BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

| | |
|---|---|
| SUBJECT: Retrospective Review – Inpatient/Crisis Residential | SECTION: 07-20-02<br>Page 1 of 3 |
| APPLICATIONS:<br><br>EFFECTIVE DATE: March 11, 2019<br><br>APPROVED BY: Chief Executive Officer<br>REVISED: 5/19, 3/2020, 2/2024, 02/2025 | REQUIRED BY:<br>SWMBH 4.08 and 4.08.01 |

## PURPOSE:

To describe a clear method for requesting and completing a retrospective administrative authorization services determination for services provided without pre-authorization. Any request for retrospective review in which an authorization decision has been previously made, will follow the Riverwood Grievance, Appeal and Second Opinion Process for Medicaid Beneficiaries (See Policy 01-80-01) and the Peer-to-Peer Review Process (See Policy 07-20-03).

## DEFINITIONS:

**Retrospective Review:** A review that is conducted after services are provided to a consumer. The review focuses on determining appropriateness, necessity, quality, and reasonableness of services provided.

## POLICY:

It shall be the policy that Riverwood requires prior authorization/coverage determination decisions for all services Riverwood directly funds before delivery of that service (Inpatient Psychiatric Hospitalization, Crisis Residential, and Partial Hospitalization). 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:

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

## PROCEDURE(S):

A. Responsible Entity
   1. All requests for retrospective authorization of service in which the Community Mental Health (CMH) would have otherwise been responsible for making the initial authorization decision, will be processed by that Community Mental Health Service Provider (CMHSP) to determine financial and residency eligibility and determine medical necessity for the services provided (Initial authorization of Inpatient Psychiatric Hospitalization, Crisis Residential, Partial Hospitalization).
   2. Riverwood UM Coordinators will coordinate with SWMBH for authorization.

3. All requests for retrospective authorization of a service in which the PIHP would have otherwise been responsible for making the initial authorization decisions, will be processed by SWMBH to determine financial and residency eligibility and determine medical necessity for the service provided (i.e. ongoing authorization of initial authorization of Inpatient Psychiatric Hospitalization, Crisis Residential, Partial Hospitalization).

B. Requesting Retrospective Review
   1. If a prescreen was denied for admission, there are only two options for admission:
      a. To request a Peer to Peer (See policy 07-20-03) and/or
      b. The consumer (or consumer's representative) requests a second opinion.
      c. If the above options have been utilized, the authorization process has been exhausted and a Retro Review may not be completed.
   2. The provider or facility requesting that the provided service be reviewed retrospectively for authorization, must submit to the responsible entity:
      a. A written request indicating the reason the service was not requested prospectively and documentation to support that reason (Use "Retrospective Review Request" Form)
      b. Clinical documentation supporting the dates of service being requested, and may include:
         i. History and physical notes from both the ER and psychiatric unit
         ii. Nurse's notes from both the ER and psychiatric unit
         iii. Doctor's notes from both the ER and psychiatric unit
         iv. Social Worker notes
         v. Emergency Room notes
         vi. Lab work
         vii. Assessments (risk, suicide, violence etc)
         viii. Petition and/or Clinical Certs
         ix. Any other pertinent information
      c. Send the Retrospective Review Request form and all required paperwork to Riverwood Center UM Coordinators (contact information included on Retrospective Review Request form)

C. Timeframes for Retrospective Reviews Requests

   Providers may request retrospective review of service(s) that have occurred within 365 calendar days prior to submitting their request to the appropriate entity. Any requests over the 365 days will result in an Administrative Denial.

D. Authorization Determinations
   1. The responsible entity will consider all information to determine if the retrospective request meets medical necessity criteria including documentation provided by the provider or facility.
   2. All denial decisions of retrospective service requests shall be made by an appropriately credentialed reviewer, psychiatrist, or fully licensed psychologist.
   3. Notifications of service determination decisions shall be communicated to the member and provider, facility, or applicable department.
   4. If the individual is uninsured, Riverwood 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.

5. All service decisions shall be rendered within 30 calendar days from the date the Utilization Management Department receives the written request and supporting documentation, and in compliance with Michigan Department of Health and Human Services (MDHHS) contractual, regulatory and accreditation guidelines.
6. All authorization approval/denial decisions are final.

**FORMS:** Retrospective Review Approval Notification Form

**Reviewer:** Director of Provider Network

**Reviewed:** 3/2020, 5/2021, 2/2022, 2/2023, 2/2024, 2/2025, 2/2026