

Provider Update

Peer to Peer Process

Effective November 1, 2014 Amerigroup* will change our Peer to Peer process. This change expedites reviews of adverse determinations.

The changes are outlined below:

- Providers can call and request a Peer to Peer discussion at any time; however once the denial letter is sent our medical directors cannot overturn an adverse determination.
- You will have until 5:00 p.m. the following business day, after a verbal denial notification is given, to request a Peer to Peer conversation before the letter is sent.
- Amerigroup will accept a Peer to Peer discussion from one of the following:
 - The attending physician or the last treating physician
 - The physician's nurse practitioner
 - The Chief Advisor of the facility (i.e. facility medical director)
 - Physician Advisor (i.e. MD overseeing the UM or CM department at the facility)
- Amerigroup will delay sending the denial letter up to 2 business days, if a Peer to Peer discussion has been requested. This will allow time for the discussion to take place.
- If the Peer to Peer discussion takes place after the letter has been sent, the only option would be a formal appeal or a written reopen request per CMS guidelines.

If you have any questions, please contact your local Network Relations Consultant.

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**In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.*

Amerivantage is an HMO plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Amerivantage depends on contract renewal.

