

Instructional Guide: NQTL Tool 2 - Concurrent Review

This document is the instructional guide for how to assess non-quantitative treatment limitations (NQTL) in your benefits. This document accompanies the two Excel spreadsheets (Texas NQTL Assessment Tool Concurrent Review, and NQTL Classifications for Analysis JUNE FINAL) where the NQTL analyses occur. This instructional guide is specific to the NQTL of **concurrent review**.

What are non-quantitative treatment limitations (NQTLs)?

NQTLs are limits on the scope or duration of benefits. The Centers for Medicare and Medicaid Services final rule issued March 2016 prohibits the application of non-quantitative limits (NQTLs) unless, under the policies and procedures of the state/MCO, as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to MH/SUD benefits in the classification are comparable to, and applied no more stringently than the processes, strategies, evidentiary standards or other factors used in applying the NQTL to M/S benefits in the classification.

Concurrent Review

Concurrent review is the process of obtaining approval for the **continuation** of services while the individual is receiving care or in a course of treatment. It may include evaluating an individual's care needs, evaluating a previously approved treatment, collecting information about the individual's condition and progress, review of medical records, and having discussions with providers.

Processes, Strategies, and Evidentiary Standards

Consider the policies, manuals, other documents, and practices that are related to concurrent review and that impact services and experiences of the individual accessing these benefits.

Processes: Explain the process (in writing and in operation) with which concurrent review is used in the MH/SUD benefits and M/S benefits. **Be as specific as possible. Include documentation or your policies/procedures with this spreadsheet.**

Think about your MCO's **general** concurrent review process for the list of MH/SUD benefits and for the list of M/S benefits and document it here. If different processes are used then please describe.

When completing Step 4 under “Processes”, consider and address the following as you complete your response:

- Describe the concurrent review process. Include in the description the circumstances in which concurrent review is applied.
- Describe when concurrent review is used and how it is applied to the set of benefits listed in Step 3.
- Who conducts the concurrent review and what are the person’s qualifications and training?

Strategies: List, describe, and explain the **purpose and rationale** for the use of concurrent review on the set of benefits listed in Step 3.

When completing Step 4 under “Strategies”, consider and address the following as you complete your response: Why is concurrent review being applied to the set of benefits listed in Step 3?

- Describe the factors that determine the set of services that are selected for concurrent review. Factors may include cost of treatment, high cost growth, variability in cost and quality, type or length of treatment, clinical efficacy of treatment or service, licensing and accreditation of providers, or potential for fraud.
- What is the goal your MCO is attempting to achieve by applying concurrent review processes?

Evidentiary Standards: Describe the evidentiary used to justify the use of concurrent review on the set of benefits identified in Step 3.

Address the following:

- What evidentiary standard do you use to justify the use of concurrent review for the set of MH/SUD benefits and M/S benefits cited in the “NQTL Classifications for Analysis” spreadsheet? Be specific and document in the spreadsheet.
- What evidence supports the criteria or threshold for decision-making regarding the use of concurrent review? What outcome measures/standards indicate over application or under application of concurrent reviews? For example, what is your MCO’s average denial rate or appeal overturn rates following a concurrent review.
- What evidence supports the frequency with which concurrent reviews are applied to the set of MH/SUD benefits and the set of M/S benefits?

Comparability and Stringency

This step is to analyze the **comparability** and **stringency** of the application of concurrent review in the set of MH/SUD benefits in comparison to the set of M/S benefits described in Step 4.

Comparability Test: Is the application of concurrent review for MH/SUD benefits comparable to the application of concurrent reviews for M/S benefits?

Consider the following:

- What is the average denial rate and appeal overturn rate for concurrent review in each classification among MH/SUD benefits? Among M/S benefits?
- Does the application of concurrent include similar components, processes, and evidentiary standards for MH/SUD benefits as for M/S benefits in writing and in operation?
- Are there differences in the application of concurrent review to MH/SUD benefits as compared to M/S benefits arbitrary?
- Are differences in the application of concurrent review to MH/SUD benefits consistent with practice guidelines?

Stringency Test Questions: Is the application of the NQTL to MH/SUD benefit **more stringent** than the application of the NQTL for M/S benefits?

Consider the following:

- What is the average denial rate and appeal overturn rates for concurrent review among MH/SUD benefits? Among M/S benefits?
- Is concurrent review applied more stringently to MH/SUD benefits compared to M/S benefits?
- Within each classification, what is the estimated average frequency of concurrent review across MH/SUD services and among M/S services?
- What level of performance is required for the concurrent review process (e.g., how many pages in a form; telephonic v in-person requirements, days for completion) among MH/SUD benefits and among M/S benefits?

- Are all MH/SUD benefits in each classification subject to concurrent review?
What about the M/S benefits?
- Is the impact to the beneficiary when concurrent review is applied for MH/SUD benefits more severe in comparison to M/S benefits?

If unsure whether your NQTL on MH/SUD benefits violates parity, consider the following question: Is there a disparate impact on MH/SUD benefits (e.g., higher denial rate) as compared to M/S benefits? While not determinative of parity noncompliance, disparate impact may be a sign of non-comparable or more stringent processes and strategies, or evidentiary standards that require more analysis.