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

- **Aetna:**

  Provider would call the Aetna P2P line at 959-299-7046 to schedule the P2P before the date/time provided in the initial intent to deny (our "cut time"). A Physician, Resident Physician, Advanced Practice Nurse or Physician Assistant delegated by the physician to complete the discussion on their behalf can contact our Medical Director.

  Once the provider calls and request the P2P, our intake analyst will get their MD name and direct contact information. The intake analyst will also confirm with the provider when the peer to peer needs to be completed by. The Aetna MD that denied the case is then notified to contact the provider, and of the deadline to complete the peer to peer. Our MD

- **BCBS:**

  Peer-to-Peer can be scheduled by calling the scheduling line at Phone Number: 800-981-2795

  When the BCBS UM Dept calls to notify of a denial, the instructions and timeframes for scheduling a peer-to-peer review are also given to the provider's staff, if the provider knows at that time that a peer-to-peer is requested, the BCBS UM staff can also help in connecting the provider staff to the scheduling line.

- **CountyCare:**

  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.

- **Humana:**

  The nurse that is reviewing the case should be in contact with the requestor. If denied, the nurse will make an outreach to the requestor about the denial and provide the peer-to-peer process. 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.

- **Illinicare:**

  A peer-to-peer review can be conducted with the treating/attending/ordering practitioner. The treating/attending/ordering practitioner has the right to a peer-to-peer review with the appropriate Medical Director after a denial of services notification has been issued. The treating practitioner may be a physician, Nurse Practitioner or Physician's Assistant. A request for Peer to Peer must be received within two business days of the receipt of a verbal and/or fax notification of a denial. If Peer to Peer request is more than two business days, the treating/attending/ordering practitioner will need to follow the appeal process. Administrative denials, denials for insufficient/lack of clinical and denials

- **Meridian:**
  The provider calls a designated number to request a P2P and is either scheduled for a convenient time for the provider, transferred directly to the Medical Director if he or she is available at the time of the provider's call or advised the Medical Director will give them a call-back within 24 hours.

- **Molina:**

  To dispute a pre-service authorization request or inpatient request denial, providers may choose one of the following two options:

  1. Reconsideration Review, or
  2. Peer to Peer Review

  Reconsideration Review Providers may request a reconsideration for denied services by faxing additional clinical documentation to support the requested service/level of service to Molina UM at (866) 617-4971. Please clearly indicate "RECONSIDERATION" on the fax cover sheet for expedited routing and processing. The information must be new/additional information from the previous submission and support the medical necessity of the requested services.

  Inpatient Requests: Reconsideration requests for denied inpatient services must be submitted within five business days and only while the member is still in the hospital.

  Pre-service Requests: Reconsideration requests for denied pre-service authorization requests for services must be submitted within five business days from the date on the denial notification.

  Peer to Peer Review After receiving an authorization denial, the treating/requesting provider may request to speak with a Molina Medical Director regarding the adverse determination. This review is an opportunity for the treating/requesting provider to discuss the denial rationale with a Molina Medical Director and is completed via phone call.

  Inpatient Requests: For denied Inpatient services, the peer to peer call must be requested within five business days from the denial notification and only while the member is in the hospital.
  Pre-service Requests: For denied pre-service authorization requests, the peer to peer call must be requested within five business days from the denial notification.

Please note: Peer to peer or reconsideration requests will not be granted for administrative denials such as: no or late notification, no or insufficient clinical documentation received, or Illinois Medicaid non-covered services.

To request a peer to peer review between the treating/requesting provider and a Molina Medical Director, please call us at (855) 866-5462, option 1 for Medicaid then, option 4 for our UM Department. You will need to provide us with the following information for the peer to peer review:

- ✓ Member name, date of birth and Molina ID
- ✓ Molina authorization number from the denial notification and date of service
- ✓ Treating/requesting physician's name and direct phone number
- ✓ The best date and time (1 hour time window) for the Molina Medical Director to call between the hours of 7 am – 6 pm, CST
- ✓ Behavioral health peer to peer requests allow the treating psychiatrist to contact the Molina Behavioral Health Medical Director within one business day, when the psychiatrist is available Additional Denial Dispute Options
- ✓ The reconsideration review and peer to peer review options end after five business days from:
- ✓ The date of the denial notification, or
- ✓ The member's discharge from the hospital.

Providers choosing to dispute a pre-service request denial after five business days from the denial notification can submit an appeal within 60 calendar days from the date of denial as outlined in the notification.

Hospitals/Providers choosing to dispute an inpatient denial request after the member's discharge from the hospital can submit an appeal within 60 calendar days from the date of denial as outlined in the denial notification.

Provider Memorandum

Updated Molina Policy Regarding Reconsideration and Peer to Peer Review

Line of Business Impacted: Medicaid

Molina Healthcare of Illinois (Molina) would like to remind providers of our Reconsideration and Peer to Peer Review Policy for denied authorizations or inpatient request.

To dispute a pre-service authorization request or inpatient request denial, providers may choose **one** of the following two options:

1. Reconsideration Review, or
2. Peer to Peer Review

Reconsideration Review
Providers may request a reconsideration for denied services by faxing additional clinical documentation to support the requested service/level of service to Molina UM at (866) 617-4971. Please clearly indicate "RECONSIDERATION" on the fax cover sheet for expedited routing and processing. The information must be new/additional information from the previous submission and support the medical necessity of the requested services.

- Inpatient Requests: Reconsideration requests for denied *inpatient services* must be submitted within five business days and **only while the member is still in the hospital**.
- Pre-service Requests: Reconsideration requests for denied *pre-service authorization requests* for services must be submitted within five business days from the date on the denial notification.

Peer to Peer Review
After receiving an authorization denial, the treating/requesting provider may request to speak with a Molina Medical Director regarding the adverse determination. This review is an opportunity for the treating/requesting provider to discuss the denial rationale with a Molina Medical Director and is completed via phone call.

- Inpatient Requests: For denied *Inpatient services*, the peer to peer call must be requested within five business days from the denial notification and **only while the member is in the hospital**.
- Pre-service Requests: For denied *pre-service authorization requests*, the peer to peer call must be requested within five business days from the denial notification.

Please note: *Peer to peer or reconsideration requests will not be granted for administrative denials such as: no or late notification, no or insufficient clinical documentation received, or Illinois Medicaid non-covered services.*

To request a peer to peer review between the treating/requesting provider and a Molina Medical Director, please call us at (855) 866-5462, option 1 for Medicaid then, option 4 for our UM Department. You will need to provide us with the following information for the peer to peer review:

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Additional Denial Dispute Options

The reconsideration review and peer to peer review options end after five business days from:

- The date of the denial notification, or
- The member's discharge from the hospital.

Providers choosing to dispute a *pre-service* request denial after five business days from the denial notification can submit an appeal within 60 calendar days from the date of denial as outlined in the notification.

Hospitals/Providers choosing to dispute an *inpatient* denial request after the member's discharge from the hospital can submit an appeal within 60 calendar days from the date of denial as outlined in the denial notification.

Providers choosing to dispute a *post-service* claim denial can submit a dispute within 90 days of the original remittance advice. Post service disputes can be submitted via Molina's Web Portal or via fax at (855) 502-4962. The claims dispute request form can be found here, https://www.molinahealthcare.com/providers/il/PDF/Medicaid/Claims_Dispute_Request_Form.pdf.

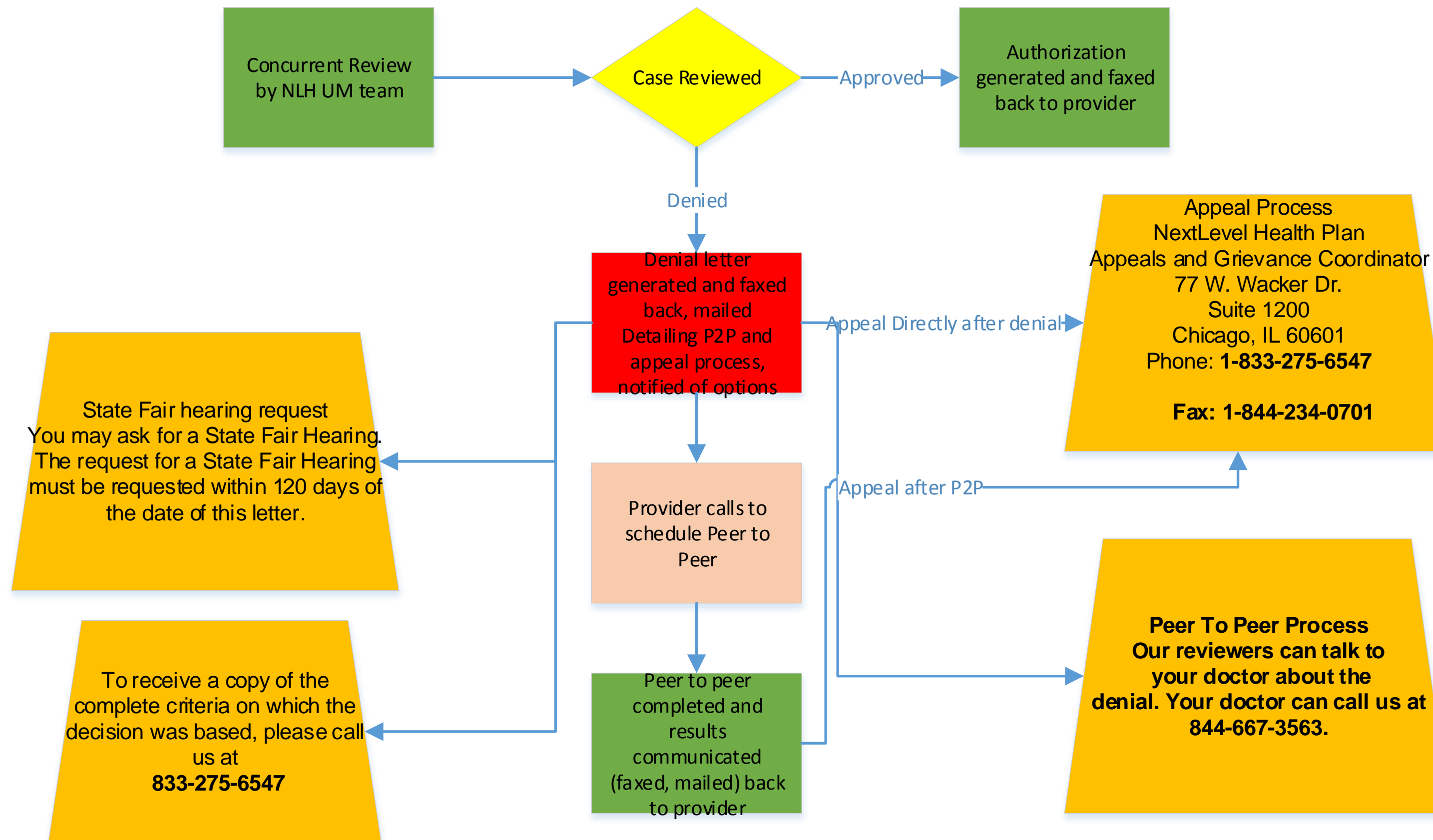
Questions

Providers with additional questions, may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina's Service Area page.

- NextLevel Health:

Peer to Peer Process flow NLH



NLH Timeliness of UM Decision Making (Receive, review, fax back response)

1. For urgent concurrent review, the organization makes decisions within 24 hours of receipt of the request.
2. For urgent preservice decisions, the organization makes decisions within 72 hours of receipt of the request.
3. For nonurgent preservice decisions, the organization makes decisions within 15 calendar days of receipt of the request.
4. For postservice decisions, the organization makes decisions within 30 calendar days of receipt of the request.