



Section: <b>Utilization Management</b>	Policy Name: <b>UM System Controls and Review</b>	Policy Number: <b>MHL 04.13</b>
Owner: <b>Customer Service Manager</b>	Reviewed By: <b>Sarah Ameter</b>	Total Pages: <b>5</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input type="checkbox"/> <b>MDHHS</b> <input checked="" type="checkbox"/> <b>NCQA</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Final Approval By:  <i>Sarah Ameter</i>	Date Approved:  <b>Aug 2, 2022</b>
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input type="checkbox"/> <b>Participant CMHSPs</b> <input type="checkbox"/> <b>SUD Providers</b> <input type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> <input checked="" type="checkbox"/> <b>Healthy Michigan</b> _____ <input type="checkbox"/> <b>SUD Block Grant</b> <input checked="" type="checkbox"/> <b>SUD Medicaid</b> <input checked="" type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>12/10/2020</b>

**Policy:** It is the policy of Southwest Michigan Behavioral Health (SWMBH) that system controls and procedures are in place to protect data from being altered outside of the prescribed procedures. SWMBH shall adhere to Federal, State and National Committee for Quality Assurance (NCQA) requirements to secure access to systems, define role-based permissions and ensure that Managed Care Information Systems users work is tracked and auditable. Monitoring of these standards occur through IT Security Risk assessments, Compliance audits and through data validation audits conducted with Utilization Management, Member Service and Integrated Care Organization staff via Centers for Medicare & Medicaid Services (CMS) protocols.

**Purpose:** To define policy and procedure that adheres to system controls for member denials and appeals as required by State and Federal regulatory requirements and NCQA standards.

**Responsibilities:** Utilization Management and Member Services are responsible for date entry and verification. Information Technology is responsible for system security and access.

**Definitions:**

- A. Date of Receipt: The following describes the date/time used to note the date/time a request was made for a grievance, coverage decision, or appeal). If received by U.S. mail, the date/time the document is physically received at the SWMBH office. If received by fax, the date/time indicated by the fax transmission report. If received verbally by phone, the date/time the call was made with the request. If received verbally by voicemail, the date/time the initial message was left in the voicemail system. If received in writing through the Managed Care Information System (MCIS), on the date/time stamp recorded in the MCIS. If received by email, on the date/time stamp recorded in the email system.



- B. Date of Written Notification: Written notification is considered delivered on the date/time SWMBH deposits the notice or letter in the external outgoing mail receptacle.
- C. Date or Verbal Notification (if applicable): Verbal notification is considered delivered on the date/time SWMBH speaks directly to or leaves a voicemail for the member or their authorized representative (e.g. legal guardian, or other formally named representative).

### **Standards and Guidelines:**

Federal regulations and NCQA requirements for Southwest Michigan Behavioral Health require that the electronic managed care information system captures dates and the user who entered them for appeals and denials in a manner that is clearly defined and auditable. Additionally, Southwest Michigan Behavioral Health is required via NCQA and Federal regulations to maintain system controls and ensure access to Protected Health Information only to those who have need of such as defined by their work role.

#### **A. Data Entry of Denial and Appeals dates into Managed Care System**

1. If the request was made orally by the member or provider, the date of receipt will be manually entered at the time the Utilization Management (UM) staff processes the authorization. If requested through the system, the MCIS captures the date of the authorization request made by the provider. When authorizations are processed, regardless of determination status, it is date stamped within the system.
2. Member services staff, by their system defined role, will mail the denial notifications, and enter the mailing date into the system. Member Services staff are responsible for ensuring that the letter and notification dates are entered correctly. Dates of written notification of the denial are entered into the field "Effective" under client documents tab in the MCIS. The effective date entered into the system is the same as the date the notification was mailed to the beneficiary.
3. Member services staff, by their system defined role, will receive all requests for appeal and enter the appeal request date into the system as the actual date received regardless of method received. Requests for appeals may be filed by beneficiaries via multiple methods e.g. written, oral. Dates should be entered by the Member Services staff into the field "Date Received" in the appeal record. This will be the date the appeal was received by the Southwest Michigan Behavioral Health office regardless of method received in order to accurately reflect the start of the appeals timeframe. The date the notification of appeal resolution is mailed to the beneficiary is entered into the field "Date of Resolution Notification" in the appeal record. This is the actual date the notification of appeal resolution was mailed to the beneficiary.
4. The electronic date stamp of who and what date information was entered will be maintained within the system for purposes of random sample auditing.

#### **B. System Tracking**

1. The Managed Care Information system tracks all edits or alterations to the electronic record including user, date and time stamp. Only those afforded permission by role may edit an existing record. Information Technology staff assure appropriate security access to the system via policy and procedures.



2. In the event an error is made in entering a date for an authorization request and/or determination, it will to be corrected within the Managed Care Information system by the UM staff who should also add note to the record as to the reason for the change.
3. In the event an error is made in entering a date for a denial notification or appeal receipt or notification the error is to be corrected within the Managed Care Information system by the Member Services staff who should also add note to the record as to the reason for the change.

C. Process Audit

Southwest Michigan Behavioral Health under contract with its ICOs and through the 3 way agreement with CMS will monitor compliance with timeliness and data verification through CMS data validation audits. Data is submitted and verified to each ICO no less than quarterly and undergoes a random sample audit with the ICO in advance of annual CMS data verification audits. In preparation for these submissions the Manager of Utilization and Call Center and Manager of Customer Services shall review the denial and appeals data monthly noting any discrepancies in dates or timeliness and any follow up that is necessary with individual staff persons involved.

**References:**

NCQA UM 11 – UM System Controls  
MI Health Link 3-Way Contract  
Medicare Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance

**Attachments:** None



**Revision History**

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	12/10/2020	Throughout	New policy	A. Wickham
1	8/20/2021	Definitions, References and Standards and Guidelines: A1 and A3	Add definitions, update references, clarifying language for data entry.	H. Woods
2	7/15/22	Definitions	Adding clarifying language per Medicare regulations.	H. Woods






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Final Audit Report

2022-08-02

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