

Beacon Comprehensive Behavioral Health Management 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, 9-10, 9-11 Last Revised by QI Committee: 10-09, 02-10, 9-10, 9-11	Page: 1 of 2 Policy Number: UM-6.1

Purpose: To ensure patient rights regarding their benefit, Beacon Comprehensive Behavioral Health Management (Beacon CBHM) 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 offered a Peer Review of the clinical information. If Beacon CBHM 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. Beacon CBHM licensed clinicians may request administrative denials. If Beacon CBHM 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 Beacon CBHM 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 effective and end dates of the denial as applicable
 - 2.2.2 The principal reasons for the denial determination
 - 2.2.3 Instructions for contacting the provider for information regarding diagnosis or treatment.
 - 2.2.4 The specific criteria and clinical rationale used in making the denial decision; and
 - 2.2.5 Instructions for initiating an appeal and/or requesting more detailed information regarding the clinical rationale.
 - 2.2.6 Language assistance notification
 - 2.2.7 Alternative service providers and/or level of care
- 2.3 The Beacon CBHM licensed clinician will verbally notify both provider and patient* regarding denial determination or recommendation within *UM Timeliness*

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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 Beacon CBHM regarding final determination.

2.4.1 If services were approved, Beacon CBHM 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. Beacon CBHM licensed clinician also verbally notifies patient* and provider regarding the appeal process.

*Note: If patient is not available by phone (e.g., they are currently in a facility program), the provider and/or provider’s representative is asked to verbally notify the patient.

3.0 Denial Documentation

3.1 The administrative denial or clinical denial determination or recommendation is entered into the Beacon CBHM 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.