

Blue Cross and Blue Shield of New Mexico Appeal Request Form

Member/Patient Information

Member Name: _____

Member Identification Number: _____

Case Information

Date(s) of Service (Service From Date and Service To Date): _____

Place of Service (Facility/Doctor Name): _____

Reason for Request: _____

Your Information

Name of Person Submitting Appeal: _____

Telephone Number: _____

Mailing Address: _____

Today's Date: _____

If you are not the member, and the member is over age 18, you must have the member's signature to authorize you to request the appeal for them. Please provide the member's signature below for authorization:

Member's Signature: _____

Please send this form to: Blue Cross and Blue Shield of New Mexico Attention: Turquoise Care Appeals Unit, P.O. Box 660717 Dallas, TX 75266-0717, or you can fax to 1-888-240-3004, or e-mail to GPDAG@bcbsnm.com.

How to File an Appeal with Turquoise Care

Filing an Appeal: If you disagree with a benefit decision by BCBSNM, you may file an appeal. Disagreeing with a benefit decision by BCBSNM means you disagree with BCBSNM's decision to terminate, modify, suspend, reduce, delay, or deny a benefit.

- You have up to 60 calendar days from the date of this letter to file an expedited or standard appeal.
- If you do not file an expedited or standard appeal within 60 calendar days from the date of this letter, you may lose your right to appeal.

Call or write BCBSNM Member Services at **1-866-689-1523** (TTY: **711**) to start your appeal. All appeals may be filed orally by calling Member Services, or in writing. Please let us know if you need help filing your appeal.

If you or your provider believes that your health may be at risk if there is a delay, you may request an expedited appeal. You must tell us **during the call, or on the written appeal** that you want a quick decision (also called an expedited appeal). See below for more information on expedited appeals. If you have any questions about the appeals process, you can call Member Services.

You may send us any proof or paperwork to back up your appeal. Please send paperwork by mail, e-mail, or fax.

Blue Cross and Blue Shield of New Mexico
Attention: Turquoise Care, Appeals & Grievances
PO Box 660717
Dallas, TX 75266-0717
Toll-Free: 1-866-689-1523
Fax Number: 1-888-240-3004
TTY: 711
Email: GPDAG@bcbsnm.com

Telephone Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.
Closed Saturdays and Sundays.

If you need help with your appeal after hours, you may call **1-877-232-5520** (TTY: **711**) and leave a message. We will return your call by 5:00 p.m. the next business day.

If you need oral interpretations in any language, please call Member Services at **1-866-689-1523** (TTY: **711**).

You can file your own appeal and handle it yourself. You can also get help with your appeal from other people, including an attorney who you choose and pay for. There are different types of helpers who can help you with your appeal and go by different names. You can get help with your appeal from an “Authorized Provider,” “Authorized Representative,” and/or a “Spokesperson.” Each type of helper can do some things for you but may not be able to do other things. To use each type of helper, you need to sign the authorization form for that helper and make sure the helper agrees to help you.

The types of helpers, the forms, and what the helpers can and cannot do for you, is in the following table:

Type of Appeal Helper	Who Can be the Appeal Helper	Form Needed	Support You and Advocate for You	Access Case Information	File Appeal for You	Ask to Continue Your Benefits	Make Medical Decisions for You*
Authorized Provider	Your healthcare provider	Authorized Provider Form	Yes	Yes	Yes	Yes	No
Authorized Representative	Friend, relative, attorney healthcare provider, or anyone else	Authorized Representative Form	Yes	Yes	Yes	Yes	Yes**
Spokesperson	Friend, relative, or anyone else	Standard Authorization Form - HIPAA	Yes	Yes	No	No	No

*Only in the context of a Medicaid appeal, not applicable in a clinical setting (e.g., at a hospital).

**An Authorized Representative for a Medicaid appeal is not the same as an agent who you make your power of attorney for health care. A power of attorney for health care lets you name another person as agent to make health care decisions for you in a clinical setting (e.g., at a hospital) if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. If you want to make someone your power of attorney for health care, please use the health care power of attorney form available at bcbsnm.com/Medicaid.

You can call BCBSNM Member Services at **1-866-689-1523** (TTY: **711**) for the right form for each type of appeal helper. You can also ask BCBSNM to see a copy of the file about your case. BCBSNM **will not take any action against you or your helper** for filing or helping with an appeal.

After your appeal is filed, you can give more information to BCBSNM before your appeal is decided. The information can be written comments, documents, or verbal testimony. The information can also be written or verbal arguments of law or facts. You or your Authorized Provider, Authorized Representative, or Spokesperson can give this information to us. To give us more information before your appeal is decided, you must ask us right away because BCBSNM has limited time to finish your appeal. It is important to submit this additional information quickly. You may call Member Services at 1-866-689-1523 with this information. You may also write or fax us at the address or fax number shown above.

If you need more time to gather your information, you can request an extension of the appeal up to 14 more calendar days. When you ask for an extension, please tell us why.

After your appeal is filed with BCBSNM, we will send you a letter within five business days. The letter will tell you we have received your appeal. We will send you our answer within 30 calendar days from the date on which we received your initial oral or written appeal. If we need more time to work on your appeal and it is in your best interest, we will ask the New Mexico Health Care Authority (HCA) for an extension of up to 14 more calendar days. We will call you to let you know about the extension. Within two calendar days of deciding to extend the deadline, we will also send you a letter letting you know the reason(s). You may ask for a 14-day extension if you need more time; when asking for an extension, please tell us why.

You can also file a “grievance.” A grievance is not the same as an appeal. A grievance is how you tell us that you are unhappy with us or our operation *other than* a benefit decision that we made. You can file a grievance even if you do not request an appeal. However, a grievance alone will not work to dispute a benefit decision. You must file an appeal to dispute a benefit decision. You can file both a grievance and an appeal at the same time. Call or write BCBSNM Member Services at **1-866-689-1523** (TTY: **711**) to start your grievance. There is no time limit to start a grievance.

Quick Decisions (Also Called Expedited Appeals): You, your Authorized Provider, or your Authorized Representative can ask us to look at your appeal as soon as possible if the standard 30-day appeal time is believed to put your health at serious risk. This is called an “*expedited appeal*.” We must be given the reasons why an expedited appeal is needed. A medical doctor with BCBSNM will decide if your appeal should be expedited. This doctor was not involved in the first denial that you are appealing.

If we disagree with the request for an expedited appeal, we will make reasonable efforts to give prompt oral notice of the denial and will follow up with a written notice in two calendar days. We will still look at your appeal and give you a decision within 30 calendar days. You or your Authorized Representative may request an expedited HCA administrative hearing about BCBSNM’s denial of an expedited appeal. If an expedited HCA administrative hearing is requested, we will still continue to work on your appeal, so we can finish within 30 calendar days if HCA upholds our decision to deny your expedited appeal.

If we agree with the request for an expedited appeal, we will then give you an appeal decision in 72 hours. We will call you to let you know our decision. We will also send you a letter.

If BCBSNM decides that taking the time for a standard appeal puts your health at serious risk, BCBSNM will start an expedited appeal on your behalf. BCBSNM will contact you if we have started the expedited appeal. We will continue your benefits without cost to you during an expedited appeal started by BCBSNM. We will give you an expedited appeal decision in 72 hours.

BCBSNM or the New Mexico Health Care Authority are not responsible for any fees or cost you incur during the regular or expedited appeals process.



Requesting an HCA Administrative Hearing (Also Called a Fair Hearing): If BCBSNM’s appeal decision did not completely reverse BCBSNM’s original decision, you and your Authorized Representative have the right to request a hearing with the New Mexico Health Care Authority. This hearing is called an “HCA administrative hearing” or a “fair hearing.” You, your provider acting on your behalf or your Authorized Representative can ask for an HCA administrative hearing after the appeal process with BCBSNM is exhausted. “Exhausted” usually means that we decided your appeal. It can also mean that BCBSNM did not act on your appeal in a timely manner.

You or your Authorized Representative must request an HCA administrative hearing within 90 calendar days from the date of our final decision on your appeal. You may ask for an expedited HCA administrative hearing if you believe the standard timeframe will put your health at serious risk. The request must be within 90 calendar days from the date of our final decision on your appeal. You can ask for an HCA administrative hearing by calling or writing:

New Mexico Health Care Authority
Office of Fair Hearings
P.O. Box 2348
Santa Fe, NM 87504-2348
Telephone: 1-800-432-6217, then press 6; or (505) 476-6213
TTY: 711

You will receive a “summary of evidence” from the New Mexico Health Care Authority no later than 10 business days before the HCA administrative hearing. An Administrative Law Judge will conduct the hearing and make a recommendation to the Health Care Authority Medical Assistance Division Director who will make the final decision.

BCBSNM will honor the decision made by the Health Care Authority Medical Assistance Division Director. You may disagree with that decision. If so, you have the right to file an appeal with the State District Court.

You will be responsible for court costs, such as the filing fee. You must file the appeal with the appropriate State District Court within 30 calendar days from the date on the notice of the fair hearing decision, with a copy to the Health Care Authority office of the general counsel. (While this paragraph highlights procedures, it is not a substitute for the statutes and regulations governing judicial appeal.)

You can speak for yourself at the HCA administrative hearing. Or, you can have a representative (such as a friend, relative, or lawyer) speak for you (at your own cost). You can ask the Health Care Authority Office of Fair Hearings to see your file.

You may have other rights at the hearing. Ask the HCA Office of Fair Hearings about your rights. If you have questions about your rights, please call the HCA Office of Fair Hearings at the number above.



Continuation of Benefits: You, your Authorized Provider, and your Authorized Representative may have the right to request that BCBSNM continue to cover (pay for) the services in question while your appeal is in process. You, your Authorized Provider, and your Authorized Representative may have the right to request that BCBSNM continue to pay for the services in question while your HCA administrative hearing is in process. Your Spokesperson does not have this right. The request to continue your benefits must be made prior to the date the initial denial goes into effect or within 10 calendar days from the date of this letter, whichever is later. You may request continued benefits by calling Member Services at **1-866-689- 1523** (TTY: **711**). You can also send written requests to the mailing address, email address, or fax number listed below.

Blue Cross and Blue Shield of New Mexico
Attention: Turquoise Care, Appeals & Grievances
PO Box 660717
Dallas, TX 75266-0717
Toll-Free: 1-866-689-1523
Fax Number: 1-888-240-3004
TTY: 711
Email: GPDAG@bcbsnm.com

You have the right to receive continued benefits only under certain conditions:

- Benefits for the services at issue will be continued during the process of your appeal to BCBSNM if: (1) you, your Authorized Provider, or your Authorized Representative request an appeal within 60 calendar days from the date of this letter; (2) the appeal is of the termination, suspension, or reduction of a previously authorized course of treatment; (3) the services were ordered by an authorized provider; (4) the original period covered by the original authorization has not expired; and (5) you, your Authorized Provider, or your Authorized Representative ask for your benefits to continue any time prior to the date the denial goes into effect or within 10 calendar days from the date of this letter, whichever is later.
- Once benefits for services at issue are continued during the appeal process, they will be further continued until: (1) the appeal is withdrawn; (2) you or your Authorized Representative fail, for 10 calendar days after BCBSNM mails an appeal decision against you, to request an HCA administrative hearing with continuation of benefits; (3) the Health Care Authority Medical Assistance Division Director issues a hearing decision against you; (4) the time period or service limits of a previously authorized service has been met; or (5) you or your Authorized Representative choose to end continued benefits.
- If you or your Authorized Representative have asked for benefits to continue within 10 calendar days from the date of this letter, BCBSNM may still deny your appeal. You can file for an HCA administrative hearing at that time. However, it will be too late to ask for your benefits to continue if you wait until the HCA administrative hearing process to make such a request.

- The result of the appeal or the HCA administrative hearing could be the same as BCBSNM's first decision to terminate, modify, suspend, reduce, or deny a service. In this event, you are responsible for paying for the services used. BCBSNM may recover the cost of the services furnished to you (request payment back from the provider or member).
- If BCBSNM started an expedited appeal on your behalf, you are not responsible to pay for the continued benefits during the appeal even if BCBSNM's initial decision is upheld.
- If the result of the appeal to BCBSNM or of the HCA administrative hearing is in your favor, BCBSNM will continue to pay for the services through the authorized time frame.

If you need assistance with a problem or a concern about BCBSNM, an Ombudsman Specialist can assist you and will advocate for your rights. There is no charge for this assistance. The BCBSNM Ombudsman Specialist can be reached by phone or email:

Email: ombudsman@bcbsnm.com
Phone: 1-888-243-1134 (TTY: 711)

If you need help with issues in a long-term care facility, please call the Long-Term Care Ombudsman for assistance at:

Phone: 1-866-451-2901 (Santa Fe and Northeastern New Mexico)
Phone: 1-866-842-9230 (Albuquerque and Northwestern New Mexico)
Phone: 1-866-762-8690 (Las Cruces, Roswell, and Southern New Mexico)
TTY: 711

If you have any questions about this letter or the appeal process, please call BCBSNM Member Services at **1-866-689-1523** (TTY: **711**) toll-free. BCBSNM will not take any action against you or your representative if you file a grievance or an appeal or request an HCA administrative hearing.

To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call **1-866-689-1523** (TTY/TDD: **711**).

Blue Cross and Blue Shield of New Mexico complies with applicable federal civil rights laws and does not discriminate on the basis of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity.

Blue Cross and Blue Shield of New Mexico provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and more)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965** or Fax: **1-855-661-6960**. You can file a grievance in person, by mail or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH
Building Washington,
D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

اب. دشاب یم مهارف امش یارب ناگیار تروص هب ینابز تلایهست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت. 1-855-710-6984 (TTY: 711) دیریگب سلامت.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711)