Department of Health and Human Services
Affordable Care Act; Federal External Review Process (Document ID HHS-OS-2010-0025-0001)

Request for Information
Due December 8, 2010 12:00am ET

II. Questions

(1) What accreditation standards currently apply to IROs?

The URAC accreditation standards for Independent Review Organizations apply to entities conducting reviews as outlined in the Federal External Review Process.

(2) What credentialing standards do IROs require for medical and legal reviewers? Is credentialing required or voluntary?

Reviewers conducting medical necessity reviews are credentialed in accordance with URAC standards prior to conducting reviews. Reviewers are then recredentialed every two years in accordance with the URAC standards. A background check is conducted to include but not inclusive of all licenses, certifications and board certifications are verified; reviewers malpractice and other disciplinary actions are also reviewed. Credentialing is a mandatory requirement for any reviewer conducting medical necessity reviews.

(3) What procedures are currently used by IROs to assure that reviewers do not have a conflict of interest with disputing parties?

Reviewers are required to disclose any real or perceived conflicts of interests prior to engagement and annually thereafter. Any conflicts that are identified shall be mitigated or eliminated.

Reviewers read and sign a conflict of interest statement annually. Prior to forwarding a review to a reviewer, the administrative staff conduct a good faith effort review to ensure the reviewer is not located at the same address as or is an affiliate with the attending physician or facility involved in the review. Upon receipt of a review, if the reviewer has a conflict of interest, the review will be sent back and a different reviewer will be selected to conduct the medical necessity review.

(4) What are IROs current capacity for performing reviews? Does staffing and the time necessary for performing a review differ based on the type of claim (e.g., medical necessity, experimental/investigational treatment, coverage issues, etc)?

The current staffing model is estimated at 40 reviews per day per staff member. The staffing and time necessary for performing reviews is not based on the type of claim. Staffing capacity is adjusted based on number of reviews.

(5) Please describe the type of data collection systems that IROs currently use to conduct analyses, reporting, and tracking appeals and grievances.

The system used to collect, analyze, report and track appeals and grievances can be a internally developed software system or other commercially available packages.

(6) Are the current data systems available in a secure, 508-compliant, web based interactive structure?

The current data system is web based interactive structure; whereby the member can submit a request for a review or access the status of their review. The system can be made 508 compliant.

(7) What telecommunication systems and consumer technical support systems do IROs currently maintain for consumers (e.g., websites, 24-hour hotlines, helpdesk, and/or translation services for non-English speakers)?

Consumers may access the status of their medical necessity review through the secured website. The toll-free lines are answered 24-hours a day, 7 days a week by a live person who will refer urgent reviews or questions to the on-call staff member. An automated toll-free line is also available 24-hours a day, 7 days a week. A translation line is available to all reviews and provides assistance in several languages.

(8) What is a reasonable amount of time for a contractor to become fully operational (have all systems in place to conduct external reviews) after the date of a contract award? What resources would be necessary?

A contractor who is familiar with the URAC standards and the regulatory requirements of an IRO would be able to be fully operational immediately after the date of a contract award. Dependent on the anticipated volume of reviews, additional staff resources may be needed.

(9) What considerations must be taken into account to smoothly transition from the current Federal interim external review process to a possible new permanent Federal external review process?

The following considerations should be taken into account for a smooth transition:

I. Review and revisions of current policies and procedures
II. Current staffing model and additional resources needed, if applicable
III. Training staff on a new processes
IV. Written notification requirements and system programming for such requirements

(10) Do IROs currently operate nationally or in limited geographic areas? Would IROs that currently service local areas be able to expand their service areas to possibly include other geographic areas such as other states? Are there any State and/or local licensing requirements?

Medical necessity reviews are conducted nationwide; therefore there would not be a need to expand the current service area. Most states have regulations governing the medical necessity review process.

(11) Are they any special considerations HHS and/or DOL should be aware of in considering a specialized contract for urgent care appeals or for experimental and investigational treatments? Would such an approach have an impact on coordination?

The timeframes for urgent care appeals would be shorter than a standard care appeal.

Many insurance companies have specific language related to coverage of experimental/investigational treatments. This language and the requirements of coverage should be considered by HHS and DOL in future regulations.

Approaches for urgent care appeals and experimental/investigational treatments would not have an impact on coordination of services from the review company's aspect.

(12) Please describe the difference in standard operating procedures and resources (time, cost, personnel) for appeals that involve only medical necessity and those that involve both medical necessity and coverage questions.

Medical necessity reviews would be conducted by a licensed physician where coverage questions would be reviewed by non-licensed professional level staff members with knowledge of the written policy, state/federal regulations, diagnosis and procedure coding and applicable benefit terms. The time allocations for each type of review would be the same, the cost would be less for the claims question reviews and the personnel would vary.

(13) What data are currently collected by IROs for tracking appeals and conducting analyses?

The following information is collected:

I. Procedure or treatment
II. Facility name, address and contact person
III. Attending physician name, specialty, address and contact person
IV. Date of service; start and end date
V. Date of review request
VI. Clinical information related to the procedure including patient's medical history, current condition, current treatment options tried and failed and any other pertinent clinical information.

(14) What steps are taken to ensure confidentiality and security protections of patient information?

Employees complete an annual security training course outlining the company's confidentiality requirements and sign a document attesting they will comply with the confidentiality policy.

The databases are secured by firewalls and other internet protection following HIPAA requirements.

(15) Do IROs (or subcontractors) currently conduct evaluations of their operations? Do such evaluations include an assessment of how easy it is for consumers to access and use the external review process in a timely manner? DO evaluations result in quality improvement initiatives? If so, what are some examples of quality improvement initiatives undertaken by IROs?

Customer satisfaction, including access to the review process, is analyzed on a monthly and annual basis and is based on the results of the satisfaction survey. The operations are also evaluated by the compliance team on a monthly basis. Quality improvement projects are implemented based on compliance with URAC standards, contractual obligations, and compliance with state and federal regulations. When compliance rates fall below the performance measures quality improvement projects are initiated. Examples of recent quality improvement projects are:

I. Timeliness of initial review
II. Timeliness of appeals
III. Client satisfaction
IV. Reduction of privacy breaches

(16) What specific requirements should be applied to IROs to evaluate progress toward performance goals? What performance goals are the most appropriate?

The URAC standards have requirements for performance measurements and quality improvement initiatives. HHS and DOL requirements for performance goals and measures should be consistent with the URAC standards. This will avoid placing additional burden on the IRO by complying with regulatory requirements as well as the URAC requirements.

Performance goals that are most appropriate may vary by the organization, but goals related to timeframes, maintaining URAC accreditation, quality of review determinations, quality of reviewers, consumer satisfaction, client satisfaction, and accessibility would be important goals.