Peer Review Manual

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Mission, Vision, Value Statements

OUR MISSION

CIMRO provides information and resources to government, business, health care providers and related organizations to support improvements in the appropriateness, cost effectiveness and quality of patient care and outcomes.

OUR VISION

A peer review partner now and for the future.

OUR VALUES

C ommunication
We commit to an open exchange of information that leads to clarity and understanding.

I ntegrity
We commit to ethical conduct in all interactions.

M utual Trust
We will build and maintain relationships that result in credibility.

R espect
We will treat others as we would like to be treated.

O rganizational Teamwork
We will work together toward common goals in pursuit of excellence.

CIMRO Background

Corporate Description

Overview

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 assure 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. At-a-glance highlight of CIMRO's evolution follows:

- 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, which later were renamed by CMS as Quality Improvement Organization or QIOs) subcontractor in the first three Statements of Work (SOW) with the focus on large volumes of individual case review, typically performed onsite 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 CIMRO focused its efforts on external independent peer review (IPR) with hospitals and health systems to assist with internal quality efforts. Through the engagement of CIMRO's 450 some clinical peer/physician reviewers (PRs), services are provided nationwide to greater than 400 clients including some large health systems.
- 2009 – current 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.
- 2014 – current 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.

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. Currently CIMRO is URAC accredited and holds business relationships with approximately 400 hospitals nationwide and is designated as an Independent Review Organization (IROs) for external review in three states.

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.

Board of Directors

CIMRO's Board of Directors consists of six 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.

Senior Management

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 informational service support for all contracted programs.

The Medical Director/ Associate Medical Director(s) provide medical leadership and management and planning expertise to CIMRO staff and peer reviewers. The Medical Directors report directly to the CEO, and serve as an operational physician, consultant, and advisor in the performance of medical management programs. The Medical Directors also work closely with selected management staff in assisting with education, review, and problem solving in establishing policies and procedures.

Peer Reviewers/Members

CIMRO has available to it the services of a sufficient number of licensed doctors of medicine, osteopathy, dentistry, podiatry, or optometry practicing medicine or surgery and health care practitioners other than physicians to assure adequate peer review of services provided by various medical specialties, subspecialties and disciplines.

CIMRO's membership includes nearly 450 physicians and allied health professionals participating in CIMRO review programs. A broad base of reviewers who are licensed and actively practicing ensures true peer review that is objective and takes into consideration specialty practice areas as well as rural and urban settings. All major specialties and subspecialties are represented on CIMRO's peer reviewer rosters and panels.

Representation of Physician Practice

The CIMRO Board of Directors is committed to a peer review program that is truly representative. The CIMRO Board of Directors firmly believes that a broad base of actively practicing peers performing utilization and quality review is essential to a credible, high quality review program. An extensive peer reviewer base ensures true peer review that is objective and takes into consideration specialty practice areas as well as rural and urban settings.

CIMRO's Medical Directors and experienced specialty peer reviewers serve as peer reviewer monitors. Our peer reviewer monitors provide feedback to peer reviewers utilizing specific review criteria.

The CIMRO review process operates on the belief that communication 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.

Compliance Program/Code of Business Conduct

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.

The CIMRO Enterprise Code of Business Conduct, accessible on our website at www.cimro.com, describes in detail five major principles as follows:

- 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

The Principles most closely associated with the activities performed by our peer reviewers are Principle #s 3.4, Conflicts of Interest in Peer Review, and 4.1, Confidential Information.

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 performing multiple bronchoscopies on the same patient without documentation of necessity
- a cardiologist performing 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 then in effect, which Policy is incorporated herein by this reference.

Confidentiality of Patient, Attending Physician and Hospital

- 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.
- 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.
- 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.
- **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 then current HIPAA/HITECH compliant method of transferring PHI electronically.

The PR should feel free to call 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.

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:

- Not use or disclose Protected Health Information other than as permitted or required by this Agreement or as required by law;
- Use appropriate administrative, physical, and technical safeguards to ensure its 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;
- Report, in writing, to CIMRO, within 24 hours, any use or disclosure of Protected Health Information not provided for by this Agreement of which PR becomes aware, including breaches of unsecured Protected Health Information as required at 45 CFR 164.410, and any security incident of which PR becomes aware;
- Make its 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.

URAC Standards

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, during the orientation period CIMRO provides all physicians and allied health professionals performing peer review activities with a copy of the then current version of applicable URAC standards then in effect, which is incorporated herein by this reference. 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 the Standards apply to his/her responsibilities and work performance within the organization.

CIMRO Professional Liability Insurance Coverage

A question that frequently arises in conjunction with peer review activities relates to liability protection for such activities. 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 from CIMRO 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. However, the PR should not hesitate to call with additional questions.

Peer Reviewers

Physician Reviewer Qualifications

All peer reviewers must comply with the requirements set forth in the PR Job Description then in effect, which is incorporated herein by this reference. Generally, PRs must have an unrestricted license and be board certified in at

least one specialty. Additionally, PRs 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 monitor 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 for before assigning all reviews.

For IRO health plan appeal reviews, URAC more specifically defines Organizational COI as “a conflict that affects objectively between the organization’s financial interests and the organization’s obligations to the client”. The Conflict of Interest Policy then in effect, is incorporated herein by this reference for your review.

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 previous non-certification is reversed); and
- 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 chart 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. If a COI is discovered, do not review the case and immediately notify CIMRO. You will mostly 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.

COI forms are shown on the following pages. Some key points:

- Your signature must be either hand-signed or e-signed. We cannot accept your name typed into the form unless some sort of initials to indicate it was signed by you.

- By proceeding with review of the case, you deem that no conflict of interest exists.

DO I HAVE A CONFLICT OF INTEREST???

Conflict of interest includes, but is not limited to:

- An ownership interest of greater than 5% between any affected parties;
- A material professional or business relationship;
- 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;
- Any prior involvement in the specific case under review.

PATIENT NAME:

NAMES OF ALL SUPPLIERS/PROVIDERS:	NAMES OF ALL SUPPLIERS/PROVIDERS:

IF ANY POTENTIAL FOR A CONFLICT OF INTEREST, DO NOT TAKE ANY ACTION ON THE REVIEW. IMMEDIATELY NOTIFY CIMRO/ APPROPRIATE MANAGER AT 1-800-635-9407. <u>The Reviewer deems no COI exists by proceeding with the review.</u>

CONFIDENTIALITY REMINDER NOTICE

The CIMRO Board of Directors has mandated an annual reminder notice of confidentiality requirements in order to emphasize the confidential nature of the services provided by CIMRO.

A Certification and Acceptance statement signed by you is on file at CIMRO regarding your review and acceptance of CIMRO's Confidentiality Policy and awareness of your responsibilities related to maintaining strict confidentiality of all Medicare, Medicaid, and Private Review data and information.

This notice serves as a reminder that the Certification and Acceptance statement you previously signed remains in full force and effect. If you are involved in review activities, you are bound by CIMRO's confidentiality policy, related Federal Regulations (HIPAA, 42 CFR 476 – Utilization and Quality Control Review, 42 CFR 480 – Acquisition, Protection, and Disclosure of Quality Improvement Organization Information), and State-specific confidentiality regulations, when applicable. You have acknowledged that no non-confidential, de-identified data resulting from activity funded by CIMRO may be published without the prior written consent of CIMRO and compliance with the above referenced regulations. You have also acknowledged responsibilities to maintain strict confidentiality of CIMRO's proprietary information, computer and review programs and technologies, and potential legal liabilities and penalties resulting from a breach in confidentiality.

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

If you are unable to locate your copy of CIMRO's Confidentiality Policy and would like another copy to review, please call us at 1.800.635.9407.

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DO I HAVE A CONFLICT OF INTEREST???

Conflict of Interest includes, but is not limited to:

- An ownership interest of greater than 5% between any affected parties;
- A material professional, familial, or financial relationship with the referring entity, the insurance issuer or group health plan/carrier that is the subject of the review; covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director, or management employee of the insurance issuer; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health service or treatment under review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended;
- 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;
- A direct or indirect financial incentive for a particular determination;
- Incentives to promote the use of a certain product or service;
- Any prior involvement in the specific case under review.

PATIENT NAME:

PRESCRIBING PROVIDER(S)/ TREATING FACILITY:	HEALTH CARRIER/ ENTITY(IES) INVOLVED IN PREVIOUS DETERMINATION(S);
	No Organizational COI:_____ Date_____

PR ATTESTATION

I certify that I have the current unrestricted scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review. I have current, relevant experience and/or knowledge to render a determination for the case under review. I have provided direct patient care for _____ years, and my most recent relevant direct patient care experience was in the year _____. I am not bound by any decisions or conclusions reached during previous reviews of this case. I do not accept compensation for review activities that is dependent in any way on the outcome of a case. I do not have a Conflict of Interest with any aspect of this case.

IF ANY POTENTIAL CONFLICT OF INTEREST, DO NOT TAKE ANY ACTION ON THE REVIEW. IMMEDIATELY NOTIFY CIMRO AT 1-800-635-9407.

THE REVIEWER DEEMS NO COI EXISTS BY SIGNING THIS ATTESTATION

PR ATTESTATION SIGNATURE_____Date_____

CONFIDENTIALITY REMINDER NOTICE

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This notice serves as a reminder that the Certification and Acceptance statement you previously signed remains in full force and effect. If you are involved in review activities, you are bound by CIMRO's confidentiality policy, related Federal Regulations (HIPAA, 42 CFR 476 – Utilization and Quality Control Review, 42 CFR 480 – Acquisition, Protection, and Disclosure of Quality Improvement Organization Information), and State-specific confidentiality regulations, when applicable. You have acknowledged that no non-confidential, de-identified data resulting from activity funded by CIMRO may be published without the prior written consent of CIMRO and compliance with the above referenced regulations. You have also acknowledged responsibilities to maintain strict confidentiality of CIMRO's proprietary information, computer and review programs and technologies, and potential legal liabilities and penalties resulting from a breach in confidentiality.

Please understand that you are conclusively deemed to have ratified your certification and acceptance unless, within ten 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 CIMRO's Confidentiality Policy and would like another copy to review, please call us at 1.800.635.9407.

Peer Reviewer Responsibilities

Physician/Peer Reviewers serve as independent consultants to CIMRO to perform peer review activities. The Physician/Peer Reviewer job description then in effect, is incorporated herein by this reference. The PR job description provides the duties and responsibilities in performance of review activities. The current PR Job Description is provided as **Attachment 1**.

The basic concept of the CIMRO independent peer review program is peer review of medical care (or proposed care) to assure 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 is 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.

Types of Reviews/ Approach for Review

In review of cases, the reviewer must:

- Assure 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).

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

- Independent Peer Review (Hospitals, Hospital Corporations, Ambulatory Surgery Centers, Medical Groups, Other Healthcare Providers)
    - Quality/ standard of care
    - 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

When the PR conducts 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

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 more detailed chart 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.

Client Reports

CIMRO's final report is submitted in the peer reviewer's own words. CIMRO staff edit 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.

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.

General Guidelines - DOs and DON'Ts of Peer Review

- Do answer each question raised using the entire medical record as a resource, and document additional concerns if warranted.
- Do request additional information at the time you are conducting your review if you feel it would assist in providing a more definitive determination. 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.

- 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 base all decisions upon facts available at the time of care. Do not use hindsight or the "retro scope."
- Do not base decisions upon outcome. Review is process-oriented, and quality review is to identify unnecessary patient risk.
- Do remember that medicine is not practiced as a perfect science. Remember that there may situations in which the care was not optimal, but still met the standard of care. Suggestions for improvement would be appropriate in this situation.
- Do address each listed question/concern and provide a determination based on your education, clinical experience, medical judgment, and current standards and literature.
- Do 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.
- Do maintain confidentiality of the patient, physician, and provider. Do not discuss the case with anyone other than the CIMRO staff and keep medical records and review worksheets in any media in a secure place with no access possible by anyone other than the CIMRO reviewer.
- Do return completed cases in a timely manner.
- Do call CIMRO's Review Department with questions or if a different specialty PR is needed.
- Do let CIMRO staff know if you need additional time to complete your review as soon as possible.
- Do return the review determination in advance of the record return whenever possible.

Independent Peer Review (Hospitals, ASCs, Physician Groups, etc.)

CIMRO peer reviewers are matched by specialty to the provider and/or care under review. Each record received delineates a review focus. CIMRO review staff perform a cursory review of the record to ensure all necessary information is present to continue the review process. Once a peer reviewer accepts the case, CIMRO forwards a copy of the record to the PR, along with any additional information the client wishes to have evaluated, in a confidential mailer via UPS, or electronically via ShareFile and use of image sharing portal that provides HIPAA compliant file exchange. Each record also includes a conflict of interest form that the PR must review prior to commencing with review of each case. 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.

Following review of the record, the PR is requested to document a response to each question posed, provide reference to nationally recognized standards of care, and literature references, when applicable. The reviewer may send the completed worksheet via confidential facsimile, ShareFile or then current HIPAA-compliant secure transfer as directed by CIMRO (which is preferred); or in hard copy with return of the medical record, depending on time frame requirements. **Do not send any review determinations to CIMRO via regular email, as CIMRO's email system is not considered secure by HIPAA/HITECH standards.**

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

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

Fair Hearings

As part of CIMRO's contracts 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 to travel to attend the fair hearing in person, and for some CIMRO contracts, in-person appearance is a requirement. 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 are 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 Bylaws 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. Health Plans are required in certain circumstances to obtain an independent appeal determination regarding whether an admission, availability of care, continued stay, and other health care services meet the requirements for medical necessity, appropriateness, health care setting, level of care, and effectiveness; and the clinical necessity, appropriateness, efficacy, and efficiency of

health care services, procedures, and settings. With these 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 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 health plan 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 process, 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 independent review activities that is 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:

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

When reviewing a case regarding the experimental or investigational nature of 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 expeditiously 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 Delivery and Pickup

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

ShareFile/ Imaging Sharing Portals

ShareFile and imaging 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 the system has a unique login and password. ShareFile's and Nucleus.io's 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 via ShareFile.

Completion of Reimbursement Voucher

A reimbursement voucher 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 voucher. **Time spent on review activities should be documented on the voucher.** PRs are asked to please remember to **sign and date the voucher** 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 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.

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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: Evidences 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 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 that 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 internality 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.