Medicare Advantage Peer-to-Peer Process

The peer-to-peer process facilitates a conversation between a provider and an Amerigroup medical director; these conversations are sometimes requested following an adverse determination notice.

The peer-to-peer process should be used to explain or clarify something that a clinical record cannot convey. It should not be used to merely provide additional clinical information. Please keep the following information in mind when requesting a peer-to-peer conversation.

The following types of providers may participate in a peer-to-peer process:

- Attending/treating/ordering physician
- A covering physician for the attending/treating/ordering physician
- The physician’s nurse practitioner or physician assistant
- The facility medical director or chief medical officer

The following types of providers cannot participate in a peer-to-peer process:

- A vendor or physician who is not employed by or working at the treating facility (i.e.: third-party vendors)
- A member, a facility (including external hospital review vendors), an account manager, an employer or other individual who is not the provider.

All non-eligible requestors should be referred to an eligible provider to discuss a request for a peer-to-peer conversation.

If you choose to instead submit additional information in response to a notice of adverse determination, you may fax the information within three calendar days of the adverse determination notice to:

<table>
<thead>
<tr>
<th>State</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>CT, ME, NH, NJ, NY, VA</td>
<td>1-877-744-2319</td>
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<tr>
<td>GA, IN, KY, MO, OH, TN, WI</td>
<td>1-877-423-9972</td>
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<tr>
<td>CA, CO, NM, TX, WA</td>
<td>1-877-744-2344</td>
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Providers will have three calendar days from the date of adverse determination notification to request a peer-to-peer conversation.

A request for a future date will not be accepted.

We need will the following information to process your request for a peer-to-peer conversation:
1. Member name and reference ID
2. Provider who is requesting the peer-to-peer conversation and a direct contact number
3. The type of contact number (i.e. pager, hospital, office, cell phone, etc.)
4. The role of the provider (i.e. admitting or treating physician, facility medical director, etc.)
5. Your name and telephone number

You may request a peer-to-peer conversation via email or phone, email is preferred. Phone should be used only if the provider does not have email access.

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<thead>
<tr>
<th>State</th>
<th>Peer-to-peer access</th>
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<tr>
<td>CT, ME, NH, NJ, NY, VA</td>
<td><a href="mailto:erp2p@anthem.com">erp2p@anthem.com</a> or 1-888-476-8920, Option #3</td>
</tr>
<tr>
<td>GA, IN, KY, MO, OH, TN, WI</td>
<td><a href="mailto:crp2p@anthem.com">crp2p@anthem.com</a> or 1-800-262-2731</td>
</tr>
<tr>
<td>CA, CO, NM, TX, WA</td>
<td><a href="mailto:wrp2p@anthem.com">wrp2p@anthem.com</a> or 1-888-393-9025</td>
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