

POLICIES & PROCEDURES

TITLE: TIMEFRAMES FOR COMPLETING THE INDEPENDENT REVIEW PROCESSES. V 14.0

APPROVAL:

Approved By:

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Review Date

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FOCUS HEALTH: TIMEFRAMES FOR COMPLETING THE INDEPENDENT REVIEW PROCESS

FOCUS Health (FH) has developed an internal information management software solution known as the Review Management System (RMS). The RMS provides a secure environment for referring entities (our clients) to submit cases via the internet using a web browser.

A key objective of utilizing such a system is to omit the use of paper-based clinical documents so as to increase security and compliance with HIPAA regulations.

FH recognizes the importance of peer reviewer timeframe awareness, especially in the case of expedited reviews. The RMS provides clarity to all stakeholders regarding deadlines and classification of reviews so as to meet client-company and regulatory requirements.

The RMS provides a venue for all stakeholders to monitor timeframes and deadlines:

(FH reviewer, FH medical director, referring entity care manager, referring entity medical director)

- (A) Each review has several automated date and time recording functions to ensure timing clarification across multiple milestones:
 - (1) Date and Time review was originally created by the referring entity (automatic)
 - (2) Date and Time review was 'Sent to FOCUS' (automatic)
 - (3) Date and Time review was assigned to a reviewer (automatic)
 - (4) Date and Time review was due back to the referring entity care manager
 - (5) Date and Time review was completed by the reviewer (automatic)
- (B) All dates and times are visible to all stakeholders on the review search screen as well as within each case. This constant visibility provides optimum awareness as to deadlines and timeliness considerations for each case.
- (C) All dates and times are able to be reported on a per referring entity basis. These reports measure timeliness and provide a case-by-case analysis of performance. From this performance conclusion, quality improvements can be made to further improve timeliness standards as set forth by each referring entity.
- (D) The RMS provides the client-company care managers with a classification system when creating a review. This system provides a point-and-click method of specifying the:
 - (1) Plan
 - (2) LOC Requested (Precert or Concurrent)
 - (3) Sequence (Initial, 1st Level Standard Appeal, 1st Level Expedited Appeal, 2nd Level Standard Appeal, 2nd Level Expedited Appeal, Retrospective Review, Reconsideration)
- (E) Determinations will be made within the more stringent of the client company identified timeframe, State mandated timeframes or timeframes established by 29 CFR § 2560.503-1. The applicable timeframe will be identified based on the information provided by the client company at the time of the submission.

The RMS generates a finalized report for the client-company (referring entity) care manager — and stored within the RMS for the care manager to login and acquire at any time. This PDF file is the complete report, which includes the demographics, review classifications, reason(s) for referral, clinical information as well as the peer reviewer assessment, criteria as applied to the case, decision notice, rationale and FH peer reviewer attestations.

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