Name of Policy:	Reviews for External Review Agencies	THE INIVERSITY OF TOLEDO
Policy Number:	3364-100-50-07	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Hospital Administration	
Approving Agent:	Chief Executive Officer – UTMC	
Responsible Agent:	Director, Quality Improvement and Patient Safety	
Scope:	The University of Toledo Medical Center	
		Effective Date: 05/01/2021
		Initial Effective Date: November 19, 1982
New policy Major revi	<u></u>	nical revision of existing policy on of existing policy

(A) Policy Statement

Concurrent reviews for external agencies shall be performed and information provided by the Clinical Review Nurses/Resource Utilization Coordinator/ or designee. Representatives from external review agencies shall not be permitted to conduct in-house concurrent reviews or attend team conferences unless specific contract provisions state otherwise.

Retrospective reviews may be performed by external review agencies with the proper authorization from the patient or authorized representatives.

(B) Purpose of Policy

To define the hospital policy on access of patients' medical records during the patient's hospitalization and other activities related to external review agencies.

(C) Procedure

- A. Concurrent review performed by Clinical Review Nurses/Resource Utilization Coordinators/and/or designee:
 - Patients requiring reviews by an external review agency shall be identified by registration/pre-cert at the time of insurance verification.
 - 2. The Clinical Review Nurses/Resource Utilization Coordinator shall complete the initial review within 48 business hours of admission, utilizing Interqual criteria.
 - 3. Concurrent reviews shall be conducted as determined by the review agency.
 - 4. The Clinical Review Nurse/Resource Utilization Coordinator/and/or designee: will fax the review to the appropriate review agency.

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B. Concurrent on-site review performed by external agencies:

Concurrent in-house reviews by external review agencies shall adhere to the following guidelines:

- 1. Review must be scheduled the day prior to proposed visit with Central Financial Services, Kobacker Center, or Outcome Management. unless stipulated otherwise by contractual agreement.
- 2. The reviewer will wear picture identification clearly noting his/her employer.
- 3. The review will take place at a time and location specified by Outcome Management, Central Financial Services, Kobacker Center, so as to create minimum amount of disruption in patient care. The medical record must remain accessible to members of the health care team at all times.
- 4. No copies of the medical record will be made during concurrent review.
- 5. Nursing personnel and patient care coordinators will be contacted by the Clinical Review Nurses/Resource Utilization Coordinator as needed.
- 6. There will be no telephone contact with the nursing unit.

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- 7. External review agency personnel will maintain strict confidentiality at all times.
- 8. Under no circumstances will an external agency reviewer participate in or observe any actual patient treatment.
- 9. External review agency personnel may be invited to attend child/adolescent psychiatry team meetings. Permission must be obtained from parent/guardian prior to the actual team meeting.

C. Retrospective Review:

- 1. Prior authorization must be obtained by the reviewing agency within 60 days of the scheduled review date.
- 2. Retrospective review will take place at a time and location specified by Central Financial Services, Kobacker Center, Outcome Management, or designee.
- 3. Fees for copying the medical records for off-site retrospective review will be per Health Information Management guidelines.

Approved by:	Review/Revision Date:		
Richard Swaine Chief Executive Officer - UTMC Review/Revision Completed By: HAS Outcome Management Patient Financial Services Kobacker Center Rehab Services	05/13/2021 Date	10/12/93 9/25/96 10/9/98 11/16/01 2/05/02 4/29/05 3/13/08 3/28/2011 3/1/2014 3/1/2017	4/1/2020 5/1/2020
		Next Review Date: 5/1/2024	