Element Not Scored:* The date the authorization request was cancelled/dismissed.	
(f)	Date Referral Deemed Necessary	*Element Not Scored:* The date/time the Provider deemed the referral necessary.	
(g)	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.	
(h)	Appropriate Cancellation/Dismissal	*Scored Element:* Review of cancellation/dismissal must demonstrate appropriateness of cancellation/dismissal as listed in the IEHP Provider Policy & Procedure.	IEHP Provider Policy and Procedure - Dual Choice MA_25E1: *Utilization Management - Delegation Oversight & Monitoring*
(i)	Notification of Letter Sent	*Scored Element:* Review of documentation must demonstrate evidence that a IEHP approved letter was sent to the Member/Provider. *Applies to dismissals.	
(j)	Clear Documentation for Cancellation/Dismissal	*Scored Element:* Clear documentation of reason for cancellation/dismissal of the case in the Medical Management system.	
(k)	Provider Outreach	*Scored Element:* In the event request is cancelled/dismissed, documentation must demonstrate IPA outreach to the requesting Provider advising of reason for cancellation/dismissal.	

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