CIMRO

Quality Healthcare Solutions

Peer Reviewer (PR) Manual

Pointing the way to quality

Table of Contents

Table of Contents

Our Mission, Vision and Values

Mission

CIMRO's mission is to support improvements in the appropriateness, cost effectiveness and quality of patient care and outcomes.

Vision

Pointing the way to quality

- Maintain our core business while diversifying service offerings.
- Continue to provide and improve upon the high quality and cost effective services for which we are known.
- Promote improvement in healthcare services and patient care outcomes.

Values

C OMMUNICATION
An open exchange of information that leads to clarity and understanding.

I NTEGRITY
Ethical conduct in all interactions.

M UTUAL TRUST
Build and maintain relationships that result in credibility.

R ESPECT
Treat others as we would like to be treated.

O RGANIZATIONAL TEAMWORK
Work together toward common goals in pursuit of excellence.

Our Culture

At CIMRO, we value our commitment to strong communication, integrity, trust, respect, and teamwork.

We are mission-driven with a focus on improving patient safety and quality of care, while promoting inclusivity, collaboration, and empowerment for our local team members, as well as our nationwide team of peer reviewers, clients, and business partners. We are committed to promoting a culture that supports each individual's contribution.

CIMRO's partners are from all backgrounds across the country. We take pride in, and will continue to strive for, female and minority representation on our Board of Directors and Leadership team.

In compliance with applicable Federal civil rights laws, CIMRO does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

Collaboration, Communication, Compassion

Integrity, Interdisciplinary, Inclusive

Motivated, Mindful, Mission-Oriented

Respectful, Reliable, Results-driven

Objective, Open-Minded, Open-Door

Our Background

Corporate Description

CIMRO is a **not-for-profit Illinois** corporation which is tax-exempt under Section 501(c)(6) of the Internal Revenue Code. No individual has an ownership interest in CIMRO, and CIMRO does not bear any financial risk in its contracts, nor does CIMRO provide services directly to consumers. The organization **exists to fulfill its mission** by providing information and resources to support improvements in the appropriateness, cost effectiveness, and quality of patient care and outcomes.

Typical of most organizations that have served as **Medicare Quality Improvement Organizations (QIOs)**, our roots began at the county medical society, where forward-thinking physicians of that time wanted to ensure that any oversight of healthcare remained under the purview of those who delivered care, and not by industries such as food chains, that had 'sophisticated' data systems that could evaluate admission volumes and cost data.

Board of Directors

CIMRO's Board consists of seven directors. The board is governed by a chair, vice-chair, and secretary-treasurer.

The Board of Directors has the responsibility to monitor the overall performance of the corporation and its key executive officers, relying upon the officers and committees of the corporation to carry out its policies.

The **CIMRO Board of Directors** is committed to a peer review program that is truly representative. The Board firmly believes that a diverse base of actively practicing peers performing utilization and quality review is essential to a credible, high quality review program.

Senior Leadership

The **Chief Executive Officer** provides administrative, financial, and organizational leadership for CIMRO under the guidance of the Board of Directors.

The **Chief Financial Officer** directs, supervises, and coordinates operational aspects of administrative, fiscal, human resources, and advisory support for all contracted programs.

The **Medical Directors (MDs)** provide medical leadership and management, as well as providing expertise to CIMRO staff and peer reviewers. The MDs report directly to the CEO, and serve as an operational physician, consultant, and advisor in the performance of medical management programs. Through collaboration with members of the leadership team, the MDs offer education, review, and problem-solving support in establishing policies and procedures.

Peer Review Department

As a CIMRO peer reviewer, you are an integral part of a team of professionals who are dedicated to providing high-quality, unbiased, peer review services at reasonable prices. **CIMRO's membership includes more than 450 physicians and allied health professionals** participating in CIMRO review programs.

Our **diverse team** of reviewers represents communities across the nation. This broad base of experience and skill, in addition to the assurance that all are licensed and actively practicing, ensures **true peer review** that is not only objective, but also takes into consideration specialty practice areas, as well as rural and urban settings**.**

To provide adequate representation of services provided by numerous medical specialties, subspecialties, and disciplines, CIMRO ensures that **all major specialties and subspecialties**

are represented on CIMRO's peer reviewer rosters and panels, including licensed doctors of medicine, osteopathy, dentistry, podiatry, and optometry as well as non-physician health care practitioners.

CIMRO's Medical Directors, as well as select experienced PR monitors, routinely evaluate the performance of our peer review panel utilizing specific criteria and provide feedback for improvement, when indicated.

Our Project Managers and Clinical Review Coordinators ensure individualized attention from start to finish to meet the unique needs of our clients and peer reviewers.

Our Journey

1972	**CIMRO** performed utilization and quality review services in **16 counties for Illinois Medicaid** under the Hospital Admission and Surveillance Program (HASP).
1978	**CIMRO** was designated by HCFA (the former name of the Centers for Medicare & Medicaid Services) as an operational **Professional Standards Review Organization (PSRO)** to perform Medicare and Medicaid review.
1984	**CIMRO** (formerly known as Central Illinois Medical Review Organization) was **incorporated as a result of a merger of two PSROs**: East Central Illinois Foundation for Health Care (ECIFHC) and Central Illinois Physician Review Organization (CIPRO), to **perform Medicare and Medicaid review throughout Central Illinois**.
1987	**CIMRO**'s review territory expanded to cover **85 counties in downstate Illinois**.
1984-1991	**CIMRO** served as a **Medicare Peer Review Organization** (known as PROs, later renamed by CMS as, **Quality Improvement Organization (QIOs))** subcontractor in the **first three Statements of Work (SOW)** with the **focus on large volumes of individual case review**, typically performed on-site in **nearly every downstate Illinois hospital.**
1989-2002	**CIMRO** received **competitive award of statewide Medicaid programs in Missouri (1989-2001) and Illinois (1993-2002).** Additionally, **CIMRO assisted the Wisconsin, Indiana, and Florida** peer review organizations during the early 90's with Medicare case review functions.

2003	**CIMRO** re-established itself as a Medicare Quality Improvement Organization with the award of the **Nebraska 7th SOW** and opened our Lincoln, NE office through its subsidiary corporation, **CIMRO of Nebraska**.
2004 - Current	Early/mid 2000's CIMRO utilized our strongest assets – our **expansive physician/peer reviewer panel and highly talented staff** – to diversify our program offerings with provision of independent peer review services directly to hospitals and health systems. As a URAC accredited Independent Review Organization (IRO), **CIMRO provides services to several state departments of insurance** for member appeals that have exhausted the health plan's internal appeals processes. Adapting to federal changes with the QIO regulations, CIMRO in 2014, established another subsidiary corporation, **Great Plains Quality Innovation Network.** Under the 11th SOW (2014-2019), Great Plains QIN held **prime contracts with CMS as the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) in Kansas, Nebraska, South Dakota, and North Dakota.** With the 12th SOW (2019-2024) award, Great Plains QIN holds prime contracts in South Dakota and North Dakota. Most recently in **2023 CIMRO unveiled a new logo/brand** and expanded peer review services directly to **health plans and self-funded clients.**

Follow our journey at Peer Review eNews

CIMRO
Quality Healthcare Solutions

Throughout our **50-year history** we have remained faithful to our firm belief that

true peer review occurs only when the care under review is matched to the same specialty and practice setting.

We feel fortunate to have nearly **450 peer reviewers** on our roster,

representing over **100 specialties and subspecialties** across all practice settings,

which assures our ability to offer **true peer-to-peer evaluation of care**.

Pointing the way to quality

Utilization Review Accreditation Commission (URAC) Standards

Since 1990, URAC, an independent, nonprofit accreditation entity, has been supporting improvements in healthcare quality. URAC standards "**use evidence-based measures and are developed in collaboration with a wide array of stakeholders, including health plans, providers, and associations.**" Learn more about URAC at https://www.urac.org/

As a URAC accredited independent peer review organization, **CIMRO adheres to the applicable program standards required by URAC.** Because of URAC's broad-based standards and rigorous accreditation process, purchasers and consumers look to URAC accreditation as an indication that an organization has the necessary structures and processes to promote high quality care and preserve patient rights.

As part of this accreditation process, **CIMRO provides all physicians and allied health professionals** performing peer review activities with a copy of the then current version of applicable URAC standards during the orientation period. **As provided in the PR job description,** peer reviewers have the responsibility to review applicable and then current version of URAC standards to understand how those standards apply to their responsibilities and work performance within the organization.

urac®
ACCREDITED
Independent Review Organization:
External Review
Expires 09/01/2024

Our Corporate Compliance Program

CIMRO considers ethics and compliance an integral part of all business decisions and the services we provide to others. We believe that compliance efforts must be fundamentally designed to **establish a culture that promotes prevention, detection, and resolution** of instances of conduct that do not conform to regulatory and program requirements and ethical behavior.

CIMRO's Enterprise-wide Corporate Compliance Program **supports the commitment of the parent corporation and its subsidiary organizations** to conduct its business with integrity and to comply with all applicable Federal, State, and local laws. All CIMRO officers, directors, managers, and employees (and where appropriate, consultants and subcontractors) are expected to follow the standards and requirements set forth in this program.

CIMRO's Corporate Compliance Program includes a Compliance Program Overview, the CIMRO Code of Business Conduct, and various policies and procedures related to **ethical and legal conduct**. It establishes behavioral standards, monitors compliance with laws and regulations, and provides a means for employees to ask questions and voice concerns without fear of retribution.

Within CIMRO and each of its subsidiary corporations, there is an individual designated as the **Compliance Manager who serves as the organization's compliance officer with responsibilities of the day-to-day operations covered under the Compliance Program.**

As part of our Corporate Compliance Program, the Enterprise has adopted a Code of Business Conduct.

Our Code of Business Conduct

The principles outlined in the Enterprise Code of Business Conduct **provide the basis for our everyday workplace behavior.** They give us the tools we need to make honest and ethical decisions. That is why it is your obligation to apply these Principles every day and review them from time to time on your own. Our work involves more than assisting providers in their healthcare quality improvement efforts; it involves trust, and it is that for which the Enterprise is known and respected.

FIVE Major Principles

Principle #1 – Shared Responsibility

Principle #2 – Safe and Respectful Work Environment

Principle #3 – Fair, Honest Business Dealings: Conflicts of Interest

Principle #4 – Protect Assets and Information

Principle #5 – The Government

As a peer reviewer, principles three and four are of special importance.

Access the full version here

Fraud and Abuse

Fraud - "The **intentional** deception or misrepresentation made by a person **with the knowledge** that the deception could result in some unauthorized benefit to that person or another."

Abuse - "Provider practices that are **inconsistent** with sound fiscal, business, or medical practices, resulting either in unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care."

If you identify a suspicion of overutilization of a particular service(s), please indicate the suggestion of overutilization in your review determination.

Examples include:

- A pulmonologist performs multiple bronchoscopies on the same patient without documentation of necessity.
- A cardiologist performs multiple cardiac procedures on patients without clear indications for the procedures.

While a **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.

CIMRO will assess this information and may call the Peer Reviewer (PR) if clarification is needed.

Any questions or concerns relating to CIMRO's medical expertise role in fraud and abuse activities may be directed to CIMRO's Corporate Compliance Manager.

Confidentiality

The CIMRO Enterprise Confidentiality-Security Policy (Confidentiality Policy) is provided to each peer reviewer initially.

A **signed acknowledgement** is required indicating that the policy has been reviewed. Annual reminder notices are forwarded to all PRs.

Any use or disclosure of Protected Health Information shall be in accord with CIMRO's Confidentiality Policy.

Confidentiality of Patient, Attending Physician and Hospital

1. Medical records and review worksheets, including all copies in any media (oral, written, or electronic), should be kept in a secure place with no access possible by anyone other than the CIMRO reviewer.
2. Cases should not be discussed with anyone other than a CIMRO employee or CIMRO peer reviewer as the identity of the patient, attending physician or hospital may be inadvertently disclosed (implicitly or explicitly). CIMRO review staff will provide technical assistance if needed. Also, the review department can provide names and phone numbers of other CIMRO specialty reviewers any time a reviewer wishes to discuss a case with another reviewer prior to a determination.
3. The reviewer should not discuss other parties cited on a case with any other party on the case or the hospital unless under the direction and oversight of CIMRO staff upon a client's request. Physician and hospital confidentiality must be protected.
4. **Any documents containing protected health information (PHI) must not be sent to CIMRO's regular email account**, as this is not considered a secure account. Documents containing PHI can either be sent via fax to our secure fax server at

217.352.1182, or via CIMRO's current HIPAA/HITECH compliant method of transferring PHI electronically.

The PR should feel free to call us at 1-800-635-9407 or **email CIMRO's review department via** peerreview@cimro.com any time there are questions regarding a review or for questions regarding sending PHI or Personally Identifiable Information (PII) in a HIPAA-secure manner.

CIMRO Professional Liability Insurance Coverage

CIMRO maintains a professional liability policy, which extends coverage to peer reviewers performing services for CIMRO. The Errors & Omissions policy currently has limits of **$4,000,000 per claim, and $4,000,000 in aggregate**. A copy of the insurance policy is available upon request. The legal protection covers all peer reviewers, CIMRO staff, and Board members carrying out peer review responsibilities. CIMRO sincerely believes that the functions the PRs perform are essential and we trust that this brief synopsis addresses any liability concerns.

Business Associate Agreement Confidentiality

All Peer Reviewers are required to enter into a Subcontract and Business Associate Agreement with CIMRO prior to initiating any review activity. As a Business Associate of CIMRO, the PR agrees to:

1. Not use or disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
2. Use appropriate administrative, physical, and technical safeguards to ensure confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure; and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent use or disclosure of Protected

Health Information other than as provided for by this Agreement.

3. Report, in writing, to CIMRO, within 24 hours, any use or disclosure of Protected Health Information not provided for by this Agreement of which the PR becomes aware, including breaches of unsecured Protected Health Information as required at 45 CFR 164.410, and any security incident of which the PR becomes aware.

4. Make internal practices, books, and records relating to review activities hereunder available to the Secretary of HHS for purposes of determining compliance with the HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Our Peer Reviewers

You make a difference!

Peer Reviewer Qualifications

All peer reviewers must comply with the requirements set forth in the PR Job Description.

The current PR Job Description is provided as Attachment 1.

- Physicians must have an **unrestricted license and be board certified** in at least one specialty.
- Physicians must be **engaged in active practice** (teaching medicine and/or practicing direct patient care for at least eight hours per month).
- Physicians must be **five years post medical school graduation** with completion of residency program and fellowship, if applicable.
- **Case-by-case consideration** will be given to physicians in a specialty/sub-specialty fellowship to have met experience requirements - e.g., able to conduct peer review for internal medicine case while pursuing nephrology specialty if all other requirements are met.
- **Advanced practice practitioners must be five years post certification** to become a PR. Require broad clinical background with at least two years prior experience managing the medical condition, procedure, treatment, or issue under review and/or in the specialty area required.
- PRs for health plan/external reviews must **have five years of full-time equivalent experience providing direct clinical care to patients.** Through clinical experience in the past three years, these reviewers must be experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment.

For All Peer Reviewers

Specialty Requirements – The peer reviewer must generally be a specialist in the same field as the practitioner whose services are under review.

Setting Requirements – Generally, the peer reviewer must practice in a setting similar to the setting in which the practitioner whose services are under review practices.

Hierarchy of Exceptions – The concept of peer review requires that, whenever possible, reviewers are used whose licensure, specialty, and practice setting are the same as (or similar to) those of the practitioner whose services are under review. These variables are considered when assigning cases to reviewers. When an exception is necessary and acceptable by contract, CIMRO staff will first exclude setting requirements, followed by specialty. The exception of licensure requirements will only be utilized as a last resort. Exceptions are discussed with clients whenever possible.

- All reviewers must be **oriented** to the principles and procedures of peer review and **URAC standards.**
- The peer reviewer must consistently demonstrate appropriate and objective decisions as evidenced by peer reviewer monitoring of review determinations. Feedback from the Medical Director will be provided with the first two reviews and periodically thereafter.
- Any adverse change in hospital privileges, licenses, certifications, and/or registrations to provide health care services, investigations, and/or reportable or discoverable malpractice payments must be fully and immediately disclosed.
- All review activity must be **performed within the United States**. Due to privacy and security concerns, PRs are prohibited from taking information outside of the United States, and from processing, transmitting, or sharing information from outside of the United States.

Peer Reviewer Conflicts of Interest

Balancing and resolving organizational and personal conflicts of interest (COI) requires a clear understanding of what constitutes a conflict of interest concern and requires open and full disclosure from those individuals with whom a conflict of interest may exist. **CIMRO screens for potential conflicts of interest before assigning all reviews.**

For IRO health plan appeal reviews, URAC more specifically defines Organizational COI as "a **conflict that affects objectivity between the organization's financial interests and the organization's obligations to the client.**"

Prior to the acceptance of any IRO case, CIMRO will definitively identify and attest to whether it is owned or controlled, or is a subsidiary of or in any way owned or controlled by, or exercises control with an insurance issuer or group health plan; a national, state, or local trade association of health care providers; conducts internal review for any insurance issuer or group health plan; or, that neither CIMRO nor any clinical peer reviewer assigned to conduct the external review has a material professional, familial, or financial conflict of interest regarding any of the following:

- The referring entity.
- Any prior involvement with the case.
- The insurance issuer or group health plan/carrier for the case under review.
- A management role in a health plan of an insurance issuer or group health plan that is the subject of a review which includes participation on the board of directors or any sub-committee of that board and in advisory groups that provide guidance to a provider network, including credentialing, medical policy, and quality management committees.
- The covered person or the covered person's authorized representative.

- Any officer, director, or management employee of an insurance issuer.
- The group health plan administrator, plan fiduciary, or plan employee.
- The health care provider, the health care provider's medical group, or the independent practice association recommending the health care service or treatment that is the subject of the external review.
- The facility at which the recommended health care service and treatments would be or was provided (i.e., staff privileges at a facility where the recommended health care service or treatment would be provided if the insurance issuer or group health plan's previous non-certification is reversed).
- The developer or manufacturer of a drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of the review.

CIMRO may mistakenly send a record to a peer reviewer who is ineligible to review that particular case.

When a case is received from CIMRO, first review our **"Stop, Do I Have a Conflict of Interest"** form. *(See Educational Resources, page 49.)*

- **If a Conflict of Interest (COI) is discovered, do not review the case.**
- **Immediately notify CIMRO.**
- **You will most likely be directed to return or destroy the case.**

When it is determined that a peer reviewer or organizational conflict of interest exists, CIMRO will return the case to the referring entity, unless, in accordance with applicable regulatory guidelines, after full disclosure of the conflict of interest, CIMRO obtains written consent from the patient, the health benefits plan, and the referring entity to conduct the external review.

The Consent to Waive CIMRO Organizational Conflict of Interest form must be signed by all parties prior to CIMRO's acceptance to perform the review.

Key points to remember:

- For IRO reviews, your signature on the COI form must be either hand-signed or e-signed. We cannot accept your name typed into the form.
- By proceeding with review of the case, you deem that no conflict of interest exists.

Peer Reviewer Responsibilities

Physician/Peer Reviewers serve as **independent consultants to CIMRO** to perform peer review activities. The PR job description provides the duties and responsibilities in performance of review activities. Each PR is responsible for reading the job description and seeking out clarification as needed.

The basic concept of the CIMRO independent peer review program is **peer review of medical care (or proposed care)** to ensure that the treatment (or proposed treatment) is **medically necessary and appropriate** given the diagnosis and available documentation, and that the care meets **professionally recognized standards**.

The responsibility to make medical review decisions according to these guidelines rests solely with the peer reviewer.

The cases are referred to CIMRO for an independent review when clients need an unbiased, independent peer review of medical cases, when health plan appeal cases have been referred from a health plan and/or other external source (e.g., state department of insurance, etc.), or when information documented in the medical record does not meet the pre-established criteria utilized by the health plan.

Peer reviewers may not accept compensation for peer review activities that are dependent in any way on the outcome of the case.

Some examples where peer reviewer decisions are needed are:

- Cases failing generic quality screens or other questions related to quality of care.
- Cases in which a patient is unnecessarily or inappropriately transferred and/or readmitted.
- Cases with inadequate documentation supporting the need for hospitalization or the plan of care.
- Cases that have been administratively denied by the health plan or have exhausted the health plan's appeals process.
- Cases not meeting admission criteria.
- Cases in which the patient was not medically stable and was prematurely discharged.
- Contentious cases with poor outcomes and potential for fair hearing.
- Cases with internal conflict of interest concerns.
- New practitioner or department auditing required by regulatory or accreditation bodies.

Peer Reviews

General Guidelines of Peer Review

The **CIMRO review process** operates on the belief that **communication, collaboration and education** are the most effective means of bringing about changes in medical practice. This method of operation helps to ensure practitioners conform to professionally accepted standards of utilization and quality of care.

Strong opinions, such as “this physician was obviously in complete denial that he was in over his head, and by not calling for assistance, he killed the patient,” while possibly being a true statement, nevertheless are not appropriate for an independent review report to a client.

Conjecture, such as “the chance of this procedure having any success long-term is zero” that is based on opinion only rather than supporting literature or the facts of the case should be avoided when at all possible. Comments such as “this physician is clumsy, erratic, and headed for a lawsuit” also are inappropriate in CIMRO’s reports.

When documenting determinations, please keep in mind that CIMRO’s PRs direct words are often shared with the physician under review. Regardless of the quality of care provided by a physician, it is crucial that our reports are as factual and nonjudgmental as possible. It is **CIMRO’s responsibility to provide an unbiased review determination**; it is the client’s responsibility to decide what to do with the findings.

Approach for Review

To focus on the initial review process, first read the questions or concerns raised by the client/provider or health plan. This will assist in targeting a more detailed record review.
All questions/concerns must be addressed for the review to be complete, and supporting rationale needs to be documented for each question or potential problem identified.

To assist in efficient case processing and avoid confusion and error, it is important to write legibly and provide sound medical rationale.

Comments should be objective and factually based on medical knowledge and experience, not personal preferences.

Please provide references to support your determinations inclusive of current standards of care. Clear citations and/or copies of any referenced materials may be provided. CIMRO, in turn, provides this information to our clients to enhance the PR's review determination.

In review of cases, the reviewer must:

- Ensure a fair, objective, and complete evaluation of the care under review.
- Consider, but not necessarily be bound by, health plan guidelines (IRO/ health plan reviews).

When the PR conducts a review of medical records, a format that enhances consistency and thoroughness will minimize many problems.
Timely decisions must be based upon documentation available by approaching the case step-by-step, much like the sequential assessment of a patient:

- History/Physical, Chief Complaint
- Physician Orders and Progress Notes
- Lab/X-ray Findings

- Surgical/Invasive Procedures and Reports
- Discharge Summary

The Dos and Don'ts of Peer Review

The Dos:

- Answer each question raised using the entire medical record as a resource, and document additional concerns if warranted. Additionally, provide a brief explanation for any yes or no responses.
- Request additional information at the time you are conducting your review if you feel it would assist in providing a more definitive determination.
- Base all decisions upon facts available at the time of care. Do not use hindsight or the "retro scope."
- Remember that medicine is not practiced as a perfect science. Remember that there may be situations in which the care was not optimal, but still met the standard of care. Suggestions for improvement would be appropriate in this situation.
- Address each listed question/concern and provide a determination based on your education, clinical experience, medical judgment, and current standards and literature.
- Support your review decision with current, evidence-based references such as: journal articles, textbook references, specialty guidelines/position statements, drug or product information inserts. Please provide CIMRO staff with clear citations of your literature.
- Maintain confidentiality of the patient, physician, and hospital. Keep medical records and review worksheets in any media in a secure place with no access possible by anyone other than the CIMRO reviewer.
- Return completed cases in a timely manner. This ensures billing and reimbursement are efficient.
- Call CIMRO's Review Department with questions or if a different specialty PR is needed.

The Don’ts

- Do not use vague language in stating medical rationale for the determination. Be educational, concise, and specific with rationale for each determination based on your education, clinical experience, medical judgment, and current standards of literature.
- Do not use strong emotive words in review determinations – use objective rather than subjective language and show courtesy and professionalism.
- Do not base decisions upon outcome. Review is process-oriented, and quality review is to identify unnecessary patient risk.
- Do not send any review determinations to CIMRO via regular email, as CIMRO’s email system is not considered secure by HIPAA/HITECH standards.
- Do not discuss the case with anyone other than the CIMRO staff.
- Do not return incomplete worksheets or unsigned reimbursement logs.
- Do not delay reaching out to the Review Department with any needs.
- Do not complete a review if you are missing information from the medical chart. (Contact the Review Department to request missing documentation before finishing and submitting your report.)

Types of Reviews

Generally, CIMRO provides services for the following types of review:

Independent Peer Review (Hospitals, Hospital Corporations, Ambulatory Surgery Centers, Medical Groups, Other Healthcare Providers, Health Plans)

- Quality/ standard of care
- External Peer Performance Evaluation (EPPE)
- Pattern review
- Proctoring/ mentoring/ onsite review
- Mortality reviews
- Interventional/ diagnostic overreads
- New technology/ procedure reviews
- Credentialing reviews such as Focused Professional Practice Evaluation (FPPE)/ Ongoing Professional Practice Evaluation (OPPE)

External IRO/ Health Plan Review (State Departments of Insurance)

- Medical necessity of admission, continued stay, or care
- Utilization and appropriateness of procedures
- Experimental/ investigational
- Coverage determinations under the health plan

Independent Peer Review Process

1. Request for review is received by the Review Department.
2. Clinical Review Coordinator (CRC) screens the request and documentation provided, and coordinates with the client to ensure all applicable information is available to the PR.
3. CRC identifies an appropriate reviewer based on specialty requirements, setting requirements and hierarchy of exceptions.
4. CRC emails prospective peer reviewer with case details, including the due date of the PRs report, notice of fair hearing possibility, and the conflict of interest statement.
    a. If there is an actual, or potential, conflict of interest for that case, the PR should immediately notify CIMRO staff to determine if the case should be reassigned.
    b. Generally, CIMRO has 30 calendar days to provide a report to the client; thus, PRs are generally given seven to 14 days to complete their review. Expedited reviews vary from 24 hours to any time frame less than 30 calendar days, depending on the contract.
5. After PR acceptance, the CRC sends the Reimbursement Log, Conflict of Interest Form, Medical Records, and review worksheets via ShareFile (unless other secure delivery arrangements have been made with the Project Manager). **The PR should save this email in order to access the ShareFile link to return their final report.*
6. While reviewing the case, the PR should reach out to the Review Department with any questions, or if any additional information or time are needed for a complete and fair review. Unless controlled by contract or regulatory standard, the review due date will be pended until the additional information is received. If the requested information is not available, please note in your review determination that, for example, the x-ray was requested but was not available for review.
7. At the completion of the review, the PR will use the HIPAA compliant secure ShareFile

link provided by the Review Department to return the completed worksheets, any reference if applicable, and their signed PR Reimbursement Log.

8. Once the review is completed, the reviewer is requested to destroy electronic records in accordance with requirements in the Business Associate Agreement with CIMRO or return the record(s) in the confidential mailer provided by CIMRO with UPS tag unless alternate arrangements have been made.

9. The CRC then reviews the report and edits the PR's comments, seeking clarification when unsure of the intent of a phrase or sentence; or "toning down" words that are considered to be inflammatory or opinionated and/or not based on the facts as documented in the medical record. The final report to the client is then submitted in the peer reviewer's own words.

External Peer Performance Evaluation (EPPE)

EPPE Description for Peer Reviewers

The External Peer Performance Evaluation (EPPE) is an affordable peer review option suitable for ongoing **ROUTINE** assessments as well as focused performance analyses, and is designed to evaluate the performance of a **single practitioner** or multiple practitioners of a department. As such, these reviews are not expected to take as long as comprehensive independent peer reviews.

CIMRO will provide the pertinent patient records (no record will be more than 100 pages) and a Microsoft Excel spreadsheet that asks the following questions:

1. ***Were all the diagnoses appropriate?***
2. ***Does the documentation support that all procedures were indicated?***
3. ***Did the treatment, including all procedures performed, meet standard of care?***
4. ***Was the discharge plan appropriate?***

The Excel spreadsheet includes a drop-down menu to ***ONLY*** assign "Yes," "No," or "Not Applicable" to Questions 1-4.

No additional rationale or comments are required.

If the Client desires a comprehensive review or teleconference following the receipt of the EPPE report, review of the complete medical record and additional rationale will be requested.

A final column is the Overall Rating of the episode of care. Assign the episode of care one of the ratings from the drop-down menu.

Follow this link CIMRO EPPE - YouTube for a brief video about EPPEs.

Fair Hearings

As part of CIMRO's contract with hospitals, our PRs occasionally are asked to participate in the hospital's fair hearing process when a physician on the hospital's staff has had privileges restricted or removed, in part because of issues identified during the peer review process.

- Participation in a fair hearing is not the same as being an "expert witness" in a court of law.
- In a fair hearing, the PR is asked to discuss the specific cases reviewed, the PR's determination, and the rationale for the determination with regard to nationally recognized standards of care.
- The fair hearing proceedings typically take place within the confines of a facility's Peer Review Committee, although attorneys for both sides will probably be present.
- The hospital may request the PR attend the fair hearing in person. In most instances, though, the PR is able to participate via teleconference or videoconference, or a deposition may be arranged.

CIMRO staff assist with all travel arrangements, and all travel expenses are borne by the requesting hospital.

- Reimbursement for preparation and participation in the fair hearing process is much different from CIMRO's standard reimbursement rate for medical record reviews and is negotiated with the PR prior to the fair hearing.
- The PR will be asked to give a per hour rate for fair hearing preparation (re-review of the cases and determinations already made) and generally a daily rate for onsite fair hearing participation, which is generally one (1) to two (2) days.
- The daily rate is inclusive of time spent in the fair hearing and travel.
- Should the fair hearing be rescheduled to a different date, all terms as previously agreed upon remain in effect and the PR will be compensated for his/her time.

- The record reviews that CIMRO performs are but one piece of information that a hospital relies upon to determine if they will reduce or revoke a physician's privileges.
- The hospital must follow their internal by-laws for all corrective action planning including fair hearings.
- Generally speaking, by the time CIMRO is called upon to perform these reviews, the hospital has already documented concerns regarding the physician's practice from multiple other sources.
- While the physician under review may lose his or her privileges or have them restricted, it is generally because a pattern of substandard care has been identified and occurs because of patient safety and/or behavioral issues, not solely because of the CIMRO PRs' testimony.

Health Plan Appeals/ External Review/ IROs

CIMRO contracts with various State Departments of Insurance and Self-Funded Groups to provide external review.

With the **Department of Insurance contracts, CIMRO serves as an Independent Review Organization (IRO)** when an independent opinion is needed for coverage issues. These cases have exhausted the health plan's internal appeal process and are referred to CIMRO for a final determination.

In selecting a PR, CIMRO does not allow the covered person, the covered person's authorized representative (if applicable), or the insurance issuer or group health plan to choose or control CIMRO's choice of the appropriate peer reviewer to be selected to conduct the review.

Many of the reviews with these contracts involve whether a procedure, medication, etc. is considered experimental or investigational as it pertains to the health plan's coverage guidelines; however, depending on the applicable state or federal regulations, the PR is not always bound by the policy guidelines when rendering a determination, nor can the PR be bound by any decisions or conclusions reached during the insurance issuer's or group health plan's utilization review process or internal grievance process.

Most state and federal regulations suggest that the **PR is to consider what is APPROPRIATE in accordance with the health plan as long as it is within the law.**

With some CIMRO external review contracts, the PR is requested to determine whether or not a particular procedure, medication, diagnostic test, etc. was/is medically necessary based on health plan policy guidelines.

A health plan may have specific exclusions based on internal decision-making processes, and regardless of nationally recognized standards of care, if the question being asked is based on health plan guidelines, the **PR MUST** base the determination on the health plan's coverage

guidelines at the time. However, it is perfectly acceptable to point out current standards of care and provide suggestions regarding coverage provisions.

CIMRO's decision must be based upon the conclusion of the CIMRO peer reviewer. As a reminder, CIMRO and CIMRO PRs **may not accept compensation** for review activities that are dependent in any way on the specific outcome of the case.

Coverage Review
(Experimental/ Investigational or Medical Necessity)

With certain exceptions, items/services that are experimental or are not efficacious are excluded from coverage, regardless of patient illness, treatment history, or setting. When processing a case regarding **medical necessity and appropriateness**, the organization and its reviewer(s) consider information pertinent to the case that will **include the following as available**, unless otherwise prohibited by state or federal regulation:

- The covered person's medical records
- The attending provider's recommendation
- The terms of coverage under the covered person's health benefit plan
- Information accumulated regarding the case prior to its referral for review, including rationale for prior review determinations
- Information submitted to the organization by the referring entity, covered person or attending provider
- Clinical review criteria and/or medical policy developed and used by the insurance issuer or group health plan
- Medical or scientific evidence

When reviewing a case regarding the **experimental or investigational** nature of a proposed treatment, consider all of the information provided as in medical necessity reviews, current state

or federal regulations, plus existing medical research and peer-reviewed literature regarding the proposed treatment with respect to effectiveness and efficacy as well as whether the requested service or treatment has been approved by the Federal Food and Drug Administration, if applicable for the condition. **Include any literature references** in your review determination. For some items/ services, coverage depends upon meeting specific conditions of medical necessity and reasonableness, such as type and severity of illness.

For those cases referred to the PR for medical necessity of acute inpatient admission, the PR reviews the medical record to determine whether the admission is appropriate because the patient has other concurrent medical conditions that would require an inpatient level of care. Items/ services are denied when the PR determines they are not medically necessary.

Administrative/Legal Case Processing

When reviewing a case regarding administrative or legal issues, consider all information necessary to render a decision, such as the applicable health benefits plan contract, other relevant health benefits plan materials and documents, and applicable state and federal law or regulation. Specific information required to be considered with administrative issues will vary from one case to the next. CIMRO will determine what information is required for any specific case. If there is insufficient information to make a determination on an administrative issue, CIMRO may remand the case back to the referring entity without a decision.

Additional Information Case Processing

CIMRO may request and will accept any additional information that may assist in rendering a determination. If additional information is provided by the patient/ consumer or authorized representative, CIMRO will provide a copy to the health plan to allow the opportunity to reverse the decision that is the subject of review. If the health plan issues a written reversal, CIMRO's

independent review process is terminated. Should this occur, PRs will be notified, and no further review is necessary.

On occasion, CIMRO may be requested by the health plan or state insurance department to review additional information following CIMRO's review if the decision was to uphold the health plan's denial. In these instances, the same CIMRO PR who reviewed the case previously may be utilized for the additional information review.

IRO/ Health Plan Appeal Time Frames

For most IRO contracts, decision time frames for standard **reviews are as expeditious as possible, but in no event more than 45 calendar days after CIMRO receives the request** and initial information packet from the referring entity.

Expedited reviews for IRO contracts in cases for which the time frame for completion of a standard review would seriously jeopardize either the life or health of the covered person or the covered person's ability to regain maximum function must be completed as quickly as possible given the circumstances and the covered person's health condition, and **in no case longer than 72 hours from the request.** Some contracts have more stringent time frames.

PRs are notified of the time frame for completion by CIMRO staff when scheduling reviews.

Medical Record Receipt

CIMRO's preference is to provide records electronically to our PRs; however, there are times when the medical record may be delivered via UPS.

ShareFile/Image Sharing Portals

ShareFile and image sharing portals (currently Nucleus.io) are HIPAA/HITECH-compliant, secure electronic transfer systems that CIMRO utilizes to send and receive confidential information, such as medical records or images, to a PR and the PR's review determination back to CIMRO staff. All communications between these portals and the user are encrypted using the Secure Socket Layer (SSL). This is the same functionality used by banks and popular e-commerce services for secure communication.

Each user of these systems has a unique login and password. ShareFile's and Nucleus' computer network security is subject to weekly security audits by a third-party security monitoring firm. If sending information containing PHI/ PII to CIMRO electronically, do not send via regular email. All confidential documents must be sent via our fax server at 217.352.1182 or uploaded via ShareFile.

Delivery and Pickup

In the event where only a hard copy of the record is available for standard reviews, the PR will generally have seven (7) to 14 days from the date of delivery to complete the review. Every attempt will be made to include at least one weekend during the PR review time frame.

The accurate and timely delivery of our medical records is extremely important to the work we do. Therefore, we provide a few key tips to ensure success with UPS deliveries.

Packaging – Please save and reuse the Tyvek envelope or box that the records are sent in for shipping the records back to CIMRO. If you misplace the original

packaging, please ensure the records are shipped back to us in a secure package. You may also contact CIMRO, and we will send you another Tyvek envelope.

Return Shipping Label – A return shipping label is enclosed with each package and should be placed over the original label for return shipment.

Provision of Package to UPS – Returns may be provided to UPS in any of the following ways:

- Contact CIMRO and we will schedule a UPS pick up at your location.
- If UPS picks up regularly at your location, provide the shipment to UPS as usual.
- You may drop off package(s) at any UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliance (Office Depot® or Staples®) or at any Authorized UPS Shipping Outlet near you.

Because of the stringent review time frames, PRs are requested to send their reviews to CIMRO via our secure fax server or via ShareFile. We ask that you call or email us when faxing a review determination, if possible. If you wish to send your review determinations via ShareFile and you do not have a valid link, please call 800-635-9407 or email CIMRO at peerreview@cimro.com and we will provide you with a link to upload your reviews.

Completion of Reimbursement Log

A reimbursement log (RL) will be included with all cases sent for review. In order to be reimbursed for time spent on review activities, reviewers must record time on the reimbursement log. PRs are asked to please remember to **sign and date the log** as well.

By signing the form, reviewers attest:

- You have no conflict of interest with this case.
- Your licenses, certifications, registrations and/or hospital privileges (as applicable) to provide health care services are current, unrestricted and not subject to investigation; have no history of disciplinary actions or sanctions, including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical reviewer's physical, mental, or professional competence or moral character.
- You are in active practice with at least two years of experience managing the care under review (for IRO reviews, five years of equivalent experience).
- All reportable and/or discoverable malpractice settlements for which you or your representative were required to pay have been fully disclosed.
- All medical records received from CIMRO in regard to the above review(s), including all copies of all or any portion thereof in any media, made by you, have been returned to CIMRO or, in the case of copies, destroyed in a manner so as to make them non-recoverable.

Quick Links

CIMRO Website (https://www.cimro.com/)

Peer Review eNews (https://www.cimro.com/news)

CIMRO Reviewer Portal (https://www.cimro.com/reviewer-portal.html)

Educational Resources

- Peer Review Manual
- Code of Business Conduct
- Guidelines for Utilizing References
- Conflict of Interest for Independent Peer Review
- Conflict of Interest for External Peer Review
- Fair Hearing Q and A
- Guidelines for Experimental and Investigational External Review
- Monitoring Criteria - How CIMRO Monitors PRs
- URAC (Abbreviated) IRO Standards
- EPPE Description for PR's
- CIMRO EPPE - YouTube

For questions or guidance, contact peerreview@cimro.com or 1-800-635-9407.

Attachment 1

Independent Consultant – Physician / Peer Reviewer Job Description

INDEPENDENT CONSULTANT
PHYSICIAN/PEER REVIEWER (PRs)

Responsible to: Board of Directors

Primary Purpose: Performs peer review activities to ensure services provided are medically necessary and appropriate, meet professionally recognized standards, are provided in the most appropriate setting, and that diagnostic/ procedural information submitted for payment is validated in the medical record. Medical Director/Associate Medical Director(s) provides oversight of the quality of work performed, with the Board of Directors retaining ultimate authority and responsibility.

Requirements:

1. Education: Doctor of medicine, osteopathy, dentistry, podiatry, optometry, or health care practitioner other than a physician, if needed for a peer review match in the same licensure category as the ordering provider (e.g., psychologist, chiropractor, physician assistant, nurse practitioner, etc.) with a current, valid, unrestricted medical or other applicable license or certification in a state or territory of the U.S. required. If applicable, must meet continuing education requirements to maintain active current licensure. Current and unrestricted controlled substance license in a state or territory of the U.S. required, if applicable. For physicians, board certification must be in a state or territory of the U.S. and in a clinical specialty preferably approved by either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), and if a D.P.M., has board certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM). For health plan/external reviews, if an M.D. or

D.O., PRs are required to have board certification by a medical specialty board approved by the ABMS, the AOA or ABPOPPM.

2. Must be engaged in active medical practice (teaching medicine and/or practicing direct patient care for at least eight hours per month). Additionally, physicians may demonstrate familiarity with current body of knowledge and medical practice through affiliation with a university, such as teaching or research; or by obtaining CMEs necessary to maintain licensure. These physicians may be used on a consultant basis, provided all other credentialing, regulatory, and contractual requirements are met.
3. Experience: Physicians must be five years post medical school graduation with completion of residency program and fellowship, if applicable. Case-by-case consideration will be given to physicians in a specialty/sub-specialty fellowship to have met experience requirements e.g., able to conduct peer review for internal medicine case while pursuing nephrology specialty if all other requirements are met. Advanced practice practitioners must be five years post certification to become a PR. Require broad clinical background with at least two years prior experience managing the medical condition, procedure, treatment, or issue under review and/or in the specialty area required.

   PRs for health plan/external reviews must have five years of full-time equivalent experience providing direct clinical care to patients. Through clinical experience in the past three years, these reviewers must be experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment. Previous experience in utilization management and/or quality assurance/improvement desirable.

4. Responsibility: Demonstrates high degree of accountability in performance of peer review services. Reliable and efficient in performing peer review activities, adhering to established policies/procedures.
5. Judgment: Demonstrates clear and decisive judgment, as well as appropriate and objective decisions. Must possess a high degree of professional ethics. Maintains confidentiality in all aspects of performance.
6. Human Relations: Evidence strong interpersonal and communications skills. Expresses self clearly, concisely, and diplomatically to promote acceptance and positive, professional relationships.
7. Performance: Adaptable in work performance to accommodate caseload demands and changes.

   Able to provide credible, high quality peer review decisions in a timely manner in order to meet established contractual time frames.
8. Conflicts of Interest: May not perform or participate in medical record review in any cases where any financial or other relationship may compromise the integrity of the review process. Shall comply with CIMRO's conflict of interest policies, as amended from time to time. May not review cases in which (s)he has an ownership interest of greater than 5% between any affected parties; a material professional, business or financial relationship with the facility, referring entity, insurance issuer, group health plan, health care provider, medical group, independent practice association; a direct or indirect financial incentive for a particular determination; incentives to promote the use of a certain product or service; a known familial relationship; or, any prior clinical involvement in the specific case under review.
9. Additionally for IRO reviews, may not review a case if there was any participation in previous levels of review of the case; serves in a management role in a health plan of an insurance issuer or group health plan that is the subject of a review which includes

participation on the board of directors or any sub-committee of that board and in advisory groups that provide guidance to a provider network, including credentialing, medical policy and quality management committees; staff privileges at a facility where the recommended health care service or treatment would be provided if the insurance issuer or group health plan previous non-certification is reversed. May not review if (s)he has previously or currently identified patterns of inappropriate utilization or serious quality issues.

Indemnification:

Peer Reviewers performing for CIMRO under this Physician/Peer Reviewer Job Description shall be indemnified in the same manner as employees of CIMRO for any claims relating to such peer reviews.

Duties:

1. All review activity must be performed within the United States. Due to privacy and security concerns, PRs are prohibited from taking information outside of the United States, and from processing, transmitting, or sharing information from outside of the United States.
2. Reviews applicable URAC Standards and CIMRO's Peer Review Manual to understand and comply with peer review responsibilities including conflict of interest and confidentiality requirements.
3. Reviews medical documentation and provides concise but specific and definitive review determination in a timely manner, following program objectives/guidelines in analysis:
    a. Addresses all referral questions in a systematic manner to ensure thorough review.
    b. Reviews all available information, including medical record, written and/or verbal responses from any reasonably reliable source.

c. Provides sufficient supporting medical rationale for each questioned area or potential problem identified.

d. Supports review decision with current (within 5 years) and evidence-based references that consist of one or more of the following:

    i. Peer-reviewed scientific journals or journal articles

    ii. Academic and professional books written by experts in the relevant field and from a respected publisher.

    iii. Specialty-specific guidelines, books or position statements written from nationally or internally recognized expert bodies.

    iv. UpToDate articles

    v. Drug or product information inserts

e. Evaluates each case on its individual merit for provision of prudent medical management.

f. Bases review decisions on information available to the attending physician/ordering provider at the time of the review determination (prospective/concurrent) or at the time the care was given (retrospective).

g. Uses medical expertise, implicit clinical judgment, and accepted medical standards in providing review decisions.

h. Evaluates health plan coverage guidelines, as required by applicable regulations and/or contract.

i. Assigns comprehensive ranking for quality of care issues based on potential risk to the patient rather than outcome, as required by contract.

j. Identifies any significant quality issues even if not raised by the hospital/entity referring the case.

k. Clearly identifies responsible party(s) when providing review determination, as required by contract.

4. If conducting reviews by teleconference, at a minimum provides information regarding specialty and board certification status to conference participant(s). Documents salient points of discussion to justify/support objectivity of peer review determination.
5. Appropriately and completely fills out all forms.
6. Seeks input from review staff if clarification or technical assistance needed.
7. Participates in orientation activities related to principles and procedures of peer review and applicable URAC Standards.
8. Immediately notifies CIMRO of any change in licensure or certification status and/or if the subject of any investigation.
9. May participate in additional activities relating to the organization, if requested:
    a. Serves as physician reviewer monitor of peer reviewers who are in the same specialty field of practice.
    b. Presents case studies and acts as moderator at physician reviewer workshops.
    c. Presents in-services at review staff meetings.
    d. Serves on focused quality study teams, special project/study teams, panels for criteria development and modification, or other ad hoc committees if requested.
    e. Performs data analysis activities.