

Peer Review Process — UM105

Subject: Peer Review Process	Effective: 9/15/2021
Policy #: UM105	Review Schedule: Annual or as needed

Policy: Colorado Access (COA) has procedures for which providers requesting services may consult with a utilization review physician.

Applicability:

All products for which Colorado Access does Utilization Review

Definitions:

Adverse Benefit Determination:	<p>Any of the following:</p> <ol style="list-style-type: none"> 1. The denial or limited authorization of a requested service, including the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit; or 2. The reduction, suspension or termination of a previously authorized service; or 3. The denial, in whole or part, of payment for a service; or 4. Failure to provide services in a timely manner as defined by the State; or 5. The failure to act within the timeframes defined by the State for the resolution of grievances and appeals; or 6. The denial of a member’s request to dispute a member financial liability (cost-sharing, copayments, premiums, deductibles, coinsurance, or other). 7. The denial of a member’s request to exercise his or her right to obtain services outside the network for members in rural areas with only one Medicaid managed care organization under the following circumstances: <ul style="list-style-type: none"> ○ The service or type of provider (in terms of training, expertise, and specialization) is not available within the network. ○ The provider is not part of the network but is the main source of a service to the member—provided that: <ul style="list-style-type: none"> ▪ The provider is given the opportunity to become a participating provider. ▪ If the provider does not choose to join the network or does not meet the Contractor’s qualification requirements, the member will be given the opportunity to choose a participating provider and then will be transitioned to a participating provider within 60 days.
Appeal	Request for review of an adverse benefit determination
Concurrent Review	Concurrent Review is the ongoing review of inpatient and outpatient episodes of care to determine if services and/or treatments are medically appropriate, occur in the appropriate setting, and are being administered by appropriate providers. Concurrent Review determinations are based solely on the medical information obtained at the time of the review. The frequency of reviews is based on the severity or complexity of the patient’s condition or on the necessary treatment and discharge planning activity regardless of the clinical setting.
Peer Review	The process by which a facility physician/prescriber has the ability to discuss the case with a Colorado Access medical director (this may not always be the same

	<p>medical director who rendered the denial), and present any information that may not have been clear in the initial request. This typically occurs via phone call. For prospective and concurrent review decisions, this considered part of the initial decision-making process, not part of the appeal process. Peer reviews may also be requested as part of the appeals process.</p>
<p>Prospective Review (also referred to as an initial review)</p>	<p>Utilization Review process that is conducted prior to a scheduled admission or course of treatment or service. Prospective Review is necessary for the pre-authorization of healthcare services to determine if services or treatments are Medically Necessary, planned in the appropriate setting and will be provided by participating providers, whenever possible. Prospective Review determinations are based solely on the medical information obtained at the time of the review. The frequency of reviews is based on the severity or complexity of the patient's condition or on the necessary treatment and discharge planning activity regardless of the clinical setting.</p>

Procedures:

I. General Procedures

- A. When a Colorado Access medical director issues a preliminary denial decision (adverse benefit determination), the Colorado Access utilization management reviewer will hold off on processing the formal denial letter until after the facility/provider has been verbally notified of the preliminary decision. During this verbal notification, the facility will be informed of the process by which to request a peer review with a COA medical director to discuss the case further and/or present any information that may have been unclear during the initial request.
- B. The Colorado Access medical director conducting the peer review will issue a formal decision at the close of the peer review call. This decision will either support the preliminary denial or reverse the preliminary denial and result in an authorization decision. If the peer review supports the preliminary denial decision, the denial will be formally issued via the required denial letters. If reversed, the reviewer will proceed with issuing the authorization per the peer review agreement.

II. Inpatient Hospital and Hospital Diversion (Acute Treatment Unit for adults, short-term residential for children and adolescents)

- A. Initial Review/Admission Decisions: COA aims for one-hour turnaround time for all inpatient decisions, 24 hours a day.
 - 1. In the event of a denial, facilities have the ability to request a peer review according to the following parameters:
 - a. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined by the requesting provider, the denial will be formally processed following the conclusion of the call.
 - b. If the denial is communicated via voicemail, the facility has two hours to return the call and request a peer review. If no request is received within the two-hour window, the denial will be formalized and processed accordingly.
 - c. If the peer review is requested Monday through Friday between the hours of 8:00 am to 4:00 pm, the facility will be given the Colorado Access medical director phone number to call for the peer review. Once a phone number is provided, the peer review must be initiated within an hour. If a peer review is requested but not initiated within the hour, the denial will be formalized and processed accordingly.

- d. If the peer review is requested Monday through Friday between the hours of 4:00 pm to 8:00 am or Saturday through Sunday (after hours), the facility must provide the name and phone number of the physician to contact for the peer review. The Colorado Access medical director will initiate the peer review call within one hour of the request.
 2. The opportunity to request a peer review lies with the entity who is requesting authorization for a given level of care. For example, if an emergency department (ED) or crisis walk-in center (WIC) requests admission to an inpatient or hospital diversion level of care, a peer review may be requested by the ED or WIC physician recommending this level of care. If an inpatient hospital requesting admission for a walk-in patient, the peer review may be requested by the inpatient hospital physician.
 - a. After a peer review is completed with (or declined by) the requesting entity and a denial is finalized, no additional peer reviews will be completed for the same UM decision. In other words, if a member is admitted despite denial, the admitting facility will not be granted an additional peer review, as the denial has already been finalized.
 - b. The admitting facility can file an appeal if they disagree with the admission denial; when the appeal is filed, a peer review can be requested as a part of the appeal process.
- B. Concurrent Review Decisions
 1. During a hospitalization, a member's clinical presentation may change rapidly and frequently and impact whether a member meets medical necessity for continued stay. Whenever possible, COA strives to have all concurrent reviews completed within the **same** business day the request is received in order to assure that the UM decision is reflective of the member's current clinical presentation. If the concurrent review results in a preliminary denial, COA strives to have peer reviews completed the same day that a denial is issued (as noted above, this helps reflect the members current clinical presentation most accurately). The following timeframes will be utilized for concurrent review:
 - a. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined, the denial will be formally processed following the conclusion of the call.
 - b. If the denial is communicated via voicemail, the facility has two hours to return the call and request a peer review. If no request is received within the two-hour window, the denial will be formalized and processed accordingly.
 - c. Peer reviews for concurrent review/step-down decisions are only conducted Monday through Friday between 12:00 pm to 3:00 pm.
 - d. If a peer review is requested prior to 12:00 pm, the peer review will be scheduled the same day during the 12:00 pm to 3:00 pm window.
 - e. If a peer review is requested after 12:00 pm, the peer review will be scheduled for the following business day between 12:00 pm and 3:00 pm.
 2. Once a peer review is requested, the facility will be given the Colorado Access medical director phone number to call for the peer review. If a requested peer review is not completed during the assigned 12:00 pm to 3:00 pm window, the denial will be formalized and processed accordingly.

III. Lower Levels of Care, Initial and Concurrent Review Decisions

- A. Per state and federal guidelines, standard prospective request decisions must be issued within 10 calendar days. We strive to make these decisions as soon as possible, averaging approximately three to five business days. Timeframes for these requests can also be extended up to 14 days if there is not enough clinical information to determine medical necessity.
- B. COA acknowledges that many of these services are often used to step a member down from a higher level of care (e.g., inpatient hospitalization). While state and federal guidelines allow for a 10-day turnaround time, we strive to issue these decisions in the most expeditious manner required by the member's clinical condition. If clinically warranted, facilities may be asked to abide by the peer review guidelines described in the Inpatient and Hospital Diversion – Concurrent Review section above.
- C. COA provides peer review opportunities for denials issued for these levels of care according to the following guidelines:
 1. Peer reviews for lower level of care review decisions are only conducted Monday through Friday between 12:00 pm and 3:00 pm. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined, the denial will be formally processed following the conclusion of the call.
 - a. If a peer review is requested prior to 12:00 pm, the peer review will be scheduled the same day during the 12:00 pm to 3:00 pm window.
 - b. If a peer review is requested after 12:00 pm, the peer review will be scheduled for the following business day between 12:00 pm to 3:00 pm (no exceptions).
 2. If the denial is communicated via voicemail, the facility has until 12:00 pm the next business day to request a peer review. If no request is received within the timeframe, the denial will be formalized and processed accordingly.
 3. Once a peer review is requested, the facility will be given the Colorado Access medical director phone number to call for the peer review and confirm the date and time of the peer review window. If a requested peer review is not completed within the assigned 12:00 pm to 3:00 pm window, the denial will be formalized and processed accordingly.

IV. Peer Reviews for Clinical Appeals (please reference ADM217 Member Appeal Process)

- A. When requesting a clinical appeal (either standard or expedited), a provider may also request a peer review with the physician reviewing the appeal.
- B. The Clinical Appeals Coordinator (or designee) will coordinate a time for the peer review based on the schedules of the COA physician and the requesting physician, not to exceed the timeframes allowed by the appeal type (for expedited appeals, 72 hours; for standard appeals, 10 business days).
- C. Peer reviews will not be conducted as part of the claim appeal process.

References:

UM102 Utilization Review Determinations

UM106 Member Appeal Process

Attachments:

N/A