



Section: Utilization Management	Procedure Name: Processing Retrospective Review Requests	Procedure #: P04.08.01
Overarching Policy: 04.08 Retrospective Review		
Owner: Director of Utilization Management	Reviewed By: Elizabeth Guisinger, LPC, CAADC	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: Beth Guisinger (Feb 21, 2024 11:00 EST)	Date Approved: Feb 21, 2024
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid	Effective Date: 1/15/2016

Policy: 04.08 Retrospective Review

Purpose: To describe a clear method for requesting and completing a retrospective administrative authorization service determination process for urgent/emergent services provided without pre-authorization. Any request for retrospective review in which an authorization decision had been previously made, will follow Southwest Michigan Behavioral Health (SWMBH) Policy 06.04 Customer Grievance Systems and Second Opinions.

Scope: This retrospective review procedure 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 (COFR) 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
- The individual was not Medicaid or Healthy Michigan Plan eligible at the time of service and became retroactively enrolled, or



- An internal process error occurred determined to fall under extenuating circumstances by leadership responsible for retrospective review decisions.

Definitions: None

Procedure:

- A. Upon receipt of a retrospective review request, the utilization department shall determine:
1. If the request has been sent to the appropriate entity for retrospective review, as defined in SWMBH Policy 04.08 Retrospective Review. If the request has been sent to the incorrect organization, the entity that received the review request shall promptly notify the sender of the correct entity for review and shred or return the review request to the sending entity.
 2. If the request is for a service that was previously denied authorization. In the event the service was previously denied, the request will be managed as an appeal request and will follow the process as indicated in SWMBH Policy 06.04 Customer Grievance Systems and Second Opinions.
 3. If the entity has financial responsibility based on Michigan Department of Health and Human Services (MDHHS) COFR Technical Requirements. In the event the retrospective authorization request is for an individual that is deemed to not meet criteria for review by the organization that received the request according the COFR Technical Requirements, the entity shall notify the requesting provider/facility and return the records to the sending entity.
 4. If the request adequately explains the reason for the retrospective request for authorization, supports the reasoning prior authorization was not sought, and provides clinical documentation to support the request. In the event there is not enough information to process the request, the responsible entity shall notify the requesting provider/entity of what information is missing and the timelines in which they must provide the missing information.
 5. If the individual is uninsured, the Community Mental Health Service Provider (CMHSP) shall determine if General Fund dollars will be used to authorize and pay for the service, in the event the service is deemed to be medically necessary.
 6. If pre-authorization was not received due to human error and was determined to meet extenuating circumstances related to, but not inclusive of, staff turnover, non-contracted providers unfamiliar with policy and procedure, and other human errors made at the discretion of leadership overseeing the processing of retrospective review requests. In the event it has been determined this was not an isolated instance and errors have been previously addressed, retrospective reviews may be administratively denied.
- B. Upon determining eligibility for review, the entity's Utilization Management (UM) Department shall review the clinical documentation to determine if the individual meets medical necessity criteria for the service requested. The authorization determination and notice of the authorization determination must be made within 30 calendar days from the date of the request unless a 14-day extension is warranted as defined in SWMBH Policy 04.03 Service Authorization- Outlier Management.
1. If the information indicates any part of the services were medically necessary and the individual meets criteria, UM staff shall:



- a. Document the clinical information used in making the determination and complete an authorization for the eligible and medically necessary portion of the Episode of Care in the individual's electronic record.
 - b. Provide the Service Determination Authorization and notification letter to the provider and member as applicable.
 - c. Notify the claims department of the completed decision. A signed authorization in the individual's electronic medical record serves as notification.
 - d. Clearly document and maintain all decisions (including the time and date of the request and determination) along with justification in the electronic health record (EHR) or managed care information system (MCIS) to be available to the individual at their request. Supporting documents available from the request should be stored in the customer's electronic record.
 - e. Notify the SWMBH Utilization Management department, if applicable, of the authorization approval so the authorization may be entered into the MCIS. The CMHSP Retrospective Review Approval Notification form should be completed in its entirety and faxed to SWMBH. A Care Management Specialist will enter the authorization into the MCIS within 3 business days.
2. If the information indicates any part of the services were not medically necessary and the individual does not meet 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. Document the clinical information used in making the determination and complete a denial determination for any of the dates of service deemed to not meet medical necessity criteria for any portion of the episode of care in the individual's electronic record.
 - c. Assure that the Service Determination denial and notification letter are provided to the member and/or provider.
 - d. Notify the SWMBH claims department and applicable Community Mental Health (CMH) of the completed decision. The signed denial in the individual's electronic medical record serves as notification.
 - e. Clearly document and maintain all decisions (including the time and date of the request and determination) along with justification in the EHR or MCIS to be available to the individual at their request. Supporting documents available from the request should be stored in the individual's electronic record.
 - f. Notify the SWMBH Customer Services department to initiate any applicable Grievance and Appeals notification process.

Effectiveness Criteria: Retrospective authorizations are being entered into the appropriate EHR/MCIS and providers are being notified of the determination. All clinical documentation associated with the determination made should be clearly documented into the EHR/MCIS being utilized by the CMHSP.



References:

- A. SWMBH Policy 04.03: Service Authorization- Outlier Management
- B. SWMBH Policy 06.04: Customer Grievance Systems and Second Opinions

Attachments: P04.08.01A CMHSP Retrospective Review Approval Notification Form






P04.08.01 Processing Retrospective Review Requests

Final Audit Report

2024-02-21

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CMHSP Retrospective Review Approval Notification

This form is intended for Community Mental Health Service Providers (CMHSPs) to notify Southwest Michigan Behavioral of approved authorized psychiatric inpatient and partial hospitalizations and crisis residential stays that were retrospectively reviewed by the CMHSP. These retrospective reviews are due to pre-authorizations not being completed by the CMHSP prior to admission by the provider due to one of the following reasons:

- 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 (COFR) or insurance information is provided to the provider, or
- The individual presents in such a disorganized state that insurance or residence information is not attainable, or
- The individual was not Medicaid or Healthy Michigan Plan eligible at the time of service and became retroactively enrolled.
- An internal process error occurred determined to fall under extenuating circumstances by leadership responsible for retrospective review decisions.

This form should be completed in full and faxed to SWMBH Utilization Management at (269) 441-1234 or emailed to identified SWMBH UM Staff.

Customer Name _____

Date of Birth _____

**Providing
Hospital/Facility** _____

Date of Admission _____

Date of Discharge _____

of Authorized Units _____

CPT code _____

**CMHSP Staff Member
Authorizing Stay** _____

Any questions should be directed to SWMBH Care Management Specialists at (800) 676-0423.

