


SWMBH MI Health Link Operating Procedure 4.1.1

Subject: Processing Retrospective Review Request		Accountability: Utilization Management	Effective Date: 1/15/16	Pages: 2	
Associated Policy: SWMBH MHL Operating Policy 4.1 Retrospective Review			Last Reviewed Date: 4/28/17	Past Reviewed Dates: 3/1/16 11/7/16 11/14/16	
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 4/28/17	Past Revised Dates: 3/1/16 11/7/16 11/14/16
Approved:  5.10.17 Date: _____			Required Reviewer: Director of UM and ME		

I. Purpose

To describe a clear method for requesting and completing a retrospective administrative authorization service determination process for urgent/emergent services or those routine services provided without pre-authorization.

II. Scope

Southwest Michigan Behavioral Health (SWMBH) MI Health Link (MHL) policy 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

III. Procedural Steps

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 medical record is shredded and the provider facility is notified.

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- C. If SWMBH has financial responsibility, Utilization Management (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.
 - a. Documentation review includes the medical record provided by the facility and the pre-admission screen or other documentation completed by the participant Community Mental Health (CMH) as applicable.
 - b. Consultation should also occur with the participant CMH should they have denied the admission or there's no documentation of a pre-admission screen and one was indicated.
- E. If the information indicates any part of the services were medically necessary and the individual meets criteria, UM staff shall:
 - a. Complete a Retrospective Review event and an authorization for the eligible and medically necessary portion of the Episode of Care.
 - b. Provide the Service Determination Authorization and notification letter to the provider and member as applicable.
 - c. Notify the SWMBH claims department and applicable CMH of the completed decision- a signed authorization serves as notification.
 - d. Clearly document and maintain all decisions along with justification in the MCIS so as 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 meets criteria, UM staff shall:
 - a. 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.
 - b. Complete a Retrospective Review event and a denial for the eligible and medically necessary portion of the Episode of Care.
 - c. Assure that the Service Determination denial and notification letter are provided to the member provider.
 - d. Notify the SWMBH claims department and applicable CMH of the completed decision- the signed denial in the SWMBH Smartcare 4.0 serves as notification.
 - e. Clearly document and maintain all decisions along with justification in the MCIS so as to be available to the individual at their request.
 - f. Notify the SWMBH Customer Services department to initiate any applicable Grievance and Appeals notification process.

IV. Definitions

None

V. References

NCQA MBHO 2017 UM Standard 4

VI. Attachment

None