

AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

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To:	Behavioral Health Providers	Fax:	<<location_fax>>
From:	Provider Relations	Date:	July 08, 2016
Re:	Peer to Peer Process Transition for Behavioral Health	Pages:	2 pages with cover

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Thank you for being part of the Aetna Better Health of Kentucky network.

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To: Network Providers
From: Provider Relations
Date: July 08, 2016
RE: Behavioral Health

As you may have become aware, over the last few months, Aetna Better Health of Kentucky has been transitioning the peer to peer process for Behavioral Health to better align with the process that is in place for physical health. As of **Monday, July 11, 2016**, all cases will follow the same procedure for peer reviews.

It is an industry standard to refer cases to medical director review when the UM staff believes that Medical Necessity is not met. The Medical Director who reviews the case is not required to conduct a peer review discussion prior to rendering a decision. If a denial is issued, the provider will receive both verbal and written notification that explains they have **five (5) business days** from the date of the determination to request a peer review discussion on the case. Following this standard for both physical health and behavioral health cases ensures parity between the management of the benefits.

Providers who receive a denial of services and wish to request a peer to peer discussion on the decision should call the phone number listed in the denial letter, **1-888-470-0550**, within five (5) business days of the verbal notification of the denial decision.