

## POLICIES & PROCEDURES

### TITLE: DECISION NOTICE V 15.0

#### APPROVAL:

Approved By:

12/26/2021

Review Date

*M. Bojkovic*

Michael Bojkovic, CEO

1/14/2022

Effective Date

12/26/2021

Revision Date

### FOCUS HEALTH: DECISION NOTICE

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. Once submitted, FH reviewers are automatically notified of assigned cases via e-mail and/or cellphone text messages. The FH reviewer then logs into the secure system via web browser in order to view the case information and referring entity criteria, guidelines and other clinical resources.

FH sends to the referring entity a notice of the determination that includes (but is not limited to):

- A description of the issue to be resolved;
- A description of the qualifications of the reviewer(s)
- If required, documentation of peer-to-peer conversation attempts and contacts
- Documentation of any additional information given by the AP/Designee in support of the review.
- A clinical rationale or explanation for the determination in clear, non-technical language that is understandable by a layperson. Such rationale shall comply with client company and/or regulatory requirements with regard to Grade Level readability and/or cultural/linguistic requirements.
- Specific citation supporting criteria or references per Client-Company requirements.

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.

#### Upon completion of the review, the referring entity care manager acquires the finalized review as follows:

- (A) The referring entity care manager receives e-mail notification within 60 seconds of the case being finalized by the FH reviewer. This e-mail provides notification that: 'A case has been completed for member number [####] in the FOCUS system. Please login and retrieve the results.'
- (B) Upon login, the referring entity care manager is presented with all cases entered on the current date. The RMS also provides a comprehensive search mechanism. The care manager may choose to search for the case by member number or by date to identify the correct review.
- (C) Each case in the system is color-coded for status: silver, red, amber and green. All completed cases are green. The referring entity care manager then identifies the correct case and clicks the green status indicator to open the case on the screen.
- (D) The system provides the entire review on-screen, so that a decision can be quickly acquired (medical necessity criteria met or medical necessity criteria not met) with an optional modifier as to whether or not the decision was a partial denial (where a limited number of days did meet medical necessity criteria the balance of requested days did not).

- (E) The referring entity care manager may then choose to copy the rationale out of the RMS and paste it into an internal clinical management system so as to produce outgoing notification letters. Optionally, the RMS automatically creates a PDF file which may be downloaded by the referring entity care manager.
- (F) The RMS stores all review information permanently. Therefore, the referring entity care manager and/or referring entity medical director may access the case at any time in the future.

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