

Dec. 16, 2019

Subject: Initial Determinations and Appeals

Thank you for participating in the Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) provider network. We would like to take this opportunity to discuss important information regarding Medicare reopening requests for services that were originally denied.

The reopening-request process is separate from the appeals process. Presbyterian will reopen requests for services that were originally denied if a provider provides new information that Presbyterian considers substantial and if the denied service is not under appeal. Presbyterian deems information new and substantial if it meets the following criteria:

- Was not readily available or known to the person or entity at the time of the initial determination.
- Does not include evidence that was or could have been available to the decision-maker at the time of the initial determination.
- The new information may change the result of the initial determination.

If providers do not submit new information, or if Presbyterian deems the new information as not substantial, then the reopening request will be denied. If the reopening request is denied, providers can request an appeal. Once Presbyterian begins the appeal process, we cannot reopen the original request until all the appeal rights have been exhausted or the member withdraws the appeal.

If you have any questions about the reopening process, please contact Presbyterian's Medicare Services department at (505) 923-6060.

We want to thank providers for their work to improve the health of the patients, members and communities we serve.