

**EXHIBIT D**

(IMEDECS)



## Company History and Overview

**IMEDECS** was formed in 1999 to provide clients with unbiased, independent reviews of medical cases denied as not medically necessary or experimental/investigational. Originally accredited by URAC under its independent review standards in May 2000, **IMEDECS** was re-accredited in June 2015.

**IMEDECS** provides expert medical review services to health plans, employers groups, third-party administrators and state agencies throughout the United States. With a panel of hundreds of reviewers, **IMEDECS** is able to handle cases involving all types of medical issues.

In addition to URAC accreditation, **IMEDECS** is certified to perform external reviews in 14 states for fully funded programs. **IMEDECS** also performs reviews nationally for cases falling under the Department of Labor regulations related to self-funded/ASO programs.

**IMEDECS** has received national certification as a woman owned business through the Women Business Enterprise National Council and state certification from the Commonwealth of Pennsylvania.

The **IMEDECS** mission is to provide unbiased, informed expert medical reviews that resolve disputes or evaluate the quality of care. **IMEDECS** is dedicated to quality health care and improved clinical outcomes.

## Key Personnel

IMEDECS' key personnel include Joyce Muller, President & CEO; Stacy Borans, MD, Medical Director; Chuck Fasano, DO, Associate Medical Director; and Deahna Montaque, Vice President of Operations. The Case Review staff consists of full and part-time nurses, and Administrative Assistants. The support staff includes an Accounting Assistant and IT Specialists.

Hundreds of physicians and clinicians comprise the IMEDECS Medical Review Panel, allowing IMEDECS the breadth of expertise to handle every type of independent review. The company also boasts a number of highly specialized double-board certified expert reviewers on its panel. Many of the expert reviewers are drawn from academic medical centers and other leading research facilities throughout the country, thus allowing IMEDECS to provide its clients with outstanding quality reviews, as well as comprehensive specialty coverage.



## Scope of Services

The scope of services **IMEDECS** provides includes:

**Case Review Services** – These reviews address issues of the medical necessity or experimental/investigational status of a treatment or procedure. They may also address whether proposed treatments are a covered benefit under the enrollee’s plan. Case review services may be provided at a predetermination, internal, or external level either prospectively or retrospectively. All reviews are performed on a patient-specific basis by an expert medical practitioner of the same or similar specialty as that of the treating practitioner.

Case review services are classified by the review methodology requested. **IMEDECS** provides the following types of case reviews based on client requirements, regulatory standards, and the individual circumstances of the review.

## Review Methodology

### ▪ **Experimental/Investigational Reviews**

These reviews may involve complex diagnoses; disabling; progressive conditions; and terminal illnesses. The reviews require an expert opinion using an evidence-based approach to questions related to experimental or investigational treatments. Cases are conducted by a single expert reviewer or a panel of experts, when a majority consensus is required, on highly controversial therapies or procedures. Evidence based reviews:

- Include relevant medical records, plan language and a statement of the reason for denial from the health plan;
- May include manufacturer’s data/materials, consult letters, enrollee correspondence and review criteria; and
- Require the reviewer to read primary evidentiary documents, such as journal articles, and provide citations and discussion of rationale supporting the reviewer’s determination.

### ▪ **Medical Necessity Reviews**

These reviews typically incorporate the use of clinical practice guidelines and practice standards as they relate to medically necessary treatment. At issue may be the cosmetic, custodial, convenience, educational or maintenance nature of the intervention(s) versus its medical necessity. Most of these reviews involve a single physician/clinician reviewer who provides a medical opinion.

**IMEDECS** must have applicable medical records, plan language and criteria in order to conduct these reviews.



- **Coverage Determination Reviews**  
These reviews typically involve appeals whereby the health plan's Certificate of Coverage excludes the proposed or disputed service. The appeal may also involve care from a non-network provider because there was not an appropriate provider within the health plan's network. A single expert reviewer is usually required and this expert will be experienced in health benefit contract interpretation.

### **Additional Review Services**

**Quality of Care Reviews** – These reviews focus on the quality of care rendered by medical practitioners in a hospital or office setting and address issues related to standard of care, patient safety, medical errors and/or unintended outcomes. The reviewers consider generally accepted practice guidelines developed by the federal government, national or professional medical societies, boards and associations. They may be initiated by a health plan, insurer, physician network, hospital or medical facility. They may be performed in conjunction with performance evaluation, credentialing and continuation of hospital and procedure-specific privileges. These reviews are performed by an expert medical practitioner of the same or similar specialty as the treating practitioner. Reviews can be requested on a single case or on multiple cases with related diagnoses treated by a single practitioner or a group of practitioners. **IMEDECS** can also assist you with fraud reviews, a subset of the quality of care reviews, in which **IMEDECS'** expert reviewers provide medical opinions and/or testimony for legal proceedings.

**Medical Coverage Policy Evaluations** – **IMEDECS** expert reviewers evaluate client's internal clinical coverage criteria used to approve or deny healthcare services. Experts evaluate current scientific literature and practice guidelines and provide suggested criteria for policy inclusion. These reviews are not-patient specific. The review methodology may be evidence based, criteria based or opinion only, depending on Client requirements. Medical coverage policy evaluations can be conducted by a single expert reviewer or a panel of experts to provide a consensus of opinion.

**Coding Reviews** – **IMEDECS** provides coding review services for health care providers and managed care organizations. Using Certified Professional Coders (CPCs) trained in a variety of disciplines and with medical specialty expertise. **IMEDECS** reviews clinical, billing, and reimbursement documentation as well as nationally accepted and payor-specific standards in making determinations.

Review services are available on professional, outpatient facility, and inpatient charges and can be conducted on a case-by-case basis or as part of an audit, in conjunction with your compliance program.



**An IMEDECS Coding Review** may address any of the following:

- CPT and ICD-9 coding validation and linkage
- Appropriate use of modifiers
- Medical record documentation
- Bundling/unbundling
- Usual and customary review

### **Case Review Process and Turnaround**

**IMEDECS** allows clients to submit cases, receive reports and track case status in a secure manner through its HIPAA compliant client portal (website). The portal facilitates case processing by permitting document transfer between authorized users at **IMEDECS** and the client. Data and documents accepted by **IMEDECS** are entered directly into its Case Review Database from entry in the portal. Client users can access real-time information about the case's acceptance and status, upload additional documentation, and/or contact the **IMEDECS** representatives handling a case through the portal. Access to the portal is limited to representatives with authenticated user IDs and passwords. Information is available at various levels, with individual users' permissions determined and managed by the client. The portal's views are customized to the client's case review and reporting specifications.

The client's submission of the Case Review Request Form initiates the case review. The request form can be submitted by fax or entered by the client into **IMEDECS'** Case Review Database (CRDB) via the client portal. The information submitted (the enrollee's name, age, gender, diagnosis, treatment, treating provider, treating facility) populates the case review database and allows the recruitment and conflict of interest screening of an expert reviewer(s) for the case. Client specified turnaround times are also noted and tracked in the CRDB.

At the time of entry into the case review database, cases are assigned to a team consisting of a nurse (Case Review Manager) and an administrative assistant. That team will be responsible for the processing of the case through completion. The client is notified via fax or the client portal that the case was received by **IMEDECS** and informed of the unique identifier that was assigned to the case.

Upon receipt of required documentation from the client the Case Review Manager shall review the provided enrollee medical records and supporting information submitted by the client for completeness, legibility and relevance to the review. Any question(s) posed to the expert reviewer(s) by the client will be reviewed for appropriateness and clarity. The Case Review Manager will contact the client and request additional information deemed missing and essential to the review and will inform the client of any information that is noted to be illegible, or appears to be incomplete. Minimal acceptable information is medical documentation describing the enrollee's medical condition, course of treatment and proposed treatment. Procedures as defined by state statute (if applicable) for



missing/additional review documentation will be followed. Copies of the documentation will be made for each reviewer as necessary. The case is then recruited.

IMEDECS reviewers must complete a Conflict of Interest Disclosure (CID) prior to assignment of a case, they must attest to “no conflict of interest” specific to the case they are asked to review.

Before assigning a case, the potential reviewer must affirm that he/she has no material professional, familial, financial, or other affiliation with any of the following: the insurer; any officer, director, or management employee of the insurer; the physician, the physician’s medical group that is proposing the service; the facility at which the service would be provided; the development or manufacture of the principal drug, device, procedure, or other therapy that is proposed by the treating physician; or the member.

### **Quality Assurance**

The most important aspect of quality oversight for IMEDECS is the Case Review Manager. Each review is assigned a Case Manager, who ensures that the case conforms to the appropriate review parameters based on the state law and/or contractual provisions. In addition, because IMEDECS Case Review Managers are nurses, they guarantee clinical and medical issues are addressed as they arise, including requesting additional documentation when necessary, assigning cases to appropriate experts, and reviewing expert reports for compliance with quality parameters, format and proper citations.

IMEDECS also uses its Case Review Database for quality oversight. The database allows IMEDECS staff to track each case as it proceeds through the review process. When IMEDECS receives a case, our staff enters it into the CRDB, which automatically assigns the case a unique number for tracking and reference. The staff will also enter all the relevant tracking information on the case, including timeframe and due date, type of review (e.g., medical necessity or experimental/investigational) and number of expert(s) for assignment. The database prompts our staff when a case nears its due date, thus preventing the case from exceeding its turnaround time.

In addition to these tracking features, the database allows case review staff to enter narrative comments on various aspects of the case, such as requests for additional records, contacts from all relevant parties, or questions or problems posed by the expert. These comments can be compiled and summarized for reporting to the Quality Assurance Committee or management when potential quality issues are identified.

As part of its commitment to quality independent medical reviews, IMEDECS maintains an active and in-depth Quality Assurance (QA) Program. The QA program is supported by written policies and procedures, including standardized incident reports, the CRDB, and feedback and improvement mechanisms. The program ensures early problem identification, timely recognition of opportunities for correction and enhancement and ultimately a high-quality independent medical review based on an impartial, informed and clinically sound appeal mechanism.



All physician reports are reviewed by the Case Review Manager for clarity, completeness and accuracy of case summarization. If problems or questions arise regarding a reviewer report, the Medical Director will be consulted. The Medical Director will then interface with the reviewer to resolve any outstanding problems not resolved by the Case Manager.

### **Client Orientation**

Upon signing a new client, **IMEDECS** conducts a new client orientation specific to the intake process. The orientation acts as a mutual learning opportunity. During the meeting, held via conference call, representatives responsible for the appeals process from both organizations are introduced, and the client learns in detail about the intake process, avenues for case submission, and timelines for review, among other things. **IMEDECS** also gathers information during the meeting with respect to the client's requirements. The information gleaned allows **IMEDECS** to develop client-specific case review instructions and to customize the case review portal to meet the client's specifications.