Section: **Customer Service**	Procedure Name: **Adverse Benefit Determination Procedure**	Procedure #: **MHL P06.08.02**
Overarching Policy: **Medicare Member Adverse Benefit Determination Appeal Policy**		
Owner: **Customer Services Manager**	Reviewed By: **Sarah Ameter**	Total Pages: **4**
Required By: ☒ **BBA** ☐ **MDHHS** ☐ **NCQA** ☒ **Other (please specify): MHL 3-Way Contract**	Final Approval By: *Sarah Ameter*	Date Approved: May 8, 2020
Application: ☒ **SWMBH Staff/Ops** ☐ **Participant CMHSPs** ☐ **SUD Providers** ☐ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☐ **Medicaid** ☐ **Healthy Michigan** ☐ **SUD Block Grant** ☐ **SUD Medicaid** ☒ **MI Health Link** ☐ **Other (please specify):** _____	Effective Date: **1/1/20**

Policy: Southwest Michigan Behavioral Health (SWMBH) shall provide all staff with enrollee rights and protection training, including but not limited to, role specific training on member appeal rights and processes, from the initial denial at the time of coverage determination through the final adverse determination. All requests to appeal an Adverse Benefit Determination received at SWMBH, will be investigated and resolved in a consistent and timely manner, in accordance with the guidelines outlined in Section 42 of The Code of Federal Regulations, Part 422, Subpart M- Grievances, Organization Determinations and Appeals and Part 438, Subpart F: Grievance System and Appeal System. The appeals process meets all Centers for Medicare and Medicaid Services (CMS) guidelines, and National Committee of Quality Assurance (NCQA) standards. All appeals will be monitored, tracked and trended in a central database maintained by the Member Service Department.

Purpose: This procedure specifically addresses the process for notifying MI Health Link beneficiaries and contracted providers of the denial of requested Substance Use Disorder (SUD) or Mental Health services as determined by Southwest Michigan Behavioral Health (SWMBH) Utilization Management staff or Medical Director.

Scope: Member Services and Utilization Management

Responsibilities: SWMBH Member Services staff will ensure that when an adverse benefit determination is made that the member is informed of the determination in a timely manner. SWMBH Utilization Management staff will ensure that they inform Member Services in a timely

manner when a denial has been made.

Definitions: Adverse Benefit Determination: (i) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a Covered Service; (ii) the reduction, suspension, or termination of a previously authorized service; (iii) the denial, in whole or in part, of payment for a service; (iv) the failure to provide services in a timely manner, as defined by the State; (v) the failure of the ICO to act within the required timeframes for the standard resolution of Grievances and Appeals; (vi) for a resident of a rural area with only one ICO, the denial of an Enrollee's request to obtain services outside of the Network; or (vii) the denial of an Enrollee's request to dispute a financial liability.

Procedure:

A. Medical Necessity Denial of requested Medicare services.

1. A clinical decision is made by SWMBH Medical Director to deny, reduce, suspend, or terminate Medicare services.
2. Utilization Management staff provides information to Member Services to be included in the adverse benefit determination.
    a. Information for completion of adverse benefit determination must include: member name and address, member's Medicaid ID number, member's SWMBH chart number, type of service(s) denied, name and credentials of staff making the determination, effective date, clinical rationale for determination, any treatment recommendations, and the medical necessity criteria used for making the determination.
    b. The adverse benefit determination will include required information for the member regarding their appeal and information rights, including:
        i. An explanation appeal rights, including the right to submit written comments, documents, or other information relevant to the appeal.
        ii. An explanation of the appeal process, including appeal timeframes and the member's right to name a representative.
        iii. A description of the expedited appeal process for urgent preservice or urgent concurrent denials.
3. Member Services staff completes adverse benefit determination based on information provided and the notice is mailed to member/guardian. Notice will be mailed within the timeframes and include information requirements specified in MHL UM Policy: Service Authorizations & Notice of Determinations (MHL 4.4).
    a. SWMBH may extend the timeframes for authorization decisions and notice only when:
        i. The member or the provider requests an extension, or
        ii. If SWMBH can justify to MDHHS and/or CMS that the extension is in the member's best interest; and
        iii. There is a reasonable likelihood that receipt of such information would lead to approval of the request, if received; and
        iv. Such outstanding information is reasonably expected to be received within the extension timeframe.

b. If an extension is not given and a decision is not reached within the applicable timeframe for either standard or expedited requests, staff shall give notice on the date that the timeframe expires.

4. The Adverse Benefit Determination will be mailed to the member within 1 business day of the notice being generated.

B. If the adverse benefit determination is completed before noon, the notice will be mailed the same day.

C. If the adverse benefit determination is completed after noon, the notice will be mailed out on the following business day.

1. The adverse benefit determination is uploaded to member's electronic record.
2. Utilization Management staff provides information to Member Services staff to be included in Provider Denial notification if a provider was involved in the initial request.

D. Medical Necessity Denials of requested Medicaid services will follow the Medicaid guidelines and delegation agreements between Michigan Department of Health and Human Services (MDHHS), SWMBH and contracted Community Mental Health (CMH) partners.

E. Closures of currently authorized Medicare or Medicaid services for MI Health Link members will follow the following process.

1. For closures of Medicare covered services:
   a. CMH partners will mail a letter to the member, notifying them of the recommendation for closure, the reason, and the effective date.
   b. CMH partners will notify SWMBH of the closure and will include: member name and address, member's Medicaid ID number, type of service(s) closing, name and credentials of staff making the recommendation, effective date, rationale and medical necessity criteria if a clinical change in service.
   c. SWMBH will mail an Adverse Benefit Determination to the member.
   d. SWMBH will upload a copy of the Adverse Benefit Determination and the CMH letter to the member's electronic record.
2. For closures of Medicaid covered services:
   a. CMH partners will mail the Adverse Benefit Determination on behalf of SWMBH in accordance with Medicaid policy and guidelines.
      i. CMH partners will use the MI Health Link designated templates for Adverse Benefit Determinations when closing Medicaid services for MI Health Link members.
   b. CMH partners will send a copy of the Adverse Benefit Determination to SWMBH.
   c. SWMBH will upload a copy of the Adverse Benefit Determination to the member's electronic record.

Effectiveness Criteria: Effectiveness of this procedure will be measured by the timeliness of adverse benefit determinations being mailed to the member.

References:

A. Medicaid Managed Care Regulations: 42 CFR 438.404 and 438.210
B. MHL UM Policy 4.4: Service Authorizations & Notice of Determinations
C. MI Health Link 3-Way Contract: Section 2.8.3 Authorization of Services
D. NCQA Standard: UM7 Denial Notices

Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	1/1/20	Responsibilities, Procedure A3, B, C	Removing information already in MHL Policy 4.4	Heather Woods

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