



## Mental Health Parity and Addiction Equity Act Disclosure Concurrent Review Frequently Asked Questions

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQTL). This communication is not intended, nor should it be treated, as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and is not medical advice. Decisions about medical care should be made by the doctor and patient. Please note, your plan documents govern all benefit determinations and in the case of conflict with this document, your plan controls. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card.

The following information applies to both medical/surgical benefits and mental health/substance use disorder benefits unless stated otherwise.

### What does concurrent review mean?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Concurrent review means your Plan looks at the treatment provided to you while you are in the hospital or receiving outpatient services to make sure you are receiving the right care based on your specific health care needs (medically necessary). Your Plan reviews the type of care, the need for that care, and the place of care, and how long you receive care.	

### Why does my Plan do concurrent reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan uses Concurrent review to: <ul style="list-style-type: none"><li>• Monitor and prevent potential over-use or under-use of services</li><li>• Manage high-cost and lengthy services</li><li>• Verify the appropriate level of care</li><li>• Decide whether the service meets medical necessity criteria Your Plan can help with decisions about discharge planning from the hospital and/or ongoing management of your condition.</li></ul>	



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**What is the process for concurrent reviews?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Your Plan completes a concurrent review after a hospital, or 24-hour treatment center notifies us that you were admitted. Concurrent reviews may be done by telephone, online or by using your electronic health records.</p> <p>If your Plan believes that a service or admission may not be covered, we will ask the provider for more information about your clinical condition, treatment, and ongoing care plan.</p> <p>If it is decided that the admission or service is not medically necessary, and will not be covered by your benefits, you and the provider will be notified as required by state and federal law. You and your provider will be given information about how to appeal the decision.</p>	

**How does my Plan know a concurrent review is needed?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>For in-network services, providers let your Plan know when you are receiving care either online or by calling the number on the back of your member ID card.</p> <p>For out-of-network services, providers can let your Plan know of an admission to the hospital or necessary services by calling the number on the back of your member ID card.</p>	

**Who decides whether concurrent review is approved?**

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>When your provider asks for concurrent review, your Plan will review the request using clinical policies and/or guidelines, clinical criteria, and Plan terms, and then make a coverage decision.</p> <p>If it is decided that the admission or service is not medically necessary, and will not be covered by your benefits, you and the provider will be notified as required by state and federal law. You and your provider will be given information about how to appeal the decision.</p>	



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**What are the qualifications of the staff who perform concurrent review?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Clinical, non-clinical, and administrative staff may participate in the concurrent review process.</p> <p>All clinical reviews are made by clinical staff (i.e., nurses, physicians, etc.).</p> <p>All denials are made by Medical Directors.</p>	<p>Clinical, non-clinical, and administrative staff may participate in the concurrent review process.</p> <p>All clinical reviews are made by clinical staff (i.e., physicians, psychologists, nurses, licensed master's level behavioral health clinicians, etc.)</p> <p>All inpatient denials are made by Medical Directors.</p> <p>All outpatient denials are made by Medical Directors or psychologists.</p>

**What information and guidelines are used to make a concurrent review decision?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Your Plan makes decisions about ongoing care using clear, fact -based medical rules known as clinical guidelines and criteria.</p>	

**When will my Plan respond to a concurrent review request?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Your Plan responds to requests as soon as possible and follows timeframe requirements set by state and federal laws.</p>	



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**What factors and sources are used to decide if concurrent review is required?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>All inpatient admissions require concurrent review.</p> <p>Your Plan requires outpatient providers to timely request more service units or extra time for services that were previously approved in prior authorization. Your Plan treats these requests as if they are new service requests, following the rules of the National Committee for Quality Assurance Utilization Management standards. Your Plan uses the same process to review these requests as it does for new service requests.</p> <p>Your Plan requires outpatient providers to timely request more service units or extra time for services that were previously approved in prior authorization. Your Plan treats these requests as if they are new service requests, following the rules of the National Committee for Quality Assurance Utilization Management standards. Your Plan uses the same process to review these requests as it does for new service requests.</p> <p>Refer to the <i>Prior Authorization FAQ</i> for more information on the process, factors, sources of information and evidentiary standards used to compare medical/surgical services and mental health/substance abuse services.</p>	

**Does my Plan treat concurrent review mental health/substance use disorder differently than medical/surgical “as written?” Does my Plan treat concurrent review mental health/substance use disorder differently than medical/surgical “in operation?”**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. Your Plan found that the rules and steps used to decide if certain mental health/substance use disorder services need ongoing review are comparable to those used for medical or surgical services “as written” and “in operation.”</p> <p>The process to review an ongoing service is not stricter for mental health or substance use services.</p>	

**How does the Plan audit itself?**

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>Your Plan conducts internal audits that look at all parts of the process for making clinical decisions, from when the case is opened to when it is closed. We review the information from cases to make sure the rules are followed and that the right decisions were made.</p>	