

Medical Review Standards Guide: Independent Medical Review Standards Guide For Payer & Medical Management Clients

Introduction

AllMed is committed to providing its clients with evidence-based independent medical review determinations that are of the highest quality, while meeting or exceeding our clients' turnaround times. It's our job to help our clients make objective, unbiased healthcare utilization and claims decisions that improve member care, while containing costs. This Guide is meant to ensure the achievement of consistent high quality medical review standards, by outlining our clients' role in the process. By following these guidelines, we're confident that your company will improve the review process and have a positive impact on member claims, appeals and pre-authorizations.

Standards-based Reviews

Each independent medical review is performed by applying our clients' standards to each medical review request that is submitted. AllMed clinicians will review all materials and answer all referral questions in the context of your written medical policy, criteria, guidelines and benefit plan language. AllMed clinicians have been trained to apply our clients' standards along with the latest clinical evidence to each review determination, and to strictly avoid subjectivity or opinions. If no such information is submitted with a review request, our personnel will refer to your company's materials that are on file. If no such materials are on file, then we will apply standards-based criteria and definitions that have been adopted by AllMed for such purposes (see Appendix A).

Submitting Complete Case Information

AllMed's clinicians and peer specialty medical reviewers will ascertain that complete case material and information is available to render a determination, prior to beginning a medical review. URAC IR13 requires that the reviewer(s) receive all information submitted by the health benefits plan, the consumer, and the attending provider(s). If there is insufficient information, the clinician will request and await the required materials prior to completing the review.

Submitting Definitions & Applicable Criteria With Each Review

To ensure optimum service and quality, AllMed requests that you supply the written definitions, medical policy, criteria and guidelines that you would like to have applied to each review determination. This includes your company's applicable definitions of "medical necessity," "standard of care," and "experimental/investigational." A copy of these client definitions will always accompany the case materials submitted by AllMed to its peer specialist reviewers, and remain with the determination through final editing.

Clear, Consistent Questions Improve Review Quality

It is each client's responsibility to provide AllMed with appropriate and well-crafted questions with each medical review request. AllMed strongly recommends that each client establish a standard set of questions that are used by all personnel when submitting medical review requests. This will ensure more consistent, repeatable determinations, help us to reduce clarification phone calls and speed up turnaround times. Furthermore, standardized questions help our clients to repeatably measure approval/denial rates across each specialty and treatment area, leading to better evidence-based medicine and continuous improvement.

Qualities of Good Questions:

- Isolate on a single variable
- Are mutually exclusive of other questions
- Make reference to specific plan language, medical policy, criteria and definitions
- Do not presuppose a certain state of affairs
- Do not imply a desired answer
- Do not use subjective or vaguely defined words

AllMed's clinical staff is happy to assist your company in formulating appropriate questions, upon request. AllMed staff will revise any multivariable or unclear questions that are received and communicate those changes to our clients, prior to initiation of each review.

Turn-around Times

AllMed's turnaround times consistently meet or exceed URAC requirements. Our goal is to return all expedited cases within 24-48 hours, and no longer than 72 hours. To help meet this goal, expedited cases should be received by AllMed no later than 12:00 pm PST. Our goal for non-expedited cases is 3 days, and no longer 5-7 business days.

Patient Safety Issues

In compliance with URAC Core 23, patient safety issues, when identified, will be clearly documented in the review, communicated promptly to the client, and noted in AllMed's communication log.

Conclusion

Continuously improving healthcare quality is part of our mission at AllMed. By applying these guidelines, we're confident that it will help your company to deliver more consistent quality of care to your members. If you have questions or suggestions for improvements to these standards, we'd like to hear from you. Call us any time at (800) 400-9916 or email us at info@allmedmd.com.

Appendix A: **AllMed Medical Review Definitions**

The following definitions will be applied to all medical review determinations where the client has not provided its own ones to AllMed. When applying AllMed's standard definitions to an independent medical review, AllMed will supply a copy of said definitions to the client.

“Evidence-Based Medicine” (EBM)

EBM is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient and integrates individual clinical expertise with the best available external clinical evidence from systematic research.

Medical, scientific, and cost-effectiveness evidence is published and is based on the results of clinical practice that complies with one or more of the following elements:

1. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for manuscripts, and that submit most of their articles for review by experts who are not part of the editorial staff.
2. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, EMBASE, Medline, and the MEDLARS database of Health Services Technology Assessment Research.
3. Medical journals recognized by the Secretary of Health and Human Services
4. American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the U.S. Pharmacopoeia-Drug Information.
5. Findings, studies, or research conducted by or under the auspices of a federal government agency or a nationally recognized federal research institute.
6. Clinical practice guidelines that meet Institute of Medicine criteria.
7. Peer-reviewed abstracts accepted for presentation at major scientific or clinical meetings, in conjunction with other evidence.

“Medical Necessity”

“Medical Necessity” or “Medically Necessary” services are health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with the generally accepted standards of medical practice; meaning standards that are based on credible scientific evidence published in peer-reviewed medical literature and generally recognized by relevant medical community and physician society recommendations.
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease.
3. Not primarily for the convenience of the patient or physician, or another physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis of treatment of that patient's illness, injury, or disease.

“Standard of Care”

Medical standards of practice include the standards appropriately applied to physicians, other providers, or health care professionals, as pertinent to the case. In medicine, this is a treatment that experts agree is appropriate, accepted, and widely used, which is also called standard therapy or best practice.

“Experimental / Investigational”

“Experimental or investigational” is defined as a treatment, procedure, equipment, drug, drug usage, medical device, or medical supply that meets one or more of the following criteria (taken from Flow International Corporation 10341r dated May 1, 2007):

1. A drug or device that cannot be lawfully marketed without the approval of the U. S. Food and Drug Administration.
2. No reliable evidence demonstrates that the service is effective in clinical diagnosis, evaluation management, or treatment of the condition.
3. The service is the subject of ongoing clinical trials to determine its maximum tolerated dose, toxicity, safety, or efficacy. This excludes oncology clinical trials.
4. Evaluation of reliable evidence indicates that additional research is necessary before the service can be classified as equally or more effective than conventional therapies.

A drug or procedure may be approved by the FDA for use in one disease or condition, but be considered experimental or investigational in other diseases or conditions.

About AllMed

AllMed provides independent medical reviews that help insurance claims payers and medical managers control health-care utilization, while delivering consistent quality care to their members. Founded in 1995, AllMed is a URAC-accredited Independent Review Organization (IRO) serving leading healthcare firms nationwide. Reviews are conducted by board-certified physicians in active practice. More information on AllMed can be found on the company’s website at www.allmedmd.com.