



How Do Providers Request and Schedule A Peer-To-Peer Review:

- **Aetna Better Health of IL (ABHIL):**

A request for a peer-to-peer must be received within two business days of the receipt of verbal and/or written notification of a denial. The peer-to-peer may be conducted by the attending physician/clinician or other independently licensed clinician delegated by the attending physician/clinician.

The provider or designee must call the dedicated line at 1-833-459-1998, option 3 to request/schedule the peer-to-peer. The caller must have the member's name, ABHIL ID number, and authorization number for scheduling. The peer-to-peer is scheduled at a date and time suitable for both parties. The Medical Director contacts the provider via phone during the scheduled time to conduct the peer-to-peer discussion. Based on the information provided, the Medical Director will render a determination and notify the provider.

NOTE: If Peer-to-Peer request is received more than two business days following the verbal and/or fax notification of a denial, they will be instructed to follow the appeal process.

- **BCBSIL:**

To support the decision process, BCBSIL gives providers the opportunity to discuss UM determinations with a peer physician. Providers can schedule one peer-to-peer discussion per adverse determination. A provider may initiate a peer-to-peer discussion by calling 800-981-2795. The peer-to-peer discussion process is as follows:

If a decision rendered by the BCBSIL Medical Director is an adverse determination, providers are allotted an additional seven calendar days from the notification of the adverse determination to schedule and complete a peer-to-peer discussion. Providers will be notified by phone or fax of the date and time in which a peer-to-peer discussion is available. Peer-to-peer discussions are for requests where clinical information was submitted with the original request. If no clinical information was submitted with a request, a peer-to-peer discussion is not permitted. It is the responsibility of the requesting provider to submit clinical documentation to substantiate a request for services at the time of the service authorization request. Providers will be notified during the peer-to-peer scheduling of when to submit up-to-date clinical information prior to the peer-to-peer discussion. Additional clinical information will not be reviewed by the utilization

management team if the initial determination was an adverse determination due to failure to submit clinical information with the original request.

Alternative options: If a provider wishes to forego the peer-to-peer discussion and wishes to submit an updated clinical packet for review, the BCBSIL Utilization Management team will review one packet of additional supporting documentation after the adverse determination. The clinical packet must be submitted within seven days of the adverse determination by fax only to 312-233-4060, and the fax cover sheet must be clearly identified as the wish for a clinical re-review in lieu of a peer-to-peer discussion.

▪ **CountyCare:**

Upon an adverse determination, UM staff will notify provider via phone call of appeal options which include peer-to-peer; this phone call notification is also followed up with instructions in the denial letter of how to request a peer-to-peer. This is a NCQA health plan requirement and standard language in all letters.

Providers may request a peer-to-peer by calling 1-855-444-1661 Option 5 within two (2) business days of the initial denial being rendered. Peer-to-peer requests are often requested at the time of the initial denial. Any requests received after two (2) business days from notice of the Adverse Benefit Determination will be handled as an Appeal (unless otherwise specified by the plan).

Upon verbal request for a peer-to-peer, the Nurse Care Advisor will search for the authorization in Identifi and verify the request for peer-to-peer is being made within the timeframe allotted by examining the adverse decision date. If the request is timely, the Nurse Care Advisor will add the peer-to-peer request in Identifi selecting the Medical Director who will perform the peer-to-peer conversation, and include the following information:

- Caller Name
- Caller Number
- Business Name
- MD/Provider Name
- MD Contact Number
- Best Times to Call (2-hour window)
- Issue/Concern

If the assigned Medical Director is out of office on the day of the scheduled peer-to-peer conversation, the UM Nurse Care Advisor will coordinate the peer-to-peer with another Medical Director assigned to work the health plan cases that day.

If the request is not timely, providers are advised to follow the directions on the adverse determination letter to file an appeal.

All peer-to-peers will receive verbal notification of the peer-to-peer decision by either the MD or Nurse Care Advisor.

- **Humana:**

The nurse that is reviewing the case should be in contact with the requestor. If not meeting for services, the nurse will make outreach to the requestor about the case before a final denial decision and provide the peer-to-peer process.

For outpatient cases, they should reach out to that specific nurse to set up the peer-to-peer. Otherwise, they can call CIT's main # at 800-523-0023 to get to the correct nurse to initiate the peer-to-peer.

For inpatient or post-acute cases, the provider is offered a peer-to-peer discussion via phone or fax and is given the dedicated toll-free peer-to-peer number 800-901-3864. The provider is contacted with a window of time when the Medical Director will be available, obtains best call-back number for the provider, and schedules a window of time when the Medical Director will be available to return the provider's call.

- **Meridian:**

Practitioners are provided with the opportunity to discuss any medical, behavioral health or pharmacy UM denial decision with a physician or other appropriate reviewer. The Medical Director or appropriate practitioner reviewer (behavioral health practitioner, dentist, pharmacist, etc.) serves as the point of contact for the peer-to-peer discussion. This is communicated to the practitioner at the time of verbal notification of the denial, as applicable, and is included in the standard denial letter template.

- **Molina:**

To schedule a peer-to-peer discussion with a Molina Medical Director regarding an adverse determination, the treating/requesting provider may call 855-866-5462, then press 0 (Other Questions) > 4 (Authorizations and Admissions) > 4 (Peer-to-Peer reviews), within five business days from the denial notification.