BlueCross BlueShield of New Mexico

Blue Cross Community Centennial℠

A Centennial Care Plan

CENTENNIALCARE

Appeal & Grievance Process by Provider for Member

1/9/2014

Note: Materials are subject to change based on ongoing feedback, newly communicated information and internal revisions.

Services are funded in part under a contract with the State of New Mexico.

Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company (HISC), which is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company. Both HISC and HCSC are Independent Licensees of the Blue Cross and Blue Shield Association.

Appeal & Grievance Process

Appeal: A request for BCBSNM to review services for a member that were reduced, denied, or limited. This includes requests for pharmacy, transportation, or where BCBSNM did not complete an authorization on time.

Grievance: An expression of dissatisfaction by a member or a participating provider about any matter or aspect of BCBSNM, or its Blue Cross Community Centennial operation. For example, a complaint concerning quality of care, waiting times for appointments, the cleanliness of participating providers' facilities, etc.

Appeal & Grievance Process

Providers can request an appeal on behalf of a member with the member's authorization. Appeals:

- Need to be requested by the provider within 90 calendar days from the date of receiving the notice of action.
- Will be acknowledged within 5 business days for receipt.
- Will be resolved within 30 calendar days unless it is in the best interest of the member to extend the time by 14 calendar days.
  - If the appeal is extended notification of extension will be sent within 2 business days of the decision to extend the appeal.

Appeal & Grievance Process

- To request an appeal on a member's behalf or if a provider feels that they have not been paid according to their contract they can request an appeal, providers should call 800-693-0663.
- Or use the form located at www.bcbsnm.com.
- All participating providers must cooperate in the Blue Cross Community Centennial Appeals and Grievances process.
- For an Expedited BH Appeal Only, call: 1-877-232-5520

Appeal & Grievance Process

- Members have the right to submit a grievance if they have concerns or problems related to their coverage or care.

Grievances

To file a grievance, call 1-800-693-0663, or write:

Blue Cross Community Centennial

ATTN: Grievance Coordinator

P.O. Box 27838

Albuquerque, NM 87125-7838

FAX: 1-888-240-3004

Appeal & Grievance Process

Provider Responsibility

If a member has a complaint or grievance about Blue Cross Community Centennial, a provider, or any other issue, participating providers should instruct the member to contact the Customer Service Department at the number listed on the back of the member's ID card.

Participating providers must also cooperate with BCBSNM and members in providing necessary information to resolve the appeal/grievance within the required time frames. Providers must provide the pertinent medical records and any other relevant information. In some instances, providers must provide the records and information in an expedited manner to allow BCBSNM to make an expedited decision.

The provider cannot use a statement signed by the eligible recipient or their personal representative to accept responsibility for payment if the claim is denied as the basis to bill an eligible recipient or their personal representative unless such billing is allowed by MAD rules.

NMAC Regulation: 8.302.2.11, C, (5), (6)