

## “At-A-Glance” Dispute Process for Prior Authorization Denials

Dispute Option	When to Use	Submission Timeframe	How to Request	If denial is upheld, next step
<b>Reconsideration</b>	This is the preferred option to dispute the denial of an authorization request and to provide missing/new/updated information.	15 business days of the denial	Follow instructions on the denial letter	If the reconsideration upholds the initial denial, may request P2P or submit an Appeal
<b>Peer-to-Peer (P2P)</b>	Via phone call with a medical reviewer, dispute either the denial of the initial authorization request or the upheld denial of a Reconsideration.	5 business days of the denial  <i>*NOTE: If a reconsideration was done first and it upheld the initial denial, providers have 5 business days to request a P2P.</i>	Online Scheduling Tool on Provider Website: <a href="#">SchedulerForm</a>	If P2P upholds the denial, may submit an Appeal
<b>Appeal</b>	Dispute the initial denial of an authorization (bypassing the reconsideration or P2P process) OR Dispute an upheld denial of a Reconsideration or P2P.	60 business days of the denial	Follow instructions on the denial letter	If Appeal upholds the denial, please refer to your Molina contract for additional dispute process.

### Additional Notes

- If the request for reconsideration or P2P is not completed within the required timeframe, providers should submit an appeal.
- Sending new records produced after the last review can be very helpful. It is important that records corroborate any information shared in the peer-to-peer meeting
- Please refer to the Nebraska Provider Manual for additional details, or you may contact your Provider Relations Representative at [NEProviderRelations@MolinaHealthcare.com](mailto:NEProviderRelations@MolinaHealthcare.com)