



IPA Medical Management Audit Tool 2010
Utilization Management
Approved Referral Audit Tool

IPA: _____ Score: _____

Reviewed by: _____ Review Date: _____

SCORING GRID: Y =Meets criteria; N = Does not meet criteria; Pass audit = 80%

		A	B	C	D	E	F	G	H
Member Name		Date Referral Completed by PCP Office	Date Referral Received by IPA	Was Referral Urgent or Routine	Date of Decision	Number of Business Days Between B & D	Does # Days in D Meet Required Guidelines (Y or N)	Proof Service was Delivered or Member Notified	Member Notified Verbal or Letter (V or L)
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Review a minimum of 10 records. If the first 10 meet criteria, then no further referrals necessary. If first 10 do not meet 100% then 25 charts are necessary.

INLAND EMPIRE HEALTH PLAN
IPA Medical Management Audit Tool 2010
 Approved Referral Audit Tool

IPA Name: _____

		A	B	C	D	E	F	G	H
Member Name		Date Referral Completed by PCP Office	Date Referral Received by IPA	Was Referral Urgent or Routine	Date of Decision	Number of Business Days Between B & D	Does # Days in D Meet Required Guidelines (Y or N)	Proof Service was Delivered or Member Notified	Member Notified Verbal or Letter (V or L)
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Description of process for facilitating approved services

COMMENTS

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