


**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> EEU Inpatient Retroactive UR	<b><u>POLICY #:</u></b> DSAMH037
<b><u>PREPARED BY:</u></b> EEU UR	<b><u>DATE ISSUED:</u></b> 06/06/2022
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 EEU Inpatient Initial UR DSAMH035 EEU Inpatient Concurrent UR DSAMH036 EEU Inpatient Discharge UR	<b><u>REFERENCE:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 04/17/2023 03/27/2024 01/30/2025	<b><u>DATES REVISED:</u></b> 03/15/2023 01/17/2024 01/22/2025
<b><u>APPROVED BY:</u></b>  <b><u>DATE APPROVED:</u></b> 7/9/2025   6:52 AM PDT	<b><u>NOTES:</u></b> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> 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 inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured or underinsured. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.

**I. POLICY STATEMENT:**

DSAMH shall conduct a retroactive review in instances where a patient was believed to have insurance and the inpatient psychiatric 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.

**II. DEFINITIONS:**

**“Authorization”** means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric 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.

**“Underinsured”** means a third-party payor exists, but the service is not a covered benefit under their active plan, the benefit was denied by the third-party payor, or their insurance benefits have been exhausted. The PM37 chart must be used to determine underinsured eligibility and sliding scale fees.

**“Uninsured”** means no third-party payer exists; the client is considered indigent.

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

- III. **SCOPE:** This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for uninsured or underinsured patients.

IV. **PROCEDURES/RESPONSIBILITIES:**

A. Retroactive documentation shall include:

1. The full patient clinical record.
2. Confirmation of member eligibility and the availability of benefits obtained upon admission.
3. 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 acute inpatient psychiatric treatment.
4. Termination of benefits statement or exhaustion of benefit statement or proof that the patient is not covered by an insurance plan.
5. Submissions for payment from DSAMH should follow the guidelines and timelines set in DSAMH034 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 UR Initial Review Policy and DSAMH 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\\_UR@delaware.gov](mailto:DSAMH_EEU_UR@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 UR email box <a href="mailto:DSAMH_EEU_UR@delaware.gov">DSAMH_EEU_UR@delaware.gov</a> 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 UR will:	conduct a review of clinical documentation to provide determination of authorization	within ten (10) business days of submission
DSAMH UR will:	respond with the authorization or denial of request	within ten (10) business days of submission

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

VI. **RESOURCES**: N/A