



| POLICY AND PROCEDURE                       |  |
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| <b>TITLE:</b><br>Retrospective Review      |  |
| <b>DEPARTMENT:</b><br>Health Services      | <b>POLICY #:</b><br>HS-003                   |
| <b>EFFECTIVE DATE:</b><br>01/26/2011       | <b>REVIEW/REVISION DATE:</b><br>09/22/2025   |
| <b>COMMITTEE APPROVAL DATE:</b><br>Not Set | <b>RETIRE DATE:</b><br>Not Set               |
| <b>PRODUCT TYPE:</b><br>Medi-Cal           | <b>REPLACES:</b><br>v.2 Retrospective Review |

## I. Purpose

- A. The purpose of this policy is to define the process by which Gold Coast Health Plan (GCHP) performs Retrospective Review activities in accordance with contractual, regulatory, and licensing requirements and to outline Utilization Management (UM) determination and notification time frame requirements for conducting Retrospective Reviews.

## II. Policy

- A. Retrospective review is done to determine the medical necessity and/or level of care for services that had been rendered without obtaining pre-service or concurrent authorization. Only qualified (licensed and clinically experienced) nurses are utilized to perform Retrospective Reviews.
- B. Denials for medical necessity can only be made by the Medical Director or their physician designee.

## III. Definitions

- A. **Generally Accepted Standards of Medical Practice:** Standards that are based on credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, national physician specialty society recommendations, the views of medical practitioners practicing in relevant clinical areas, and any other relevant factors.
- B. **Medical Director / Physician Reviewer:** A physician who is employed by or contracted with GCHP to carry out medical necessity reviews. The Medical Director/Physician Reviewer must meet job description requirements that include education, training, or professional experience in medical or clinical



practice, board certification or eligibility in their specialty, and possession of a current license to practice without restrictions.

- C. **Medically Necessary:** Procedures, treatments, supplies, devices, equipment, facilities or drugs (all services) that a medical practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease, or its symptoms, and that are:
- i. In accordance with generally accepted standards of medical practice; and
  - ii. Clinically appropriate in terms of type, frequency, extent, site, and duration and considered effective for the patient's illness, injury or disease; and
  - iii. Not primarily for the convenience of the patient, physician or other health care provider; and
  - iv. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- D. **Retrospective Review:** The process of determining Medical Necessity after treatment has been given.
- E. **Retrospective Review Request:** Any request received for review of care or services that have already been delivered, including a request for coverage of an acute inpatient stay after the member's discharge.

#### IV. Procedure

- A. Retrospective Review Request
- i. Retrospective Review is performed for services where prior authorization is required but was not obtained. Requests to review for Medical Necessity will only be accepted up to sixty (60) days from the:
    1. Date of delivery for the service; or
    2. Date on which member obtained retroactive Medi-Cal eligibility; or
    3. Date of receipt of a Notice of Action from primary payor identifying GCHP as responsible for services.
- B. Retrospective Review Process
- i. GCHP UM Department receives a retrospective request for authorization of services.
  - ii. GCHP UM Department requests clinical documentation from the provider or facility as needed.

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- iii. The Retrospective Review Nurse reviews the relevant medical record information including, but not limited to, diagnosis, medical treatment needs, and any social/environmental factors that impacted the member's medical condition, and makes a determination of medical necessity, length of stay, level of care, etc., using GCHP approved decision-making criteria.
- iv. Services rendered that meet criteria for medical necessity are approved and documented in the medical management system.
- v. Services rendered that do not meet criteria for medical necessity are sent to the GCHP Medical Director or their physician designee for review and determination.
- vi. The reviewing physician documents the decision and sends the case to the Retrospective Review Nurse. The Retrospective Review Nurse documents the decision in the medical management system and generates member and/or provider notification.
- vii. All decisions and notifications to approve, deny, or modify retrospective requests are made within thirty (30) calendar days of the receipt of information reasonably necessary and requested by GCHP to make a medical necessity determination.
- viii. Written translation of member information will be provided in the threshold language(s) using a qualified translator.

## **V. Attachments**

A. N/A

## **VI. References**

- A. All Plan Letter (APL) 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services
- B. DHCS Contract 23-30242, Exhibit A, Attachment III, Section 2.3 Utilization Management Program
- C. GCHP Policy & Procedure HS-004 Utilization Review Criteria
- D. GCHP Policy & Procedure HS-005 Decision and Notification Medical Timeframes Medical Authorization
- E. Health & Safety Code (HSC) § 1367.01(h)(1)

## **VII. Revision History**

| STATUS | DATE<br>REVISED | REVIEW<br>DATE | REVISION<br>AUTHOR/APPROVER | REVISION SUMMARY |
|--------|-----------------|----------------|-----------------------------|------------------|
|--------|-----------------|----------------|-----------------------------|------------------|

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|----------|------------|------------|--|---|
| Created  |            | 01/26/2011 | M.D.   |   |
| Approved | 01/26/2011 |            | CEO  |   |
| Approved | 03/03/2014 |            | CEO  |   |
| Approved | 11/05/2014 |            | Policy Review Committee  |   |
| Approved | 11/06/2014 |            | COO, Interim CEO   |   |
| Revised  |            | 02/14/2018 | Utilization Management Manager                                     |   |
| Approved | 04/12/2018 |            | CEO  |   |
| Revised  |            | 12/14/2018 | Utilization Management Manager                                     |   |
| Approved | 01/25/2019 |            | Utilization Management Committee                                   |   |
| Approved | 02/07/2019 |            | DHCS   |   |
| Approved | 02/12/2019 |            | CEO  |   |
| Reviewed | 10/07/2019 |            | Utilization Management Director and Utilization Management Manager |   |
| Revised  |            | 09/24/2020 | Utilization Management Manager                                     |   |
| Approved | 10/29/2020 |            | Utilization Management Committee                                   |   |
| Approved | 11/30/2020 |            | Interim CEO  |   |
| Revised  |            | 08/11/2021 | Utilization Management Manager                                     | Added APL 21-004 as reference.  |
| Revised  |            | 09/14/2021 | DEI  | Reviewed/revised for gender neutral pronouns.                                 |
| Approved | 09/14/2021 |            | Policy Review Committee  |   |
| Approved | 10/28/2021 |            | Utilization Management Committee                                   |   |
| Approved | 12/14/2021 |            | DHCS   |   |
| Approved | 12/15/2021 |            | CEO  |   |
| Revised  |            | 08/22/2022 | Utilization Management Director                                    | Expanded on 60-day exception.   |
| Approved | 09/14/2022 |            | Policy Review Committee  |   |
| Approved | 10/27/2022 |            | Utilization Management Committee                                   |   |
| Approved | 01/12/2023 |            | CEO  |   |
| Reviewed | 01/06/2023 |            | Utilization Management Director                                    | Reviewed in accordance with Operational Readiness deliverable R.0067 & R.0069 |
| Revised  |            | 11/14/2023 | Utilization Management Manager                                     | Revised A.1 to remove verbiage, changed the                                   |

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|          |            |  |                                  | lettering to numbers under procedure A, changed Health Services to UM, added verbiage to A. |
| Approved | 01/23/2024 |  | Policy Review Committee          |   |
| Approved | 01/24/2024 |  | Utilization Management Committee |   |
| Approved | 02/20/2024 |  | CEO                              |   |
| Reviewed | 12/09/2024 |  | Utilization Management Manager   |   |

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