March 25, 2021

Provider Memorandum

Updated Policy Regarding Reconsideration and Peer-to-Peer Review—Medicaid

Molina Healthcare of Illinois (Molina) reminds Medicaid providers of our Reconsideration and Peer-to-Peer Review Policy for denied authorizations or inpatient requests. Administrative denials, such as denials for non-covered services or late notification, are not eligible for Reconsideration or Peer-to-Peer discussion. To dispute a pre-service authorization request or inpatient request denial, providers may choose one of two options:

1. Reconsideration Review.
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 Utilization Management at **(866) 617-4971**. 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 **Medicaid** inpatient services **must** be submitted within five (5) business days of the denial while the member is still in the hospital, **or within one (1) business day of discharge**.
    - **Update**: If a patient was admitted Friday and discharged Sunday but the hospital did not receive the denial until Monday, the hospital has until end of day Monday to request a Reconsideration Review. If Monday is a holiday, the hospital has until the next business day, Tuesday, to submit the request.
- **Pre-Service Requests**—Reconsideration requests for denied pre-service authorization requests **must** be submitted within five (5) business days from the receipt of the denial notification.

Peer-to-Peer Review

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

- **Inpatient Requests**—Peer-to-Peer requests for denied **Medicaid** inpatient services **must** be submitted within five (5) business days of the denial while the member is still in the hospital, **or within one (1) business day of discharge**.
    - **Note**: Although the Peer-to-Peer Review must be requested within five (5) business days, it may not be completed within this time frame due to scheduling constraints between the provider and Molina.

    - **Update**: If a patient was admitted Friday and discharged Sunday but the hospital did not receive the denial until Monday, the hospital has until end of day Monday to request a Peer-to-Peer Review. If Monday is a holiday, the hospital has until the next business day, Tuesday, to submit the request.
- **Pre-Service Requests**—For denied pre-service authorization requests, the Peer-to-Peer call **must** be requested within five (5) business days from the denial notification.

Reminder: Peer-to-Peer or Reconsideration requests will **not** be granted for administrative denials, such as no or late notification or Illinois Medicaid non-covered services. If the case involves extenuating circumstances that should be considered, please request review by the Molina Chief Medical Officer for potential Peer-to-Peer or Reconsideration.

To request a Peer-to-Peer Review between the provider and a Molina Medical Director, call **(855) 866-5462**, **option 1** for **Medicaid**, then **option 4** for authorizations, and **option 4** for Peer-to-Peer. You must provide 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 (one-hour time window) for the Molina Medical Director to call between the hours of 7 a.m. and 5 p.m. Central Time.

Additional Denial Dispute Options

Providers choosing to dispute a pre-service request denial **after** five (5) 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. **Note**: Hospitals cannot appeal inpatient days on behalf of the member.

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 Portal or via fax at **(855) 502-4962**. The Claims Dispute Request form can be found here, on the Frequently Used Forms page.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit Molina's Service Area page at MolinaHealthcare.com.

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox. Join Molina's provider email list. Click here to get started.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.