RETROSPECTIVE REVIEW REQUEST FORM
BERRIEN MENTAL HEALTH AUTHORITY
d/b/a RIVERWOOD CENTER

This form is for hospitals and crisis residential providers that seek a retrospective review of services provided without pre-authorization from Riverwood Center. A pre-screen is needed to determine medical necessity and to provide initial authorization for psychiatric hospitalization, partial hospitalization, and crisis residential. For a narrow category of services provided in urgent or emergent situations a retrospective review process shall apply when:

- 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.

Please indicate and explain the reason for the retrospective review:
_____

_____

_____

_____

Did you reach out to BMHA to have a prescreen conducted? Yes / No
If no, why did you not obtain a prescreen? _____

Did you send documentation to Southwest Michigan Behavioral Health for concurrent review? Yes / No
If no, why not? _____

Provider Hospital/Facility Name: _____

Print Your Name and Title: _____

Your Phone Number: _____

Address to Send Decision To: _____

Consumer Name: _____

Consumer Date of Birth: _____

Consumer Address: _____

Date of Admission: _____ Date of Discharge: _____

# of Authorized Units Requesting: _____

Procedure codes and any applicable modifiers: _____

This information submitted is true and accurate to the best of my ability and belief.

_____ _____

Signature Date

With this form you should include supporting medical necessity documentation for the dates of service of your authorization request:

- History and physical notes from both ER and psychiatric unit
- Nurse's notes from both ER and psychiatric unit
- Doctor's notes from both ER and psychiatric unit
- Social Worker notes
- Emergency room notes
- Lab work
- Assessments (risk, suicide, violence etc.)
- Any other pertinent psychiatric information

Please direct any questions to the Utilization Review Specialists at (269) 934-3475 or (269) 934-3476

Please send the completed form all with all supporting documentation in <u>one</u> of the following ways:

Mail:	**Fax:**	**Secure Email:**
Berrien Mental Health Authority Attn: Claims Specialist / Retro Review PO Box 547 Benton Harbor, MI 49023	269-934-3388 Attn: Claims Specialist Re: Retro Review	externalclaims@riverwoodcenter.org Subject: Retro Review

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