

Introduction

This standards guide is intended for use by clients that are involved in submitting cases through PeerPoint®, AllMed’s medical review web portal. It outlines the applicable standards of medical necessity and experimental/investigational, accurately submitting case information, the preferred way of formatting questions, peer specialties and peer-to-peer calls.

AllMed is committed to providing its clients with evidence-based independent medical review determinations that are of the highest quality and consistently exceed our clients’ requested turnaround times. It is 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 are confident that your company will receive the highest quality reviews possible.

Standards-Based Reviews

Each independent medical review is performed by applying AllMed and our clients’ standards to each medical review request. AllMed’s clinicians review the submitted materials and answer the referral questions in the context of the relevant 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 and opinion. If no standards are submitted with a review request, the reviewing clinician will refer to your company’s materials that are on file. If no such materials are on file, then the reviewing clinician will apply the standards-based criteria and definitions that have been adopted by AllMed for such purposes.

Submitting Complete Case Information

AllMed’s clinicians and peer specialty medical reviewers ascertain, prior to beginning a medical review, that all of the relevant case material and information are available to render a determination. URAC accreditation standard IR13 requires that the reviewer(s) receive all information that is submitted by the health benefits plan, the consumer, and the attending provider(s). AllMed will submit the materials provided for review to a peer specialist with the knowledge that the peer may not have enough information to make a determination. In such instances, the peer reviewer will make a note in the review that specifies that a determination could not be made based on the submitted materials.

Submitting Definitions & Applicable Criteria with Each Review

To ensure optimum service and quality, AllMed requests that you supply the written definitions, plan exclusions and limitations, 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 will remain with the determination through final editing. Please note that the commonly used Milliman Care Guidelines are guidelines and not criteria and should be employed as such, per the specific description of acceptable use found on www.careguidelines.com.

Submitting a Case to Ensure Accuracy

The following section pertains to submitting cases through PeerPoint®. By accurately submitting cases, our clients can help AllMed to accurately and efficiently produce reviews of the highest quality. The following bullet points are areas that, in our experience, our clients can take special care so as to expedite the review process and to prevent costly errors. These suggestions are merely meant to help us to serve you better.

- Any patient information that is entered into PeerPoint should be accurate. Patient's names and dates of birth should be spelled correctly, should be in the correct order and should be checked prior to submittal.
- Clients should double-check themselves to ensure that the case materials submitted for review match the patient.
- If a peer-to-peer call is being requested, please ensure that all of the attending physician information, especially the telephone number, is correct. In addition, it would be helpful if you provide a date and a time when the attending physician is available. If possible, clients should provide more than one date and time at which the attending physician is available for a telephone conversation. If the attending physician information and the times to call are correct, the likelihood of a connection with the provider increases, and the quality and accuracy of the reviews are concomitantly improved. The number of peer call attempts is specified in the contract language between Allmed and its respective clients. If the patient has more than one attending physician, please be sure to provide the contact information for the physician who is requesting the treatment/procedure.
- In order to achieve the highest possible level of efficiency, AllMed requests that you submit case materials in the following manner:
 1. Every effort should be made to eliminate duplicate and triplicate copies of documents in the case materials, since this will reduce both cost and turn around times.
 2. Documents should be scanned the right side up and should all be facing the same direction for review.
 3. If the case materials include photos, it is AllMed's preference that the photos be scanned in color. If color scanning is not possible, then the original photos should be mailed to AllMed and then noted in the ? fact tracker
 4. Whenever possible, the case materials should be added in order of the date they were created so as to expedite the review process.

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 you client establish a standard set of questions to be used by all personnel when submitting medical review requests. This will ensure more consistent determinations, help us to reduce clarification phone calls, and speed up turnaround times. Furthermore, standardized questions help our clients to repeatable measure approval/denial rates across each specialty and treatment area, thereby leading to better evidence-based medicine and continuous improvement. Each question should be split up when submitting a case; that is to say that the questions should not be lumped together in one field. The qualities of a good question are as follows:

- It isolates a single variable. In other words, the question presupposes a yes/no answer.
- It is mutually exclusive of other questions.
- It makes reference to specific plan language, medical policy, criteria or definitions.
- It does not presuppose a state of affairs or imply an answer.
- It avoids the use of the word "opinion".
- It is written in clear, simple and straightforward language and does not use subjective or vague words.
- Please be sure to identify the specific procedure, drug or treatment that is being reviewed. If the review concerns a length of stay, please specify the start and end date for the stay in the question.

Peer Specialties

Clients choose the specialty of the peer reviewer when they submit a case. However, in certain circumstances, AllMed may need to change the requested specialty. On occasion, AllMed's clinicians will determine that another specialty might be a better fit with regard to the treating physician or the requested treatment/procedure. It may also be the case that a review that requested an In-House reviewer might need to be sent to a specialist reviewer. In addition, AllMed's clinicians may conclude that a reviewer with a similar specialty may be more familiar with the treatment/procedure in question and may be better suited to write the review; this decision is fully in keeping with URAC IR 8, which specifies, among other things,

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that the peer reviewer be a clinical peer of the attending provider and that the reviewer “has a scope of licensure and professional experience that encompasses the health service, treatment or issue under review”. Please note that URAC does not specify that the reviewer has to have the same specialty as the attending physician.

To expedite this process of changing specialties, AllMed kindly asks that you provide us with the contact information for someone who can authorize specialty changes in a timely manner. Conversely, clients may also give us prior authorization to change specialties as the need arises, without having to contact the client.

Peer-to-Peer Calls

If the client so requests, AllMed’s team of in-house physicians will make peer-to-peer calls to the treating physician in those cases in which the review determination results in a denial. Any relevant information gleaned during the call will be relayed back to the reviewing physician. The number of peer-to-peer call attempts is specified by the clients’ specific contract with AllMed. AllMed has found that, by having our in-house physicians conduct peer-to-peer calls, the likelihood of a connect (and thus an accurate determination) is increased exponentially.

Turnaround Times

AllMed’s turnaround times consistently exceed URAC requirements as outlined in IR-16 and IR-17. Our goal is to return all expedited cases within 24-48 hours and no later than 72 hours after submission. To help meet this goal, expedited cases should be received by AllMed no later than 12:00 noon PST. When same-day rush cases, cases due early in the morning or cases with voluminous medical records are submitted, AllMed would appreciate a phone call from our clients in order to ensure that the case can be completed in a timely manner. Our goal for non-expedited cases is three days and no longer than five to seven business days.

Patient Safety Issues

In compliance with URAC Core 23, patient safety issues, when they are identified, will be clearly documented in the review, communicated promptly to the client, and noted in AllMed’s communication log. The Patient Safety Issue will be documented as an addendum at the bottom of the review.

Policy Exceptions/Disagreements

In those cases where the peer reviewer disagrees with the policy or feels that an exception to the policy should be made in the specific case under review, these disagreements and recommendations will be documented in an addendum at the bottom of the review.

Headers & Footers

AllMed is always willing to add customized headers and footers to our reviews at our clients’ request. Headers are mostly used to explicitly spell out the determination (upheld/overturned) and footers can be used to delineate the basis for review determinations.

Conclusion

It is AllMed’s hope that this guide will help you better understand your role in the peer review process. Of course, AllMed is always willing to customize our approach depending on your requests. AllMed will continue to strive to produce the highest-quality medical review determinations while working in partnership with our clients to improve quality, reduce inefficiencies and to contain costs.