Eligibility and Enrollment Unit SUD Retroactive UR Policy

Division of Substance Abuse and Mental Health (DSAMH)

Policy Number: DSAMH050
Date Issued: 03/27/2024
Dates Reviewed: 03/27/2024; 03/27/2025; 10/30/2025; 10/21/2026
Dates Revised: 03/06/2024; 02/26/2025; 10/15/2025; 10/14/2026
Prepared By: DSAMH SUD UR
Applicability:

1. DSAMH State Providers

Approved By: Joanna Champney, Division Director



Date Signed: October 22, 2026

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) or Medically Monitored Withdrawal Management (ASAM 3.7) 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 shall 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 in which they stay, 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 Treatment (ASAM 3.1 & 3.5) or Medically Monitored Withdrawal Management (ASAM 3.7) services for uninsured or underinsured patients.

V. PROCEDURES/RESPONSIBILITIES

A. Retroactive documentation must 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 in-State Medicaid plan, an out-of-state Medicaid plan, 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 Policy.

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 must 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 shall send the complete chart within fourteen (14) calendar 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 shall not be accepted.

F. Review of documentation:
   1. DSAMH UR shall 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 shall result in denial of payment from the State.

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

H. A table of timeline can be found below. A review shall be completed at least every fourteen (14) calendar days.

1. Provider shall:	**2. DSAMH SUD UR shall:**	**3. DSAMH SUD UR shall:**
• submit retroactive review documentation to the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov with the word "retroactive" in the subject line within fourteen (14) calendar days of notification that the patient insurance has been terminated or exhausted. The notification must be sent with the chart.	• conduct a review of clinical documentation to provide determination of authorization within ten (10) business days of submission	• respond with the authorization or denial of request within ten (10) business days of submission

VI. References

A. NQCA, HEIDIS, CMS

VII. POLICY LIFESPAN

This policy will be reviewed annually.

VIII. RESOURCES

A. N/A

IX. RELATED POLICIES

A. DSAMH003 Provider Appeals Policy
B. DSAMH047 SUD Initial Review UR Policy
C. DSAMH048 SUD Continued Stay UR Policy
D. DSAMH049 SUD Discharge UR Policy