

URAC Independent Review Organization: External Review, Version 5.0

Reviewer Credentialing & Qualifications

IR-Ext 1 - Reviewer Credentialing Program

The *organization* establishes and implements a *reviewer* credentialing program that: (No Weight)

- a) Establishes selection criteria for *reviewers*; (4)
- b) Requires verification of all credentials specified in the credentialing program: (No Weight)
 - i. Prior to assigning reviews to a newly-hired *reviewer*; **and** (Mandatory)
 - ii. Thereafter no later than scheduled expiration for those credentials that expire; **and** (Mandatory)
- c) For credentials that expire, includes a written policy and/or documented procedure for not assigning cases to a *reviewer* whose credentials are verified as inactive or have not been re-verified prior to scheduled expiration. (4)

IR-Ext 2 - Reviewer Credentials Verification

At a minimum, the *reviewer* credentialing program shall address professional credentials, including: (No Weight)

- a) *Primary source verification* of the requisite *licensure* or *certification* required for clinical or legal practice; (Mandatory)
- b) If a reviewer is an M.D., D.O. or D.P.M. and is *board certified*, then *primary source verification* of the *reviewer's board certification(s)*; (Mandatory)
- c) Verification of history of sanctions and/or disciplinary actions; **and** (Mandatory)
- d) Collection of information regarding professional experience, including: (No Weight)
 - i. Length of time providing direct patient care; **and** (Mandatory)
 - ii. Dates indicating when the direct patient care occurred. (Mandatory)

IR-Ext 4 - Reviewer Qualifications

Per IR 1(a), the *organization* establishes for the qualification of *reviewers*. Such criteria will specify that for all cases the organization selects *reviewers* who: (No Weight)

- a) Have current, non-restricted *licensure* or *certification* as required for clinical practice in a state of the United States; (Mandatory)
- b) Have at least five (5) years full-time equivalent experience providing direct clinical care to *patients*; (3)
- c) At a minimum, are *clinical peers*; **and** (Mandatory)

- d) Have a scope of *licensure* or *certification* and professional experience that typically manages the medical condition, procedure, treatment, or issue under review. (Mandatory)

IR-Ext 6 - External Review: Additional Reviewer Qualifications

Per IR 1 (a), the *organization* establishes criteria for the qualification of *reviewers*. At a minimum such criteria will specify that for all *external review cases* the *organization* selects *reviewers* who: (No Weight)

- a) Meet the requirements as specified in IR 4; (Mandatory)
- b) This standard number is reserved. (No Weight)
- c) Have experience providing direct clinical care to *patients* within the past three (3) years. (3)

Conflict of Interest

IR-Ext 7 - Defining Reviewer Conflict of Interest

Prior to executing a contract to provide review services, the *organization* verifies what constitutes *reviewer conflict of interest* according to applicable state or federal law or regulation as well as contracting entity, including clarification of the following situation with regards to *conflict of interest*: (No Weight)

- a) A *reviewer* has a contract to provide health care services to enrollees of a *health benefit plan* of an insurance issuer or *group health plan* that is the subject of a review; **and** (4)
- b) A *reviewer* has staff privileges at a *facility* where the recommended health care service or treatment would be provided if the insurance issuer's or *group health plan's* previous noncertification is reversed. (4)

IR-Ext 8 - Reviewer Conflict of Interest Attestation

For each case they accept, *reviewers* attest that they do not have a *conflict of interest* as follows: (No Weight)

- a) The *reviewer* does not accept compensation for review activities that is dependent in any way on the specific outcome of the *case*; (Mandatory)
- b) To the best of the *reviewer's* knowledge, the *reviewer* was not involved with the specific episode of care prior to referral of the case for review; **and** (Mandatory)
- c) The *reviewer* does not have a material professional, familial, or financial *conflict of interest* regarding any of the following: (No Weight)
 - i. The *referring entity*; (Mandatory)
 - ii. The insurance issuer or *group health plan* that is the subject of the review; (Mandatory)

- iii. The *covered person* whose treatment is the subject of the review and the *covered person's authorized representative*, if applicable; (Mandatory)
- iv. Any officer, director or management employee of the insurance issuer that is the subject of the review; (Mandatory)
- v. Any *group health plan* administrator, plan fiduciary, or plan employee; (Mandatory)
- vi. The health care *provider*, the health care *provider's* medical group or independent practice association recommending the health care service or treatment that is the subject of the review; (Mandatory)
- vii. The *facility* at which the recommended health care service or treatment would be provided; **or** (Mandatory)
- viii. The developer or manufacturer of the principle drug, device, procedure, or other therapy being recommended for the *covered person* whose treatment is the subject of the review. (Mandatory)

IR-Ext 9 - Reviewer Attestation Regarding Credentials and Knowledge

For each *case* they accept, *reviewers* attest to:

(No Weight)

- a) Having a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review; **and** (Mandatory)
- b) Current, relevant experience and/or knowledge to render a determination for the *case* under review. (Mandatory)

IR-Ext 10 - Reviewer Attestation Regarding Experience

For each *external review case* they accept, *reviewers* attest to meeting identified minimum requirements for direct patient care experience related to: (No Weight)

- a) Length of time providing direct patient care; **and** (Mandatory)
- b) How recent the *reviewer's* relevant direct patient care experience is. (Mandatory)

IR-Ext 24 - Medical Necessity/Appropriateness Case Processing

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: (No Weight)

- a) The *covered person's* medical records; (Mandatory)
- b) The *attending provider's* recommendation; (Mandatory)
- c) The terms of coverage under the *covered person's health benefit plan*; (3)
- d) Information accumulated regarding the *case* prior to its referral for review, including rationale for prior review determinations; (4)
- e) Information submitted to the *organization* by the *referring entity*, *covered person* or *attending provider*; (Mandatory)
- f) *Clinical review criteria* and/or medical policy developed and used by the insurance issuer or *group health plan*; **and** (3)
- g) *Medical or scientific evidence*. (3)

IR-Ext 25 - Experimental/Investigational Case Processing

When processing a case regarding the experimental or investigational nature of a proposed treatment, the *organization* and its *reviewer(s)* consider the following, unless otherwise prohibited by state or federal law or regulation: (No Weight)

- a) All of the information listed in IR 24; **and**
(4)
- b) Whether: (No Weight)
 - (i) The recommended or requested health care service or treatment has been approved by the Federal Food and Drug Administration, if applicable, for the condition; **or** (4)
 - (ii) *Medical or scientific evidence or evidence-based clinical practice guidelines or criteria* demonstrate that the expected benefits of the recommended or requested health care service or treatment is more likely than not to be beneficial to the *covered person* than any available standard health care service or treatment and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of available standard health care services or treatments. (4)

IR-Ext 27 - Decision Notice

At a minimum, the *organization* sends to the *referring entity* a notice of the determination that includes: (No Weight)

- a) A description of the issue to be resolved;
(Mandatory)
- b) A description of the qualifications of the *reviewer(s)*; (Mandatory)
- c) If required, documentation of *peer-to-peer conversation* attempts and contacts;
(Mandatory)
- d) A *clinical rationale* or explanation for the determination; **and**
(Mandatory)
- e) Specific citations to supporting evidence or references per the *organization's* policy.
(Mandatory)