Policy and Procedure

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

DEFINITIONS:
None

SCOPE: This policy applies to all Utilization Management (UM) staff, delegates, and contractors who create, review, update, or audit denial and appeal records in GuidingCare or on behalf of Colorado Access (COA or organization).

PURPOSE: To ensure the integrity of UM denial and appeal information through documented processes, staff training, regular audits, and corrective actions.

PROCEDURES:

A. Protecting the Integrity of UM Denial Information

1. COA maintains and safeguards information used in the UM denial decision process to protect against unauthorized access, alteration, loss, or destruction through scheduled auditing activities (see section A.7 below). The organization provides specific protection for each of the following types of UM information:
    - UM requests from members or their authorized representatives
    - UM request receipt date
    - Appropriate practitioner review
    - Use of board-certified consultants
    - Clinical information collected and reviewed
    - UM decision
    - UM decision notification date
    - UM denial notice

2. UM Denial Receipt Date Definition
    a. The UM Receipt Date is the date and time the organization first receives a request for UM (initial authorization, request for service, request for expedited review, or request for appeal) from a member, provider, or authorized representative via phone, fax, mail, email, or online provider portal even if the organization does not have all the information necessary to make a decision.
    b. The Receipt Date is the date/time stamp from the first point of receipt within the organization

3. UM Denial Written Notification Date Definition
    a. The UM Denial Written Notification Date is the date on the written notification to providers and members, or member's authorized representative.

b. Denial notifications, also referred to as Notice of Adverse Benefit Determination letters, are generated by the organization's clinical system (GuidingCare) using approved templates.
c. Denial notifications are provided to a member and authorized representative, if applicable, documenting an adverse benefit determination.

4. Roles and Responsibilities:
   a. Titles or job classifications authorized to create or update denial records include:
      i. UM Service Coordinator
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update) UM information.
      ii. Medical Director
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update) UM information.
      iii. Clinical Appeals Coordinator
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update) UM information.
      iv. UM Intake Coordinator
         - Authorized to modify (edit, update) UM information.
      v. Manager of Behavioral Health UM
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update, delete) UM information.
         - Responsible for oversight of UM information integrity functions, including auditing.
      vi. Manager of Physical Health UM
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update, delete) UM information.
         - Responsible for oversight of UM information integrity functions, including auditing.
      vii. Supervisor of Behavioral Health UM
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update, delete) UM information.
         - Responsible for oversight of UM information integrity functions, including auditing.
      viii. UM Program Manager
         - Responsible for documenting completion of UM activities.
         - Authorized to modify (edit, update) UM information.

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

ix. Director of UM
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update, delete) UM information.
- Responsible for oversight of UM information integrity functions, including auditing.

5. Documenting Updates
   a. Circumstances when updates to existing UM information are appropriate:
      - The member or provider sends an update on the UM request.
      - Data entry errors (i.e., typographical).
   b. The staff member accountable for modifying UM information will capture the following in the UM system:
      - Date and time the information was updated (automatically tracked by GuidingCare).
      - What information was updated (automatically tracked by GuidingCare).
      - Why the information was updated.
      - Staff who updated the information (automatically tracked by GuidingCare).

6. Inappropriate Documentation or Updates
   a. The following documentation and updates to UM information are inappropriate:
      - Falsifying UM dates (i.e., receipt date, UM decision date, notification date).
      - Creating documents without performing the required activities.
      - Altering existing documents (i.e., clinical information, board-certified consultant review, denial notices).
      - Attributing a review to someone who did not perform the activity (i.e., appropriate practitioner review).
      - Updates to information by unauthorized individuals.

7. Auditing and Reporting
   a. On a monthly basis COA UM Managers conduct file audits of UM Service Coordinators and UM Intake Coordinators to ensure all UM policies and procedures are followed, including UM109.
   b. COA annually audits for inappropriate documentation and updates to UM Request Receipt and Notifications dates (see definitions above).

c. Annual Audit Methodology:
   - The audit universe includes files for UM denial decisions (based on denial decision notification date) made during the reporting period, whether or not the files were updated. The organization randomly samples and audits 5% or 50 files, whichever is less, from the file universe.
   - Data collection occurs via the Guiding Care application. Data is generated from the UM report that identifies all modifications made to the request receipt and notification dates.
     - Data on the report includes:
     - Denial Request ID
     - Type of modification
     - The user who made the modification
     - Reason for modification
     - Old/New modification dates
   - All integrity issues identified will be documented in the Denial Information Integrity Findings Log and reported to the Director of Compliance within 10 business days of discovery.

d. Consequences for inappropriate documentation or updates to the UM denial information may include but are not limited to:
   - Re-educating and/or training staff on UM information integrity
   - Auditing more files processed by staff member(s)
   - Putting staff on corrective action plan
   - Termination of staff member

e. In the event of identified fraud, misleading, or improper information (including submission of falsified documents or fraudulent information to NCQA), the Director of Compliance will report the information to NCQA as a Reportable Event through my.ncqa.org. COA will follow the process for reporting Reportable Events as outlined in NCQA's Health Plan Accreditation Standards and Guidelines.

B. Protecting the Integrity of UM Appeal Information

1. COA maintains and safeguards information used in the UM appeal decision process to protect against unauthorized access, alteration, loss, or destruction through scheduled auditing activities (see section B.7 below). The organization provides specific protection for each of the following types of UM appeal information.
   a. UM appeals requests from members or their authorized representatives.

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

b. UM appeal request receipt date.
c. Substance and investigation of an appeal.
d. UM appeal participants, as applicable.
    - An individual or group deciding the appeal
    - Appropriate practitioner
    - Same-or-similar specialist review
e. UM appeal notice.
f. UM appeal decision notification date.

2. Appeal Receipt Date Definition
    a. The Appeal Receipt Date is the date and time the organization first receives a request for an appeal (standard or expedited) from a member, provider, or authorized representative via phone, fax, mail, email, or online provider portal even if the organization does not have all the information necessary to make a decision.
    b. The Receipt Date is the date/time stamp from the first point of receipt within the organization.

3. Appeal Written Notification Date Definition
    a. The Appeal Written Notification Date is the date the written notification was provided to members or member's authorized representative.
    b. Letters generated by the organization's clinical system (GuidingCare) using approved templates.
    c. Appeal letters are provided to a member or authorized representative documenting the result (approval or denial) of an appeal review.

4. Roles and Responsibilities
    a. Titles or job classifications authorized to create or update appeal records include:
        i. UM Service Coordinator
            - Responsible for documenting completion of UM activities.
            - Authorized to modify (edit, update) UM information.
        ii. Medical Director
            - Responsible for documenting completion of UM activities.
            - Authorized to modify (edit, update) UM information.
        iii. Clinical Appeals Coordinator
            - Responsible for documenting completion of UM activities.
            - Authorized to modify (edit, update) UM information.

i. UM Intake Coordinator
- Authorized to modify (edit, update) UM information.

iv. Manager of Behavioral Health UM
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update, delete) UM information.
- Responsible for oversight of UM information integrity functions, including auditing.

v. Manager of Physical Health UM
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update, delete) UM information.
- Responsible for oversight of UM information integrity functions, including auditing.

vi. Supervisor of Behavioral Health UM
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update, delete) UM information.
- Responsible for oversight of UM information integrity functions, including auditing.

vii. UM Program Manager
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update) UM information.

viii. Director of Utilization Management
- Responsible for documenting completion of UM activities.
- Authorized to modify (edit, update, delete) UM information.

5. Documenting Updates
   a. Circumstances when updates to existing UM appeal information are appropriate:
      - The member or provider sends an update on the UM request.
      - Data entry errors (i.e., typographical).
   b. The staff member accountable for modifying UM information will capture the following in the UM system:
      - Date and time the information was updated (automatically tracked by GuidingCare).
      - What information was updated (automatically tracked by GuidingCare).

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

- Why the information was updated (automatically tracked by GuidingCare).
- Staff who updated the information.

6. Inappropriate Documentation or Updates
   a. The following documentation and updates to UM appeal information are inappropriate:
      - Falsifying UM dates (e.g., receipt date, appeal decision date, appeal notification date)
      - Creating documents without performing the required activities.
      - Fraudulently altering existing documents (i.e., investigation information, same-or-similar specialist review, appeal notices).
      - Attributing a review to someone who did not perform the activity (i.e., appropriate practitioner review).
      - Updates to information by unauthorized individuals.

7. Auditing and Reporting
   a. On a monthly basis COA UM Managers conduct file audits of Clinical Appeal Coordinators to ensure all UM policies and procedures are being followed, including UM109.
   b. COA annually audits for inappropriate documentation and updates to Appeal Request Receipt and Notifications dates (see definitions above).
   c. Annual Audit Methodology:
      - The audit universe includes files for appeal decisions (based on the appeal decision notification date) made during the reporting period, whether or not the files were updated. The organization randomly samples and audits 5% or 50 files, whichever is less, from the file universe.
      - Data collection occurs via the Guiding Care application. Data is generated from the appeal report that identifies all modifications made to the appeal request receipt and notification dates. Data on the report includes:
        - Appeal Request ID
        - Type of modification
        - The user who made the modification
        - Reason for modification
        - Old/New modification dates

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

d. All integrity issues identified will be documented in the Appeal Information Integrity Findings Log and reported to the Director of Compliance Programs within 10 business days of discovery. Consequences for inappropriate documentation or updates to the UM appeal information may include but are not limited to:
    - Re-educating and/or training staff on UM information integrity
    - Auditing more files processed by staff member(s)
    - Putting staff on corrective action plan
    - Termination of staff member
e. In the event of identified fraud, misleading, or improper information (including submission of falsified documents or fraudulent information to NCQA), the Director of Compliance Programs will report the information to NCQA as a Reportable Event through my.ncqa.org. COA will follow the process for reporting Reportable Events as outlined in NCQA's Health Plan Accreditation Standards and Guidelines.

C. Improvement Actions – Denial Information

1. All actions taken or planned are documented, including the time frame for actions, to address all inappropriate documentation and updates discovered during the annual audit.

2. The following staff share responsibility for implementing corrective actions:
    a. Director of UM
    b. Manager of Behavioral Health UM
    c. Manager of Physical Health UM

3. The effectiveness of corrective actions is evaluated within 6 months of the annual audit.
    a. This process includes 6 months of UM denial files processed since the annual audit.

4. COA will conduct a qualitative analysis if it identifies noncompliance with integrity policies and procedures during the follow-up audit.
    a. COA will make a conclusion on the actions' overall effectiveness.

Policy Name: UM Information Integrity	**Policy:** UM-109	**Version:** 3
Author Department: UM	**Origination Date:** 08/01/2025	
Business Units Impacted: UM	**Date Last Reviewed:** 08/06/2026	
Products/LOBs: RAE/CHP+	**Date Approved by CPT:** 08/20/2026	

D. Improvement Actions – Appeal Information

1. All actions taken or planned are documented, including the time frame for actions, to address all inappropriate documentation and updates discovered during the annual audit.

2. The following staff share responsibility for implementing corrective actions:
   a. Director of UM
   b. Manager of Behavioral Health UM
   c. Manager of Physical Health UM

3. The effectiveness of corrective actions is evaluated within 6 months of the annual audit.
   a. This process includes 6 months of UM denial files processed since the annual audit.

4. COA will conduct a qualitative analysis if it identifies noncompliance with integrity policies and procedures during the follow-up audit.
   a. COA will make a conclusion on the actions' overall effectiveness.

REFERENCES:
None

ATTACHMENTS:
None

POLICY HISTORY:

SUMMARY OF REVIEW/REVISION/APPROVAL DATES: Version 1: 8/1/2025 New policy, Version 2: 05/07/2026 NCQA updates. Updated UM denial/appeal documentation integrity guidance by clarifying key date definitions, adding monthly file-audit requirements, and revising NCQA fraud reporting language, Version 3: 08/20/2026 UM denial and appeal information integrity requirements updated clarifying receipt-date definitions, audit/reporting expectations, and corrective action processes for NCQA alignment

APPROVAL BODY: COA Core Policy Team **APPROVAL DATE:** 08/20/2026