

2019 Summary of Health Insurance Grievance Procedures

You, your provider, or an authorized representative, may file an Administrative Grievance or an Adverse Determination Grievance within 180 calendar days after receiving the initial determination notice from Molina Healthcare of New Mexico, Inc. (Molina Healthcare). A form you can use to file the grievance is included in this notification. You may file your grievance via phone, mail, electronic mail (e-mail), fax, or on the Molina Healthcare website below. Please submit your written grievance to:

Molina Healthcare of New Mexico

Grievance and Appeals Unit

400 Tijeras Ave. NW, Suite 200

Albuquerque, NM 87102

Fax #: (505) 342-0583

E-Mail: Marketplace.Grievances@MolinaHealthCare.Com

Website: <http://www.molinahealthcare.com/members/nm/en-US/mem/marketplace/quality/Pages/gna.aspx>

If you need assistance in preparing the grievance, you may contact Molina Healthcare at: **1 (888) 295-7651**. If you are hearing impaired you may contact Molina Healthcare through our dedicated TTY line toll free at **1 (800) 659-8331** or by dialing the **National Relay Service at 711**.

If you want your provider or other designated representative to file a grievance for you, you will need to give him/her your signed, written permission using the form attached.

There are two types of grievances that you can file: an **Administrative Grievance** or an **Adverse Determination Grievance**.

Definitions

- **Administrative Grievance:** An oral or written complaint submitted by you, or someone on your behalf, regarding an administrative decision.
- **Administrative Decision:** A decision made by a health care insurer regarding any aspect of a health benefits plan other than an adverse determination, including, but not limited to:
 - Administrative practices of the health care insurer that affects the availability, delivery or quality of health care services;
 - Claims payment, handling or reimbursement for health care services, including but not limited to complaints concerning co-payments, co-insurance and deductibles; and
 - Terminations of coverage.
- **Adverse Determination:** Means any of the following:
 - Any rescission of coverage (whether or not the rescission has an adverse effect on any particular benefit at the time);

- A denial, reduction, or termination of, or a failure to make full or partial payment for a benefit including any such denial, reduction, termination, or failure to make payments, that is based on a determination of a covered person's eligibility to participate in a health benefits plan; or
- A denial, reduction or termination of, or a failure to make full or partial payment for a benefit resulting from the application of any utilization review; or
- Failure to cover an item or service for which benefits are otherwise provided because it is determined to be experimental, or investigational or not medically necessary or appropriate.
- **Adverse Determination Grievance:** An oral or written complaint submitted by you, or someone on your behalf, regarding an Adverse Determination.
- **Day or Days:** Shall be interpreted as follows; unless otherwise specified:
 - One to five (1-5) days means only working days and excludes weekends and state holidays; and
 - Six (6) days or more means calendar, including weekends and holidays.

Administrative Grievance Process

Internal Review – Level I

- Once your request for an internal review has been received by Molina Healthcare, we will send you a written acknowledgement of your Administrative Grievance within three (3) working days after its receipt.
- The initial review shall:
 - Be conducted by a health care insurer representative authorized to take corrective action on the administrative grievance; and
 - Allow the grievant to present any information pertinent to your administrative grievance.
- Molina Healthcare will mail a written decision to you within 30 calendar days of receipt of the Administrative Grievance.

Reconsideration of Internal Review – Level II

- Within 20 calendar days of receiving the response letter from the initial internal review of your Administrative Grievance, you may request a committee hearing of your grievance.

Reconsideration of Internal Review – Reconsideration Committee

- If you are not satisfied with the outcome of the initial internal review of your Administrative Grievance, Molina Healthcare will appoint a reconsideration committee consisting of Molina Healthcare employees who have not participated in the initial internal review to review your Administrative Grievance.
- Upon receipt of your request for a reconsideration committee hearing, Molina Healthcare will schedule and hold a hearing within 15 calendar days after receiving your request for reconsideration. Molina Healthcare will not unreasonably deny your request for postponement of the reconsideration committee hearing.
- We will notify you in writing of the hearing date, time and place of the reconsideration committee hearing at least five (5) working days in advance.
- No fewer than three (3) working days prior to the hearing, Molina Healthcare will provide you with all the documents and information that the reconsideration committee will rely on in reviewing your Administrative Grievance.
- Your rights as the grievant during the internal review:
 - Attend the reconsideration committee hearing;
 - Present the grievant's case to the reconsideration committee;
 - Submit supporting material both before and at the reconsideration committee hearing;

- Ask questions of any reconsideration committee members; and
- Be assisted or represented by a person of your choice.
- We will mail a written decision to you within seven (7) calendar days after the reconsideration committee hearing.

External Review of Administrative Grievance by the Office of Superintendent of Insurance (the Superintendent)

- Within 20 calendar days of receipt of the reconsideration committee’s written notice of its decision, you may file a request for an external review via mail, e-mail, fax, or online. You may also file any other supporting documents or information you wish to submit to the Superintendent for review.
- The Superintendent may require you to exhaust the Molina Healthcare’s internal Administrative Grievance process before accepting an Administrative Grievance for external review. However, you may not be required to exhaust Molina Healthcare’s process if:
 - We waive this requirement;
 - We fail to comply with the requirements of our internal review process.
- If you wish to supply supporting documents or other information after you have filed your request for external review by the Superintendent, the timeframe for completing the review will be extended up to 90 calendar days from the receipt of your request form, or until you submit all supporting documents, whichever comes first.
- Upon receipt of a request for external review, the Superintendent will immediately send you an acknowledgment that the request has been received. The Superintendent will also send Molina Healthcare a copy of your request for external review.
- Upon receipt of the copy of the request for external review, Molina Healthcare will provide the Superintendent within five (5) working days all necessary documents and information considered in arriving at the Administrative Grievance decision.
- The Superintendent must issue a written decision on the Administrative Grievance within 45 calendar days of receipt of the complete request for external review.

Adverse Determination Grievance Process

Standard Internal Review

- An Adverse Determination Grievance must be filed within 180 calendar days of receiving the Adverse Determination.
- Upon receipt of your request for first level internal review of an adverse determination, we will date and time stamp your request, and within three (3) working days after the receipt send you an acknowledgment that the request has been received.
- You have the right to review your claim file, obtain information considered and relied upon by Molina Healthcare in making its determination, and to present evidence and submit evidence including but not limited to written comments, document, records and other materials relating to the request for benefits as part of the internal review of the Adverse Determination Grievance. As soon as possible, but no less than five (5) working days in advance of the date of the internal review of adverse benefit determination, Molina Healthcare will provide you, at no cost to you, with all information relevant to the request for benefits including:
 - Copies of all documents;

- Policies;
- Guidance;
- Statements;
- Records; and
- Other information.
- A standard review of a pre-service Adverse Determination Grievance will be resolved within 30 calendar days of receiving your grievance. A standard review of a post-service Adverse Determination Grievance will be resolved within 60 calendar days of receiving your grievance.
- Within 24 hours of the internal review panel's decision, Molina Healthcare will notify you and your provider of the decision by phone. Within one (1) business day of telephone notice, Molina Healthcare will notify you and your provider of the decision in writing or electronically.

Expedited Internal Review

- You have the right to an expedited review of your Adverse Determination Grievance whenever your request involves an urgent care situation. Molina Healthcare will complete an expedited internal review as required by the medical emergency of your case.
- If your request for an expedited review qualifies as expedited, Molina Healthcare will complete the expedited review within 72 hours. An expedited decision is not available for post-service claims. Within one (1) business day of Molina Healthcare's decision, you will be notified of the decision via phone, and the decision will be sent to you in writing or electronically within one (1) business day after the initial telephone notice.

Internal Panel Review for Adverse Determinations

- If you remain dissatisfied within five (5) working days after the adverse determination notice, you may either request a review by a panel that is selected by Molina Healthcare or you may skip this step and ask that your request be reviewed by an Independent Review Organization that is appointed by the Superintendent within four (4) months after you receive your adverse determination.

External Review Process by an Independent Review Organization (IRO)

- An IRO is a certified organization appointed by the Superintendent to review requests that have been denied by an insurer. The IRO employs various medical and other professionals from around the country to perform reviews. Once the Superintendent selects and appoints an IRO, the IRO will assign one or more professionals who have specific credentials that qualify them to understand and evaluate the issues that are particular to your request. Depending on the type of issue, the IRO may assign a single reviewer to consider your request, or it may assign a panel of reviewers. The IRO must assign reviewers who have no prior knowledge of your case and who have no close association with Molina Healthcare or with you. The reviewer will consider all of the information that is provided by Molina Healthcare and by you (the Superintendent can assist you in getting your information to the IRO). In making a decision, the IRO may also rely on other published materials, such as clinical studies. The IRO will report the final decision to you, your provider, Molina Healthcare, and to the Superintendent. Molina Healthcare must comply with the decision of the IRO.
- Within four (4) months from receipt of the written notice of the internal panel review committee's decision on an Adverse Determination, you may request an external review with the Office of the Superintendent at no cost to you. You must complete Molina Healthcare's internal grievance process prior to requesting

external review unless Molina Healthcare waives the exhaustion requirement, Molina Healthcare doesn't render a decision within the timeframes required by the internal grievance process, or you simultaneously request an expedited internal review and an expedited external review.

A request for external review can be submitted to the Superintendent via mail, e-mail or fax. You may also complete the online request available at:

**Office of Superintendent of Insurance
1120 Paseo de Peralta
Attn: Managed Health Care Bureau
PO Box 1689
Santa Fe, New Mexico 87504-1689**

mhcb.grievance@state.nm.us

Phone: Local (505-827-4601) or Toll Free (855-427-5674)

Fax: (505-827-6341)

Link to complaint form: <http://www.osi.state.nm.us/consumer-assistance/forms/managed-healthcare.html>

Link to full version of health insurance grievance procedures:

<http://www.osi.state.nm.us/ManagedHealthCare/docs/RULES%20EFFECTIVE%201-1-17%20PER%20OSI%20BULL%202016-005.pdf>

**Molina Healthcare of New Mexico
Grievance Form**

If you want to file an Administrative Grievance or an Adverse Determination Grievance, please fill out this form. Adverse Determination Grievances must be filed within 180 days of the date of the Adverse Determination. If your healthcare provider thinks your life or health is in immediate danger because of the decision in the Adverse Determination, he/she can ask for a pre-service expedited review by either calling Molina Healthcare of New Mexico or completing this form. Expedited reviews for post-service adverse determinations are not applicable.

If you have questions or need help completing this form, please call **1 (888) 295-7651. Please Print**

Date: _____

Member's ID #: _____

Member's LAST name: _____

Member's FIRST name: _____ MI: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Doctor's Name: _____

Specific Issues:

Please mail all supporting documentation regarding your grievance to:

**Molina Healthcare of New Mexico
Grievance and Appeals Unit
400 Tijeras Ave. NW, Suite 200
Albuquerque, NM 87102**

Fax #: (505) 342-0583

E-Mail: Marketplace.Grievances@MolinaHealthCare.Com

Authorized Representative Permission Statement

If your healthcare provider or another individual is filing the grievance for you, you must give your written permission.

I, _____ (your name), give my permission for
_____ (designee) to file this Grievance Form.

Client's Signature

Date