



Section: Utilization Management	Procedure Name: Retrospective Review	Procedure #: MHL 04.01.01
Overarching Policy: 04.01.01 Retrospective Review		
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC	Total Pages: 4
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Elizabeth Guisinger</i> <small>Elizabeth Guisinger (Apr 30, 2020)</small>	Date Approved: Apr 30, 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 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: 04/27/2020

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

Procedure:

Upon receipt of documentation and an authorization request in the SWMBH managed care information system (MCIS) or a medical record, claim and request for retrospective review by SWMBH.

- A. If no authorization exists, SWMBH will review for financial responsibility.
- B. If SWMBH has no financial responsibility, the requesting provider/facility will be notified and return the records to the sending entity, if paper clinical documentation was sent for review.
- C. If SWMBH has financial responsibility, the UM Department proceeds with the review process.
- D. The UM Department staff, within 30 days of receipt of notification, reviews the documentation to determine if the individual meets eligibility and benefit criteria and if the service request is medically necessary.
 1. Documentation review includes the medical record provided by the facility and the pre-admission screen or other admitting documentation completed by the provider.
 2. Consultation should also occur with the participant CMH in the event a pre-admission screening was completed.
- E. If the information indicates any part of the services were medically necessary and the individual meets criteria, UM staff shall:
 1. Complete a Retrospective Review event and enter an authorization for the eligible and medically necessary portion of the Episode of Care.
 2. Provide the Service Determination Authorization and notification letter to the provider and member, as applicable.
 3. Notify the SWMBH claims department and requesting provider of the completed decision- a signed authorization serves as notification.
 4. Clearly document and maintain all decisions along with justification in the electronic health record (EHR) or MCIS to be available to the individual at their request.
- F. If the information indicates any part of the services were not medically necessary and the individual does not meet criteria, UM staff shall:
 1. Make a determination for services within scope of practice or consult with the senior practitioner, who will, within his/her scope of practice, review all pertinent and relevant documentation and render a service determination decision.
 2. Complete a Retrospective Review event and a denial for the eligible and medically necessary portion of the Episode of Care.
 3. Assure that the Service Determination denial and notification letter are provided to the member provider.
 4. Notify the SWMBH claims department and requesting provider of the completed decision- the signed denial in the SWMBH SmartCare 4.0 serves as notification.
 5. Clearly document and maintain all decisions along with justification in the EHR/MCIS to be available to the individual at their request.



6. Notify the SWMBH Customer Services department to initiate any applicable Grievance and Appeals notification process.

Effectiveness Criteria: Clinical documentation will be sent by the provider and authorization determinations will be made by SWMBH UM within 30 days from receipt of documentation.
Authorizations will be entered into Streamline SmartCare system and if necessary, denial letters will be sent to provider/members.

References: NCQA MBHO UM Standard 4

Attachments: None






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Final Audit Report

2020-04-30

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