

CHAPTER 19 CONCURRENT REVIEW

REVISION DATE: 5/1/2024, 5/26/2017, 4/16/2014

REVIEW DATE: 10/18/2023

EFFECTIVE DATE: March 29, 2013

REFERENCES: 42 CFR 447.26, AMPM Chapter 1000, AdSS Medical Policy 1020

PURPOSE

This policy describes the Concurrent Review process that includes utilization management activities that occur during an inpatient level of care (physical and behavioral health), rehabilitative level of care, or a skilled nursing facility level of care. The Division's subcontracted acute care health plans perform their Concurrent Review utilization management activities for Division members enrolled with their health plan.

DEFINITIONS

1. "Concurrent Review" means the process of reviewing an institutional stay at admission and throughout the stay to determine medical necessity for an institutional Level of Care (LOC). Reviewers assess the appropriate use of resources, LOC, and service, according to professionally recognized standards of

care. Concurrent Review validates the medical necessity for admission and continued stay and evaluates for Quality Of Care (QOC).

2. "Pre-Certification" means the process to review medical criteria and authorize a service that requires Prior Authorization (PA) prior to the admission to a facility or procedure.
3. "Prior Authorization" or "PA" means the approval from a health plan that may be required before the Member receives service. This is not a promise that the health plan will cover the cost of the service.

POLICY

A. CONCURRENT REVIEW

1. The AdSS shall perform their Concurrent Review utilization management activities for Division members enrolled with their health plan during an inpatient level of care, skilled nursing level of care, or home health care services.
2. The AdSS shall have policies and procedures for the Concurrent Review process that:
 - a. Include relevant clinical information when making hospital

- length of stay decisions;
- b. Relevant clinical information shall include, but is not limited to symptoms, diagnostic test results, diagnoses, and required services;
- c. Specify timeframes and frequency for conducting concurrent review and decisions:
 - i. Authorization for institutional stays that shall have a specified date by which the need for continued stay shall be reviewed based on the expected course of the stay and medical necessity.
 - ii. Admission reviews shall be conducted within one business day after notification is provided to the AdSS by the hospital or institution (this does not apply to pre-certifications) (42 CFR 456.125).
- 3. The AdSS' Medical Management Committee shall annually approve the medical criteria the AdSS will use for their Concurrent Review process. The medical criteria shall be:
 - a. Adopted from one of the national criteria standards;
 - b. Approved by the Division's Medical Management Committee.

4. The AdSS shall submit the "Contractor Quarterly Showing Report for Inpatient Hospital Services" as specified in Contract.
5. The AdSS, when requesting authorization for a service, shall be notified of the option to request a peer-to-peer discussion.

B. SUPPLEMENTAL INFORMATION

1. Concurrent review provides the opportunity to evaluate the ongoing medical necessity of care being provided, and it supports the health care provider in coordinating a member's care across the continuum of health care services.
2. The Division prohibits payment for Provider-Preventable Conditions that meet the definition of a Healthcare-Acquired Condition (HCAC) or an Other Provider-Preventable Condition (OPPC) that may be identified during the Concurrent Review process. Refer to 42 CFR 447.26 or the AMPM Chapter 1000 for additional information.
3. The AdSS reports any occurrences to AHCCCS and conducts a quality of care investigation when an HCAC or OPPC is identified.