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Owner: Sherri Ruza
Policy Area: Utilization Management
References: [NCQA UM 4, Element D](#)

Independent Review Organization

POLICY

It shall be the policy of Detroit Wayne Mental Health Authority (DWMHA) that enrollees/members receiving and practitioners/providers requesting behavioral health and/or substance use services have access to an external review program whereby an independent review organization (IRO) will conduct an independent and impartial review of the medical necessity and appropriateness of behavioral health care and/or substance use services being provided, proposed to be provided, that have been provided to an enrollee/member or have been denied and appealed.

PURPOSE

The purpose of this policy is to provide procedural and operational guidance to DWMHA, the Access Center, the Crisis Service Vendor, Managers of Comprehensive Provider Networks (MCPN), Contractual staff, Network and Out of Network Providers, MI Health Link enrollees/members or their authorized representatives and all staff involved in utilization management functions with an external review program for an independent and impartial review by an independent review organization of the medical necessity and appropriateness of behavioral health care and/or substance use services being provided, proposed to be provided, or that have been provided, that have been provided to an enrollee/member or have been denied and appealed.

APPLICATION

This policy applies to DWMHA staff, IRO, Contractual staff, the Access Center staff, the Crisis Service Vendor and/or the Managers of Comprehensive Provider Network (MCPN) staff. This policy serves the following populations: Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD) and all funding streams and waiver programs such as MI Health Link, SUD, Autism Spectrum Disorder and Medicaid.

KEYWORDS

1. Action
2. Appeal
3. Adverse Determinations
4. Authorization

5. Concurrent (continued stay) Review
6. Expedited Appeal
7. Independent Review Organization (IRO)
8. Medical Necessity Appeal
9. Pended
10. Pre-Service (prior authorized) Review
11. Post-Service (Retrospective) Review
12. Same Specialty
13. Similar Specialty

STANDARDS

1. A case may be referred to an IRO under the following circumstances:
 - a. A physician with the same or similar area of specialty as the original provider(s) is not available; or
 - b. There is not a physician reviewer who is not a subordinate of the previous physician decision maker; or
 - c. A provider or enrollee/member specifically requests an IRO;
 - d. An impartial/independent review is required; or
 - e. The denial reason is "not medically necessary" and considered to be experimental/investigational.
2. All requests by providers must be in writing to DWMHA and include at a minimum the following information:
 - a. An explanation of what is being requested to be reviewed by the IRO and the name, address and telephone number of the person responsible for filing the request; and
 - b. Any additional supporting documentation such as additional clinical information that has not been previously submitted.
3. The provider's request for an external review by an IRO can be standard or expedited. An **expedited** review is a request to review a decision concerning eligibility, benefit coverage, screening, admission, continued/concurrent stay, or other behavioral health and/or substance use services for an enrollee/member who has received urgent services but has not been discharged from a facility, or when a delay in decision-making might seriously jeopardize an enrollee/member's life, health, or ability to attain, maintain, or regain maximum function. Note that expedited external reviews are not available when services have already been rendered.
4. The IRO utilizes a network of board-certified physicians with diverse specialties, who have appropriate experience and expertise to render a decision for each independent review request.
5. The IRO upon receipt of a case review request, will select a credentialed psychiatrist who has a current Michigan license and at least five (5) years experience and is currently engaged in clinical practice twenty (20) hours or more per week.
6. If it is a substance use disorder (SUD) case, the IRO will provide a psychiatrist who in addition to meeting the requirements in #4 and #5 will also be certified in addiction medicine.
7. Upon receipt of a request for an IRO review, the following information will be emailed to the IRO:

- a. a copy of the provider's written request for an IRO review;
 - b. the complete clinical case record/documentation; and
 - c. the completed IRO Referral Review Request form.
8. Upon receipt of the above information: the IRO shall complete a review according to the following time frames:
- a. For a urgent review within twenty four (24) hours of receipt of the request; or
 - b. For a standard review or a post-service review within twenty (20) calendar days of receipt of the request.
9. The time frame starts upon receipt of the request for a review and ends once the organization issues a determination to all requisite parties as required by contract, law or regulation.
10. DWMHA does not influence the IRO review process and must adhere to and implement the IRO's decision within the time frame specified by the IRO.
11. The decision of the IRO is binding and final for all internal levels of review.
12. Enrollee/members and/or providers are not required to bear the costs of the IRO, including any filing fees.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, Access Center, IRO, Crisis Service Vendor, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. DWMHA UM Program Description FY 16-18
2. Contact between United States Department of Health and Human Services, Center for Medicare and Medicaid Services in Partnership with the State of Michigan and the Integrated Care Organizations, January 1, 2018 (The Three Way Contract)
3. Michigan Medicaid Provider Manual, Version Dated April 1, 2017.
4. MDHHS Mental Health and DWMHA Contract, November 1, 2017

RELATED POLICIES

1. Appropriate Professionals for Utilization Management Decision Making Policy
2. Behavioral Health Utilization Management Review Policy

3. Behavioral Health Medical Necessity Policy
4. Customer Service Enrollee/Member Appeal Policy
5. Denial of Service Policy
6. Member Grievance Policy
7. Utilization Management/Provider Appeals Policy
8. Utilization Management/Provider Local and Alternative Dispute Resolution Policy

RELATED DEPARTMENTS

1. Clinical Practice Improvement
2. Compliance
3. Customer Service
4. Information Technology
5. Integrated Health Care
6. Managed Care Operations
7. Quality Improvement
8. Recipient Rights
9. Substance Use Disorders
10. Utilization Management

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL


Attachments:

[IRO Physician Reviewer Documentation Form.docx](#)
[IRO Procedures.docx](#)
[IRO Referral Review Request Form.docx](#)

Approval Signatures

Approver	Date
Dana Lasenby: Acting Chief Executive Officer	02/2018
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Eric Doeh: Compliance Officer	02/2018
Bernard Hooper: Consultant	02/2018
Andrea Smith: Director of Clinical Practice Improvement	02/2018

Approver	Date
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Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer	02/2018
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Jody Connally: Director, Human Resources	02/2018
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Sarah Sharp: Consultant	01/2018
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Maha Sulaiman: Director of Utilization Management	01/2018
Sherri Ruza	01/2018

	Procedure Title: Independent Review Organization Procedures
	Procedure Origination Date: 4/1/17
	Procedure Revision Date: 1/15/18
	Procedure Owner: Sherri Ruza, LMSW
	Department: Utilization Management
	Line of Business: ALL
	Regulatory Requirements: UM 4, Element D, the MI Health Link Three Way Contract effective January 1, 2018 and MDHHS and DWMHA (PIHP) Contract, November 1, 2017
	Associated Policy: Independent Review Organization (IRO)

OVERVIEW

Procedure Purpose: To provide procedural and operational guidance to DWMHA, the Access Center, the Crisis Service Vendor, Managers of Comprehensive Provider Networks (MCPN), Contractual staff, Network and Out of Network Providers, enrollees/members or their authorized representatives and all staff involved in utilization management functions with an external review program for an independent and impartial review by an independent review organization of the medical necessity and appropriateness of behavioral health care and/or substance use services being provided, proposed to be provided, or that have been provided to an enrollee/member.

Expected Outcome: Enrollees/members and providers will receive an objective, unbiased review of the medical necessity and decision appropriateness of behavioral health care and/or substance use services being provided, proposed to be provided, or that have been provided to an enrollee/member.

References: N/A

KEYWORDS

1. Action
2. Appeal
3. Adverse Determination
4. Authorization
5. Benefit Appeal
6. Concurrent (continued stay) Review
7. Independent Review Entity (IRO)
8. Medical Necessity Appeal
9. Pended
10. Pre-Service (prior authorized) Review
11. Post-Service (Retrospective) Review
12. Same Specialty
13. Similar Specialty

PROCEDURE

1. If the enrollee/member requests the review by the Independent Review Organization (IRO), it is handled by DWMHA's Customer Service Department. However, if the provider requests a review by the IRO, it is handled by DWMHA's UM Department.
2. The IRO will be used by DWMHA, the Crisis Service Vendor or an MCPN if:
 - ✓ A physician with the same or similar area of specialty as the original provider(s) is not available; or
 - ✓ There is not a physician reviewer who is a subordinate of the previous physician decision maker; or
 - ✓ A provider or enrollee/member specifically requests an IRO; or
 - ✓ An impartial/independent review is required; or
 - ✓ The denial reason is "not medically necessary and considered to be experimental/investigational.

3. If use of the IRO is requested by the provider and initiated with the Crisis Service Vendor or the MCPN, it is handled by DWMHA's UM Department.
4. The provider or enrollee/member can request an **expedited** review by the IRO as long as the enrollee/member has not been discharged from the treatment/services.
5. Upon receipt of the provider request, the DWMHA UM Appeal Coordinator completes, scans and uploads the standardized Notice of Receipt of Appeal form for the Medicaid SMI, IDD, SUD population or the standardized Notice of Receipt of Appeal form for the Uninsured or Under Insured population or the standardized Notice of Receipt of Appeal form for the MI Health Link population to the case in MHWIN and then mails it to the provider and enrollee/member within twenty four (24) hours of receipt of an expedited review or within five (5) calendar days of receipt of a standard review request.
6. The DWMHA UM Appeal Coordinator must document the date and type (IRO review and standard *or* expedited) of the provider's request and the date the applicable Notice of Receipt of Appeal form is sent to the provider and enrollee/member in the tracking log and in MHWIN.
7. If the provider's requests for an IRO review is to the Crisis Service Vendor or the MCPN, the designated Crisis Service Vendor or designated MCPN staff person must email at appeals@dwmha.com or fax at 313-833-3670 the following to the DWMHA UM Appeal Coordinator:
 - ✓ a copy of the provider's written request for an IRO review;
 - ✓ the complete clinical case record/documentation; and
 - ✓ all correspondences from and received by the Crisis Service Vendor or the MCPN concerning the treatment, including all appeal correspondences i.e. action notice form, acknowledgement of appeal request form, notice of appeal decision form.
8. The above information must be faxed or emailed within one (1) hour of receipt of an expedited review request or within one (1) calendar day of receipt of a standard review request.
9. The designated Crisis Service Vendor or designated MCPN staff person must document the date and time, he/she received the provider's request for an IRO review on the fax cover sheet that is sent with the clinical case record or in the email in order for the DWMHA UM Appeal Coordinator to document the time and date of the original request in the DWMHA tracking log and in MHWIN.
10. The DWMHA UM Appeal Coordinator then scans and uploads all of the information received from the Crisis Service Vendor or the MCPN in the case in MHWIN.
11. The DWMHA UM Appeal Coordinator completes the standardized IRO Referral Request form, scans it and uploads it to the case in MHWIN.
12. The DWMHA UM Appeals Coordinator then forwards the following via fax at 248-305-7093 or email to the IRO designated staff person:
 - ✓ a copy of the provider's written request for an IRO review;
 - ✓ the complete clinical case record/documentation;
 - ✓ all correspondences from and received by the Crisis Service Vendor or the MCPN concerning the treatment, including all appeal correspondences i.e. action notice form, acknowledgement of appeal request form, notice of appeal decision form; and
 - ✓ the completed standardized completed IRO Referral Review Request form.
13. The DWMHA UM Appeal Coordinator will forward the above information to the IRO within the same day of receipt from the Provider's request for an expedited review request; within two (2) calendar days of receipt from the Provider's request for a standard review request or post-service review request.
14. If the IRO was involved in the previous decision, the DWMHA UM Appeal Coordinator ensures that the physician who reviews the case is different from and not a subordinate of any other physician who has previously reviewed the case and that any other physician who has previously reviewed the case has a similar or same specialty, credentials and licensure as those who typically treat the condition or health problem in question. The complete name and credentials of the physician is entered in the DWMHA tracking log which is used to monitor this.

15. Upon receipt of the information listed in number 13 above, the IRO has the following timeframes to review and make a determination:
 - a. For a urgent review within twenty four (24) hours of receipt of the request; or
 - b. For a standard review or a post-service review within twenty (20) calendar days of receipt of the request.
17. The IRO physician will complete the standardized IRO Physician Reviewer Documentation form.
18. The IRO designated staff person will notify the DWMHA UM Appeal Coordinator via email at appeals@dwmha.com or telephonically at 313-344-9099 ext. 3328 of the decision within three (3) hours for an expedited review request or within two (2) calendar days of a standard review request. The IRO designated staff person will also email the completed standardized IRO Physician Reviewer Documentation form to appeals@dwmha.com to the DWMHA UM Appeal Coordinator.
19. If the decision by the IRO physician is to **approve** services or **overturn** part or all of the denial of services, the DWMHA UM Appeal Coordinator will immediately contact the designated Crisis Service Vendor or designated MCPN staff person telephonically or by email about the IRO decision when the authorization is to be generated by the Crisis Service Vendor or MCPN. The DWMHA UM Appeal Coordinator, designated Crisis Service Vendor staff person or designated MCPN staff person enters the authorization of services in their electronic system within twenty four (24) hours of the IRO determination.
20. Within three (3) hours of the IRO decision, the DWMHA UM Appeal Coordinator verbally notifies the provider about the approval determination.
21. The DWMHA UM Appeal Coordinator must also document the complete name and credentials of the person to whom the verbal notification was given and the date and time of the verbal notification in the case notes in MHWIN.
22. The DWMHA UM Appeal Coordinator completes the standardized Notice of Approval Decision form for the Medicaid SMI, IDD, SUD population or the standardized Notice of Appeal Decision form for the Uninsured or Under Insured population or the standardized Notice of Appeal Decision form for the MI Health Link population, scans the Notice and uploads it to the case in MHWIN and then mails it to the provider and enrollee/member within twenty four (24) hours of the IRO decision.
23. If the Notice is manually generated, the DWMHA UM Appeal Coordinator will scan the Notice and attach it to the case in MHWIN.
24. The DWMHA UM Appeal Coordinator will ensure that written notification is sent to the provider and enrollee/member within seventy-two (72) hours for an expedited IRO review request or within thirty (30) calendar days of a standard or post service IRO review request.
25. The DWMHA UM Appeal Coordinator documents the date the applicable Notice is mailed in the tracking log and in MHWIN.
26. If the decision by the IRO physician is to **deny** services or **uphold** part or all of the denial of services, the DWMHA UM Appeal Coordinator will immediately contact the designated Crisis Service Vendor or designated MCPN staff person either telephonically or by email about the IRO decision when the initial denial of services was made by the Crisis Service Vendor or MCPN.
27. Within three (3) hours of the decision, the DWMHA UM Appeal Coordinator verbally notifies the provider about the upholding of the denial determination and explains the appeal rights and process.
28. The DWMHA UM Appeal Coordinator must document the date and time of the verbal and written notification in the tracking log.
29. The DWMHA UM Appeal Coordinator must also document the complete name and credentials of the person to whom the verbal notification was given and the date and time of the verbal notification in the case notes in MHWIN.
30. The DWMHA UM Appeal Coordinator completes the standardized Notice of Denial Decision form for the Medicaid SMI, IDD, SUD population or the standardized Notice of Denial Decision form for the Uninsured or Under Insured or the standardized Notice of Appeal Decision form for the MI Health Link population, scans the Notice and uploads it to the case in MHWIN and then mails it to the provider and enrollee/member within twenty four (24) hours of the IRO decision.

31. If the Notice is manually generated, the DWMHA UM Appeal Coordinator will scan the Notice and attach it to the case in MHWIN.
32. The DWMHA UM Appeal Coordinator will ensure that written notification is sent to the provider and enrollee/member within seventy-two (72) hours for an expedited IRO review request or within thirty (30) calendar days of a standard or post service IRO review request.
33. The DWMHA UM Appeal Coordinator documents the date the applicable Notice is mailed in the tracking log and in MHWIN.
34. The applicable Notice form includes a statement that the decision of the IRO is binding and final.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	<u>DWMHA UM Appeals Coordinator</u>
Department:	<u>Utilization Management</u>
Frequency of monitoring:	<u>Monthly</u>
Reporting provided to:	<u>Director of UM</u>
Regulatory Requirement(s):	<u>NCQA-UM 4, Element D, the MI Health Link Three Way Contract January 1, 2018 and MDHHS and DWMHA Contract November 1, 2017.</u>

MONITORING STEPS

1. The designated Access Center, designated Crisis Service Vendor and designated MCPN staff persons must forward via email their completed standardized tracking log to the DWMHA UM Appeals Coordinator by the 10th of each month for compliance monitoring. In addition, a copy of any applicable appeal case is forwarded to the DWMHA UM Appeals Coordinator for purpose of performing an audit to ensure the case was processed in accordance with the UM Provider Appeal Policy and Procedures.
2. The results of the monthly audits will be reported to the DWMHA UM Director as well as to the designated Access Center, designated Crisis Service Vendor or designated MCPN staff member.
3. Quarterly results of the audits will be presented to the Utilization Management Committee (UMC).

IRO Physician Reviewer Documentation Form

Member's Name:

Member's Date of Birth:

Hospital Physician Name and Credentials:

Specific Question(s) to be answered:

Based on standards of care, your medical experience and evidence based literature:

Reviewer's Decision and Principal Reason(s) for Decision:

Deny services

Uphold denial of services

Overturn the denial of services

Modify the denial of services

Clinical Rational for Decision:

Evidence based References: (Provide a minimum of two (2) and a maximum of five (5) peer review CURRENT (within 3 years) medical references to support your opinion in this review.

*I certify that I have experience providing direct clinical care to patients within the past three (3) years that represent the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review; **and have** current, relevant experience and/or knowledge to render a determination for this case under review.*

Your case was reviewed by a Board certified psychiatrist **or** Board certified forensic psychiatry **or** Board certified child psychiatry **or** certified addiction medicine physician. The physician reviewer has been certified since insert year. The physician reviewer is a insert MD **or** DO.

Physician Signature and Credentials: _____ Date: _____

**When you complete the case, FAX your review
to: 248-305-7093 Attention: Melody**



INDEPENDENT REVIEW ORGANIZATION REFERRAL REVIEW REQUEST FORM

Case Priority: Expedited <input type="checkbox"/>		Standard <input type="checkbox"/>	
Enrollee/Member Name:			
Enrollee/Member's Address:			
DOB:		Telephone Number:	

Provider Name:	
Provider Address:	
Treating Physician Name and Credentials:	Telephone Number:
Name of Person responsible for filing the request:	Telephone Number:

Level and Type of Services in Dispute:
Dates of Services in Dispute:
Type of Services Currently Authorized (if applicable):
Dates of Services Currently Authorized (if applicable):
Reason for the IRO referral:



Chronology of Care: (This should be a brief overview of the timeline of events in this case.)

DWMHA Contact Person: DWMHA UM Denial and Appeal Coordinator

Telephone Number: 313-344-9099 ext. 3328
Fax Number: 313-833-3670