

Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual	
Policy Name: Denial Process	Utilization Management
Date: 11-08 Last Reviewed by QI Committee: 11-08, 9-09, 10-09, 02-10 Last Revised by QI Committee: 10-09, 02-10	Page: 1 of 2 Policy Number: UM-6.1

Purpose: To ensure patient rights regarding their benefit, Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) reviews for authorization and advises regarding opportunities for appeal whenever a denial of authorization is issued. The following procedure outlines the process for denials.

Policy:

1.0 Request for Denial

- 1.1 If during the review process it is determined that the requested services cannot be authorized, an administrative or clinical denial will be requested.
 - 1.1.1 Clinical denials are requested only after the medical director has completed a Peer Review of the clinical information. If CBHM/CHIPA is not delegated for issuing denials, the Medical Director will forward a denial request to the Health Plan Designee within *UM Timeliness Standards. Reference UM-4 "UM Review Process"*. The Health Plan Designee may offer a Peer-to-Peer Conversation.
 - 1.1.2 Administrative denials are requested if there is no benefit coverage due to ineligibility, benefit exhaustion or benefit exclusions. CBHM/CHIPA licensed clinicians may request administrative denials. If CBHM/CHIPA is not delegated for issuing denials, the licensed clinician will forward a denial request to the Health Plan Designee *within UM Timeliness Standards. Reference UM-4 "UM Review Process"*.

2.0 Denial Notification

- 2.1 Written denial letters are sent either by CBHM/CHIPA or the Health Plan Designee within *UM Timeliness Standards. Reference UM-4 "UM Review Process"*.
- 2.2 Written denial letters will include
 - 2.2.1 The principal reasons for the denial determination
 - 2.2.2 The specific criteria and clinical rationale used in making the denial decision; and
 - 2.2.3 Instructions for initiating an appeal and/or requesting more detailed information regarding the clinical rationale.
- 2.3 The CBHM/CHIPA licensed clinician will verbally notify both provider and patient regarding denial determination or recommendation within *UM Timeliness Standards. Reference UM-4 "UM Review Process"*. Verbal notification will include instructions for expedited appeal.
- 2.4 For non-delegated contracts following review the Health Plan Designee notifies CBHM/CHIPA regarding final determination.

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- 2.4.1 If services were approved, CBHM/CHIPA licensed clinician creates appropriate authorization and notifies provider by phone or facsimile within *UM Timeliness Standards. Reference UM-4 “UM Review Process”*.
- 2.4.2 If services were denied, the Health Plan Designee mails the denial letter to provider and the patient. CBHM/CHIPA licensed clinician also verbally notifies patient and provider regarding the appeal process.

3.0 Denial Documentation

- 3.1 The administrative denial or clinical denial determination or recommendation is entered into the CBHM/CHIPA electronic file and the Denial Log
- 3.2 A denial chart is created. The data to be included is as follows:
 - 3.2.1 Copy of denial letter
 - 3.2.2 Documentation related to the denial including forms and correspondence from the patient chart and copies of relevant computer screens.
 - 3.2.3 Documentation related to any appeal filed.