Value-Added Benefits of Outsourcing Peer Review Services
Understanding the Value-Added Benefit of Outsourcing Peer Review Services

Think of the “pinch points” of your day. Outsourcing peer review services deliver value in three areas by easing some daily work pressures while greatly benefiting your organization.

- Independent focus on new federal, state, and local regulations for specific processes
- Lowering infrastructure maintenance expenses through independent oversight of systems
- Third-party verification of quality and risk-management metrics

The ever-changing healthcare industry attacks your organization’s infrastructures on too many fronts at the same time. Regulations change. Reimbursements fluctuate. Hardware upgrades fight obsolescence. Software updates fight hackers. Nothing stays “fixed” for very long.

Finding a trusted partner focused on stabilizing the review processes take a huge load off your radar.

If done well, the out-sourced peer review process runs as a critical component building a structured foundation for quality improvement, risk mitigation, and decision-making. If left to its own devices, without the appropriate resources or objectivity, the peer review processes can undermine credibility, advance unsupported or suspect practices, and negatively impact expenses. The lost trust can be devastating and require months, if not years, of rebuilding.
Choosing a Peer Review Services Partner

Reducing costs, mitigating risk and enlisting expertise without breaking the bank are typically the first decision points that propel health plans to choose an outsourced, Peer Review Services partner. What health plans quickly learn, however, is that they also benefit when the new peer review relationship creates a seamless, efficient process and produces a high level of confidence in their claims reviews and appeals.

Initially, the process of selecting a Peer Review Services partner that most suits your needs can be as simple as asking several key questions:

1. Are they accredited?
2. Do they have extensive knowledge of today’s regulatory and evidence-based practice guidelines, and are they consistent in how they use that knowledge during the review process?
3. Do they have an extensive network of clinical expertise, including behavioral health subject matter experts, that meets the needs of your covered lives and the current services and practices of your client healthcare organizations?
4. How will they interface with your current processes and your staff, report to you and ensure data security?
5. Will their process (turn-around time, reporting, training and support) meet your expectations and those of your clients?

As your search deepens, other elements may come into play, such as your level of confidence in their ability to meet the unique aspects of your business.

Accreditation

Accreditation by an organization that is independent of the industry, such as URAC, is vital to ensuring a high degree of confidence by regulators, organizations and consumers in the evaluation process. Accreditation is a rigorous, comprehensive and transparent evaluation of an organization to ensure it is meeting pre-determined criteria and national standards of excellence.

In the case of selecting a Peer Review Services partner, accreditation supports the integrity of that organization’s reviews. The thorough evaluation organizations embark on when they submit for accreditation reinforces that the organization:

- Is free from conflicts of interest
- Has established qualifications for its physician reviewers
- Has the expertise to appropriately address medical necessity, evidence-based care, and experimental/investigational treatments
- Has identified reasonable turn-around times for standard and rapid reviews, and for the appeals process

While accreditation can facilitate organizational quality improvement, it also is a good measure by which to compare two or more organizations that are vying for your business.
Knowledge and Consistency
The growth in outcomes research and the bigger role federal, state and local agencies play in regulating healthcare delivery have made it a challenge for every health plan, hospital and medical practice to keep up with the latest clinical discoveries or regulatory changes. A Peer Review Services partner must be committed to continuous education and to identifying reviewers that are knowledgeable about all levels of regulation and the most current literature describing the latest in evidence-based therapies.

Using outdated regulations or old evidence-based research as the basis for supporting or refuting a claims action, almost guarantees risk. Whereas, a quality Peer Review Services partner that is steeped in the most current knowledge ensures your claims are accurately reviewed, which mitigates risk and reduces associated costs due to a potentially lengthy appeal process.

A Network of Expertise
One of the more significant challenges for an organization trying to maintain an in-house peer review program is building a panel of physician reviewers that represents all of the healthcare needs of its covered lives. It is an expensive proposition to hire highly qualified specialists in each discipline.

Most Peer Review Services partners are better able to build networks that include an extensive array of practicing, board-certified specialists, including behavioral health specialists, physicians, medical subspecialists, experts in pharmacology and other supporting disciplines, and individuals well versed in Medicare and Medicaid requirements. They also have the administrative capacity to train specialists to appropriately review claims, and also to perform internal audits to ensure the physician reviewers are producing quality reviews. This is particularly important in behavioral health, where reducing ineffective or unnecessary therapies, or obviating the application of the wrong level of care can realize a significant cost savings.

While cost reduction associated with supporting in-house reviewers is a key benefit of using a Peer Review Services partner, eliminating the perception of bias is equally important. A Peer Review Services reviewer is independent of the health plan, the healthcare organization and the patient. In essence, that impartial reviewer becomes your key witness in support of your claims decisions.
Meeting Your Expectations

How well a Peer Review Services partner meets your expectations will depend on how well they interface with your organization. As with any industry, it comes down to service. Asking a Peer Review Services partner to share their metrics for measuring service levels will provide great insight into what matters most to them as an organization.

- What are their hold/abandonment rates for routine phone calls?
- How long does the review process take for standard and rapid claims, or the appeals process?
- Do they follow URAC turnaround timelines?
- Do they have the staffing infrastructure to effectively handle their call volume and/or support your administrative needs, and the technology infrastructure to meet reporting and security expectations?
- Do they perform random case audits, measure concordance rates and track turn-around times?

When selecting the best Peer Review Services partner to work with your organization, you will need to ensure that they are accountable to the program elements and level of service essential to building a solid relationship. Creating a matrix of expectations and then meeting them with full transparency will build trust and cement the relationship.

The strength of that relationship will, of course, depend on the quality of the reviews; however, it will also be influenced by the personalized service. A Peer Review Services partner that is dedicated to effective communication, timely response to questions and concerns, and an easy roadmap for personal interactions builds respect and enhances its value.
Technology

Service quality is often the first element that weakens a partnership. With peer review, service quality is reflected in personalized service and in the technology that supports the review, the reporting process, and the interface between the Peer Review Services partner and its client. A quality Peer Review Services partner has the technology infrastructure to support electronic transmission in a data-secure environment, trained information-technology (IT) personnel who understand the significance of safeguarding personal health information (PHI), and complying with all HIPAA requirements.

Health plan senior leadership may find it helpful to enlist their own IT personnel to help evaluate a Peer Review Services partner’s technology capabilities and commitment to data efficiency, accuracy and security. Each organization must establish its own list of technology must-haves, such as:

- A standard suite of reports on a set schedule that produces the data points needed to identify improvement areas
- Custom reporting capabilities for unanticipated needs and data-driven decision making
- Data entry that improves your internal work flow, standardizes data entry, reduces manual entry and minimizes the risk of errors
- Embedded efficiencies, such as automated responses and notifications regarding submitted and completed reviews
- Dedicated dashboards and medical necessity criteria for service lines that are both accurate and dynamic to reflect changing research and regulations
- Access to the system 24 hours a day and seven days a week if your business is dependent on that level of service
- A disaster recovery plan that minimizes risk and down-time

Building a Partnership Based on Expertise and Trust

In healthcare — as in life — trust is an essential building block to quality relationships. Patients need to trust that their providers are properly diagnosing and using the best possible therapies for their particular needs. Hospitals and clinical practices need to trust that the health plans they accept have effectively communicated plan benefits and that they are appropriately responding to claims. And health plans need to trust their claims process is transparent and unbiased.

Peer Review Providers influence each of those trust building blocks. As “outsiders,” Peer Review Providers offer expertise that is independent of the health plan, the hospital and the patient. Their sole purpose is to use all available expertise to evaluate claims based on the most current evidence-based practices and national, state or local regulatory guidelines. That level of service builds trust, and also builds confidence that decisions are both rational and equitable.
Enlisting a Peer Review Services partner as a quality provider meets your needs for conducting quality review, pursuing quality improvements and delivering value-added benefits to your healthcare clients. Your organization’s specific needs drive the relationship, whether it’s:

- Adopting advanced technology solutions
- Enhancing the quality and consistency in claims reviews
- Improving response times in order to comply with turn-around times defined by regulatory agencies
- Expanding the network of board-certified specialists — including hard-to-find experts, such as behavioral health — who have the expertise and skill to perform claims review, while avoiding the associated costs of compensation
- Reallocating support staff to focus on other high-priority needs

And — most importantly — limiting your risk associated with claims denials and appeals, and eliminating the perception of any conflict of interest.

Your Peer Review Services partner works for you and with you to meet your goals. A Peer Review Services partner is more than an independent contractor. It is a trusted advisor that puts your vision and interests first. And, it is a smart, long-term investment in a service that will empower your organization to focus your resources and expertise more efficiently, while growing your business and your relationships with your clients and their patients.
About BHM

BHM Healthcare Solutions, Inc., founded in 2002, provides peer review and healthcare consulting services to health plans, providers, ACOs, TPAs, worker compensation and other insurers nationally. With our services, BHM emphasizes value, quality, and affordable pricing.

BHM assists clients reacting to healthcare regulation problems and those wanting to proactively improve operational efficiencies.

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