


**SWMBH MI Health Link Operating Policy 4.1**

<b>Subject:</b> Retrospective Review		<b>Accountability:</b> Utilization Management	<b>Effective Date:</b> 12/15/15	Pages: 2
<b>REQUIRED BY:</b> <b>BBA Section</b> _____ <b>PIHP Contract Section</b> _____ <b>NCQA Standard</b> <u>UM Standard 4</u> <b>Other</b> _____			<b>Last Reviewed Date:</b> 4/27/17	<b>Past Reviewed Dates:</b> 3/1/16 11/7/16 11/14/16
<b>LINE OF BUSINESS:</b> <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____	<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		<b>Last Revised Date:</b> 4/27/17	<b>Past Revised Dates:</b> 3/1/16 11/7/16 11/14/16
Approved:  5.10.17		<b>Required Reviewer:</b> Director of UM & ME		
Date: _____				

**I. Purpose**

To describe a clear method for requesting and completing a retrospective administrative authorization service determination for services provided without pre-authorization.

**II. Policy**

It shall be the policy that Southwest Michigan Behavioral Health (SWMBH) requires prior authorization/coverage determination decisions for all services SWMBH directly funds before delivery of services. For a narrow category of services provided in urgent or emergent situations a retrospective review process shall apply when:

- SWMBH or its designee is identified as the reviewing entity to make the determination and
- Obtaining pre-authorization for and/or discharging from an identified setting would have jeopardized the health or safety of the individual or
- Inaccurate County of Financial Responsibility or insurance information is provided to the provider or
- The individual presents in such a disorganized state that insurance or residency information is not attainable

**III. Standards and Guidelines**

- A. SWMBH shall determine financial and residency eligibility for all requests for retrospective authorization
- B. SWMBH will consider all information to determine if the retrospective request meets medical necessity criteria including documentation provided by the provider, facility and/or the participant Community Mental Health (CMH) and/or engage in consultation with the Community Mental Health Service Provider (CMHSP) as applicable

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- C. Crisis services do not require prior or retrospective authorization and are monitored through exception reporting. The member record must have documentation to support the medically necessary crisis service and subsequent encounter reporting.
- D. All denial decisions of retrospective service requests shall be made by an appropriately credentialed reviewer, psychiatrist or fully licensed psychologist
- E. Notifications of service determination decisions shall be communicated to the member and provider, facility, participant CMH and among applicable SWMBH or CMH departments as applicable.
- F. All service decisions shall be rendered within 30 days and in compliance with Michigan Department of Health and Human Services (MDHHS), contractual, regulatory and accreditation guidelines.
- G. Retrospective requests must be submitted within 365 days from discharge/last date of service unless documentation of extenuating circumstances is provided. Payment is subject to SWMBH claims policy.

### **IV. Definitions**

None

### **V. References**

NCQA MBHO UM Standard 4

### **VI. Attachments**

None