P.O. Box 25438
Little Rock, AR 72221

Changes to Peer-to-Peer Review Requests and Elective Inpatient Prior Authorization Requirements for Medicare Advantage Plans

At Wellcare by Allwell, we want to help Arkansas live better. That's why we strive to maintain a positive and effective partnership with providers like you. In an effort to reduce your administrative burden, we have made changes to our peer-to-peer review request requirements. We have also updated our elective medical inpatient medical authorization process. These changes are outlined below.

Peer-to-Peer Review Request Changes

To ensure accurate delivery and reimbursement for medically necessary services to our members, we have updated our requirements for peer-to-peer review to reflect the following:

- Peer-to-peer review requests will be allowed up to two business days after the integrated denial notice or day of discharge, whichever is later.
- Peer-to-peer outreach will be completed within two business days of the peer-to-peer review request.
- If the provider is not reached, a voicemail will be left, if possible, to give the provider one business day to respond. Note that if the provider does not respond within the stipulated timeframe, Wellcare by Allwell will be unable to proceed with the peer-to-peer request.

No changes have been made to processes for pre-service requests.

Elective Medical Inpatient Authorization Changes

To provide increased flexibility and better align with industry best practices, we have made the following changes to our elective medical inpatient authorization process:

- The prior authorization span for elective inpatient admissions has been increased to 60 days.
- If the planned admission date exceeds the authorized date span of 60 days, a new authorization span is required.
- Elective inpatient prior authorization numbers now start with the prefix **OP** instead of **IP**.
- Notification of admission is required within one business day of admittance. At the time of admission notification, a new authorization number for the admission will be

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provided with the **IP** prefix. Failure to provide timely notification of admission may result in a denial of payment.

As a reminder, all planned/elective admissions to the inpatient setting require prior authorization. Prior authorization should be requested at least five days before the scheduled service delivery date, or as soon as the need for service is identified. If prior authorization is not on file at the time of elective admission, the service is considered retrospective, and the provider should follow the appropriate retrospective request process as communicated in the provider notice. Emergent admissions do not require prior authorization.

We appreciate your continued support in helping our members reach their best health, and we hope that these changes succeed in easing your administrative workload. If you have any questions or concerns about this notice, please contact our provider services team at Providers@ARHealthWellness.com or 1-855-565-9518 (TTY: 711).