New Mexico Independent Consumer Support System

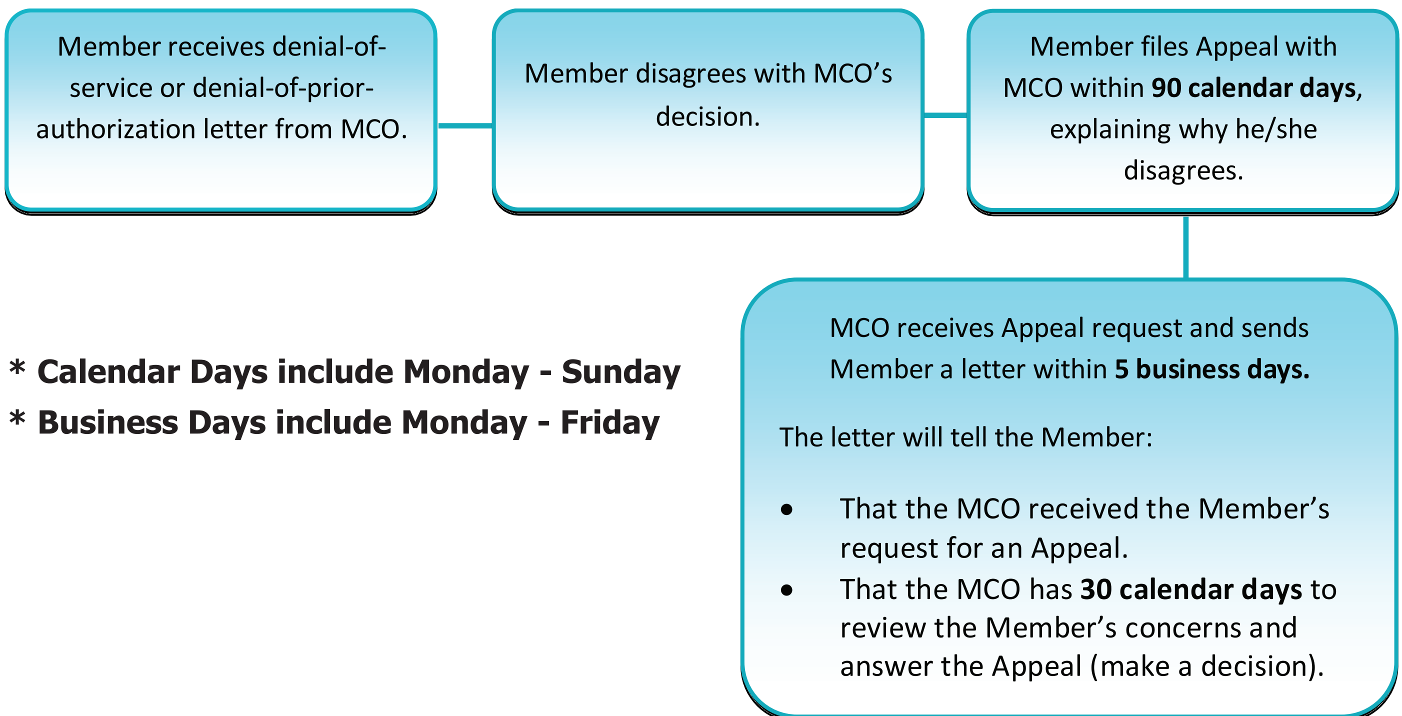
Appeals

What is an appeal?

- When the Member disagrees with a decision the Managed Care Organization (MCO) has made about a healthcare service the Member has received.
    - For example, the MCO may have denied (not paid for) a service and the Member thinks it should be covered.
    - The MCO may have denied a prior authorization for the Member. A prior authorization is when the Member's provider asks the MCO for an okay before the Member gets a healthcare service.
- An official notice from the Member.

How does the Member file an Appeal with the MCO?

- A Member may file on the phone, in person, or in writing.
- A guardian or representative for the Member, or the Member's provider, may file an Appeal for the Member.



*** Calendar Days include Monday - Sunday**

*** Business Days include Monday - Friday**

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Appeals (continued)

Can the Member keep getting the service during the Appeal?

The Member **MUST** ask the MCO to **continue** to provide **existing** benefits or services that were denied. He or she must file an Appeal within **13 calendar days** of getting notice of the denial. The MCO will continue the healthcare service until:

- The Appeal is withdrawn; and
- **13 calendar days** have passed after the MCO mails a decision on the Appeal and the Member has no further conflict with the MCO; and
- The time period or limits of the authorized service have expired.

Level I and Level II Appeals

- Level I is the first Appeal.
- Level II is the second Appeal.
- Members have the right to ask for both a Level I Appeal and a Level II Appeal.

For new prescriptions or new benefits and services that have been denied, you must complete the Appeal Process.

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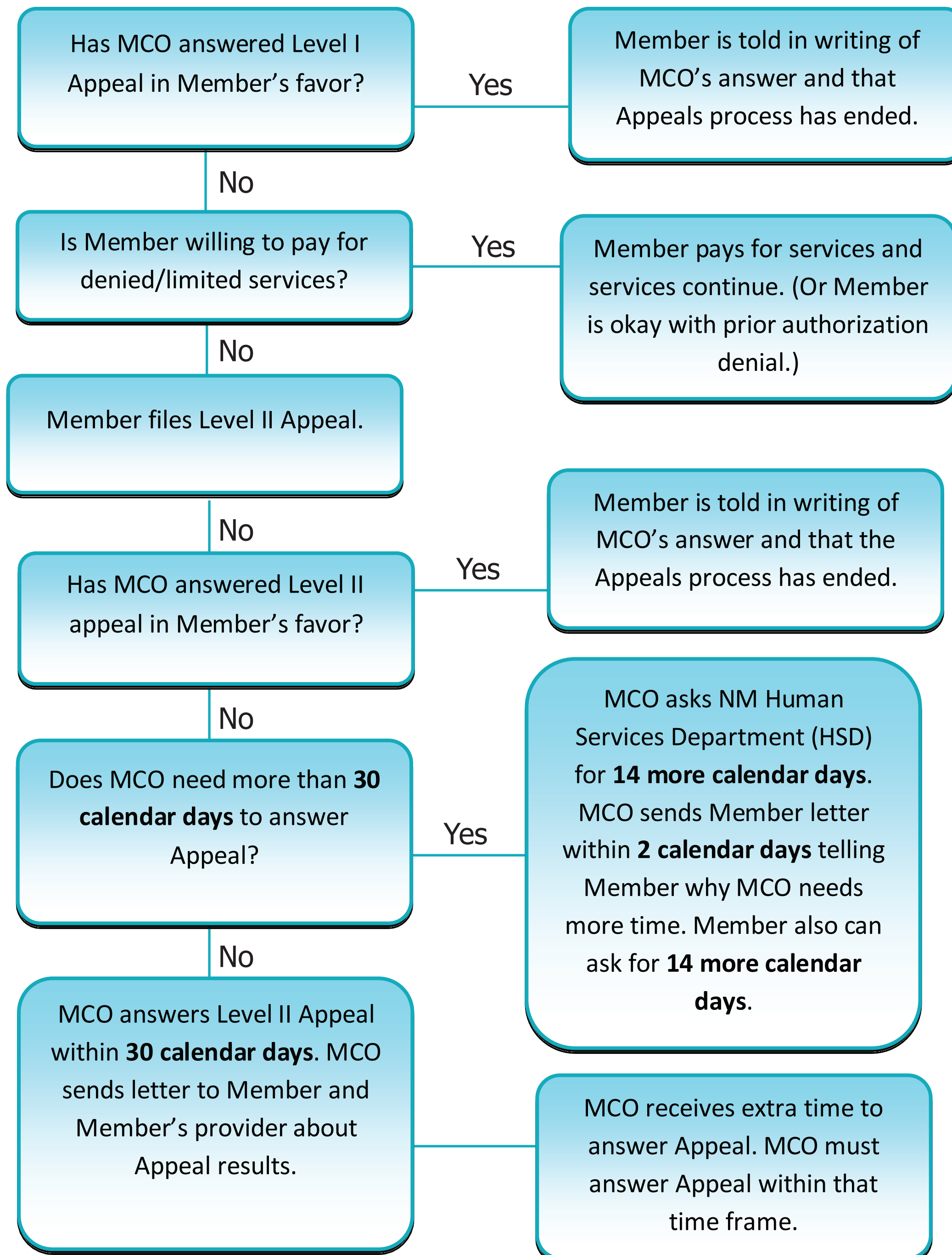
Appeals (continued)

Appeals Flow Chart



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Appeals (continued)

What rights does the Member have during the Appeals process?

- The Member can show the MCO proof of why the Member needs the service.
- The Member has the right to look at his or her medical records and files.
- Someone else involved in the Member's healthcare can speak to the MCO for him or her if the Member wants. Be sure you ask your MCO for a Permission for Release of Information (PRI).

Who looks at the Appeals?

MCO employees, including doctors, hear the Level I. A different group of MCO employees hear the Level II Appeal.

What is an expedited Appeal?

- The Member may ask for an expedited Appeal (quick decision) on his or her Appeal if the Member thinks his or her health may be seriously harmed by waiting for the regular Appeal.
- The Member should tell the MCO that his or health may be seriously harmed by waiting for the regular Appeal.
- The MCO will answer an expedited Appeal within **3 business days**.

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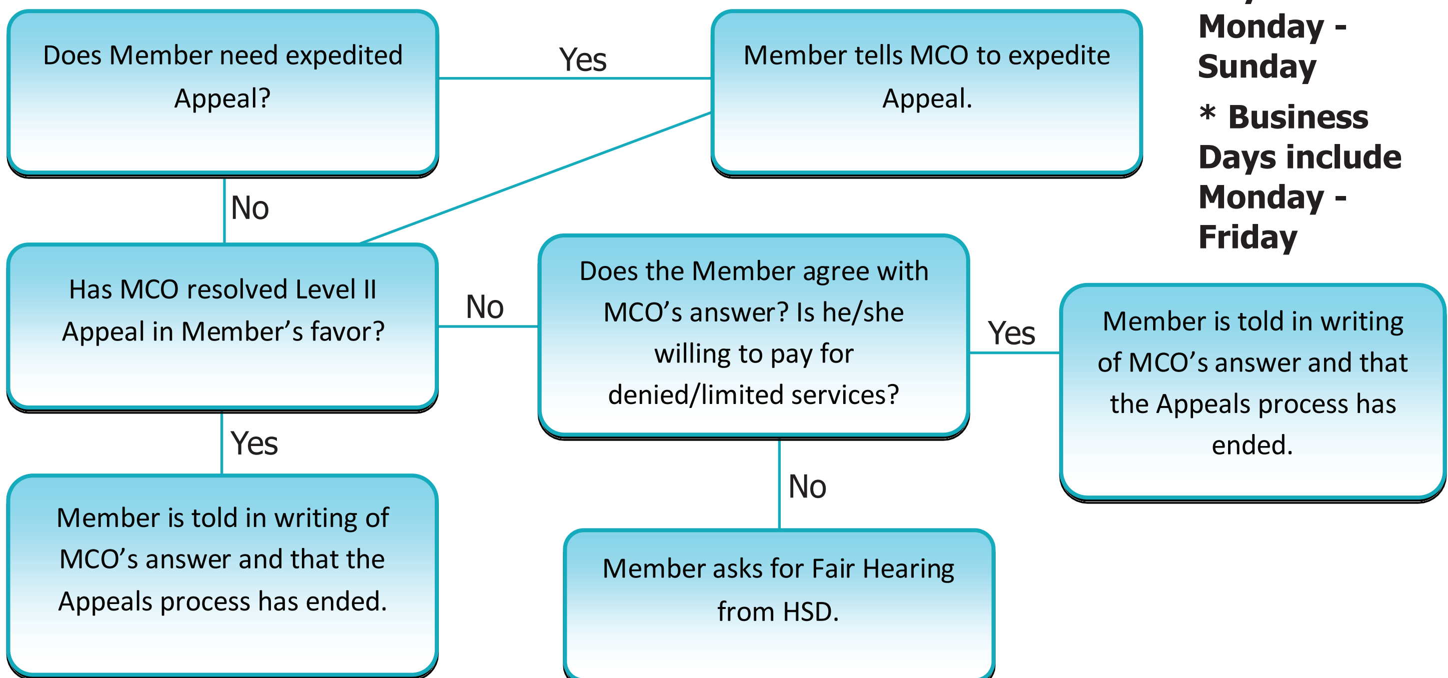

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Appeals (continued)

Timeline for Appeals process

0 to 90 calendar days after MCO denies the service or prior authorization	0 to 13 calendar days after MCO denies the service or prior authorization	5 business days after MCO gets notice of Appeal	0 to 30 calendar days after Member files Grievance
Member calls or writes to MCO to file Appeal.	Member calls or writes to MCO to file Appeal IF Member wants to keep getting the denied service.	MCO sends Member a letter. Letter tells Member that MCO is working on Appeal and will finish it within 30 calendar days.	MCO finishes working on Appeal. (**Note:** If MCO needs extra time, MCO asks HSD for **14 more calendar days.**) MCO mails Member letter. Letter says MCO is finished with Appeal and what the answer is.

Appeals process checklist for Members

- ☐ You **MUST** ask the MCO to **continue** to provide **existing** benefits or services that were denied. You must file an Appeal within **13 calendar days** of getting notice of the denial.
- ☐ Find a friend, relative, or lawyer to speak for you if you can't speak for yourself. Be sure you ask your MCO for a Permission for Release of Information (PRI).
- ☐ File your Appeal.
    - The MCO's denial letter will tell you how to file. You can also find this information in your Member Handbook.
- ☐ Ask the MCO for an expedited (quick) Appeal if you think your health may be seriously harmed by waiting for the normal **30 calendar day** time limit.
- ☐ Gather any proof you might need for the Appeal.
    - Specific to the denial letter.
    - This includes medical records.
- ☐ If you want, ask the MCO for a Level II Appeal if the first Appeal (Level I) is not answered in your favor.

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