urac ACCREDITATION | EDUCATION | MEASUREMENT

Mastering External Appeals

A Guide for Health Plans

July 24, 2013
Audio: 800-868-1837
Participant Pin: 414115#

Webinar Questions for the Speakers

Submit questions via the gotomeeting webinar interface.

Questions will be answered by the speakers at the end of the program.

Speakers

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Program Overview

- About URAC and NAIRO
- Spotlight on Appeals and Role of the IRO
- Internal vs: External Review
- Examples of Independent Review Questions
- Reviewer Qualifications
- Delivery of Medical Records and Documentation
- Quality of External Reviews
- Payment for External Review

About URAC

Nonprofit, independent organization founded in 1990; originally chartered to accredit utilization review services

URAC offers 30 distinct accreditation programs across the entire continuum of care

URAC currently accredits more than 600 programs operating in all 50 states

Government references to URAC accreditation appear in statutes, regulations, agency publications, Requests for Proposals, and contract language

URAC is now recognized by 48 states, District of Columbia, and six federal agencies (Office of Personnel Management, Department of Defense, Veterans Administration, Centers for Medicare & Medicaid Services, Department of Labor and Department of the Treasury)

URAC's Mission

Mission

- To promote continuous improvement in the quality and efficiency of healthcare management through the processes of accreditation, education and measurement.

Structure

- Non-profit, independent entity
- Broad-based governance
  - Providers
  - MCO's
  - Purchasers
  - Regulators
  - Labor
  - Consumers
  - Expert Advisory Panels *(Volunteer)*

Strategic Focus

- Consumer Protection and Empowerment
- Improving and Innovating Healthcare Management

Who is NAIRO

The National Association of Independent Review Organizations (NAIRO) is a trade association comprised of 32 members, including 29 URAC-accredited Independent Review Organizations (IRO), whose primary mission is to protect the integrity of the independent review process.

NAIRO
National Association of Independent Review Organizations

NAIRO's Mission

Promote independent review and improve business conditions generally in the IRO industry by:

- Taking action to solve common industry problems
- Advocating for members
- Developing and promoting standards
- Educating healthcare service providers, legislators, health plans, members and other constituents of:
  - the need for independent review and
  - the role of IROs in this process.

A Spotlight on Appeals: Valuable Insights for Health Plans

- New federal and state laws augment consumer protections during the healthcare appeals process
- How do these changes impact the health plans?
- Understanding the IRO appeal process goes a long way toward establishing and maintaining best practices
- The use of IROs that have achieved accreditation through URAC is mandated by law
- Adherence to quality processes of nationally accredited IROs is increasingly important as insurers expand their reach into larger patient populations

Difference Between Internal vs. External Review

Internal review:

Review, including appeal review, by an insurance issuer or group health plan or their designee (i.e., such as a TPA) of an adverse benefit determination.

Source: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes under the Patient Protection and Affordable Care Act; Interim Final Rule [HHS 45 CFR Part 147]

Difference Between Internal vs. External Review

External review:

A review of an adverse benefit determination (including a final internal adverse benefit determination) conducted pursuant to an applicable State or Federal external review process.

Source: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes under the Patient Protection and Affordable Care Act; Interim Final Rule [HHS 45 CFR Part 147]



More Consumer (Patient) Protections

The IRO must be assigned by the State or an independent entity, on a random basis or another method of assignment that ensures the independence and impartiality of the assignment process (such as rotational assignment), and in no event assigned by the issuer, the plan, or the individual.

Source: Department of Health and Human Services, Technical Release 2011-02, dated June 22, 2011



In addition, per HHS Technical Release

The process must provide for the maintenance of a list of approved IROs (only those that are accredited by a nationally recognized private accrediting organization) qualified to conduct the external review based on the nature of the health care service that is the subject of the review.

Approved IROs must have no conflicts of interest that will influence their independence.

Source: Department of Health and Human Services, Technical Release 2011-02, dated June 22, 2011

How does your state measure up to federal requirements?

http://www.cms.gov/CCIIO/Resources/Files/external_appeals.html

Retrieved July 9, 2013

As of July 10, 2012:

- 28 states strictly met federal requirements
- 13 states met “similar” requirements
- 10 states and 5 US Territories will need to comply with the federal protections by

http://www.dol.gov/ebsa/newsroom/tr13-01.html

The Role of the IRO in the Appeals Process

- Provide an unbiased and objective review
- Provide evidence that the health plan is keeping current with quality benchmarks and best practices
- Provide educational resources for payors and consumers to better understand and navigate the appeal process
- Encourage operational efficiencies that:
  - Improve results by securing complete review documentation
  - Reduce costs by mitigating delays in the review process
  - Apply policies and procedures that support standardization of the appeals process

Helpful Tips for Health Plans

How to Ask the Appropriate Questions for Independent Review

1. General Qualifier
2. Medical Necessity Disputes
3. Restorative Therapy Disputes
4. Functional Impairment and Ongoing Therapy Disputes

How to Ask the Appropriate Questions for Independent Review, cont.

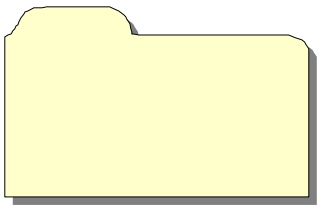
5. Skilled Nursing Disputes
6. Experimental/Investigational Disputes
7. Out of Network Medical Necessity Disputes
8. Diagnostic Test Dispute

Reviewer Qualifications

- Licensed and/or board certified
- Credentialed
- Experienced in the recommended healthcare service or treatment
- Free from conflict of interest

Delivery of Medical Records and Case Documentation

- Records must be transmitted to IRO securely and in accordance with HIPAA regulations
- Documentation is “King” – complete documentation is critical
- Best Practice - Create a checklist of important documents



Records Reviewed

- **Complete** medical records
- Attending provider's recommendations
- Reports from appropriate healthcare professionals
- All records used to make prior determinations
- Terms of coverage
- Appropriate practice guidelines

External Review Guidelines Criteria

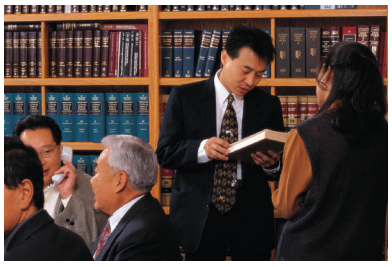
- Adherence to the terms of the claimant's plan, benefit handbook or contract
- Evidence-based practice guidelines
- Use of current best evidence
- Peer-reviewed scientific and medical literature
- Any applicable clinical review criteria developed and used by the plan

Payment for the External Review

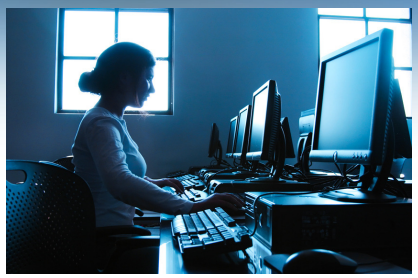
- The insurance issuer or health plan is responsible for the cost of the external review.
- Payment issues are addressed by contract. In state cases, it varies whether the IRO invoices the plan or whether the state pays the IRO and then invoices the plan
- The member may be charged a nominal fee for filing the review; this fee must be refunded if the outcome is in favor of the member.
  - Usually, this fee may be waived for hardship.

Quality of an External Review Determination

- Quality checks conducted prior to the return of determinations
- Medical Director quality checks
- Compliance checks for state and current contracts
- Timeliness
- Complaints received



Additional Resource



The Center for Consumer Information and Insurance Oversight

http://cciio.cms.gov/

URAC Education Programs and Events

- ✓Standards and Specialty Workshops
- ✓Standards and Specialty Webinars
- ✓Customized onsite standards workshops and webinars
- ✓E-Learning Courses and On Demand Recordings
- ✓Conference
  - 2013 URAC's Annual Quality Summit and Best Practices Awards Conference, September 30th to October 2nd 2013
  - Post-Conference Accreditation Standards Workshops, October 2nd to October 4th 2013
- ✓Visit our Web site at www.urac.org/education to see what's new!

Thank you!

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