# Discussing the Discussion Peer to Peer



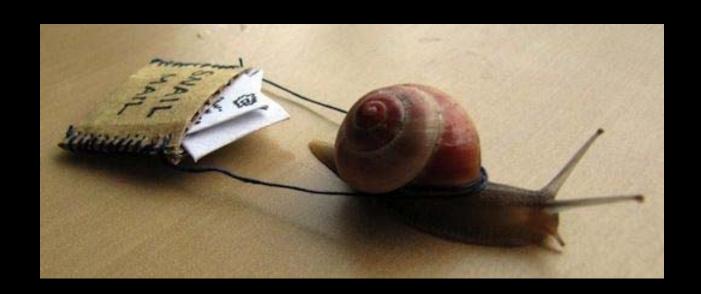
Michael Salvatore, MD Beebe Medical Center Lewes, DE



Substantial anecdotal data that Peer-to-Peer results in a higher rate of overturns



Many reports of denials overturned just by requesting Peer to Peer!



It is faster to talk than to write

Dear John,
Our time together has
can't continue seeing you
sorry that it has come to
don't feel the way I used
hope that you find some

They are called 'Dear John letters' and not 'Dear John calls' for a reason



Peer pressure works

#### P2P: The FACTS



Scant CMS Policy
Scant RAC Disclosure

### **FACT: Limited CMS Policy**



"... if the physician (or a physician employed by the provider) requests to speak to a physician, that request must be acted upon".

# FACT: CMS Region A COR



"There is no other written CMS or RAC policy surrounding this."

"We don't keep statistics on the overturn rate of P2P vs. written discussions...."

## **FACT: Limited RAC Policy**



"It's on our website" (FAQs)

RAC policy varies by Region

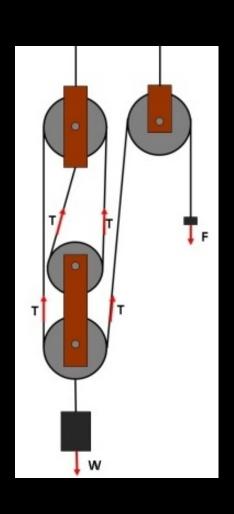
Will not disclose overturn statistics

"Employed" physicians are not consultants

#### So How Does P2P Work?



#### **How P2P Works**



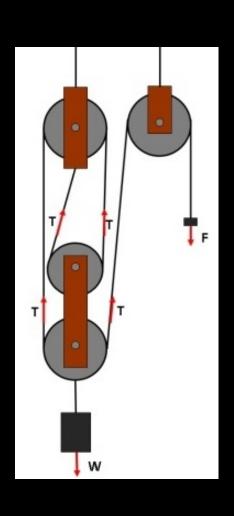
- 1) FAX P2P request
- 2) Scheduled by email
- 3) Conference call format
- 4) 1-2 minute presentation
- 5) 1-2 minute 'discussion'
- 6) The decision
- 7) Next case

#### What We FAX

"Facts of the case support admission under Medicare policy."

"We are requesting peer-to-peer."

#### **How P2P Works**



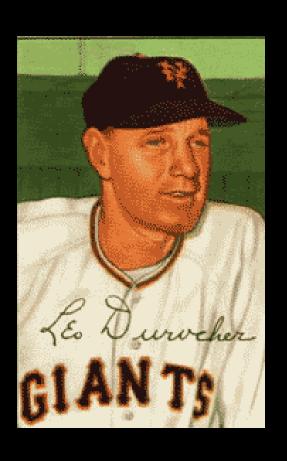
- 1) FAX P2P request
- 2) Scheduled by email
- 3) Conference call format
- 4) 1-2 minute presentation
- 5) 1-2 minute 'discussion'
- 6) The decision
- 7) Next case

## Peer to Peering



Verbal doctor duel Coders & RNs are 2nds Supporting facts, CMS policy, IQ & EBM **Supporting errors RAC** opinion = decision Tactics are helpful

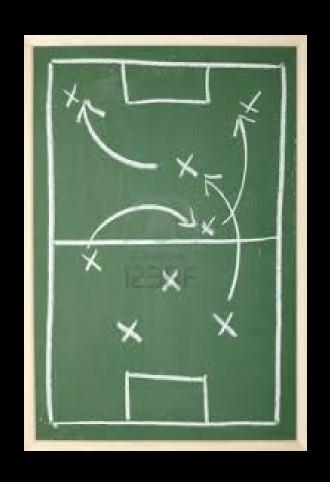
# Fundamental Principle of P2P



"You argue with the umpire because there is nothing else you can do about it."

Leo Durocher

## **Tactics for Arguing**



**Know your peer** Request strategically Never assume failure Know facts, policy & errors Know 'the' IQ/MCG cold Be tersely cogent **Graciously quarrelsome** 'Acquiesce' to the decision

### Ten P2P Take Aways

1. P2P = D2D

- 2. P2P is superior to writing letters
- 3. P2P policy and disclosure are scant
- 4. P2P is your right under CMS policy

5. Be pithy: facts + policy + errors

### Ten P2P Take Aways

- 6. Know the IQ/MCG that apply
- 7. Peer pressure works

8. Consider consultants

- 9. Use P2P exclusively (Doctor required)
- 10. Argue because that's all you can do

# Thank You For Your Attention



msalvatore@bbmc.org 302 542 4515