of Tennessee

Behavioral Health Peer-To-Peer Request Form

Use this form to request a peer-to-peer discussion with a medical director associated with the plan you select below.

For Commercial peer-to-peer requests, please follow the Commercial process outlined in the Provider Administration Manual.

Member's Plan: ☐ BlueCare℠ ☐ TennCare*Select* ☐ CoverKids

☐ BlueCare Plus Tennessee ☐ BlueAdvantage (PPO)℠

Check here if the member has a FIDE plan: ☐

Member's Information

Reference number: _____

Name: _____ Date of birth: ____ / ____ / _____

Requester's Information

Name: _____

Phone number: ____ - ____ - _____

Email address: _____

Clinician's/MD's Information

Name: _____

Phone number: ____ - ____ - _____

Email address: _____

Time zone: ☐ Eastern time ☐ Central time ☐ Mountain time

☐ Pacific time ☐ Other: _____

Scheduling Availability

Provide two or three options. Please allow 30 minutes for the peer-to-peer discussion.

Option 1

Date: ____ / ____ / _____ Start time: ____ : ____ ☐ a.m. ☐ p.m.

Option 2

Date: ____ / ____ / _____ Start time: ____ : ____ ☐ a.m. ☐ p.m.

Option 3

Date: ____ / ____ / _____ Start time: ____ : ____ ☐ a.m. ☐ p.m.

Additional Information

Please share any other information that may help us review this request.

Submit the Form

Email the completed form to **BH_P2P@bcbst.com**. We'll respond with the scheduled date and time.

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