



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Update on Molina's Peer-to-Peer and Reconsideration Process Effective 11/4/19 (Medicaid/Marketplace)

For Medicaid / Marketplace members: Molina Healthcare of Washington has implemented changes in the Peer-to-Peer process for conversations between our Medical Directors and a MD/DO, Nurse Practitioner, or a Physician Assistant directing the care of our members. **We have lengthened the time period to request a Peer-to-Peer from 3 business days to 5 business days for those patients who have been discharged.**

Scheduling a Peer-to-Peer

Please continue to call (425) 398-2603 to request and schedule a Peer-to-Peer discussion. Molina Medical Directors will be available to schedule a Peer-to-Peer Monday through Friday from 9 a.m. to 4 p.m. PST, excluding holidays. For Advance Imaging (AI) authorizations, please call (855) 714-2415 (enter 92 for WA). A Molina Medical Director will call you at your scheduled date and time, at the direct number provided.

When scheduling a Peer-to-Peer, you will be asked to provide:

- Member name, date of birth, and Molina ID number if available
- The authorization request the provider would like to discuss
- New clinical information to be faxed for review prior to the Peer-to-Peer
- Direct contact number for the provider (not a pager)

NOTE: Peer-to-Peer will not be scheduled if a formal member appeal has already been filed. Peer-to-Peer discussions are for medical necessity denials, not administrative denials.

The Peer-to-Peer and Reconsideration Process

For Medicaid / Marketplace members: In order to avoid the appeal process, the requesting provider has 10 business days for inpatient, or within 5 business days of discharge and 10 business days of pre-service from receipt of the adverse benefit determination (denial) notification (verbal or fax notification), or any time before a decision is made, to schedule a Peer-to-Peer.

If the Peer-to-Peer request is made more than 10 business days after the adverse benefit determination (denial) notification (or the member has discharged more than 5 business days from an inpatient facility):

- Molina will instruct the requesting provider to file an appeal on behalf of the member. You must have written consent from member to appeal on their behalf.
- Once an appeal is formally requested and filed, any notes from the Peer-to-Peer will be reviewed during the appeal process.
- If a Molina Medical Director requests additional information during a Peer-to-Peer, the additional information must be submitted to Molina within 2 business days of the discussion in order to be considered during the Peer-to-Peer process. If the information is received after this timeframe, the initial decision will be upheld.

If you have any questions, please call Molina at (800) 869-7185, Monday through Friday between 8 a.m. and 5 p.m. PST. Thank you for your continued service to Molina members.