Peer to Peer Conversations with a Network Health Physician

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) assures treating providers/practitioners have access to a Network Health physician for denial cases involving medical necessity (including experimental/investigational and non-participating) decision making.

Procedure Detail:

I. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) assures treating providers/practitioners have access to a Network Health physician for denial cases involving medical necessity (including experimental/investigational) decision making for the purposes of a peer to peer conversation.

A. Detail:

1. The purpose of a peer to peer (P2P) is for the provider to provide new information or clarify clinical presentation that wasn't available at the time of review or provide clarity to what was in the clinical record. It is not to reiterate information conveyed in the records that we have already received nor is it meant to be a debating forum. If providers disagree with our decision-making after we have reviewed all the pertinent clinical information, then an appeal/dispute is the appropriate course of action.
2. A P2P is available for medical necessity and experimental or investigational denials. This includes denials for services with non-participating providers/practitioners for plans with no out of network benefits available. If a service was denied as not a covered benefit or benefit exhaustion, the next step is appeal or provider dispute as a P2P is not available.
3. Ideally, the person completing the P2P is a treating physician or other practicing professional/designee (physician assistant, nurse practitioner, resident or fellow etc.). We understand that at times the treating physician is not available, and a clinical colleague will fill in for the P2P. The individual completing the P2P should be on staff at the facility or otherwise display firsthand knowledge of the clinical environment. We do not accept P2P from outside vendors (example: Optum) as they are not a clinical peer of the attending physician nor can

they speak to the nuances of care at the facility. There is little value in an outside party rereading the same clinical information we have already used in our determination.

4. The provider has seven (7) days from the determination date to request a P2P.
5. The specialist scheduling the P2P will specifically ask the caller if the physician or other P2P designee is on staff at the facility. Any concerns about the status of a physician should be confirmed by Network Health's credentialing department.
6. Network Health discourages the providers from giving us a pager # for our MDs to use for a P2P. However, if that is the ONLY method to get ahold of the provider we will allow it.
7. Network Health will conduct a P2P for a readmission denial. However, we will not make any determination one way or another until we have reviewed all the records from both stays.
8. Network Health will not conduct a P2P if an appeal/grievance has already been filed.
9. Network Health reserves the right to make temporary exceptions to any portion of this policy.
    a. Current exceptions:
        i. Ascension has seven (7) business days from the date of determination and we will accept R1 (outside vendor) to complete P2Ps on behalf of the facility.

Regulatory Body:
NCQA

Regulatory Reason:
UM 7

Department:	Origination Date:	Next Review Date:
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