

Provider Memorandum

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

Molina Healthcare of Illinois (Molina) is updating Medicaid providers on our streamlined Reconsideration and Peer-to-Peer Review Policy for denied authorizations or inpatient requests. Beginning February 1, 2022, providers should submit any requests within five business days.

Note: 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.
- **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.
 - **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.
- **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](#).

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? [Click here](#) to get started.

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! [Click here](#) to join Molina's provider email list.

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