

<i>IEHP Utilization Management Delegation Oversight LOB: Medi-Cal</i> <b>Denial Review Tool</b>				<table border="1"> <tr> <td>Delegate/IPA:</td> <td colspan="2">Overall Score</td> </tr> <tr> <td>Service Month:</td> <td colspan="2">N/A</td> </tr> <tr> <td>Review Date:</td> <td colspan="2">Overall Points Possible</td> </tr> <tr> <td>Reviewer:</td> <td colspan="2">Overall Points Received</td> </tr> </table>		Delegate/IPA:	Overall Score		Service Month:	N/A		Review Date:	Overall Points Possible		Reviewer:	Overall Points Received		<table border="1"> <tr> <td colspan="2">Timeliness*</td> </tr> <tr> <td>Total Denials</td> <td>###</td> </tr> <tr> <td>Notification Timely</td> <td>%</td> </tr> <tr> <td>Decided Timely</td> <td>%</td> </tr> </table>		Timeliness*		Total Denials	###	Notification Timely	%	Decided Timely	%
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Comments																											

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### 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 9 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 #	<p><i>Element Not Scored:</i> The Denial/Modification reference number located on the referral form for tracking purposes.</p>	IEHP Provider Policy and Procedure - Medi-Cal MC_14A: Utilization Management - Delegation & Monitoring
(b)	File Type Requested	<p><i>Element Not Scored:</i> The Denial/Modification type: Pre-Service Routine , Pre-Service Expedited, Post Service Retrospective Review, Concurrent Standard, Concurrent Expedited.</p>	
(c)	Referral Received Date / Time	<p><i>Element Not Scored:</i> The date/time the request was received.</p>	
(d)	Referral Decision Date / Time	<p><i>Element Not Scored:</i> The date/time the request was decisioned.</p>	
(e)	Date Referral Deemed Necessary	<p><i>Element Not Scored:</i> The date/time the Provider deemed the referral necessary.</p>	
(f)	Date Delay Notice Issued	<p><i>Element Not Scored:</i> The date/time the delay notice was issued.  N/A if request not delayed/extended.</p>	
(g)	Opportunity to Discuss	<p><i>Scored Element:</i> 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.</p>	
(h)	Physician Reviewed	<p><i>Scored Element:</i> Review of documentation must contain evidence that the denied or modified authorization was conducted by a designated licensed physician with an unrestricted license. Documentation must also 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.  This review element is N/A for Carve-outs and non-benefits request not requiring Medical Necessity review.</p>	
(i)	Clinical Documentation	<p><i>Scored Element:</i> Review of supportive clinical information must support denial or modified authorization determination.  This review element is N/A for Carve-outs and non-benefits request not requiring Medical Necessity review.</p>	
(j)	Alternative Direction	<p><i>Scored Element:</i> Review of denied or modified notification to Member and Provider must include evidence that Member was provided correct alternative treatment information and instruction for additional follow-up care.</p>	
(k)	Provider/Member Outreach	<p><i>Scored Element:</i> In the event initial request submitted by Provider does not include information reasonably necessary to make a determination of the authorization, evidence must demonstrate appropriate IPA outreach to the requesting provider for additional clinical information.</p>	
(l)	Access to care	<p><i>Scored Element:</i> In the event initial request was redirected to a contracted or capitated provider, IPA to follow 9A Access Standards and 14A For Out-of-Network/Capitated Providers (outreach and documentation requirements).</p>	
(m)	Denial Language	<p><i>Scored Element:</i> Review of the denial or modification letter sent to the Member must be written in a manner, format, and language that can be easily understood and in the Member's appropriate threshold language.</p>	

(n)	Appropriate use of Criteria	<p><b>Scored Element:</b></p> <p>Review of denial or modification authorization must demonstrate correct application of IEHP UM criteria hierarchy, as listed in the <i>IEHP Provider Policy &amp; Procedure</i>.</p>	N/A
(o)	Correct Template	<p><b>Scored Element:</b></p> <p>Review of the denial letter demonstrates the use of IEHP approved template and attachments - Correct template with attachments can be found on the IEHP website at: <a href="http://iehp.org">iehp.org</a>. Member letter must be mailed in the Member's appropriate threshold language.</p>	
(p)	Points Received	Each file reviewed has a maximum score of 9 possible points. Total points earned from letters (g)-(o) above.	
(q)	Points Possible	Each file reviewed has a maximum score of 9 possible points. Total points possible from letters (g)-(o) above, excluding non applicable elements.	
(r)	Individual File Score	Total points earned from letters (g)-(o) above divided by total points possible from letters (g)-(o) above, excluding non applicable elements for each file reviewed.	