



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. The peer-to-peer discussion process is as follows:

- **What is a Peer-to-Peer?** If a decision rendered by the BCBSIL Medical Director is an adverse determination, providers are allotted an additional seven (7) calendar days from the notification of the adverse determination to schedule and complete a peer-to-peer discussion with a BCBSIL Medical Director. Peer-to-peer discussions are allowed for requests where clinical information was submitted with the original request. If a request was denied for missing clinical information or due to failure to request prior authorization, a peer-to-peer discussion is not permitted.
- **Scheduling a Peer-to-Peer Discussion:** Providers will be notified by phone or fax of potential adverse determinations and given the deadline for completing a peer-to-peer. Providers must call 800-981-2795 to schedule a peer-to-peer discussion. Please have the BCBSIL Member Name, ID, Authorization Number and at least three

date/time options that work for your physician before the peer-to-peer deadline when calling to schedule.

- **Alternative Options:** BCBSIL understands that scheduling a peer-to-peer discussion may not always be possible. If a provider wishes to forego the peer-to-peer discussion with a BCBS Medical Director, and instead 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 state ***“Request for Clinical Re-Review”***.

Please find more information about our Utilization Management, Prior Authorization and Clinical Review processes, including helpful tips, on the BCBSIL website:

<https://www.bcbsil.com/provider/network/network/medicaid>.

▪ **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. To schedule a peer-to-peer consultation with Meridian Medical Directors, the provider has 5 calendar days after notification of an adverse determination to request a peer-to-peer. Providers can call for scheduling:

- Meridian Medicaid discussions: 833-541-2297.
- Ambetter and Medicare discussions: 833-541-2297 Option 4.
- YouthCare discussions: 312-423-0636 or 312-423-0609.

▪ **Molina:**

Within five (5) business days of the adverse determination, providers can schedule a peer-to-peer discussion with a Molina Medical Director regarding an adverse determination:

- Option 1: Online at: [Scheduler Form \(molinahealthcare.com\)](https://www.molinahealthcare.com/scheduler)
- Option 2: Phone 1-855-866-5462, option 0 (Other Questions) > 4 (Authorizations and Admissions) > 4 (Peer-to-Peer reviews)