



Document Title: *Policy and Procedure # MBH 2: Appeals*
Department: Clinical Services

Policy:

Providing a formal process for submission of appeals.

Responsibility:

The appropriate clinical peer reviewer (CPR). The CPR can be the Medical Director or a contracted independent reviewer with Medical Director oversight.

Procedure:

1. Standard and expedited appeals may be requested when the following are not certified:
 - Admissions;
 - Requests for service;
 - Continued lengths of stay; or
 - Retrospective reviews.

A standard appeal may also be requested when the initial non-certification is upheld after an expedited appeal.

2. All appeals may be requested by the following people or entities, either verbally or in writing:
 - A licensed facility rendering services;
 - A physician or other licensed provider;
 - The patient; or
 - An authorized patient representative.
3. Urgent appeals are accepted by telephone or in writing. Non-urgent appeals are accepted in writing.
4. The person or entity submitting the appeal request may submit any and all information considered appropriate for review and consideration.
5. When an appeal is requested, it is documented on *Form F-901: Appeal/Retroactive Review Tracking Form*.

Effective Date: 08/01/02	Revision Date: 02/04/11
Supersedes Revision(s) Dated: 11/18/04 (This applies to both <i>Policy and Procedure # MBH 2: Standard Appeals</i> ; <i>Policy and Procedure # MBH 3: Expedited Appeals</i> , which were combined into this document.), 11/09/07; 02/14/08	Page # 1 of 4



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6. All information applicable to the appeal request is forwarded to the appropriate CPR for review. This is done within applicable regulatory timeframes. (See *Policy and Procedure # MBH 911: Turnaround Timeframes.*)
7. Neither the CPR who made the original non-certification decision nor his or her subordinate will conduct appeal determinations.
8. The CPR reviewing the appeal is in the same or similar general specialty that typically manages the procedure, condition or treatment under discussion.
9. All CPRs conducting appeals reviews are board-certified in a specialty board approved by the American Board of Medical Specialists.
10. CPRs conducting appeals reviews are in active practice.
11. The CPR reviews all the information provided without regard to whether such information was submitted or considered in the initial consideration of the case.
12. The CPR, if needed, contacts the consumer, provider or facility involved with the appeal for further discussion and/or to obtain needed information.
13. The CPR makes a determination and notifies the initial clinical reviewer of his or her decision within applicable regulatory timeframes. (See MBH #911, *Turnaround Timeframes.*)
14. The initial clinical reviewer contacts the party requesting the appeal by telephone with notification of the appeal outcome within applicable regulatory timeframes. (See *Policy and Procedure # MBH 911: Turnaround Timeframes.*)
15. If the CPR upholds the non-certification decision, the initial clinical reviewer sends written notification to the member and provider. This notification includes the following:
 - The reason for the non-certification;
 - The clinical basis for the determination;
 - A statement that appeals policies and procedures are available upon request;
 - A statement that the clinical rationale used in the decision is available, in writing, upon request; and
 - Additional appeals rights, if applicable.
16. American Behavioral maintains the option to pay for a claim.

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17. If the appeal results in reversal of the original non-certification, this decision is implemented.
18. For cases in which the original non-certification is overturned, the initial clinical reviewer notifies the provider and/or member in writing within applicable regulatory timeframes. (See *Policy and Procedure # MBH 911: Turnaround Timeframes* and *Policy and Procedure # MBH 4: Notification of Determination.*) The notification includes an authorization number for the requested service.
19. The initial clinical reviewer or designee enters the appeal into the *Appeals Tracking Log*. The log includes the following information:
 - The date the appeal request is received;
 - The patient’s name and identification number;
 - The client organization;
 - The name of the provider(s);
 - The type of appeal (standard or expedited);
 - The name of the initial clinical reviewer;
 - The name of the CPR reviewing the case;
 - The date the initial clinical reviewer sends the appeal information to the CPR;
 - The date of the CPR’s decision;
 - The due date of the CPR’s decision;
 - Whether the initial non-certification decision was upheld or overturned;
 - The status of the appeal;
 - The number of days/visits requested;
 - The number of days/visits non-certified;
 - The number of days/visits certified;
 - What type of correspondence was sent (Non-certification upheld letter, etc.)
 - The actual turnaround time for completing the case and
20. A copy of the peer clinical review is attached to the *appeal* documentation.
21. All documentation related to an appeal is stored in a locked file cabinet. This documentation will include the following:
 - The name of the patient,
 - The name of the provider and/or facility rendering services;
 - Copies of all correspondence from the patient, provider or facility rendering service regarding the appeal;

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- Copies of all correspondence from American Behavioral concerning the appeal;
 - Dates of appeal reviews, documentation of actions taken and final resolution; and
 - The name and credentials of the CPR that reviewed the appeal.
22. The whole process for reviewing appeals takes place within applicable regulatory timeframes. (See *Policy and Procedure # MBH #911, Turnaround Timeframes.*)
23. If the CPR upholds the initial non-certification after a standard appeal, the decision is final and binding, except when state law requires external review.
24. Appeals data is reported to the Utilization Review Quality Improvement (UMQI) Committee via the *Clinical Dashboard*.

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