

SWMBH MI Health Link Operating Policy 4.7

Subject: Qualifications of Staff Making Medical Necessity and Clinical Decisions		Accountability: Utilization Management	Effective Date: 1/1/2014	Pages: 3
REQUIRED BY: BBA Section <u>438.210</u> PIHP Contract Section <u>4.11</u> NCQA Standard <u>UM 4 A, D-F, 14 A-B</u> Other _____			Last Reviewed Date: 4/27/17	Past Reviewed Dates: 7/14/15
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan Plan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <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: _____	Last Revised Date: 4/27/17	Past Revised Dates: 7/14/15
Approved : <i>[Signature]</i> 5-10-17 Date:			Required Reviewer: Chief Clinical Officer Medical Director <i>[Signature]</i> 5/11	

I. Purpose

To establish the Southwest Michigan Behavioral Health (SWMBH) standards for requirements and qualifications of persons making medical necessity determinations and decisions requiring clinical judgment and identify case load ration guidelines.

II. Policy

It shall be the policy of the SWMBH to assure that only qualified and credentialed/licensed health care professionals with active unrestricted licensure make medical necessity determinations and clinical decisions based on pre-defined roles and responsibilities within their scope of practice and in compliance with regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) Contract, accreditation standards National Committee for Quality Assurance (NCQA), and the Balanced Budget Act of 1997.

III. Standards and Guidelines

A. Medical Necessity Service and Benefits Determination Approvals, triage and referral clinical decisions or other treatment decisions requiring clinical judgment resulting in an approval may be made by the following categories of licensed health care professionals who maintain current active licensure and are within their scope of practice:

1. Michigan fully or temporary/limited Licensed Masters Level Social Workers, Psychologists, Professional Counselors
2. RN's
3. Physicians
4. Physician's Assistants
5. Nurse Practitioners
6. Occupational or Physical Therapists

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- B. Data entry and service and benefit determination approvals for services with explicit criteria may be completed by staff who are not licensed qualified health professionals.
- C. Denials/Appeals
 - 1. Medical necessity denials and appeals are made/reviewed only by a
 - a. Physician
 - b. Doctorate level clinical psychologist
 - c. Certified Addictions Medicine Specialist
 - 2. Appeals of a previous medical necessity denial are reviewed by a qualified staff who was not previously involved in the determination and who is not a subordinate of the person making the determination and holds an unrestricted license and operates within their scope of practice
 - 3. Benefit determinations are denials of requested services that are specifically excluded from the member's benefit plan and can be made by
 - a. Michigan fully or temporary/limited Licensed Masters Level Social Workers, Psychologists, Professional Counselors
 - b. RN's
 - c. Physicians
 - d. Physician's Assistants
 - e. Nurse Practitioner
 - f. Occupational or Physical Therapists
- D. Board Certified Consultants may be used to make medical necessity determinations in the following circumstances:
 - 1. In situations where there could be a real or perceived conflict of interest
 - 2. Requests, Denials, Appeals Review for ECT
 - 3. Denials and Appeals Review for Inpatient or Partial Hospitalization
 - 4. Requests, Denials, Appeals Review for Methadone dosing
 - 5. Requests, Denials, Appeals Review for SUD Detox and Residential
 - 6. Denials or Appeals of Review of any other covered services in which sub-specialty input is needed prior to making a determination
- E. Documentation on all contact notes and notice letters of all decisions rendered shall include the reviewers hand written or e-signature inclusive of name, credentials and date of signature. Documentation of a denial may also consist of a signed or initialed note by a UM reviewer who attributes the denial decision to a specific qualified practitioner.
- F. Supervision of behavioral health Utilization Management (UM) decisions and triage and referral decisions are provided by a licensed practitioner with appropriate clinical experience and in accordance with scope of licensure and include:
 - 1. Medical Director
 - 2. Clinical Psychologist, fully licensed
 - 3. Masters Licensed practitioner with five years of post-graduate clinical experience
- G. UM Program Oversight falls into the scope of the Medical Director, Chief Clinical Officer and the Director of UM and ME, all with an unrestricted license. Oversight is inclusive of:
 - 1. UM Program implementation
 - 2. UM Policy development
 - 3. Reviewing UM Cases
 - 4. UM Committee
- H. SWMBH prohibits the use of incentives related to nor encourages coverage decisions that result in barriers to care and underutilization.

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1. UM decision making is based only on appropriate of care and services and existence of coverage
 2. Practitioners are not rewarded for issuing denials of coverage
 3. Financial incentives are not provided to UM decision makers for determinations resulting in underutilization or barriers to care
- I. Notification of SWMBH's position of prohibited use of incentives for UM decision making resulting in barriers to care, denials of coverage and underutilization is made available to practitioners, members and SWMBH staff through the following distribution mechanisms.
1. Statement in Member Handbook
 2. Statement in Provider Handbook
 3. Policy statements available on the SWMBH website
 4. UM staff orientation/training

IV. Definitions

- A. See NCQA glossary

V. References

- A. None

VI. Attachments

- A. None

