The Peer Review Process
Quality Improvement Organization (QIO) Program

Purpose:

• Improve the quality of care delivery to Medicare beneficiaries

• Protect the integrity of the Medicare Trust Fund by ensuring that Medicare only pays for services and goods that are:
  • Reasonable and medically necessary, and
  • Provided in the most appropriate setting

• Protect beneficiaries by expeditiously addressing individual complaints, notices, and appeals
Statutory Authority

• §1862(g) of the Social Security Act (the Act) requires that the Secretary enter into contracts with Quality Improvement Organizations for the purpose of promoting the effective, efficient, and economical delivery of health care services and of promoting the quality of services of the type for which payment may be made under title XVIII.

• §1154(a)(1)(B) of the Act requires that a Quality Improvement Organization conduct reviews to determine whether the quality of services meets professionally recognized standards of health care.

• §1154(a)(14) of the Act requires that Quality Improvement Organizations conduct appropriate reviews of all written complaints, submitted by beneficiaries or beneficiaries’ representatives, about the quality of services not meeting professionally recognized standards of health care.

Title XVIII Social Security Act, sections 1154 and 1862
Statutory Authority

- §1154(a)(4)(A) of the Act requires that each Quality Improvement Organization provide that a reasonable proportion of its activities are involved with reviewing the quality of services, under paragraph (a)(1)(B), and that a reasonable allocation of such activities is made among the different cases and settings (including post-acute care settings, ambulatory settings, and health maintenance organizations).

- 42 CFR 476.71(a)(2) requires a Quality Improvement Organization to determine whether the quality of services meets professionally recognized standards of health care.

- 42 CFR 476.71(a)(5) requires the Quality Improvement Organization to determine the completeness, adequacy, and quality of hospital care.

Title XVIII Social Security Act, section 1154; Code of Federal Regulations Title 42
Peer Review

• ACP Ethics Manual 6th addition
  • Professionalism entails membership in a self-correcting moral community. Professional peer review is critical in assuring fair assessment of physician performance for the benefit of patients. All physicians have a duty to participate in peer review. Society looks to physicians to establish and enforce professional standards of practice, and this obligation can be met only when all physicians participate in the process.
Peer Review

• Peer Reviewer: A reviewer who is either a physician or other practitioner who matches, as closely as possible, the variables of licensure, specialty, and practice setting of the physician or practitioner under review.

• Confidentiality requirements conveyed upon Quality Improvement Organizations under the Social Security Act prevent findings of quality of care reviews to be subject to discovery in legal proceedings.
Quality of Care Reviews

• CMS believes that individual instances of poor quality are most often indicators of quality problems in the larger system of care.

• Quality health care is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

• A Quality of Care (QOC) review focuses on whether the quality of services provided to beneficiaries is consistent with professionally recognized standards of health care.
Quality of Care Reviews

• The Quality Improvement Organization conducts Quality of Care Reviews when:
  • A beneficiary or their representative has complained about the quality of care received
  • The Quality Improvement Organization has independently identified a potential quality issue or has been referred a quality issue from another entity
Objectives of Quality Review

• To identify quality concerns about care rendered to Medicare patients as well as to identify practice patterns associated with adverse outcomes;

• To identify systems of practice that may negatively impact care that is rendered;

• To determine the sources that are responsible or individuals, providers, etc., who are responsible for the quality concerns (administration, nursing staff, admitting physician, consulting physician);
Objectives of Quality Review

• To determine if a significant departure from the expected standard of practice has occurred;

• To determine if a Quality Improvement Plan (QIP) is required to ensure quality of care for similar cases in the future is improved; and

• To provide peer advice, including citations from the medical literature as applicable to help improve future care.
Objectives of Quality Review

Goal of physician review is ultimately to:

• Improve care through educational feedback (primary focus)
• Promote continuous quality improvement
Let's take a look at the paperwork you will receive with the medical record.
The Required Questions for CMS

• Please be sure all areas that are high lighted in color are completed. This is a CMS requirement. Do not hesitate to call with questions. 1-800-589-7337.

• Let’s look at an example
Please check the appropriate box and sign and date.
Case Summary

• Here you will find Patient Details
• The Beneficiary Point of View
• The Reason for Health Care Encounter
• Acute diagnosis, history and diagnosis codes
• On the second page of the Case summary you will find names of the facilities and the practitioner involved.

• Let’s look at an example
### Case Summary

**Review Case ID:** 30479  
**State:** OH

#### Patient Details

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MIC #: 123456789A</th>
<th>Primary Language</th>
<th>Age</th>
<th>Gender</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Address 3</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td></td>
<td>English</td>
<td></td>
<td>Female</td>
<td>123 Sassa Street</td>
<td>Apartment ABC</td>
<td></td>
<td>DFS Land</td>
<td>OH</td>
<td>12345</td>
</tr>
</tbody>
</table>

#### Beneficiary Point of View:

Please see attached complaint.

#### Reason For Health Care Encounter:

Case summary: This is a 65-year-old female, presented to the ER at McCullough Hyde Hospital on 9/19/2012. She had been found unresponsive in her home by a home health aide. She arrived via ambulance and was initially cyanotic with oxygen saturations of 8%. After the administration of Narcan she began to wake up. Unfortunately, her respiratory efforts were still quite poor and she required intubation and mechanical ventilation. She was admitted to ICU and remained an inpatient 9/19/2012-10/15/2012 with the diagnosis of acute respiratory failure, hypercapnia, and chronic pain syndrome. Her condition was managed, improved and she was transferred on 10/15/2012 to Wood Glen Alzheimer’s Community on 10/15/2012 with a primary diagnosis of anoxic brain injury.

Her stay at Wood Glen was for the purposes of therapy. She was admitted from 10/15/2012-10/31/2012.

**Acute Diagnosis:** Anoxic brain injury  
**Diagnosis Date:** 9/19/2011

#### Diagnosis Code:

- **Code:** 348.1
- **Description:** Acute anoxic and anoxic respiratory failure 418.81
- **Polysubstance including narcotic and benzodiazepine overdose:** 105.00
- **Encephalopathy:** 348.30
- **COPD:** 542.8
- **Chronic pain syndrome:** 338.4

#### Notes:

- **Review Details:**
  - **Review ID:** 30479  
  - **Review Start Date:** 9/19/2011
  - **Review Analyst:** Robin Costin
  - **Review Due Date:** 10/31/2012
  - **Response to Concern Letter:** Yes
  - **Response Date:** 10/15/2012
This will give you a quick reference of the facility and the physician information.

<table>
<thead>
<tr>
<th>Health Care Events on Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Service Name: Sasama Street Nursing Home</td>
</tr>
<tr>
<td>Place of Service CON: 1326029726</td>
</tr>
<tr>
<td>Place of Service NPI: 1326029726</td>
</tr>
<tr>
<td>Service Dates: 10/15/2012-10/31/2012</td>
</tr>
<tr>
<td>Practitioner Involved</td>
</tr>
<tr>
<td>NPI: 1568188163 Name: Smith, Bart, MD</td>
</tr>
</tbody>
</table>

| Place of Service Name: Jones, Ernie, MD |
| Place of Service CON: 1912075505 |
| Place of Service NPI: 1912075505 |
| Service Dates: 10/31/2012-7/15/2013 |
| Practitioner Involved |
| NPI: 12412017583 Name: Jones, Ernie, MD |

| Place of Service Name: Big Bird Memorial Hospital |
| Place of Service CON: 360046 |
| Place of Service NPI: 1245215183 |
| Service Dates: 9/10/2012-10/15/2012 |
| Practitioner Involved |
| NPI: 1700125561 Name: Grouch, Oscar the, MD |

| Place of Service Name: Big Bird Memorial Hospital |
| Place of Service CON: 360046 |
| Place of Service NPI: 1245215183 |
| Service Dates: 9/10/2012-10/15/2012 |
| Practitioner Involved |
| NPI: 1700125561 Name: Grouch, Oscar the, MD |
Concern Summary

• On this page you will find the Concern description.
• You will see a highlighted area to choose if in agreement with the chosen C-Code.
• Please note: You do have a copy of the C-Codes to review.
• You will find the beneficiary concern and any nurse reviewer notes on this page as well.
• The Identified Standard of Care is also on this page.

• Let's take a look at an example.
High lighted area: choose agreement with the chosen C-Code. Please note: You do have a copy of the C-Codes to review.

Here you will find the beneficiary concern and any nurse reviewer notes on this page as well.

Please note the standard of care selected by the nurse reviewer

Concern Summary

Review Case ID: 882655
Claim Key: 11078125
Concern ID: [auto-generated]

Concern Description: C03 - Apparently did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care (excludes laboratory and/or imaging [see C06 or C09] and procedures [see C07 or C08] and consultations [see C13 and C14]).

Do you agree with the C category selected: _____ yes _____ no [if not, what C category would you choose]

Concern 1: There is a concern that this patient's nose bleed was not evaluated and treated properly.

Nurse Reviewer Notes: This patient was seen by nursing only and left AMA after waiting to see the physician for an hour.

Concern Notes:
3 year look back:
Dr. Smith, NPI [123456789]. No formal action exists with the Ohio Medical Board. No history of concerns at the QIO level.

RA Assessment:
Review Analyst: John Smith
Provider/Practitioner Failure: [ ]
RA Disposition: [ ] Sent to physician for review
Explanation:

Quality of Care Concerns:
Identified by: [ ] Beneficiary [ ] Review Analyst [ ] Initial Determination Peer Reviewer

Relevant Standard of Care:
Identified SOC: Approach to the adult with epistaxis (see enclosed)

References: SOC from UpToDate, accessed [8/11/2014], approved by Beneficiary Complaint Team
Staff Responsible:
Additional Information:
Historical Data:
Any other information:
Here is a sample of the “C” categories you will receive in your packet.

QUALITY OF CARE CONCERN OR “C” CATEGORIES

C01. Apparently did not obtain pertinent history and/or findings from Examination.

C02. Apparently did not make appropriate diagnoses and/or assessments.

C03. Apparently did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care (excludes laboratory and/or imaging [see C05 or C09] and procedures [see C07 or C08] and consultations [see C13 and C14]).

C04. Apparently did not carry out an established plan in a competent and/or timely fashion (e.g. omissions, errors of technique, unsafe environment).

C05. Apparently did not appropriately assess and/or act on changes in clinical status results.

C06. Apparently did not appropriately assess and/or act on laboratory tests or imaging study results.

C07. Apparently did not establish adequate clinical justification for a procedure which carries patient risk and was performed.

C08. Apparently did not perform a procedure that was indicated (other than lab and imaging, see C09).

C09. Apparently did not obtain appropriate laboratory tests and/or imaging studies.

C10. Apparently did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans.

C11. Apparently did not demonstrate that the patient was ready for discharge.

C12. Apparently did not provide appropriate personnel and/or resources.

C13. Apparently did not order appropriate specialty consultation.

C14. Apparently specialty consultation process was not completed in a timely manner.

C15. Apparently did not effectively coordinate across disciplines.

C16. Apparently did not ensure a safe environment (medication errors, falls, pressure ulcers, transfusion reactions, nosocomial infections, etc.).

C17. Apparently did not order/follow evidence-based practices.

C18. Apparently did not provide medical record documentation that impacts patient care.

C40. Apparently did not follow-up on patient’s noncompliance.

C99. Other quality concerns not elsewhere classified.
Standards of Care

• Determine whether care is consistent with principles on which there is substantial consensus.

• Should be based on widely supported analyses of scientific data, rather than on the beliefs of the reviewer, even if supported by anecdotal or other evidence.

• Should be evidence-based and derived from the academic literature (for example, Cochrane Collaboration literature syntheses, meta-analyses, or randomized controlled trials) or, when scientific evidence is lacking, determined by an expert panel of health professionals in a consensus process based on their experience.
• On this page you will find the statement of the quality of care concern.

• There will also be an area that states: Concurrence with Identified Standard of Care- please note that when you check concur, do not concur, or not applicable, this is referring to whether or not you agree with the standard of care selected and not your opinion on if you concur with the quality of care concern identified. If you do not agree with the standard of care selected please identify the standard of care that should be used and reference the supporting literature.
The section entitled Relevant Standard of Care is used by the peer reviewer if they determine that the standard(s) identified by the nurse reviewer for a specific concern(s) is incorrect or not thorough. In that case the peer reviewer should then identify the correct standard(s).
• The section entitled **Analysis/justification** is where the peer reviewer evaluates the medical information based on the standard(s) as identified. The peer reviewer must evaluate whether the quality of care standard for each of the identified concerns is met based on the facts of the case and directly link his/her decisions to elements contained in the evidence-based standard(s). The peer reviewer should consider any historical data pertinent to the concern(s) as provided by the nurse reviewer, and highlight specific evidence from the review of the medical information that demonstrates that specific elements within the standard(s) of care are met or not met. The peer reviewer should also include any other information deemed relevant to his/her Interim Initial Determination.
Do you agree with the identified Standard of Care?

If you do not agree please chose the appropriate one and write it on this sheet.

Please provide the rationale for your conclusion concerning whether or not the identified area of concern met or did not meet the standard of care.
Here you will chose if Standard of Care was met or not met.

If the Standard of Care is met check the box. Go to bottom of sheet and sign, date and add the amount of time you spent reviewing the case.

If the Standard of Care is not met please check that box. Then chose a sub category of concern that you feel most closely matches your level of concern.

Then chose who you feel is responsible for the concern.

Read the conflict of interest Statement.

Sign, date and add the time spent on the case.

Let’s look at an example
Here you will choose if Standard of Care was met or not met.

If the Standard of Care is not met please check that box. Then choose a sub category of concern that you feel most closely matches your level of concern.

Then choose who you feel is responsible for the concern.

Read the conflict of interest statement.

Sign, date and add the time you spent on the case.
Sub-Categories when the Standard of Care is not met

- **Gross and Flagrant Violation:** A violation of an obligation has occurred in one or more instances which presents an imminent danger to the health, safety, or well-being of a beneficiary or unnecessarily places the beneficiary in high-risk situations.

- **Substantial Violation in a Substantial (3 or more) Number of Cases:** A pattern of providing care that violates the obligation to provide health care only when it is economical and medically necessary, of a quality that meets professionally recognized standards of health care, and supported by evidence of medical necessity and quality.
Sub-Categories when the Standard of Care is not met

- **Substantial Violation:** A violation of an obligation. The obligation involves providing health care only when it is economical and medically necessary, of a quality that meets professionally recognized standards of health care, and supported by evidence of medical necessity and quality.

- The care did not meet the standard of care, but was less than a substantial violation of the obligation to provide care that is of a quality that meets the professionally recognized standard(s) of health care, i.e., it was either significant or non-significant.
Final Initial Determination Peer Review
Often referred to as a Second Level.

- You will receive the medical record again if the physician/provider requests an opportunity for discussion.
- Because you are the original physician with a concern, it comes back to you.
- You will be given their response, copy of your original paper work from first level and new paperwork to complete.

Let’s look at an example
Does the information from the physician/provider alleviate your concern? Please write yes or no.

Did you receive written information from the physician or provider to review? Please check yes or no.
Final Initial Determination Peer Review

• Here you will chose if Standard of Care was met or not met.
• If the Standard of Care is met check the box. Go to bottom of sheet and sign, date and add the amount of time you spent reviewing the case.
• If the Standard of Care is not met please check that box. Then chose a sub category of concern that you feel most closely matches your level of concern.
• Then chose who you feel is responsible for the concern.
• Read the conflict of interest Statement.
• Sign, date and add the time spent on the case.

Let’s look at an example
Here you will choose if Standard of Care was met or not met.

Then choose a sub category of concern that you feel most closely matches your level of concern.

Then choose who you feel is responsible for the concern.

Read the conflict of interest Statement.

Sign, date and add the time you spent on the case.
As the second peer reviewer, you will receive with the case, the following:

• You will receive the medical record.
• A copy of the First and Second level peer reviewers response determinations. (The physicians name will be blackened out for anonymity)
• A copy of the correspondence received from the physician or provider from the opportunity for discussion and the request for Re-Review.
• You will also be given new paperwork to complete.

• Let’s look at an example
High lighted area: choose agreement with the chosen C-Code.
Please note: You do have a copy of the C-Codes to review.

Here you will find the beneficiary concern and any nurse reviewer notes on this page as well.
Do you agree with the identified Standard of Care?

If you do not agree please chose the appropriate one and write it on this sheet.
Re-Review Peer Review

- Here you will choose if Standard of Care was met or not met.
- If the Standard of Care is met check the box. Go to bottom of sheet and sign, date and add the amount of time you spent reviewing the case.
- If the Standard of Care is not met please check that box. Then choose a sub category of concern that you feel most closely matches your level of concern.
- The chose who you feel is responsible for the concern.
- Read the conflict of interest Statement.
- Sign, date and add the time spent on the case.

Let's look at an example
Here you will choose if the Standard of Care was met or not met.

If the Standard of Care is not met, please check that box. Then choose a subcategory of concern that you feel most closely matches your level of concern.

Then choose who you feel is responsible for the concern.

Read the conflict of interest statement. Sign, date, and add the time spent on the case.

Sign, date, and add the time spent on the case.