New Mexico Medicaid Utilization Review

P.O. Box 27950 • Albuquerque, NM 87125-7950 • 1-800-392-9019

GENERAL PROVIDER BULLETIN

CHANGE IN REVIEW COMPLETION TIME FRAMES

Background	• Blue Cross Blue Shield of New Mexico (BCBSNM), serving as the Medicaid Utilization Review contractor, works within time frames required by the Medical Assistance Division (MAD). These time frames are based on the BCBSNM contract with MAD and/or the regulations as stated in the MAD Program Policy Manual. • Effective July 1, 2006, BCBSNM is responsible for processing complete UR requests within the applicable time frames as listed in this bulletin.
Important Notes	• Remember, these time frames are based on the date of receipt of a ***complete*** review. • See detailed information regarding UR time frames accompanying this Bulletin. • Please keep in mind that business days ***exclude*** weekends and holidays.
Time Frames for UR Review Completion – Record Abstract	• Paper submissions (includes abstracts and faxes) – **8 business days.**
Time Frames for Telephone or HIPAA 278 Submission and Peer Review Completion	• Telephone or HIPAA standardized 278 submissions – **2 business days**, unless a referral to a peer consultant is required. • Internal peer consultant (BCBSNM) - **4 business days**. • External peer consultant - **8 business days.**
Time Frames for Re-Review and Reconsideration Requests	• Written re-review requests - **15 business days.** • Telephone re-review request (as the result of a telephone denial) – **4 business days.** • Reconsideration requests – **30 calendar days.**
Expedited Reviews	• An expedited review is defined as: "Services, supplies and/or equipment, the absence of which would reasonably be expected to result in a deterioration of the recipient's health or a delay in appropriate transition to alternative placement (including discharge to home)." • Upon receipt of a complete request, BCBSNM will complete the review within **24 hours**; if request is made on a weekend or a holiday, or after 12:00 p.m. Mountain Time on a day preceding a weekend or holiday, the review will be completed retrospectively on the business day following the weekend or holiday. Referrals to internal peer consultants are included in this time frame. • If an expedited review must be referred to an external peer consultant, the review will be completed with **4 business days** of receipt.
Incomplete Submissions	If a submission is incomplete, it will be returned to the provider within the time frames listed in this Bulletin with a letter requesting the necessary documentation. *The above time frames will then apply when the completed request is received by BCBSNM.*
Our Telephone Number and Hours of Operation	For any questions you have regarding your UR requests, please call our customer service representatives who are available from 8:00 a.m. to 5:00 p.m., Monday through Friday (excluding holidays) at: **1-800-392-9019**

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FEE FOR SERVICE UR REVIEW TIMELINES

Effective July 1, 2006

Type of Review Request	Condition	Required Timeframe
Requests received via telephonic or HIPAA standardized 278 PA electronic transactions, includes faxes.	Non-expedited	Within **2 business days** from receipt.
Telephonic or HIPAA standardized 278 PA electronic transaction review by an internal peer consultant.	Non-expedited	Within **4 business days** from receipt.
Telephonic or HIPAA standardized 278 PA electronic transaction review by an external peer consultant.	Non-expedited	Within **8 business day**s from receipt.
FAX or paper review, including initiating provider notification.	Non-expedited	Within **8 business day**s from receipt.
Notify the provider in writing when a review request is incomplete or lacking necessary documentation.	Non-expedited	Within **14 calendar days** of the date of the request.
Inpatient retrospective post-payment reviews.	Non-expedited	Within **6 months** of receipt of review request reports from MAD.
Written or electronic confirmation of the review decision that results in an approval.	Non-expedited	Within **8 business days.**
Written or electronic confirmation of the review decision that results in a denial.	Non-expedited	Within **8 business days.**
Make a review decision and notify the provider of the review decision. * Expedited services are defined as those services, supplies and/or equipment, the absence of which would reasonably be expected to result in a deterioration of the recipient's health or a delay in appropriate transition to alternative placement (including discharge to home).	Expedited services, supplies and/or equipment*	Within **24 hours** of receipt of complete request. If request is made on a weekend or holiday, or after 12:00 p.m. MST on a day preceding a weekend or holiday, a retrospective review will be completed on the **business day following the weekend or holiday.** If request requires review by an external peer consultant due to failure to meet criteria or absence of MAD approved criteria, the review will be completed retrospectively within **4 business days** of receipt of complete request.
Respond to the recipient and provider with written, telephone, or electronic confirmation of the review decision that results in a denial.	Expedited services	Within **2 working days** of providing the notification for request of an authorization.
Perform written re-review requests.	Non-expedited	Within **15 business days** from receipt of a complete written request for a re-review. Inform the provider of the re-review determination within the fifteen (15)-business day timeframe.
Telephone re-review requests.	Non-expedited	**4 business days** from receipt of a request for re-review of a telephone denial. Inform the provider of the re-review determination within the same four (4)-business day timeframe.
Reconsideration requests.	Non-expedited	**30 calendar days** of the receipt of a complete written reconsideration request. Inform the provider by written notice of the reconsideration determination within the thirty 30 calendar days.