**SUPT External Utilization Improvement Tool**

Reviewer: Complete this tool based on EUR Tool findings

Provider: LPHA, Lead SUD Counselor/Manager to review, correct as needed, return completed and signed External Utilization Improvement Tool and EUR Tool to CQI (see bottom).

|  |  |
| --- | --- |
| **Member Name:** Click or tap here to enter text. | **Member ID#:** Click or tap here to enter text. |
| **Agency and Program:** Click or tap here to enter text. | **UR Date:** Click or tap here to enter text. |
| **Medical Necessity met: Y** [ ]  **N** [ ] **Diagnosis Consistent: Y** [ ]  **N** [ ]  | **Check box if appropriate:** [ ] On site review of chart called for External UR held on (date): Click or tap here to enter text.  |
| **UR Tool Type:** Adult [ ]  Youth [ ]  OS/IOS [ ]  NTP/OTP [ ]  Residential [ ]  WM [ ]  RS[ ] Enrollment Date: Click or tap here to enter text. Discharge Date: Click or tap here to enter text. (if applicable) |

|  |
| --- |
| **Reviewer:** List items with letter and corresponding number (i.e., **E1**) from EUR Tool. Limit comments to most problematic (Late CA ASAM Assessment, no risk follow-up, missing signatures, billing errors, etc.). Also, list date(s) or date range of missing service notes, excessive billing, etc.Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Reviewer Signature/Title:** Click or tap here to enter text. | **Print Name/Agency:** Click or tap here to enter text. |
| **Co-Sign for non-LPHA:** Click or tap here to enter text. | **Print Name:** Click or tap here to enter text. |
| **Response/Correction Action by Provider:** Please respond to **ALL** items listed above. Provider is responsible for making necessary corrections, including timely deletion of services in SmartCare. Attach second page if needed. Keep COPY of External Utilization Review Tool for your records. **(*Return within two weeks of receipt.)***Click or tap here to enter text. |
| **LPHA/Lead SUD Counselor Signature/Title:** Click or tap here to enter text. | **Print Name:** Click or tap here to enter text.**Today’s Date:** Click or tap here to enter text. |
| Supervisor’s Response (Optional): Click or tap here to enter text. |
| **LPHA Supervisor Signature/Title:** Click or tap here to enter text. | **Print Name:** Click or tap here to enter text.**Today’s Date:** Click or tap here to enter text. |
| Below: QM Staff Use Only |
| [ ]  Approved by QM ReviewerClick or tap here to enter text.[ ]  Disapproved by QM Reviewer, **Action taken:** Click or tap here to enter text. |
| LPHA QM Signature/Title: Click or tap here to enter text.Print Name: Click or tap here to enter text.Today’s Date: Click or tap here to enter text. |
|

|  |  |
| --- | --- |
| ***Confidential Member Information*** ***See W & I Code 5328*** | **Return completed form to: QUALITY MANAGEMENT, ATTN: UTILIZATION REVIEW COORDINATOR****Due two weeks from the date of receipt to QM Staff**  |

 |