



Aetna Better Health® Kids
A CHIP Health Plan

Requesting a Peer-to-Peer Review

On January 1, 2024, the Pennsylvania ACT 146 regulation went into effect. As a result, the parameters for Peer to Peer were defined.

When can a peer to peer be requested?

Aetna Better Health Kids shall make a peer-to-peer review discussion available to a requesting healthcare provider from the time of a prior authorization denial until the internal grievance process or internal adverse benefit determination process commences (60 days).

- Medical directors are available during and after normal business hours (subject to reasonable limitations of availability).
- Medical directors are available to discuss denials based on medical necessity.

Who can request a Peer-to-Peer (Peer to Peer Proxy)?

A health care provider may designate, and Aetna Better Health Kids shall accept, another licensed member of the provider's affiliated or employed clinical staff with knowledge of the member's condition and requested procedure as a qualified proxy for purposes of completing a peer-to-peer discussion.

Individuals eligible to receive a proxy designation shall be limited to **licensed health care providers whose actual authority and scope of practice is inclusive of performing or prescribing the requested health care service**. Authority may be established through a supervising health care provider consistent with applicable State law for nonphysician practitioners.

Utilization Management Peer Review

Providers may reach the Utilization Management Department by **calling 1-833-459-1998**.

To learn more about Prior authorization , visit us at

<https://prev.aetnabetterhealth.com/pennsylvania/providers/prior-authorization.html.html>

Pharmacy Peer to Peer Discussion

Providers can reach the Pharmacy Services Department by **calling 1-866-638-1232** and following the prompts.

To learn more about our Pharmacy Programs, visit our [Provider Pharmacy page](#).