

**When a provider receives a prior authorization denial, the first step they should take is to request a peer-to-peer review.**

	<b>Aetna OhioRISE</b>	<b>AmeriHealth</b>	<b>Anthem</b>	<b>Buckeye</b>	<b>CareSource</b>	<b>Humana</b>	<b>Molina</b>	<b>United Healthcare</b>
<b>How does a provider request a peer-to-peer review of a denied prior authorization (PA)?</b>	<p>For concurrent reviews, providers have up to two business days after the issuance of the denial to request a peer-to-peer review from the OhioRISE plan.</p> <p>For prior authorization pre-service requests, providers have up to 5 business days from date of denial to request a peer-to-peer review as long as the service has not been provided.</p> <p>Request peer-to-peer review by phone: 1-833-711-0773</p>	<p>Providers have up to three business days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 1-833-735-7700</p>	<p>Providers have up to two business days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 833-308-3035 (physical health) or 844-441-1506 (behavioral health)</p>	<p>Providers have up to five business days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: Medical 1-866-246-4356 ext. 24084 (medical) or 1-800-224-1991 (behavioral health) or 1-866-399-0928 (pharmacy). Requests can be made Monday – Friday from 10:00 AM – 8:00 PM EST. Or e-mail: <a href="mailto:Buckeye_peer_to_peer_notification@CENTENE.COM">Buckeye_peer_to_peer_notification@CENTENE.COM</a></p>	<p>Providers have up to five business days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 833-230-2168.</p>	<p>Providers have up to five business days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 877-207-0153.</p> <p>Request a peer-to-peer review by e-mail: <a href="mailto:p2prequest@humana.com">p2prequest@humana.com</a></p> <p>Request peer-to-peer review by fax: 877-701-6524</p>	<p>Providers have up to five calendar days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 855-322-4079.</p> <p>Request a peer-to-peer review by fax: 866-449-6843</p>	<p>Providers have up to 21 calendar days after the issuance of the denial to request a peer-to-peer review from the Managed Care Organization (MCO).</p> <p>Request peer-to-peer review by phone: 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>

**If the timeframe to request a peer-to-peer review has passed or is not achievable, the next steps available to a provider are to request a provider appeal and/or work with the member to request a member appeal. A member appeal and a provider appeal can be requested at the same time and the processes can run parallel to each other; however, they are two separate and distinct appeal processes. Providers are required to exhaust the provider appeal process prior to requesting an external medical review (EMR).**

	<b>Aetna OhioRISE</b>	<b>AmeriHealth</b>	<b>Anthem</b>	<b>Buckeye</b>	<b>CareSource</b>	<b>Humana</b>	<b>Molina</b>	<b>United Healthcare</b>
<b>Member Appeals</b>  <b>How does a provider appeal on behalf of a member?</b>  <b>Note: Member written consent is required per OAC 5160-26-08.4.</b>  <b>Note: All MCO's accept the same appeal form.</b>	<p>The member, member's authorized representative (AR) or the provider on behalf of the member may file a member appeal to the OhioRISE plan within 60 calendar days from the date that the NOA was issued. The member must exhaust the OhioRISE plan member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4</p> <p>The phone number to request a member appeal is 1-833-711-0773.</p> <p>The address to mail a member appeal form (located pm [age 32 of your member handbook] is:</p>	<p>The member, member's AR or the provider on behalf of the member may file a member appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4</p> <p>The phone number to request a member appeal is 1-833-764-7700.</p> <p>The address to mail a member appeal form (An Appeal Request Form will be sent to the member with the Adverse Benefit Determination, or the member may access the</p>	<p>The member, member's AR or the provider on behalf of the member may file a member appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4</p> <p>Members can file appeal via the <a href="#">online portal</a> or <a href="#">mobile application</a>.</p> <p>The phone number to request a member appeal is 1-844-912-0938.</p> <p>The address to request a member appeal is: Medical Appeals</p>	<p>The member, member's AR or the provider on behalf of the member may file a member appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4.</p> <p>If the member has asked the provider for assistance in filing a member appeal on their behalf, the provider can file an appeal using the same methods as the member or member representative. Appeals can be filed via fax, phone, mail, or portal. If the provider is filing the appeal on behalf of</p>	<p>The member, member's AR or the provider on behalf of the member may file a member appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4.</p> <p>Providers can also submit member appeals through the <a href="#">CareSource Provider Portal</a></p> <p>The fax number to request a member appeal is 937-531-2398</p>	<p>The member, member's AR or the provider on behalf of the member may file an appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4.</p> <p>The phone number to request a member appeal is 877-856-5702.</p> <p>The address to request a member appeal is: Humana Healthy Horizons in Ohio Grievance and Appeals Department P.O. Box 14546 Lexington, KY 40512-4546</p>	<p>The member, member's AR or the provider on behalf of the member may file a member appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4 or 5160-58-08.4.</p> <p>Link to the required Member Appeal represented by the provider <a href="https://www.molinahealthcare.com/~media/Molina/PublicWebsite/PDF/Providers/oh/medicaid/forms/forms_OH_6450ohappealrepresentativeform_3">https://www.molinahealthcare.com/~media/Molina/PublicWebsite/PDF/Providers/oh/medicaid/forms/forms_OH_6450ohappealrepresentativeform_3</a></p>	<p>The member, member's AR or the provider on behalf of the member may file an appeal to the MCO within 60 calendar days from the date that the NOA was issued. The member must exhaust the MCO member appeal process prior to filing a state hearing request as described in OAC rule 5160-26-08.4.</p> <p>The fax number to request a member appeal is 801-994-1082</p> <p>The address to request a member appeal is: UnitedHealthcare Grievances and Appeals P.O. Box 31364</p>

	<p>Aetna Better Health of Ohio c/o OhioRISE Plan Appeal and Grievance Department PO Box 81139 5801 Postal Road Cleveland, OH 44181</p> <p>The phone number to fax a member appeal is 1-833-928-1259</p>	<p>form at <a href="http://www.amerhealthcaritasoh.com">www.amerhealthcaritasoh.com</a> is: AmeriHealth Caritas Ohio Attn: Member Appeals Coordinator Member Appeals Department PO Box 7346 London, KY 40742</p>	<p>Anthem Blue Cross and Blue Shield P.O. Box 62429 Virginia Beach, VA 23466-2429</p> <p>The fax number to request a member appeal is 866-387-2968.</p> <p>The e-mail to request a member appeal is <a href="mailto:ohioga@anthem.com">ohioga@anthem.com</a>.</p>	<p>the member, an AOR consent form is required.</p> <p>The phone number to request a member appeal is 1-866-246-4358 (TTY: 711).</p> <p>The fax number to request a member appeal is 1-866-719-5404.</p> <p>The address to mail a member appeal is: 4349 Easton Way, Suite 120, Columbus, OH 43219.</p> <p>Providers can also submit member appeals through the member portal.</p>		<p>The fax number to request a member appeal is 800-949-2961</p> <p>Member appeals can also be requested online at <a href="http://Humana.com/denial">Humana.com/denial</a></p>	<p>The phone number to request a member appeal is: 855-322-4079 The fax number to request a member appeal is: (866) 713-1891</p> <p>The address to mail a member appeal is:</p> <p>Molina Healthcare of Ohio, Inc. Attn: Appeals Department P.O. Box 349020 Columbus, OH 43234-9020</p>	<p>Salt Lake City, UT 84131-0364 and through the provider portal.</p>
<p><b>Provider Appeals</b></p> <p><b>How does a provider appeal on their own behalf?</b></p> <p><b>Provider appeal requirement for prior authorization denials is required per ORC 5160.34.</b></p>	<p>A provider may file a pre-service provider appeal orally or in writing within 60 calendar days from the date that the NOA was issued.</p> <p>The phone number to file a provider appeal is 1-833-711-0773. The link to file a provider appeal is <a href="https://apps.availity.com/availity/Demos/Registration/index.htm">https://apps.availity.com/availity/Demos/Registration/index.htm</a></p> <p>The address to mail a provider appeal is: Aetna Better Health of Ohio PO Box 81040 5801 Postal Road Cleveland, OH 44181</p>	<p>A provider may file a pre-service provider appeal by fax or in writing within 30 calendar days from the date the NOA was issued.</p> <p>The fax number to request a provider appeal is 833-564-1329.</p> <p>The address to mail a provider appeal is: P.O. Box 7400 London, KY 40742.</p>	<p>A provider may file a pre-service provider appeal electronically or via fax within 30 calendar days from the date the NOA was issued.</p> <p>Providers may file a provider appeal electronically using the Availity secure provider portal at Availity.com.</p> <p>Providers can download a copy of the provider appeal form from the Anthem provider website and fax to 866-587-3316 or email the form to <a href="mailto:OhioGA@anthem.com">OhioGA@anthem.com</a></p>	<p>A provider may file a pre-service provider appeal within 60 calendar days from the date the NOA was issued.</p> <p>The phone number to file a provider appeal is 1-866-549-8289 (TTY 1-800-750-0750).</p> <p>The fax number to file a provider appeal is 1-866-719-5404.</p> <p>The address to mail a provider appeal is: 4349 Easton Way, Suite 120, Columbus, OH 43219.</p> <p>Providers may file a provider appeal electronically using the Buckeye provider portal.</p>	<p>A provider may file a pre-service provider appeal electronically within 60 calendar days from the date the NOA was issued. A provider may file a post-service provider appeal electronically within 180 calendar days from the date the NOA was issued.</p> <p>The fax number to file a provider appeal is 937-531-2398.</p> <p>Providers may file a provider appeal electronically using the Provider Portal.</p>	<p>A provider may file a pre-service provider appeal verbally or in writing within 60 calendar days from the date the NOA was issued.</p> <p>The phone number to file a provider appeal is 1-877-856-5707</p> <p>The address to mail a provider appeal is: Humana Healthy Horizons in Ohio Grievance and Appeals Department P.O. Box 14546 Lexington, KY 40512-4546</p> <p>The fax number to request a provider appeal is: 1-800-949-2961</p>	<p>A provider may file a pre-service provider appeal within 30 calendar days from the date the NOA was issued.</p> <p>The phone number to file a provider appeal is 855-322-4079.</p> <p>The fax number to request a pre-claim provider appeal is 866-449-6843.</p>	<p>A provider may file a pre-service provider appeal in writing within 60 calendar days from the date the initial NOA was issued.</p> <p>The phone number to file a provider appeal is 800-600-9007.</p> <p>The address to mail a provider appeal is: UnitedHealthcare Grievances and Appeals P.O. Box 31364 Salt Lake City, UT 84131-0364.</p> <p>Providers may file a provider appeal electronically using the United provider Portal.</p>
<p><b>The final step available to a provider is to request an External Medical Review (EMR). The EMR process is only available when providers receive a prior authorization or claim denial based on medical necessity from a Managed Care Organization or the OhioRISE plan. The EMR process is currently unavailable for denials from MyCare Ohio Plans or the Single Pharmacy Benefit Manager (SPBM). The EMR request must be submitted through the EMR entity portal and NOT to the Managed Care Organization or OhioRISE plan.</b></p>								
<p><b>How does a provider request an EMR?</b></p>	<p>The request for EMR must be submitted to the EMR entity within 30 calendar days of the written notification that the <b>MCO and/or OhioRISE Plan</b> internal provider appeals process has been exhausted. Providers must complete the "Ohio Medicaid MCE External Review Request" form located at <a href="http://www.hmspermedion.com">www.hmspermedion.com</a> (select Contract Information and Ohio Medicaid) and submit to Permedion together with the required supporting documentation including:</p> <ol style="list-style-type: none"> <li>1. Copies of all adverse decision letters from MCE (initial and appeal)</li> <li>2. All medical records, statements (or letters) from treating health care providers, or other information that provider wants considered in reviewing case that were not previously submitted to the MCE during its review process. (Records already provided to the MCO or OhioRISE plan during the provider appeals process do not need to be resubmitted to the EMR entity portal because the EMR entity will request this information from the MCO).</li> </ol> <p>Providers need to upload the request form and all supporting documentation to Permedion's provider portal located at <a href="https://ecenter.hmsy.com/">https://ecenter.hmsy.com/</a> (new users will send their documentation through secured email at <a href="mailto:IMR@gainwelltechnologies.com">IMR@gainwelltechnologies.com</a> to establish portal access).</p> <p>For more information about the External Medical Review, please contact Permedion at 1-800-473-0802, Option 2.</p>							

Drafted 1/2023 The information provided is subject to change. Providers should check their contracts or contact the MCO for the most up to date information.