

## Subject: Concurrent Review

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### Objective:

- I. To ensure that Tuality Health Alliance (THA) has a concurrent review process to assess ongoing medical or surgical services and to determine continued medical necessity and appropriateness of care.

### Definition:

*Concurrent review* is any review for an extension of a previously approved, ongoing course of treatment(s). Concurrent reviews are also associated with review of the medical appropriateness and medical necessity of initial and continued hospitalization; the review is conducted upon admission and prior to the end of an assigned length of stay, using criteria to evaluate the appropriateness of the continued level of hospital care.

### Policy:

- I. THA RN Case Managers are licensed professionals who conduct concurrent reviews under the direction of the THA Medical Director and THA Medical Management Program.
- II. Concurrent review/referral decision processes and notification timeframes commence upon receipt of a provider request/referral.
- II. *Inpatient Services*  
Concurrent Review of inpatient services is intended to ensure that:
  - The level of care and intensity of service at any point in treatment are appropriate to the member's condition.
    - Initial concurrent review is conducted on the first business day following the admission to determine appropriateness of the level of care.
    - The level of care, the intensity of services, and the severity of symptoms will thereafter determine the frequency of concurrent review.
    - Inpatient services are generally reviewed every one to three days either by telephone or on-site visit.
    - For on-site reviews, the THA Case Manager carries THA identification and contacts the facility prior to the review to ascertain any changes to the on-site review procedures.
    - Should further evaluation or intervention be required, the review is referred to the THA Medical Director for review.
    - Decisions to approve or deny coverage of inpatient care are made within one working day of obtaining all necessary clinical information.
    - Providers and members are notified verbally, in writing, or by fax on the same day as the utilization decision. Providers and members are mailed

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information about initiating an appeal or expedited appeal along with any notification of coverage denial.

- The treatment plan continues to be appropriate.
  - THA utilizes various nationally-recognized criteria for initial and continued stay concurrent review.
  - Level of services review ensures that the member is making continued progress with treatment.
  - Ancillary resources are reviewed for appropriateness and necessity.
  - Transition and discharge planning is reviewed for current validity.
  - Services are reviewed and must meet criteria for utilization, quality, and/or discharge.
  - Assessment is done to ensure that under- and/or over-utilization is not occurring.

### III. *Outpatient and Pharmacy Services*

For intensive outpatient and prescription overrides:

- Initial decisions are made the same day of obtaining all the necessary information.
- Practitioners are consulted and/or notified of the utilization decision by telephone on the same day as the decision.
- Decision correspondence is provided to the member.
  - THA/Oregon Health Plan (OHP) members are notified in writing of a denial decision.
  - Providence Health Plan (PHP) members are notified in writing of a denial decision.

### IV. *Ongoing Ambulatory Care*

Ongoing ambulatory care is defined as ambulatory care of non-urgent symptomatic conditions – care that is provided on a periodic basis. Examples of ongoing ambulatory care include a specified course of allergy injections, a series of physical therapy treatments, or attending periodic mental health counseling sessions.

- Ambulatory care utilization decisions are made within one business day of obtaining all the necessary information.
- Providers are notified of the decision the same day of making the decision.
- Decision correspondence is provided to the member.
  - THA/Oregon Health Plan (OHP) members are notified in writing of a denial decision.
  - Providence Health Plan (PHP) members are notified in writing of a denial decision.

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V. *Out-of-Area Concurrent Review*

THA monitors all members who are hospitalized at a non-contracted facility due to an emergency.

- THA Case Managers will notify the Utilization Review Department of the out-of-area hospital to inquire about specific facility requirements for on-site concurrent review.
- Scheduling remote review is the preference.
- THA follows the same patient placement guidelines, concurrent review, and discharge planning process as mentioned in section II above.
- All situations that require physician review or intervention are referred to the THA Medical Director.

VI. *Non-Contracted Facilities*

Any members at non-contracted hospitals or facilities are transferred to contracted facilities or providers for continued care as soon as possible once he/she is stable.

**References:** NCQA 2011 HP Standards UM 5

Formulated:	February 2006
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