




Section: <b>Utilization Management</b>	Policy Name: <b>Retrospective Review</b>	Policy Number: <b>MHL 04.01</b>
Owner: <b>Manager of UM &amp; Call Center</b>	Reviewed By: <b>Elizabeth Guisinger, LPC, CAADC</b>	Total Pages: <b>3</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By:  <u>Beth Guisinger Dec 8, 2021 06:50 EST)</u>	Date Approved: <b>Dec 8, 2021</b>
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 type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Healthy Michigan                      _____ <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: <b>12/15/2015</b>

**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 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

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

**Scope:** The retrospective review process ensures eligibility coverage and makes authorization determination based on submitted clinical documentation for admissions that were made without prior pre-authorization due to extenuating circumstances as defined in this policy.

**Responsibilities:** Contracted providers will submit clinical documentation to SWMBH for clinical review and authorization determination.  
 SWMBH Utilization Management (UM) staff will determine member eligibility and review clinical documentation for authorization determination.



**Definitions:** None

**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.
- 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.

**References:** NCQA MBHO UM Standard 4

**Attachments:** None








# MHL 04.01 Retrospective Review

Final Audit Report

2021-12-08

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