Retrospective Review

As a follow-up to **Provider Bulletin 21-10: Utilization and Retrospective Review**, all services for which prior authorization is not required may be subject to retrospective review for medical necessity by CBH and the Bureau of Program Integrity in the Department of Human Services. In alignment with HealthChoices Program Standards and Requirements (PS&R), the process below describes the updated procedure for CBH Clinical Management staff to complete a retrospective review of the Medical Necessity Criteria (MNC) for a clinical service that did not require prior authorization:

1. A CBH Clinical Care Manager (CCM) identifies a case that does not appear to meet MNC for admission and warrants a retrospective review.

2. The CCM reviews the case with a CBH Physician Advisor (PA).

   » If the PA also determines that MNC may not have been met, the CCM submits a chart request letter to the provider via secure email.

3. When the CCM receives the requested information, they will review the MNC for the level of care, complete a MNC chart review, and review with a PA.

   » After the chart reviews are completed, the CCM will forward a response letter to the Provider with feedback about the outcome of the review. The letter will either indicate that no follow-up is needed or that the case is being referred to the CBH Compliance Department for follow-up with the potential for overpayment recovery.

Please submit questions about this Bulletin to Tamra Williams, Chief Clinical Officer, at **Tamra.Williams@phila.gov**.