

TODAY'S MESSAGE

PEER-TO-PEER REVIEW PROCESS CHANGES FOR MEDICARE ADVANTAGE MEMBERS

Effective immediately, Centers for Medicare & Medicaid Services (CMS) requirements prompted a change in the peer-to-peer review process. These new guidelines, which apply **only** to Medicare Advantage members, are:

- The peer-to-peer discussion must occur prior to the initial denial decision.
- Highmark will send a “pre-denial” notice to the provider. It will give the timeframe for the provider to contact a Highmark medical director to discuss the request.
- The provider will receive a denial decision letter if:
 - a peer-to-peer discussion does not occur.
 - a peer-to-peer discussion does not provide enough information for an approval.
- After a provider receives a denial decision letter, the peer-to-peer option is no longer available.
- The letter will include instructions on how to request an expedited or standard appeal.
- The process for the expedited or standard appeal request has not changed.