

Regulations Relevant to Appeal and Grievance Policies and Procedures

Member Grievances

New Mexico Administrative Code, Title 8: Social Services

Chapter 305: Medicaid Managed Care,

- Part 1: General Provisions § 1.7 G. (2). Grievance (Member)
- Part 8: Quality Management, § 15 Member Bill of Rights, C. MCO Responsibilities, (4) (toll free hotline)
- Part 12: MCO Member Grievance Resolution
Chapter 352: Part 2: Recipient Hearings

New Mexico Administrative Code, Title 8: Social Services

Chapter 306: State Coverage Insurance,

- Part 1: General Provisions § 1.7 G. (2). Grievance (Member)
- Part 8: Quality Management, § 15 Member Bill of Rights, C. MCO Responsibilities, 3 (e) (toll free hotline)
- Part 12: MCO Member Grievance Resolution
Chapter 352: Part 2: Recipient Hearings

Medicaid Managed Care Services Agreement between the New Mexico Human Services Department and PHP, effective July 1 2005, Article 2.1(42).A.v. Member Patient Bill of Rights and Responsibilities and Article 2.9 Grievance.

State Coverage Initiative Managed Care Services Agreement between New Mexico Human Services Department and PHP, effective July 1, 2005, Article 2.1(1)J.iii. Members' Patient Bill of Rights and Responsibilities and Article 2.10 Grievance.

42 CFR §438.228 Grievance System

42 CFR §438.400 (b) Definitions, Grievances

42 CFR §438.402 General Requirements, (a) The grievance system

42 CFR §438.406 Handling of grievances and appeals

42 CFR §423.566 Coverage Determinations

42 CFR §423.564 Grievance Procedures

Presbyterian Medicare Advantage and Medicare Prescription Drug Plans' Evidences of Coverage

CMS Medicare & Managed Care Guidelines to be Used between CMS and State Insurance Departments for the Medicare Advantage Program: Attachment C Organization Determinations, Appeals & Grievances Under the Medicare Advantage Program

42 CFR Subpart M: Grievances, Organization Determinations and Appeals, §422.560-422.620

42 CFR §422 and §489, Grijalva Final Rule

Medicare Managed Care Manual, Chapter 13 ("Medicare Advantage Beneficiary Grievances, Organization Determinations, and Appeals"), Sections 10, 20, 30, 60 and 70.

New Mexico Administrative Code, Title 13: Insurance, Chapter 10: Health Insurance, Part 17.1-17.40: Grievance Procedures with revisions implemented effective 05/03/2004; 21.5 Protection of Medical Records

Prescription Drug Benefit Manual, Chapter 18, Part D Enrollee Grievances, Coverage Determinations and Appeals

Member Standard Internal Appeals

8 NMAC 8.305.1.7.A. (2) Action

8 NMAC 8.352.2 NMAC Recipient Hearings

Medicaid Managed Care Services Agreement between the New Mexico Human Services Department and PHP, Effective July 1, 2005, Article 2.9 Grievance.

8 NMAC 8.305.12 NMAC MCO Member Grievance Resolution

8 NMAC 8.306.1.7.A.(2) Action

8 NMAC 8.306 State Coverage Insurance, Part 12, Member Grievance Resolution

State Coverage Initiative Managed Care Services Agreement between the New Mexico Human Services Department and PHP, Effective July 1, 2005, Article 2.10 Grievance

42 CFR §431.230 (b) Maintaining Services

42 CFR §438.228 Grievance System

42 CFR §438.400 (b) Definitions, Grievances

42 CFR §438.402 General Requirements, (a) The grievance system

42 CFR §438.406 Handling of grievances and appeals

42 CFR §438.408 Resolution and notification: Grievances and Appeals

42 CFR §423.560-423.638 Medicare Prescription Drug Benefit

CMS Medicare & Managed Care Guidelines to be Used between CMS and State Insurance Departments for the Medicare Advantage Program: Attachment C Organization Determinations, Appeals & Grievances Under the Medicare Advantage Program

42 CFR Subpart M: Grievances, Organization Determinations and Appeals, §422.560-422.698 Medicare Managed Care Manual, Chapter 13 (“Medicare Advantage Beneficiary Grievances, Organization Determinations, and Appeals”), Sections 10, 20, 30, 60, 70, and 90

New Mexico Administrative Code, Title 13: Insurance, Chapter 10: Health Insurance, Part 17: Grievance Procedures, revised 05/03/04.

2004-2005 NCQA Standards, UM 8 and 9: Policies for Handling Appeals

Member Expedited Internal Appeals

8 NMAC 8.305.1.7.A(2) Action and (3) Appeal

8 NMAC 8.305.12.MCO Member Grievance Resolution

8 NMAC 8.352.2 Recipient Hearings

Medicaid Managed Care Services Agreement between the New Mexico Human Services Department and PHP, Effective July 1, 2005, Article 2.9 Grievance and Article 2.1(1) N, Denials.

8.NMAC 8.306.12 Member Grievance Resolution

8 NMAC 8.306.1.7. A.(2) Action and (3) Appeal

State Coverage Initiative Managed Care Services Agreement between the New Mexico Human Services Department and Presbyterian Health Plan, Effective July 1, 2005, Article 2.1(1) N. Notice of Adverse Action and P. Denials, Article 2.10 Grievance

42 CFR §438.228 Grievance System

42 CFR §438.400 (b) Definitions, Grievances

42 CFR §438.402 General Requirements, (a) The grievance system

42 CFR §438.406 Handling of grievances and appeals

42 CFR §438.408 Resolution and notification: Grievances and Appeals

42 CFR §423.580 Subpart M Grievances, Coverage Determinations, and Appeal Right to a Determination

42 CFR §423.584 Subpart M Grievances, Coverage Determinations, and Appeal Expedited redeterminations

42 CFR §423.590 Subpart M Grievances, Coverage Determinations, and Appeal Timeframes and Responsibilities

42 CFR §423.600 Subpart M Grievances, Coverage Determinations, and Appeal Reconsiderations by an IRE

42 CFR Subpart M: Grievances, Organization Determinations and Appeals, §422.560-§422.698

42 CFR Subpart K – Application Procedures and Contracts for Medicare Advantage Organizations 422.504 (“Contract provisions”)

42 CFR Subpart K – Application Procedures and Contracts with Part D Plan Sponsors, 423.505 (“Contract provisions”)

Medicare Managed Care Manual, Chapter 13 (“Medicare Advantage Beneficiary Grievances, Organization Determinations and Appeals”), Sections 60, 70, 80, 90, 100, 110, and 120

Prescription Drug Benefit Manual, Chapter 18, Part D Enrollee Grievances, Coverage Determinations and Appeals

Medicare Advantage and Medicare Prescription Drug Plan Evidences of Coverage

New Mexico Administrative Code, Title 13: Insurance, Chapter 10: Health Insurance, Part 13: Managed Health Care, revised effective date of 5/3/2004, Rule §15: Grievance System: 15.16 Informal Internal Utilization Management Review (Stage 1), 15.17 Formal Internal Utilization Management Review (Stage 2), 15.18 External Review Process; 21.5 Protection of Medical Records

2003 National Committee for Quality Assurance (NCQA): UM 8, The managed care organization establishes procedures for registering and responding to expedited second-level appeals.

Provider Appeals and Grievances

- Medicaid Managed Care Services Agreement between New Mexico Human Services Department and Presbyterian Health Plan, dated July 1, 2005, Article 2.9 Grievance, (8) MCO Provider Grievance Process
- New Mexico Administrative Code: 8 NMAC 8.305.12.16, MCO/SE Provider Grievance Process; 8 NMAC 8.305.12.10.G
- State Coverage Initiative Managed Care Services Agreement between New Mexico Human Services Department and Presbyterian Health Plan, dated July 1, 2005, Article 2.10 Grievance
- New Mexico Administrative Code: 8.NMAC 8.306.12.16 MCO Provider Grievance Process; 8 NMAC 8.306.12.10.G
- New Mexico Administrative Code, Title 13, Chapter 10: Provider Grievances
- PHP.QMCRD. 007—Policy for Provider Fair Hearings
- PHP Provider Manual (January 1, 2001)

- 42 CFR Subpart E—Relationships with Providers, 422.202 (a)(4)
- 42 CFR Subpart M—Grievances, Organization Determinations and Appeals, 422.562 (“General Provisions”)