SUPPLEMENTAL QUESTIONNAIRE FOR REMOTE SCREENING FOR RETINOPATHY OF PREMATURITY (ROP)

OMIC
OPHTHALMIC MUTUAL INSURANCE COMPANY
A Risk Retention Group

655 Beach Street
San Francisco CA 94109-1336

P.O. Box 880610
San Francisco CA 94188-0610

Phone: (800) 562-6642, ext. 639
Fax: (415) 771-7087

Email: omic@omic.com
Web: www.omic.com

OMIC requires special underwriting review of physicians requesting coverage for "remote screening" for retinopathy of prematurity (i.e., evaluation of an infant's ROP status by reviewing retinal photographs taken in the absence of a binocular indirect ophthalmoscopic examination). OMIC's professional liability policy extends coverage to ophthalmologists who provide ROP services when they use binocular indirect ophthalmoscopy to determine an infant's ROP status. Coverage also applies to insureds who provide second opinions by reviewing retinal photographs taken in conjunction with another ophthalmologist's BIO exam. ***Coverage of remote ROP screening is not included under the policy until and unless approved and specifically endorsed.***

1 Describe your training and experience specific to evaluation of digital fundus images:

_____

_____

2 Is your performance of remote screening conducted under an American IRB-approved protocol? ☐ Yes ☐ No

3 Which digital fundus camera system is utilized for image processing? _____

4 How many images are taken per eye per screening? _____ Iris _____ Disc _____ Fundus

5 Who provides backup grading when you are not available? _____

6 What alternate method is used to transfer images in the event of computer or network failure?

_____

7 For which hospital(s) do you provide remote screening services?

_____

_____

To be eligible for coverage of remote ROP screening services, you must comply with OMIC's standard underwriting requirements as outlined in items 10–19 of the Supplemental Questionnaire for Retinopathy of Prematurity and with the underwriting requirements specific to remote ROP screening as listed below (items 8–16). Please initial each item to confirm your understanding and agreement to abide by these requirements. Failure to comply with OMIC's underwriting requirements (other than deviations specifically approved by OMIC) or to notify OMIC promptly of changes in your ROP protocol or remote screening protocol may result in uninsured risk or termination of coverage.

8 Your use of telemedicine in the screening for ROP must **comply with the rules of the Health Insurance Portability and Accountability Act (HIPAA) and with Health Information Technology (HIT) standards and regulations**, including Digital Imaging and Communications in Medicine (DICOM), Health Level 7 (HL7), American National Standards Institute (ANSI) X12, Systematic Nomenclature for Medicine–Clinical Terms (SNOMED-CT).

Initial: _____

9 **Images must be archived and stored**, with scheduled, automated, off-site, redundant backup.

Initial: _____

10 The hospital must have a **written protocol specific to remote ROP screening**. The protocol must clearly assign roles and responsibilities for each task in the screening process; specify training requirements for staff involved in image acquisition; delineate workflows, scheduling, and acceptable response times; delineate procedures for managing "outliers" (e.g., infants with images inadequate for interpretation, patients with clinical fundus findings other than ROP, urgent cases, and atypical findings); and outline procedures for detecting and correcting system failures. **Please submit a copy of the remote screening protocol for OMIC's review**.

Initial: _____

11 **If images are not of sufficient quality** to safely determine whether the infant requires BIO or treatment, repeat imaging or bedside examination is required.

Initial: _____

12 **You must be notified promptly** by email, fax, or telephone when images are transmitted to you.

Initial: _____

13 You must **promptly acknowledge receipt of images**. Initial: _____

14 You must **transmit your report to the NICU within 24 hours**. Initial: _____

15 **If you are unable to review the images** within 24 hours of imaging, you must arrange for another ophthalmologist to evaluate the images within the specified timeframe.

Initial: _____

16 **Prior to discharge from the NICU**, each hospitalized infant who is screened remotely **must undergo at least one binocular indirect ophthalmoscopy (BIO) exam** to determine the suitability for termination of the acute phase of screening.

Initial: _____

I have read and currently comply with OMIC's underwriting requirements applicable to retinopathy of prematurity (ROP) and specific to remote screening for ROP.

_____ _____

Applicant's Signature *Date*

_____

Applicant's Name (Please type or print.)