

# PR Quarterly

A Publication of CIMRO A Peer Review Partner, now and for the future

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## Message from CEO and Board Chair

### The Integrity Decision

Integrity has many meanings, but most often is viewed as the quality of being honest. Vocabulary.com states, "Having integrity means doing the right thing in a reliable way. It's a personality trait that we admire, since it means a person has a moral compass that doesn't waver." Most of us have heard integrity defined as what you do when nobody else is around.

CIMRO's Value Statements includes five essential principles that guides our workforce – *Communication, Integrity, Mutual Trust, Respect and Organization Teamwork (C-I-M-R-O)*. Integrity for us is defined as "We commit to ethical conduct in all interactions." These core values are the foundation of our organization and support our commitment to conducting business in an honest, open and fair manner.

Being known for honesty and integrity are two of CIMRO's most valuable assets. We reference this in CIMRO's Code of Business Conduct as a shared responsibility among our employees, board members, consultants and subcontractors. It is up to each of us to act in a manner that reinforces this culture of trust and respect. Such a reputation is earned and must be supported with an ongoing commitment.

Most people would agree that integrity is important to them, especially if the action – or inaction – of an individual resulted in harm to them or others they care about. We all know that good people can, and do, make honest mistakes. It's the action of being accountable, by owning up and taking action to correct, amend or express one's regret that embodies the meaning of integrity.

Recent examples of putting these words in action include a physician reviewer (PR) making contact with CIMRO staff after a teleconference with a facility took a wrong turn when inappropriate comments were made. The PR demonstrated integrity when by immediately acknowledging and "self-reporting" the incident. Likewise, CIMRO's efforts to 'make it right' with the client were met with respect for our organizational business practices, and those efforts truly represent all of CIMRO's core values.

Another face of an integrity decision deals with balancing and resolving organizational and personal conflicts of interest. When the chance to advance self-interest is present, independence and objectivity may be called into question. Disclosure is the key to identifying and addressing a conflict of interest, whether actual or perceived. We have multiple examples of times when PRs have disclosed a potential COI, thus allowing



Tina Georgy, RN, MS  
CEO



Barry Slotky, MD  
Board Chair

If you know of anyone who has interest or may benefit from any of our independent peer review services, please have them contact CIMRO at 800.635.9407.



(Photo courtesy of Chris Evans on Flickr: <http://bit.ly/2iUls86>)



for an informed decision as to whether the integrity of a review decision could be compromised.

Earning trust is hard, but losing it is easy. Integrity is in many ways derived from the way in which we are viewed by others and a measure of what we do and how we do it on a daily basis.

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“If you don’t have integrity, you have nothing. You can’t buy it. You can have all the money in the world, but if you are not a moral and ethical person, you really have nothing.” --  
*entrepreneur Henry Kravis*

### ***CIMRO Core Values***

- ***Communication*** – We commit to an open exchange of information that leads to clarity and understanding.
- ***Integrity*** – We commit to ethical conduct in all interactions.
- ***Mutual Trust*** – We will build and maintain relationships that result in credibility.
- ***Respect*** – We will treat others as we would like to be treated.
- ***Organizational Teamwork*** – We will work together toward common goals in pursuit of excellence.

## **RadConnect, an Image Sharing Program**

Historically, medical images sent for peer review had to be sent via UPS to the physician reviewer (PR), followed by the PR working with staff to set up a return pickup. Beyond the precious time and postage costs, this method also exposed CIMRO to potential breaches of protected health information (PHI) due to the nature of sending an item through the mail. The penalties for a PHI breach are steep and can apply to all individuals involved with an incident, including Business Associates.

Late 2016, in order to combat these issues, CIMRO adopted RadConnect, a web-based, vendor neutral medical image management solution. RadConnect’s web-based portal allows for secure image sharing via a HIPAA-compliant internet exchange. It is technology created by physician peers in the medical industry who understand medical workflow and the need for ease of use.

Images are uploaded to the RadConnect site in two ways – either directly by the client, or by CIMRO personnel from a CD sent to us by the client. Once images have been uploaded, we are able to share them immediately with a RadConnect-trained CIMRO PR, who can instantly view the images via the Chrome web browser. (Note: RadConnect requires use of the Chrome web browser.) This secure, efficient method allows PRs to work on reviews without the worry and hassle of tracking and returning multiple imaging CDs to CIMRO.

In order to utilize this program, PRs need to go through RadConnect training and set up an account to view images. This training session can be set up at your convenience and takes 30 minutes, for which you are compensated. You will be trained by a RadConnect employee via a live-screen share session set up through the Go-To-Meeting application. During this session, you will walk through the log in process, features you will be using and basic site navigation. CIMRO will be notified once your training is complete, at which time we will send you a Reimbursement Log to complete. Support services are available 24 hours a day from RadConnect and during normal business hours from CIMRO.

If you are interested in becoming RadConnect trained, please contact Dustin Kerchner at 800.635.9407 x4209; or send an email stating your interest to [peerreview@cimro.com](mailto:peerreview@cimro.com).

# HIPAA - Data Breaches

## **Malicious insiders or inadvertent actors, employees pose risk for data breaches**

When you think of protecting against HIPAA violations, what measures come to mind? *Refrain from sending PHI via e-mail that isn't secure? Use ShareFile for secure transfer of records? Don't access protected information in public spaces where it might be seen? Utilize business associate agreements?*

All those answers are correct. However, they don't include one of the biggest threats: *Employees.*

According to the IBM X-Force Threat Intelligence Report, 71% of recorded data breaches in the healthcare industry are attributable to employee action: 25% by "malicious insiders," and 46% by "inadvertent actors."

"Malicious insiders" conjures images of code cracking and secret dealings under the cover of darkness, and there are instances of such nefarious operations (more on that later). But much more often, those classified as "malicious insiders" are those who take to protected health information to snoop on family, friends, or celebrity patients. Employees failing to control their prying eyes were identified as the largest single cause of data breaches in the healthcare industry, according to the HIPAA Journal.

Other "malicious insider" cases are more obvious, more prominent. Consider Evelina Reid, a former unit secretary at Jackson Health System in Florida, who in 2016 was accused of stealing approximately 24,000 patient records and selling the data to criminals who used it to file fraudulent claims with the IRS. The Miami Herald reported in 2017 that Reid was one of 100 people facing federal charges for breaching security.

The Department of Health and Human Services' Office of Civil Rights then issued a list of measures organizations can take to thwart malicious insiders. The list includes: Consider threats from insiders and business associates in enterprise-wide risk assessments, incorporate insider threat awareness into periodic security training for all employees, institute stringent access controls and monitoring policies on privileged users, and establish a baseline of normal network device behavior.

"Inadvertent actors" may seem more benign, but they also pose serious threats to covered entities charged with keeping protected information secure. The good news: These breaches are mostly avoidable.

These employees often are those who are victims of phishing attacks and IT professionals who fail to configure their security mechanisms properly, thereby inviting cyber criminals to steal data. It's vital for employees to be aware of policies and procedures relating to phishing attacks, and that IT professionals review the configuration of security mechanisms on a regular basis.

HIPAA Journal recommends covered entities encrypt data, implement two-factor authentication and conduct due diligence on business associates. But, the journal authors say, to protect against the top threats to security, covered entities should:

- Implement strong policies relating to employee conduct and enforce them with an equally strong sanctions policy.
- Implement effective access controls that monitor who accesses PHI when and where, and what happens to it afterwards.
- Implement a comprehensive HIPAA training program to raise employee awareness – particularly in the area of Internet security.

It's a sacred trust of sorts that is shared by covered entities and those who make PHI available to them, and it's incumbent upon all of us to guard and protect that trust and the individuals whose most vital information we literally hold in our hands.

## Review Rounds – 2017 at a Glance

Nearly 2000 independent peer reviews were completed in 2017 representing 100 different specialties. CIMRO's ability to provide a quality product and outstanding service to our clients in their quest to improve the quality of care is due in great part to our exceptional physician reviewers. Here are a few examples of the cases we received.

### ***SURGICAL***

One of five surgical cases from a small hospital: A 57 year-old woman who developed peritonitis after a series of abdominal procedures for complications of repair of an incisional hernia secondary to wound dehiscence and treatment of a structured colostomy. When hospital staff called the surgeon to report that the wound appeared necrotic with feculent-appearing material in the drain, the surgeon stated he was out of state, and, "If this is not an emergency, it can wait."

CIMRO's PR reported that the surgeon's decision making and technique resulted in delays of care that worsened septic shock and increased morbidity. Moreover, the PR noted the legal problems and potential patient abandonment issues associated with the surgeon being out of state and managing critically ill patients without documented surgical backup.

Our PR determined that the surgeon showed a pattern of substandard care. The PR identified patterns of poor documentation and faulty technique that resulted in infection or worsening of pre-existing problems.

### ***OBSTETRICS***

An obstetrician dropped an infant who was expelled with uncontrolled pushing as the physician was leaning back to pick up a bulb syringe. The physician was able grab the neonate's leg, and wrote that she did not believe the infant hit his head. The infant had Apgar scores of 9 and 9, and a vigorous cry. CIMRO's PR emphasized that the practitioner's hand should always be on the neonate's head. In that way, the neonate may be safely delivered, even in the setting of uncontrolled pushing against the hand. This physician's failure to do so, in the opinion of the CIMRO PR, resulted in significant neonatal morbidity. The PR could find no reported incidence of such an event in review of the literature.

The same obstetrician was under review for cutting a neonate's cheek during a Cesarean section. The PR noted it's a known complication of Cesarean section, with an incidence of approximately 0.7% to 3%. However, this physician had had the same complication twice in a 60-day window, with both Incidences occurring during stable, controlled operations.

### ***INTERVENTIONAL CARDIOLOGY***

One of the benefits of the abbreviated, focused External Peer Performance Evaluation (EPPE) review is that it affords clients the opportunity to send multiple records for general screening at a reduced cost. Upon review of



## Review Rounds - *Continued*

the brief EPPE summary, clients can request in-depth reviews of any cases that raise concerns. A small hospital took advantage of that feature, and requested a full review of seven interventional cardiology (IC) records after the EPPE.

One such case was a 44 year-old with sleep apnea and chronic obstructive pulmonary disease presented with shortness of breath. EKG showed ischemia; CT was negative for pulmonary embolism and showed right ventricular enlargement; and the ejection fraction was normal. Troponin was negative. He was treated with antibiotics and inhalers, then underwent catheterization. It revealed non-obstructive coronary artery disease. The PR stated the catheterization was not outside the standard of care if the provider suspected coronary artery disease, but the problem struck the PR as being pulmonary in origin.

A case that did not meet standard of care, in the PR's opinion, involved a 73 year-old on warfarin for deep vein thrombosis who presented with shortness of breath, nausea, vomiting and indigestion. The diagnosis was myocardial infarction exacerbated by gastrointestinal bleeding. Catheterization showed a 99 percent lesion in the right coronary artery, occlusion of the left circumflex artery, and 30% to 40% occlusion of the left main. Ejection fraction was normal. CIMRO's reviewer stated the ischemia likely was from anemia caused by the GI bleeding. The patient was hemodynamically stable, the PR stated, and nothing warranted immediate intervention. The bleeding was more urgent, and implanting a stent that would require anticoagulants was unwise in a patient with increased risk of further bleeding.

### **GASTROINTESTIONAL**

A gastroenterology review highlights one criticism made often across all clients and all specialties: Incomplete or missing documentation.

A 57 year-old woman presented to a facility with left upper quadrant abdominal pain and nausea. CT revealed ascites, splenomegaly, varices and an umbilical hernia. In the course of three different admissions, she underwent two esophagogastroduodenoscopies – one of which showed oozing and spurting blood – and a TIPS procedure with embolization of varices. A hemoglobin and hematocrit of 6.8 and 20.0 did not improve with transfusions at one point. She died a few weeks after her first presentation.

CIMRO's PR found that best practices for this patient were followed, acknowledging that physicians with different levels of expertise may choose different approaches. The reviewer's biggest criticism, however, was the lack of documentation in the record. There was no evidence of an outpatient medication list; incomplete sets of laboratory values; notes from physicians and nurses that the reviewer said likely were inaccurate because of the hospital's electronic template system; absent notes from providers during times they would have been critical; and incomplete or inaccurate procedure notes. Because of poor documentation, the PR was unable to offer the hospital a complete and thorough review of this critical case.

### **IMPORTANT CAVEAT**

In order to provide accurate review of a physician's documentation, PRs must be certain that they have everything the client has available for review. This is most easily done when PRs ask CIMRO staff for any information they believe might have been left out of the record BEFORE submitting their reviews. Submitting a review that states some piece of the record may be missing is counterproductive. CIMRO will ask for the information from the client, and if available we will forward it to the PR, who may make changes based on the additional information, all with a looming deadline. **Asking CIMRO for the missing information during the PR's review makes for more accurate, timely, and cohesive reports for our clients.**

## *Departments of Insurance Appeals*

CIMRO handles nearly 100 appeals annually from patients whose claims were denied by their insurance companies. While a variety of cases are reviewed, the most common include:

### **Genetic Testing**

- DecisionDx-Melanoma is probably the test to come under review most often. The assay helps predict risk of recurrence of cutaneous melanoma, independent of lymph node status. CIMRO has sent these cases to oncologists and dermatologists. All have ruled against the patients – the test was ruled experimental/ investigational or not medically necessary because the clinical utility of the test is not established. There is no standard approach recommended to reduce the risk of recurrence based on results of DecisionDx-Melanoma.
- FoundationOne Assay for breast and other cancers. Rulings on this test were split equally among those upheld and those overturned. One reviewer overturned the adverse determination in the case of a woman with Stage IV breast cancer that progressed after multiple lines of chemotherapy and hormonal therapy. The test was deemed not experimental/ investigational for her because it may identify a genetic mutation that would qualify her for a clinical trial with an investigational agent. In another case, the PR ruled that FoundationOne was not medically necessary for a patient with gall bladder cancer. The test identifies molecular alterations in tumor cells and tries to match them with targeted therapies, the PR said, but those therapies are not always FDA approved for a particular cancer diagnosis. The PR wrote the literature did not support the use of FoundationOne testing in gall bladder cancer.
- Cytochrome genotyping was found to be medically necessary for a patient with breast cancer, as information gleaned from it could inform decision making regarding adjuvant therapy.
- Genetic testing was found to be medically necessary for a patient with very long-chain acyl-CoA dehydrogenase deficiency (VLCAD). The testing was negative, the PR acknowledged, but it was still medically necessary in this toddler's case.

**Defibrillator** - The Zoll LifeVest wearable defibrillator also came under review several times. Most of these patients were successful in their appeals, as the device was ruled not experimental/ investigational. The device was deemed to be medically necessary and not experimental/investigational when it was used as a bridge to permanent implantable cardioverter defibrillator while the patient's myocardium healed from injury. The PR did not, however, deem it medically necessary for a patient who had had a heart attack more than three months earlier, as there is very little data that support the idea that the device is useful after the first three months after a heart attack.

**Cologuard** - The Cologuard colon cancer test also was frequently denied by insurance companies but found by CIMRO PRs to be not experimental/investigational. They pointed to sections of the health plans that lay out criteria for being eligible for the test, and showed how the patients did, indeed, meet the criteria for this effective screening tool for colon cancer.

**Prescriptions** - Most popular among the medication cases CIMRO reviewed were Harvoni for Hepatitis C and Otezla for psoriasis and psoriatic arthritis. Claimants fared well with Harvoni on the grounds that it increases life expectancy over other drugs, but coverage for Otezla was consistently denied, as there were reasonable alternatives on plan formularies.

## CIMRO Peer Reviewer Corner:

Jens Yambert, MD, FACP, FACEP  
Medical Director, CIMRO



Some of the feedback you might receive about your CIMRO reviews includes the “clarification needed by the CIMRO staff” topic. In a constant effort to improve the quality of our work, the CIMRO staff will query reviewers for clarification, if needed, on dates of service, laboratory values, abbreviations, etc. Often the reviews we prepare are read by non-medical personnel, such as in the quality department of a hospital – who may not be as familiar with the medical jargon of your specialty.

Another area where we need many clarifications is addressing clearly whether the device or medication being reviewed is FDA approved, or whether its use in a particular circumstance is considered “off-label.” Similarly, many of our queries include requests to clarify whether the treatment in question is “medically

necessary” or “experimental/investigational.” Equally important, our physician reviewers are the experts in their fields, and we count on you to reference current resources in these areas before submitting them to our staff.

**Please request any additional records, x-rays, etc. as soon as the need is recognized.** Just a phone call or email to the CIMRO staff is all it takes to start the process. Many times, a review is returned to CIMRO staff noting missing information, ultimately resulting in unnecessary delays responding to our clients.

Another year has passed, and CIMRO extends our best wishes throughout the year to our excellent team of physician reviewers and members. We look forward to working with you in 2018!

## Seeking Interested Candidates

The Nominating Committee is seeking interested applicants for open seats on the CIMRO Board of Directors with upcoming elections in March 2018. Terms are for three (3) years. Seats open to election include:

- Hospital Representative
- District #4 (South) Physician Representative  
Must reside or practice in the Illinois Counties of Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Pope, Perry, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson

Contact Tina Georgy, CEO at [tgeorgy@cimro.com](mailto:tgeorgy@cimro.com) or 800.635.9407 ext. 4205 by **February 20, 2018.**

### 2018 CIMRO Board of Directors

Barry Slotky, MD - Chair  
*OB/GYN | Bloomington, IL*

Ronald Johnson, MD – Vice Chair  
*Family Medicine | Pittsfield, IL*

Patricia Luker, MHA – Sec/Treasurer  
*Hospital CEO | Monmouth, IL*

Mary Belford, MD  
*Psychiatry | Kankakee, IL*

Deborah McDermott, MD  
*Internal Medicine | Swansea, IL*

Kenneth Printen, MD  
*General Surgery | Wilmette, IL*

## Important Notices



### *Peer Reviewer Resources Available*

Did you know that CIMRO has several educational articles for peer reviewers on our website? Topics include:

- Current Peer Review Manual
- Guidelines for Utilizing References
- Conflict of Interest Q and A
- Fair Hearing Q and A
- Guidelines for Experimental and Investigational External Review
- Monitoring Criteria - How CIMRO Monitors PRs

Go to [www.cimro.com](http://www.cimro.com) to access these articles and more!

### *Fraud & Abuse*

Regardless of whether a specific question is posed from the client regarding your thoughts on medical necessity, if you identify any suspicion of fraud or abuse, please notify CIMRO. It is important to provide specific examples from the records in support of your comments. While suspicion is not necessarily an indication of fraud and/or abuse or misconduct, it alerts our clients to the fact that further evaluation of a practitioner's practice patterns may be warranted.

### *Missouri-Licensed Peer Reviewers Needed*

CIMRO works with the Missouri Department of Insurance on cases sent for external appeal and the DOI desires use of MO licensed reviewers whenever possible. Peer Reviewer qualifications include active practice and board certification in at least one specialty. We are especially interested in referrals for professionals in the following specialties:

- Interventional Cardiology
- Cardiology
- Gastroenterology
- Addiction Medicine
- Bariatric Medicine
- Child and Adolescent Psychiatry
- Adult Psychiatry
- Medical Oncology
- Gynecological Oncology
- General Surgery with experience in LINX procedure
- Radiation Oncology

## Important Notices (*Continued*)

### *Other Peer Reviewers Needed*

As our independent peer review program continues to grow, we are also in need of the following specialties:

- Cardiovascular/Thoracic/Vascular Surgery
- Orthopedic Surgery (esp. spine)
- Interventional Cardiology
- Interventional Radiology/Neuroradiology
- Neurosurgery
- Gastroenterology

If you know of a potential peer reviewer candidate suitable to the specialties above, please have them contact Jennifer Clark at 217.352.1060 ext. 4202 or [jclark@cimro.com](mailto:jclark@cimro.com) for more information.

### Meet the Peer Review Staff



*BACK, left to right:*

Marge Donoghue, RN, BS  
Dustin Kerchner, AAS  
Rita Taylor MS, RN  
Jay Yambert, MD, FACP, FACEP

*FRONT, left to right:*

Cindy Scopel, RN  
Jennifer Clark, RN, MSN  
Nickolena Coop, BS, RHIA

### Notice of Annual Meeting of Members

Notice is provided of the Annual Meeting of Members to be held on Sunday, March 25, 2018 at 8:30 am at the IHotel in Champaign, Illinois. Any member interested in attending should contact Tina Georgy, CEO at 1.800.635.9407.

# Confidentiality, Conflict of Interest, Code of Business Conduct



In accordance with CIMRO's Compliance Program, the Board of Directors has mandated an annual reminder notice of our Confidentiality Policy, Conflict of Interest Policy, and Code of Business Conduct requirements:

1. To emphasize the confidential nature of the services provided by CIMRO,
2. To emphasize the importance of identification and disclosure of conflict of interest, and
3. As part of our ongoing commitment and belief that compliance to these is a shared responsibility.

Certification and Acceptance statements signed by you are on file at CIMRO regarding your review and acceptance of CIMRO's Confidentiality Policy, Conflict of Interest Policy, and Code of Business Conduct and awareness of your obligation to comply with and report actual or suspected violations of the Code, which includes all confidentiality and conflict of interest requirements. This obligation is a condition of employment or a relationship with CIMRO.

**This notice serves as a reminder that the Certification and Acceptance statements you previously signed remains in full force and effect. You have agreed to abide by the letter and spirit of CIMRO's Confidentiality Policy, Conflict of Interest Policy, and Code of Business**

**Conduct.** You also acknowledged your understanding and agreement that any failure to fully comply with the letter and spirit of the Code, including any related confidentiality and/or conflict of interest activities and their reporting requirements, will be grounds for immediate termination of employment, subcontract, other contractual relationship or removal from the Board of Directors, as the case may be.

Please understand that you are conclusively deemed to have ratified your certification and acceptance unless, within 10 business days of the date hereof, you withdraw that certification and acceptance by written notice received by CIMRO within that 10 day period.

If you are unable to locate your copy of the Confidentiality Policy, Conflict of Interest Policy, or Code of Business Conduct, you may call 1.800.635.9407 to speak with the Compliance Manager to request another copy. You may also view the [Code of Business Conduct](#) on CIMRO's website at [www.cimro.com](http://www.cimro.com).



*PR Quarterly* is published by CIMRO. All comments, suggestions and inquiries are welcome and should be directed to Cindy Scopel via email at [cscopel@cimro.com](mailto:cscopel@cimro.com).