

# Understanding the provider peer-to-peer process



## FAQ about making determinations with a PacificSource medical director

### What is a peer-to-peer process or “P2P”?

The peer-to-peer process—often referred to as a “P2P”—provides an opportunity for providers to discuss criteria used to make specific coverage determinations. Although the process allows for a dialog between a member’s clinician and a PacificSource medical director, it doesn’t make determinations for claim reviews or contract denials.

### What is the difference between a peer-to-peer process and an appeal?

A peer-to-peer process is a conversation between the member’s clinician and a PacificSource medical director about clinical reasoning used in a non-approval decision. The purpose is to provide information (but not to change the decision).

An *appeal* is a request for a second review of the original coverage determination. The purpose is to request a different determination.

### When can I schedule a peer-to-peer process?

The peer-to-peer process is designed to be scheduled after a coverage determination—but prior to an appeal. You can also request to speak to a medical director during the appeal.

### How many times can I speak to a PacificSource medical director about a particular appeal?

A peer-to-peer conversation gives you an opportunity to speak to a medical director one time per appeal. This can be done either before an appeal is submitted or with the appeal request.

### Who can request or schedule a peer-to-peer conversation?

The original requesting provider or a designated person from the provider’s staff can schedule a peer-to-peer appointment.

### Who can attend or take part in the peer-to-peer conversation?

Only the originating provider takes part in the peer-to-peer conversation.

### How much time does it take between requesting a peer-to-peer appointment and having the actual peer-to-peer conversation?

We’ll respond to your initial request for an appointment within 48 hours. The actual P2P appointment will vary depending on the requestor’s availability and the medical director’s schedule.

### When setting up a peer-to-peer appointment, what choices should I consider?

When setting up the P2P appointment date and time, you can also decide whether you want the conversation to be by phone or video call.

### What if I miss the scheduled time?

A peer-to-peer appointment may be rescheduled for extenuating circumstances. Please reach out to us when faced with an unexpected conflict.

## How do I request a peer-to-peer appointment?

Contact our Health Services department to initiate the peer-to-peer request.

- **Commercial:** 541-684-5584
- **Medicaid:** 541-330-7301
- **Medicare:** 208-433-4624

## How do I request an appeal?

You will need to fill out a Provider Appeal form and submit by mail or fax. Appeal forms are downloadable for each line of business: Commercial, Medicaid, and Medicare.

- **Commercial appeals:**

Visit [PacificSource.com](https://PacificSource.com) and type "Provider Appeal Form" in the search field at the top of the page.

Fax: 541-225-3628

Mail: PacificSource Health Plans Appeal and Grievance Department

PO Box 7068

Springfield, OR 97475-0068

- **Medicaid appeals:**

Visit [CommunitySolutions.PacificSource.com](https://CommunitySolutions.PacificSource.com) and type "Provider Appeal Form" in the search field at the top of the page.

Fax: 541-322-6424

Mail: PacificSource Community Solutions Provider Appeals

2965 NE Conner Ave

Bend, OR 97701

- **Medicare appeals:**

Visit [Medicare.PacificSource.com](https://Medicare.PacificSource.com) and type "Provider Appeal Request Form" in the search field at the top of the page.

Fax: 541-322-6424

Mail: PacificSource Medicare Provider Appeals

2965 NE Conner Ave

Bend, OR 97701

## How do I request a peer-to-peer with an appeal?

You can request a peer-to-peer appeal by submitting an Appeal Form (or through InTouch for Providers, the online portal); please write that you would like a peer-to-peer conversation with a medical director. If you prefer to submit the form by fax, it helps to note your request in the fax cover page.

## I've submitted an appeal but now would like to schedule a peer-to-peer conversation—what steps should I take?

Contact our Appeals and Grievances department at either of these phone numbers:

- **Commercial appeals:** 541-684-5201
- **Government appeals:** 541-330-4992

## Can I request a peer-to-peer conversation on an expedited appeal?

No, the peer-to-peer process doesn't allow for an expedited-appeal timeline.

## Can an original authorization decision be changed or approved via the peer-to-peer process?

No—the purpose of the peer-to-peer process is to provide an explanation of the denial; it's not a decision-making mechanism. A peer-to-peer conversation doesn't include resolving or denying an authorization or appeal.

## A procedure or medication that's been approved in the past is now being denied—why?

There are many reasons a service can be denied. It's best to contact our clinical team to explain the denial rationale. Our Customer Service team can help direct you to the right person:

- **Commercial:** 888-977-9299
- **Medicaid:** 800-431-4135
- **Medicare:** 888-863-3637