Peer-to-Peer Review Q&A

1. How does a treating provider request a peer-to-peer discussion about a denied authorization?

- The provider may request a peer-to-peer discussion for an inpatient service within one business day of receiving the notification of denied services and only while the member is still in the hospital. A determination will be made within one business day of the completed peer-to-peer.
- The provider may request a peer-to-peer discussion for a prior authorization request within one business day of receiving the notification of denied or modified services. A determination will be made within one business day of the completed peer-to-peer.

A peer-to-peer discussion may be requested by calling CalOptima Health's Utilization Management (UM) department at **714-246-8686**.

Please be prepared to provide the following information:

- Name of the provider requesting the peer-to-peer review discussion
- Best available phone number and time to return the call
- Member name and ID number (client index number [CIN])
- Tracking/referral number

The treating physician will be transferred to the medical director who made the referral decision whenever possible. In the event a warm transfer cannot be facilitated, the CalOptima Health medical director will reach out within 24 hours to complete the peer-to-peer discussion. The medical director will communicate the outcome of the discussion to the UM staff in writing to ensure that any necessary notifications are sent to the treating provider.

2. What if the provider and the CalOptima Health medical director are unable to complete the peer-to-peer discussion (unable to make contact)?

Denial of services will remain, and the provider may follow the appeal process as outlined in the denial letter.

3. What if CalOptima Health's medical director does not change the original decision?

The provider may choose to file an appeal by following the process outlined in the denial letter.