POLICY AND PROCEDURE

POLICY TITLE: DSAMH SUD Retroactive UR Policy	**POLICY #:** DSAMH050
PREPARED BY: DSAMH SUD UR	**DATE ISSUED:** 03/27/2024
RELATED POLICIES: DSAMH003 Provider Appeals Policy DSAMH047 SUD Initial Review UR Policy DSAMH048 SUD Continued Stay UR Policy DSAMH049 SUD Discharge UR Policy	**REFERENCE:** NQCA, HEIDIS, CMS
DATES REVIEWED: 03/27/2024	**DATES REVISED:** 03/06/2024
APPROVED BY: DocuSigned by: Joanna Champney 1B71C05196B24CA... **DATE SIGNED:** 4/8/2024 | 9:34 AM PDT	**NOTES:** ☐DSAMH Internal Policy ☐DSAMH Operated Program ☒DSAMH State Providers ☐Delaware Psychiatric Center ☐Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for applicable substance use disorder (SUD) treatment for Delaware residents eighteen (18) years of age or older who are uninsured or underinsured. DSAMH-contracted programs that provide services for Residential Treatment (ASAM 3.1 & 3.5), Residential Detox (ASAM 3.2 & 3.7), Ambulatory Withdrawal Management (ASAM 2), or 23-hr Ambulatory Withdrawal Management (ASAM 2) must follow the steps outlined in this policy for authorization by DSAMH.

II. **POLICY STATEMENT**:

DSAMH shall conduct a retroactive review in instances where a patient was believed to have insurance and the SUD treatment provider discovered, after initiating treatment under another payer, that the patient was uninsured or underinsured. Once all supporting documentation has been received by DSAMH Utilization Review (UR), it is considered a formal authorization request.

III. **DEFINITIONS:**

"Authorization" means the agreement from DSAMH that a patient meets medical necessity as defined by ASAM criteria for substance use disorder treatment and that DSAMH will pay for treatment.

"Delaware resident" means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver's license or non-driver identification card.

"Explanation of Benefits" or **"EOB"** means the documentation verifying the services covered under an insurance plan.

"Utilization Review" or "UR" means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE**: This policy and procedure applies to all DSAMH-contracted providers that provide Residential, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services for uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES:**

A. Retroactive documentation shall include:
   1. The full patient clinical record.
   2. EOB, proof of insurance verification, or proof of lack of insurance at time of referral,
   3. Confirmation of member eligibility and the availability of benefits obtained upon admission.
   4. Evidence that a patient is not covered under a private insurance, an out of state Medicaid, has exhausted Medicare days, or has a policy that does not cover SUD treatment.
   5. Termination of benefits statement or exhaustion of benefit statement or proof that the patient is not covered by an insurance plan.
   6. Submissions for payment from DSAMH should follow the guidelines and timelines set in DSAMH SUD UR Initial Review.

B. Retroactive review is the process of determining coverage after treatment has been initiated:
   1. Analyzing patient care data to support the coverage determination process.
   2. Reviewing supporting clinical documentation.

C. Retroactive reviews will not be completed on patients who had been identified as uninsured on admission and there was a failure to complete an initial or concurrent review within the defined timeframe. See DSAMH SUD UR Initial Review Policy and DSAMH SUD UR Concurrent Review Policy.

D. The provider must send the complete chart within fourteen (14) days of notification that the patient insurance has been terminated or exhausted. The notification must be sent with the chart.

E. The retroactive review documentation must be submitted to the DSAMH UR email box DSAMH_EEU_SUD@delaware.gov with the word "retroactive" in the subject line. Retroactive reviews submitted to another email box will not be accepted.

F. Review of documentation:
   1. DSAMH UR will respond with the authorization or denial of request within ten (10) business days of submission.
   2. The information obtained from the discharge documentation is utilized for the final authorization.
   3. Incomplete, inappropriate, or late discharge plans will result in denial of payment from the State.

G. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

H. Table of timeline:

Provider will:	submit retroactive review documentation to the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov with the word "retroactive" in the subject line	send the complete chart within fourteen (14) days of notification that the patient insurance has been terminated or exhausted. The notification must be sent with the chart.
DSAMH SUD UR will:	conduct a review of clinical documentation to provide determination of authorization	within ten (10) business days of submission
DSAMH SUD UR will:	respond with the authorization or denial of request	within ten (10) business days of submission

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES**: N/A