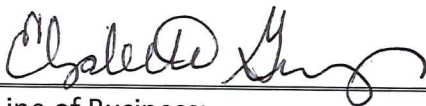




Section: Utilization Management	Policy Name: Retrospective Review	Policy Number: 04.08
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC	Total Pages: 3
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____		Date Approved: 01-10-2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/07/20

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 or
- The individual was not Medicaid or Healthy Michigan Plan eligible at the time of service and became retroactively enrolled

Purpose: To describe a clear method for requesting and completing a retrospective administrative authorization service determination for services provided without pre-authorization. Any request for retrospective review in which an authorization decision had been previously made, will follow SWMBH Policy 06.04: Customer Grievance Systems and Second Opinions.

Scope: Utilization Management

Responsibilities: Utilization Management at the Community Mental Health Service Partners (CMHSP) and Prepaid Inpatient Health Plan (PIHP) levels will ensure retrospective review requests are processed in a timely and thorough manner with determinations made by appropriately credentialed staff.



Definitions: None

Standards and Guidelines:

A. Responsible Entity

1. All requests for retrospective authorization of a service in which the Community Mental Health (CMH) would have otherwise been responsible for making the initial authorization decision, will be processed by that CMHSP to determine financial and residency eligibility and determine medical necessity for the service provided (i.e. initial authorization of Inpatient Psychiatric Hospitalization, Crisis Residential, Partial Hospitalization).
2. All requests for retrospective authorization of a service in which the PIHP would have otherwise been responsible for making the initial authorization decision, will be processed by SWMBH to determine financial and residency eligibility and determine medical necessity for the service provided (i.e. ongoing authorization of Inpatient Psychiatric Hospitalization, Crisis Residential, Partial Hospitalization).

B. Requesting Retrospective Review

1. The provider or facility requesting that the provided service be reviewed retrospectively for authorization, must submit to the responsible entity:
 - a. A written request indicating the reason the service was not requested prospectively and documentation to support that reason.
 - b. Clinical documentation supporting the dates of service being requested.

C. Timeframes for Retrospective Review Requests

1. Providers may request retrospective review of service(s) that have occurred within 365 calendar days prior to submitting their request to the appropriate entity. Any requests over the 365 days will result in an Administrative Denial.

D. Authorization Determinations

1. The responsible entity will consider all information to determine if the retrospective request meets medical necessity criteria including documentation provided by the provider, facility and/or the CMH and/or engage in consultation with the CMHSP or PIHP as applicable
2. All denial decisions of retrospective service requests shall be made by an appropriately credentialed reviewer, psychiatrist or fully licensed psychologist
3. Notifications of service determination decisions shall be communicated to the member and provider, facility, participant CMH and-applicable SWMBH or CMHSP departments, as applicable.
4. All service decisions shall be rendered within 30 calendar days from the date the appropriate Utilization Management department receives the written request and supporting documentation, and in compliance with Michigan Department of Health and Human Services (MDHHS), contractual, regulatory and accreditation guidelines.

Procedures: Processing Retrospective Review Request P04.08.01

References: SWMBH Policy 06.04: Customer Grievance Systems and Second Opinions

Attachments: None

