



**Community Behavioral Health: Provider Notification
2018 Pay-for-Performance Data Available
July 20, 2018**

Effectively immediately, when a decision is made to deny a request for any service requiring prior authorization, a Clinical Care Manager (CCM) will verbally or electronically notify providers of the denial and offer an opportunity for a peer-to-peer review. Peer-to-peer reviews should occur between the provider attending physician or licensed evaluating psychologist and the attending CBH physician or licensed psychologist reviewer. For levels of care requested telephonically, peer-to-peer reviews must be requested by the provider attending physician within 24 hours of denial notification. For levels of care requested via packet review [(e.g. Behavioral Health Rehabilitative Services (BHRS), Residential Treatment Facility [RTF]), peer-to-peer reviews must be requested by the provider attending physician or licensed evaluating psychologist by 2 PM the next business day after denial notification. If the request for a peer-to-peer review is not made in the allowed timeframe designated above, the denial will remain in effect and the formal denial notice will be sent.