

	Aetna Better Health	Buckeye Health Plan	CareSource	Molina Healthcare	Paramount Advantage	United Healthcare Community Plan
<p>How do I request a peer-to-peer review of a denied prior authorization (PA)?</p>	<p>Inpatient: Providers have up to 5 calendar days after the issuance of the denial to request a peer-to-peer.</p> <p>For all other services: A peer-to-peer review may be requested any time before the issuance of the denial (providers are contacted and given the option to request a peer-to-peer prior to the denial being sent)</p> <p>The phone number to request a peer-to-peer is 959-299-7046.</p>	<p>Providers have up to 5 business days after the issuance of the denial to request a peer-to-peer.</p> <p>The phone number to request a peer-to-peer is: Medical 1-866-246-4356 ext. 24084. Behavioral health 800-224-1991. Pharmacy 1-866-399-0928, Monday – Friday, 10:00 AM – 8:00 PM EST.</p> <p>Or e-mail: Buckeye_peer_to_peer_notification@CENTENE.COM</p>	<p>Providers have up to 5 business days after the issuance of the denial to request a peer-to-peer.</p> <p>The phone number to request a peer-to-peer is 1-833-230-2168.</p>	<p>Providers have up to 5 calendar days after the issuance of the denial to request a peer-to-peer.</p> <p>The phone number to request a peer-to-peer is 855-322-4079.</p>	<p>Inpatient: Providers have up until the date of discharge to request a peer-to-peer.</p> <p>For all other services: Providers have up to 7 calendar days after the issuance of the denial to request a peer-to-peer.</p> <p>A provider may request a Peer-to-peer by contacting the assigned UM coordinator’s direct line which is provided on the denial notification.</p>	<p>Providers have up to 21 calendar days after the issuance of the denial to request a peer-to-peer.</p> <p>The phone number to request a peer-to-peer is 800-366-7304.</p> <p>The provider requests a specific 30-minute time window. UHC strongly encourages providers to request within 14 days. If a provider calls UHC they are given an email address that can also be used to set up a peer-to-peer review.</p>
<p>How does a provider appeal on behalf of a member?</p> <p>Note: Member written consent is required per OAC 5160-26-08.4.</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>The phone number to request an appeal is 855-364-0974. The fax number to request an appeal is 855-883-9555. The address to request an appeal is: AETNA BETTER HEALTH OF OHIOATTN: Grievance & Appeals PO Box 818070</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>Notice of Action (NOA) Letter contains details to file appeals.</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>Providers can also submit appeals through the CareSource Provider Portal</p> <p>The fax number to request an appeal is 937-531-2398</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>The phone number to request an appeal is 855-322-4079.</p> <p>The fax number to request an appeal is: •Medicaid: 866-449-6843. •Medicare: 877-708-2116.</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>The fax number to request an appeal is 567-585-9500 The address to request an appeal is: P.O. Box 497 Toledo, OH 43697-0497</p>	<p>Member or the members authorized rep can file a grievance at any time. The member, members AR or the provider on behalf of the member may file an appeal to the plan within 60 days. The member must exhaust the plan appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4 for MyCare Ohio members</p> <p>The fax number to request an appeal is 801-994-1082</p>

	Cleveland, OH 44181					
Where can a provider find information located about the P2P process and other available processes?	Information can be found on page 112 of the Provider Manual .	Information can be found on page 23 of the Provider Manual .	Information can be found on page 130 of the Provider Manual .	Information can be found on page 51 of the Provider Manual .	Information can be found on page 18 of the Provider Manual .	Information can be found in chapter 12 of the Provider Manual .
Plan contact information.	<p>Provider services: 855-364-0974.</p> <p>The phone number to request a peer-to-peer is 959-299-7046.</p>	<p>Medical 1-866- 246-4356 ext. 24084.</p> <p>Behavioral health 800-224-1991.</p> <p>Pharmacy 1-866-399-0928, Monday – Friday, 10:00 AM – 8:00 PM EST.</p> <p>Or e-mail: Buckeye_peer_to_peer_notification@CENTENE.COM.</p>	<p>Provider services: 800-488-0134.</p> <p>The phone number to request a peer-to-peer is 833-230-2168.</p>	<p>eviCore phone: (888) 333-8144 fax: (800) 540-2407</p>	<p>The Utilization Management Coordinator that processes that specific request will include the direct line to the reviewer on the provider notification of the determination.</p> <p>Provider services: 419-887-2525.</p>	<p>Peer-to-peer discussions are initiated by calling the UM prior authorization line at 800-366-7304.</p> <p>Provider Services: 1-800-600-9007</p> <p>Pharmacy PA: 800-310-6826, Fax 866-940-7328</p> <p>Medical Prior Authorization: 800-366-7304</p> <p>Behavioral Health PA: 866-261-7692</p> <p>Dental PA: 855-398-8411</p>
Links to Universal PA forms	<p>Aetna PA Form</p> <p>Aetna BH PA Form</p>	<p>Buckeye Inpatient PA Form</p> <p>Buckeye Outpatient PA Form</p> <p>Buckeye General Pharmacy PA Form</p> <p>Buckeye Biopharmaceutical PA Form</p>	<p>Caresource PA Form</p>	<p>Molina PA Form</p>	<p>Paramount PA Form</p>	<p>UHC Pharmacy PA Forms</p> <p>UHC Uniform PA Resources and Form</p>

Drafted 11/2020. The information provided is subject to change. Providers should check their contracts, provider manual or contact the MCO for the most up to date information.