

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.

* The only exception to this requirement are *short stays* (two days or less) where the notification of non-coverage is received by the provider after the member has been discharged.

** Although the peer to peer review must be **requested** within five business days, it may not be completed within this time frame due to scheduling constraints between the provider and Molina.

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.

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](#).