

September 29, 2022

Dear Providers

There have been recent discussions among the Care Management and Medical Management departments for our organizations regarding the performance of peer-to-peer discussions. Specifically, the question as to whether the treating provider is required to be part of the peer-to-peer process at the hospital was debated. We sought guidance from our Centene Corporate Compliance and Medical Affairs Departments. We are required to follow the corporate Centene policies regarding all appeals and UM processes unless they specifically conflict with state regulations. Accordingly, effective 10/1/2022 SilverSummit Healthplan will be following the attached policy for adverse determinations. The policy only allows for peer-to-peer discussions with the treating physician, so we will no longer allow those discussions with third party physicians. You can find this policy posted on our website and attached to this notification. If you have any questions, please outreach to provider relations for assistance. Whenever a peer to peer is requested, we will be asking for the treating physician's cell phone number and times which they are available for our medial directors to contact them.

The specific language in the policy, number IV, section B, indicates: "Treating practitioners are provided with the opportunity to discuss any UM denial decisions with a physician or other appropriate reviewer. Only the treating physician/provider may participate in this peer-to-peer discussion."

Here is a link to the policy: [Adverse Benefit Determination \(Denial\)](#)

Thank you,

Dr. Steven Evans  
Chief Medical Director  
SilverSummit Healthplan