

# Provider Bulletin

These bulletins are how we communicate procedures, reminders and other information to our valued Magellan Complete Care providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on [MCCofFL.com](http://MCCofFL.com).

## Peer-to-Peer and Baker Act reminder

Magellan Complete Care utilizes a peer-to-peer review process; where our internal physician reviewer re-examines cases when an adverse benefit determination has been made regarding health care services for members.

This process allows:

- Attending, treating or ordering physicians to request a peer-to-peer review
- Additional information to be offered
- Further discussions with a physician reviewer about cases

**Please note:** To prevent unwarranted peer-to-peer reviews, please ensure sufficient clinical information is submitted via fax, web portal or written submission to support the member's condition and reason for the service.

## Peer-to-Peer review guidelines

In compliance with nationally recognized guidelines from the National Committee for Quality Assurance (NCQA), you may request a peer-to-peer review. Our internal physician reviewers may also contact providers prior to rendering a decision on a case for a peer-to-peer discussion.

A peer-to-peer review is NOT:

- An appeal
- A replacement of an appeal
- Required prior to requesting an appeal

You can initiate a peer-to-peer review request if you are the attending, treating or ordering physician who provides the care for which any adverse benefit determination is made.

**Please note:** Hospital representatives, third party representatives, vendors are not permitted to request a peer-to-peer review. Individuals who are not health care professionals on the clinical team cannot participate in the peer-to-peer discussion.

### **How to initiate the peer to peer review process**

If you are the attending, treating or ordering physician providing care where an adverse benefit determination was made, you may initiate the peer-to-peer review process by contacting us at 1-800-327-8613. We will accept your request to initiate a peer-to-peer review within five (5) business days from the date that you receive the adverse benefit determination notification.

In order to schedule a peer-to-peer review, we must have already received the additional clinical documentation via fax or written submission. This will be used during the peer-to-peer discussion with the physician reviewer.

### **Availability of clinical peer reviewers**

If the physician reviewer who made the initial adverse benefit determination is unavailable, another physician reviewer will be assigned to the case.

### **Our commitment to contacting providers**

Within one (1) business day of receiving the peer-to-peer review request following the clinical submission for the peer-to-peer review, Magellan Complete Care will:

- Make three (3) attempts to obtain provider availability if not initially provided
- Ensure, once the review is scheduled, that the physician reviewer will contact the attending, treating or ordering provider
- Ensure that the physician reviewer makes at least two (2) attempts to contact the attending, treating or ordering provider and leave a call back number if the provider was not available
- Work to accommodate the attending, treating or ordering provider's schedule within normal business hours for that provider's time zone

### **Dedicated Peer to Peer option**

Starting December 23, 2019, Magellan Complete Care will have a dedicated peer-to-peer keypad option for the attending, treating or ordering provider to utilize when they call us. You will be able to access this option by calling 1-800-327-8613 and pressing the keypad prompts to reach the peer-to-peer or physician review line. Please be sure to follow the instructions on the voice message system on the important information needed.

## Hospital Services and Baker Acts (Involuntary Days)

Magellan Complete Care is responsible for coverage of these inpatient services:

	Coverage	Length of time
<b>Child/adolescent enrollees (under the age of 21 years)</b>	Health-related inpatient care; including behavioral health	365 days (for each State fiscal year)
<b>Pregnant enrollees</b>	Health-related inpatient care; including behavioral health	365 days (for each State fiscal year)
<b>Non-pregnant enrollees (over the age of 21 years)</b>	Inpatient coverage  Emergency inpatient care; including behavioral health	45 days  365 days

**Please note:** Magellan Complete Care will provide coverage of involuntary Baker Act days as these are defined as emergency inpatient care services. Please let us know upon notification of an admission, if the days are involuntary Baker Act days.

We will conduct a concurrent medical necessity review for days that have been deemed as voluntary days.

If you have any questions, please call us at 1-800-327-8613.