Mental Health Parity and Addiction Equity Act Disclosure
Retrospective Review Frequently Asked Questions

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQTL). This communication is not intended, nor should it be treated as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and is not medical advice. Decisions about medical care should be made by the doctor and patient. Please note, your plan documents govern all benefit determinations and in the case of conflict with this document your plan controls. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card.

The following explanations apply to both medical/surgical benefits and mental health/substance use disorder benefits unless stated otherwise.

What is Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Review means the Plan reviews services after they have taken place. This happens in two different ways: • The Plan does a Pre-Claim Retrospective Review when notified of a completed inpatient stay or outpatient service before a claim is submitted. • The Plan does a Post-Claim Retrospective Review for an inpatient stay or outpatient service after a claim has been submitted.	

Why does my Plan conduct Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Reviews are used to make sure that your benefits are being used correctly. Medical Directors and other clinical staff review outpatient services, hospitalizations, and other inpatient admissions to make sure that: • The benefit is not being over-utilized or under-utilized. • The services that were provided are consistent with your coverage, medically appropriate, and consistent with evidence-based guidelines.	

Developed: February 2022 Last Review: 08/23, 11/23 Next Review: March 2024

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What is the process for Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Pre-Claim: The Plan completes a Retrospective Review when notification is received from you or your provider that you had an inpatient stay or received an outpatient service, and there is a valid reason for not providing notification of the care or stay beforehand as appropriate. Post-Claim: The Plan reviews claims for medical necessity in cases where there was no Prior Authorization or where days were previously denied as part of the claim. A Retrospective Review may also be performed on services that do not require Prior Authorization after a claim has been submitted to confirm that the service was medically necessary. In all cases, you will be notified of the outcome of any Retrospective Review as required by applicable laws and other standards.	

What are the qualifications of those that will be performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Clinical, non-clinical, and administrative personnel may participate in the Retrospective Review process. All clinical reviews are made by clinical staff (i.e., nurses, physicians, etc.).	Clinical, non-clinical, and administrative personnel may participate in the Retrospective Review process. All clinical reviews are made by clinical staff (i.e., physicians, psychologists, nurses, licensed master's level behavioral health clinicians, etc.). All inpatient denials are made by Medical Directors. All outpatient denials are made by Medical Directors or psychologists.

What guidelines are used in performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
For both M/S and MH/SUD, the Plan uses objective, evidence-based medical/behavioral clinical policies or nationally recognized clinical criteria guidelines, such as InterQual®, Level of Care Utilization System (LOCUS), Child and Adolescent Level of Care Utilization System and Child and Adolescent Service Intensity Instrument (CALOCUS-CASII), Early Childhood Service Intensity Instrument (ECSII), and American Society of Addiction Medicine® (ASAM) while conducting reviews. Other criteria may be used in situations when published peer-reviewed literature or guidelines are available from national specialty organizations that address the admission or continued stay. The Plan also uses federal and state requirements.	

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How long does the Plan have to complete a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
In all cases, the Plan follows laws and other accreditation timeframe requirements.	

What factors and sources are used in a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
When performing Retrospective Reviews, factors used and the related evidentiary standards and sources of information may include: Factor: Clinical Appropriateness: The application of Retrospective Review promotes optimal clinical outcomes Evidentiary Standard: • Clinical Appropriateness: Defined as services decided by internal medical experts that meet objective, evidence-based clinical criteria, and nationally recognized guidelines Sources: • Clinical criteria from nationally recognized third-party sources (e.g., InterQual® for M/S services, and ASAM, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) • Objective, evidence-based medical/behavioral clinical policies	

When the Plan performs a Retrospective Review, does the Plan treat mental health/substance use disorder differently than medical/surgical "as written"?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan's analysis found that the strategies, processes, factors, evidentiary standards, and source information used to subject certain mental health/substance use disorder services to Retrospective Review are comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to subject certain medical/surgical services to Retrospective Review "as written."	

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Are mental health/substance use disorder decisions made any differently than medical/surgical decisions in practice ("in operation")?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan takes steps to make sure that both medical/surgical and mental health/substance use disorder decisions are consistently made using evidence-based guidelines. The Plan uses this process to make sure that the rules of the Mental Health Parity and Addiction Equity Act (MHPAEA) are followed, and if not, takes steps to fix it. The Plan also audits itself to make sure clinical quality outcomes and your expectations are met.	

How does the Plan audit itself?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan conducts internal reviews that look at all parts of the process for making clinical decisions, from when the case is opened to when it is closed. The Plan reviews the information from your case to make sure the applicable rules are followed, as well as internal rules in a way that matches up with your plan.	