

Spring 2007
The Appeal Process

Presented by

New Mexico Medicaid Utilization Review

Blue Cross Blue Shield of New Mexico



The Appeal Process

The Appeal Process consists of several possible steps:

- ◆ Re-review
- ◆ Reconsideration
- ◆ Fair Hearing



Re-Review Process

- ◆ Providers who disagree with a clinical utilization review decision or action on a record abstract review, may submit a written request for re-review to MUR.



Re-Review Process

- ◆ Based on MAD regulations, the written re-review request must be received within 10 calendar days from the date of the denial letter.
- ◆ Requests will be processed within 15 calendar days of receipt.
- ◆ The abstract should be marked "RE-REVIEW" at the top.



Re-Review Process

- ◆ Requests must have additional medical/clinical information (in addition to the initial information submitted) in order to meet the requirements for the re-review process.



Reconsideration Process

- ◆ Reconsideration requests must be received within 30 calendar days from the date of the re-review denial. Requests will be processed within 30 calendar days of receipt.
- ◆ Requests must have additional medical/clinical information (in addition to the initial and re-review information submitted) in order to meet the requirements for the reconsideration process.



Reconsideration Process



- ◆ The request for reconsideration must include:
 - Abstract marked "Reconsideration" in black ink at the top
 - Written reference to the challenged decision or action
 - Basis for the challenge, including new clinical documentation supportive of the request



Reconsideration Process

- ◆ If a re-review is unable to be requested within the mandated 10-days, a request may be made for a reconsideration (without benefit of a re-review).
- ◆ The request must be received within 30 days of the date of the original denial letter.
- ◆ "Reconsideration" should be indicated on the request.



Fair Hearing Process

- ◆ Requests for Fair Hearings are administered through the Administrative Hearings Bureau.
- ◆ A Fair Hearing request can be initiated by either the recipient or provider. (Sections 8.352.2 and 8.353.2 of the Program Manual).



Customer Service

- ◆ 800-392-9019 (number is valid both in- and out-of-state)
- ◆ Customer Service hours are 8:00 a.m. to 5:00 p.m., Monday-Friday
- ◆ ACD (Automatic Call Distribution) allows calls to be handled in the order received.
- ◆ MUR may also be contacted via the Internet.



Help Us Help You!

- ◆ Have this information ready:
 - Recipient number
 - Recipient name
 - Recipient date of birth
 - Provider number
 - Provider name
 - Date request was sent to MUR
 - Item(s) or service(s) requested



Customer Service

- ◆ Recipient calls regarding denial/reduction/modification letters
 - Recipients are encouraged to contact their providers.
 - Providers are encouraged to assist their clients by discussing the availability of re-reviews and reconsideration requests.



Following up on Submissions



- ◆ Please allow time for mail to reach MUR before calling to ask if the review has been completed.
- ◆ MUR's imaging system allows the Customer Service representatives to view whether the review has been received and where it is in the process.



Requesting Forms

- ◆ Providers may call the Customer Service line to request forms.
- ◆ Blank forms can also be downloaded from the Web site.
- ◆ Forms can also be requested when dropping off abstracts at the Alexander Boulevard address.

