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| Policy Title | Peer-to-Peer Review |
| Policy Department | Utilization Management |
| Effective Date | 9/17/21 |
| Revision Date(s) | 8/22/2016, 9/21/2016, 10/11/2017, 07/2/20, 7/13/21 |

Disclaimer:

Clover Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgement in rendering services. Providers are expected to provide care based on best practices and use their medical judgement for appropriate care.

Purpose:

This Policy and Procedure (P&P) establishes Clover Health's ("Clover") policy and procedure for Peer-to-Peer (P2P) Review.

Scope:

This Policy and Procedure applies to Medical Director (MD) discussions with the provider community.

Policy:

Clover's Medical Directors may discuss health plan operations, clinical decision making, and care management with the community.

Procedure:

Peer to peer reviews are available between Clover Medical Directors and provider physicians to discuss adverse prior authorization determinations and member care.

Prior to or after rendering a decision on an organization determination, the Clover Medical Director may contact the provider to discuss care management.

Peer to peer reviews allow provider physicians to provide additional information, a change in the member's medical condition or other pertinent information that may impact the prior authorization determination.

1. Post-Stabilization services for unplanned hospital admissions
 - a. Clover Health will contact the treating physician to have a peer-to-peer prior to issuing a denial for coverage of inpatient post-stabilization services rendered to a Clover member at an out-of-network hospital.

- b. Contracted providers may request a peer to peer review within 14 days after the denial has been issued. Contracted providers may contact Clover Health's Utilization Management department to schedule a peer-to-peer.
- 2. Notice of Medicare Non-Coverage (NOMNC) Terminations
 - a. If the member's medical condition changes after a NOMNC is issued, a Peer-to-peer may be requested by the provider.
 - i. To be eligible for the Peer-to-peer, initiation of Peer-to-peer Review for continued stay terminations are only valid if a timely NOMNC is received by Clover no later than noon of the service area on the day before the LCD.
 - b. If there is no change in the member's medical condition after a NOMNC is issued, the provider or member may file an appeal.

The Clover Peer-to-Peer Review policy and procedure along with any Medical Management practice guidelines are reviewed annually and presented to the Chief Medical Officer, Medical Management Committee, and Quality Improvement Committee with physician peers for consultation with respect to utilization management, enrollee education, coverage of services, and other areas in which the guidelines apply in accordance to Chapter 6 Section 20 of the Medicare Managed Care Manual.

References

[Medicare Managed Care Manual Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 80](#)

[Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, Section 20](#)

