Subject: Concurrent Review

Objective:
I. To ensure that Health Share/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.
  o Initial concurrent review is conducted on the first business day following the admission to determine appropriateness of the level of care.
  o The level of care, the intensity of services, and the severity of symptoms will thereafter determine the frequency of concurrent review.
  o Inpatient services are generally reviewed every one to three days either by telephone or on-site visit.
  o 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.
  o Should further evaluation or intervention be required, the review is referred to the THA Medical Director for review.
  o Decisions to approve or deny coverage of inpatient care are made within one working day of obtaining all necessary clinical information.
  o 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

Reviewed: October 2013

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August 2011

THA Plan Director    THA Medical Director