

## POLICY AND PROCEDURE

<b>DEPARTMENT: Claims</b>	<b>REFERENCE NUMBER: FL.CLMS.07</b>
<b>EFFECTIVE DATE: 6/1/21</b>	<b>P&amp;P NAME: DOC-TO-DOC REVIEWS</b>
<b>REVIEWED/REVISED DATE:</b>	<b>RETIRED DATE:</b>
<b>BUSINESS UNIT: SUNSHINE HEALTH PLAN</b>	<b>PRODUCT TYPE: MEDICAID, MARKETPLACE</b>
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b>	

**SCOPE:**

Sunshine Health Plan – Doc to Doc Review

**PURPOSE:**

The purpose of this policy is to define the Sunshine Health Plan Doc to Doc review process when claim or appeal outcomes are in dispute regarding medical necessity outcomes or utilization issue. The Doc to Doc review process is the final discussion with medical director to review all available information submitted to support medical necessity for the requested services. A doc to doc discussion may address a potential request for services, requests under review or a claim denial.

**PROCEDURE:**

1. Once a denied claim and all appeal levels have been exhausted by Sunshine Health, if contractually noted a Doc to Doc review can be requested for dates within 365 days from date of payment (EOP). There are no exceptions made for the dates of service that can be reviewed.
2. Appeals that have previously reviewed by a clinician and the denial decision has been upheld will not be reviewed again.
3. To initiate the Doc to Doc process, provider should make outreach to the Claim Ops team mailbox (Sunshine Provider Relations [Sunshine\\_Provider\\_Relations@sunshinehealth.com](mailto:Sunshine_Provider_Relations@sunshinehealth.com)) or plan PR contact. Sunshine Health is requesting the following documentation to initiate the process:
  - Appeal determination letter and any new additional documentation for the review (please include with new documentation the justification for MD review)
  - Member, claim and authorization information
  - Dates of service
  - Brief summary of reason for Doc to Doc discussion
4. The determination of Doc to Doc is final and no other clinical review will be permissible, final determination letter will be sent outlining outcome.

**REFERENCES:**

**ATTACHMENTS:**

**SUPPORT/HELP:**

<b>If you need help with:</b>	<b>Contact:</b>
Questions about this policy	Sunshine_provider_relations@sunshinehealth.com

**REGULATORY REPORTING REQUIREMENTS:**

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document, Annual Review, or Ad Hoc Review		
New Policy	New	5/24/2021

## **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.