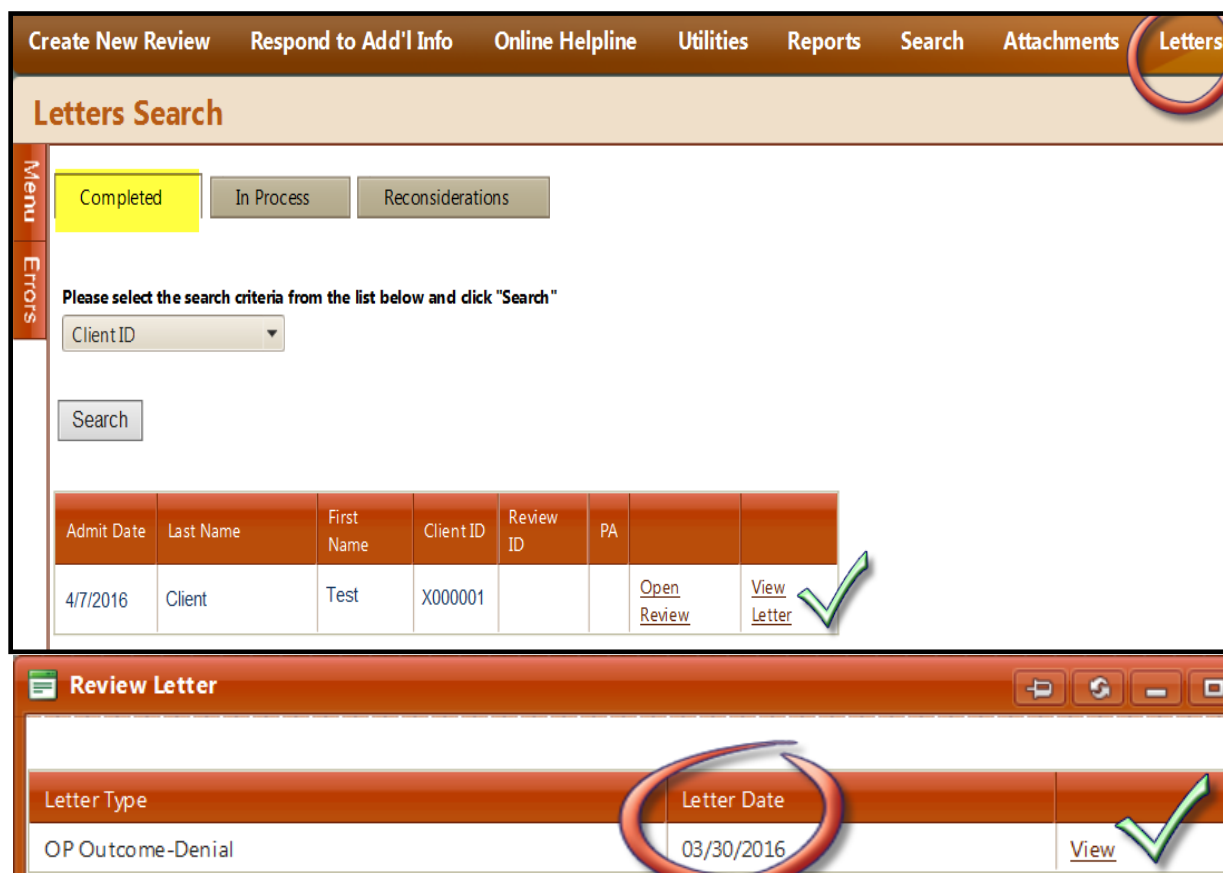


ColoradoPAR PEER TO PEER PROCESS

The Peer-to-Peer (**P2P**) process offers the ordering or treating physician the opportunity to discuss a medical necessity denial determination with an eQHealth Solutions' physician reviewer prior to initiating a request for reconsideration.

Once a medical necessity full or partial denial is rendered, follow these steps to request a P2P with eQHealth Solutions within five (5) calendar days:

- 1) Use the Letters tab in eQSuite® to view/print the electronic memo containing the clinical rationale for the denial. Search by the ClientID or admit date range. Click view on the OP Outcome-Denial row to open the *Denial/Partial Denial Determination* memo with the clinical rationale. Provide this information to the ordering or treating physician to determine if a P2P is desired.



Letters Search

Completed In Process Reconsiderations

Please select the search criteria from the list below and click "Search"

Client ID

Search

Admit Date	Last Name	First Name	Client ID	Review ID	PA		
4/7/2016	Client	Test	X000001			Open Review	View Letter ✓

Review Letter

Letter Type	Letter Date	
OP Outcome-Denial	03/30/2016	View ✓

IMPORTANT: An eQHealth review letter (electronic memo) is to communicate the rationale for the medical necessity determination. You will continue to obtain the final approval/denial letter for services from Colorado Medicaid on the Department of Health Care and Financing's Web Portal.

ColoradoPAR

PEER TO PEER PROCESS

- 2) After the physician (office) is notified, a P2P may be requested by either the ordering/treating physician's office **or** the billing provider on behalf of the physician:

When requested by the ordering /treating physician (office), please provide:

- ✓ The P2P requestor's name and contact information including phone and email
- ✓ The PAR Review ID or Client ID
- ✓ Date(s) of service
- ✓ Dates and times the physician is available for a P2P
- ✓ Physician's name and contact information

When requested by the billing provider (on behalf of the physician), please provide:

- ✓ The P2P requestor's name and contact information including phone and email
- ✓ A confirmation statement that you are requesting on behalf of the physician and that the physician confirmed that they have agreed to a P2P.
- ✓ The PAR Review ID or Client ID
- ✓ Date(s) of service
- ✓ Dates and times the physician is available for P2P
- ✓ Physician's name and contact information
- ✓ Point of contact in the physician's office who will assist in scheduling the P2P

- 3) Submit the request within five (5) calendar days from the date of the medical necessity denial (Letter Date in eQSuite®). Use one of the following methods to submit the P2P request:

- Submit an online helpline ticket in eQSuite®
- Call the ColoradoPAR Customer Service Line at (888) 801-9355
- Fax the request to (866) 940-4288

Using the contact information provided to eQHealth Solutions, the Physician Review Coordinator will reach out to the requesting physician (office) to schedule a P2P and to establish if the request requires an expedited response.

The physician requesting the P2P will be notified of a decision within forty-eight (48) hours (excluding non business days) for an expedited request or four (4) business days following a standard request.