

BIENVIVIR ALL INCLUSIVE SENIOR HEALTH

MEDICAL RECORDS

MED:	2.02-1	EFFECTIVE	9/10/2024	REVISED	8/12/2025	CORRELATE:
		DATE:		DATE:		YES

SUBJECT: Peer-to-Peer Reviews

POLICY:

If, following the Bienvivir Utilization Management (UM) review of an authorization request results in an “Intent to Deny” for the requested service, a Peer-to-Peer review will be offered to the requesting provider at the time the provider is notified of the “Intent to Deny”. The purpose of the Peer-to-Peer approach is to explain to the requesting provider why the service could not be approved and to determine if there is additional clinical information that was not unavailable at the time of review, which may result in a change in the decision.

Because it is essential to ensure timely communication of the Bienvivir UM Nurse decision to all parties, there are set timelines within which the Peer-to-Peer review must be (1) requested and (2) completed. If the Peer-to-Peer review cannot be completed within that timeframe, the denial will proceed forward with a letter to the requesting provider.

DEFINITIONS:

Participant: The individual enrolled in and covered by Bienvivir.

Expedited: Waiting for a decision under the standard timeframe could seriously jeopardize the participant’s life, health, or ability to regain maximum function.

Standard: The requested procedure will not seriously jeopardize the participant's life, health, or ability to regain maximum function within a reasonable timeframe, as defined by Bienvivir. Services must be provided as expeditiously as the participant’s health condition requires, considering the participant’s medical, physical, emotional, and social needs.

Prior Authorization: A provider request for a procedure, service, or item. Examples include surgery, procedures, imaging, Durable Medical Equipment (DME), or home health.

Concurrent Review: Participants are currently confined in a facility receiving care. Examples may include a hospital bed (inpatient or observation), skilled nursing stays, and inpatient rehabilitation admissions.

Medical Necessity:

1. Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
2. In accordance with generally accepted standards of medical practice

Peer-to-Peer: A verbal discussion between the requesting provider and the Bienvivir Medical Director (MD) / Primary Care Provider (PCP).

Last Covered Day (LCD): The last day approved by the Bienvivir UM Nurse. The LCD does not include the day of discharge.

PROCEDURE:

1. All contracted and non-contracted providers shall be afforded a Peer-to-Peer review when there is an "Intent to Deny" (prior authorization) or a "Denial" (confinements). In the case of a prior authorization request, if the requesting provider proceeds with the service or procedure being requested before the completion of the Peer-to-Peer review, it may result in a denial or delay in payment of claims due to no prior authorization in place.

a. Prior Authorization Peer-to-Peer Review Timeframes:

1. A request for a Peer-to-Peer review must be made within one (1) business day of the notice of the Intent to Deny.
2. A Peer-to-Peer review must be completed within five (5) business days of being requested.

b. Notification of Admission / Observation / Concurrent Review Peer-to-Peer Review Timeframes:

- i. A request for a Peer-to-Peer review must be made within one (1) business day of Bienvivir's notice that the stay has been denied.
- ii. A Peer-to-peer review must be completed as soon as possible but no later than three (3) business days after it is requested.
- iii. **Inpatient Notice of Admission:** If the Bienvivir PCP denies the request for inpatient admission and that decision is upheld on a Peer-to-Peer review, the admitting facility may request it be converted to an observation stay at the time of the Peer-to-Peer discussion. If the Bienvivir PCP agrees, an observation stay will be approved by mutual agreement. If parties cannot agree, the inpatient admission will remain denied.
- iv. **Continued Inpatient Stay:** If the participant remains in the hospital or post-acute facility past the Last Covered Day (LCD) AND that decision is upheld following the Peer-to-Peer review or a Peer-to-Peer review was not

completed, the hospital is responsible for those days. The participant is not liable and cannot be balance billed.

2. Prior Authorization Appeal Rights (Applies Only for Prior Authorizations)

- a. All prior authorizations denials will have clear explanation for participant rights explained in the denial letter.
- b. If a participant disagrees with the prior authorization denial, the next step is to submit a Service Determination Request (SDR).

STANDARDS:

- 42 CFR Part §460

ADDITIONAL GUIDELINES

- Social Security Act Sec 1862 [42 U.S.C. 14395y]
- 42 CFR Part §412
- National Coverage Determinations (NCD)
- Local Coverage Determinations (LCD)
- Local Coverage Articles (LCA), when used in tandem with LCD

Procedure Reviewed: _____ Date: 8/12/2025
Medical Director

Procedure Reviewed: _____ Date: 8/12/2025
Chief Executive Officer

Review/Revision History

Designated Committee Approval	Procedures Revised	Statement Amended	Attachment Titles	Correlates
CCI - 9/5/2024				MED 2.02
P&P - 8/12/2025				MED 110
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