

To: AmeriHealth Caritas Louisiana Providers

Date: March 14, 2024

Subject: Peer-to-Peer Conversation

Summary: Process for the health care provider to discuss a medically necessary determination of a denial or decrease in level of care with a Medical Director.

In response to provider concerns regarding timely peer-to-peer conversations and prior authorization decisions, AmeriHealth Caritas Louisiana reminds providers about the process for completing real-time peer-to-peer conversations when necessary.

Peer-to-peer conversations are not an additional level of review or an appeal. It is a focused discussion between these practitioners or a physician assistant/nurse practitioner and the peer reviewer.

Real-time peer-to-peer conversations are available for physical health and behavioral services through AmeriHealth Caritas Louisiana Utilization Management (UM) team and for high-tech outpatient radiology services through Evolent Specialty Services (ESS), formerly known as National Imaging Associates (NIA).

If a provider receives a determination of a denial or reduction in requested level of care from either UM or ESS, the provider may request a real-time peer-to-peer conversation or schedule a peer-to-peer conversation. The provider can request a real-time, peer-to-peer conversation when they call to dispute the determination that they received. Alternatively, the provider can request to schedule a peer-to-peer conversation at a future time.

The UM and the ESS Medical Directors use accepted clinical guidelines when conducting peer-to-peer conversations. The Medical Directors will identify what documentation the provider must furnish to obtain approval for the specific item, procedure, or service. The Medical Directors may recommend a more appropriate course of action based on accepted clinical guidelines during the peer-to-peer conversation.

Physician Reviewer Availability to Discuss Decision

If a provider wishes to discuss a medical necessity decision, AmeriHealth Caritas Louisiana's physician reviewers are available to discuss the decision with the provider. AmeriHealth Caritas Louisiana accepts calls to discuss the determination within the following time frames:

- Within five (5) business days of denial, partial denial, or reduction of a previously authorized service. AmeriHealth Caritas Louisiana will attempt to contact the provider within 1 business day of request.
- Up to 48 hours or the end of the second (2nd) business day after the enrollee's discharge date, whichever is later.
- Up to 48 hours or until the end of the second (2nd) business day after a determination of a retrospective review has been rendered, whichever is later.

A dedicated—peer-to-peer reconsideration line is available for providers to call at 1-866-935-0251. A physician reviewer is available at any time during the business day to interface with providers. If a provider is not satisfied with the outcome of the discussion with the physician reviewer, then the provider may file

a formal provider dispute of a Medical Necessity Decision.

Providers may request a peer-to-peer conversation on demand for denials, partial denials, reductions in previously authorized services by calling AmeriHealth Caritas Louisiana Utilization Management at 1-855-285-7466 or ESS at 1-800-424-4897.

Reminder: If your practice is not registered with our website portal NaviNet, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert? You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com.