

Managed Health Care Bureau

The New Mexico Public Regulation Managed Health Care Bureau is here to help you. The Bureau was established to inform and help consumers about their health plan rights, which are covered by New Mexico law. We also work to ensure that managed health care plans comply with the law delivering services to New Mexico Consumers.

If you are dissatisfied with a decision made by your health plan you have the right to request an appeal. You can file an appeal with the Insurance Division through the managed health care grievance procedure.

How to Contact Us

Toll Free:.....1.888.4.ASK.PRC
.....(1.888.427.5772)

Office:.....505.827.3928

Fax:.....505.827.4734

E-mail.....mhcb.grievance@state.nm.us

Web nmprc.state.nm.us/mhcb.htm



Your PRC Commissioners

Jason Marks

Albuquerque, District One
505.827.8015

Patrick Lyons, Chairman

Quay County, District Two
505.827.4531

Jerome D. Block, Vice Chairman

Santa Fe, District Three
505.827.4533

Theresa Becenti-Aguilar

Gallup, District Four
505.827.8019

Ben L. Hall

Ruidoso, District Five
505.827.8020

Your

NEW MEXICO
PUBLIC REGULATION COMMISSION



INSURANCE DIVISION
MANAGED HEALTH CARE BUREAU

Superintendent of Insurance
John Franchini

NEW MEXICO
PUBLIC REGULATION COMMISSION



INSURANCE DIVISION
MANAGED HEALTH CARE BUREAU

Informational Guide



Working for You!
Your New Mexico PRC

1.888.4 ASK PRC
nmprc.state.nm.us/mhcb.htm

Outreach and Education

The Managed Health Care Bureau is responsible for promoting statewide education through outreach to consumers and providers regarding rights protected by the Managed Health Care Rule and the Patient Protection Act. Bureau staff is available upon request to deliver outreach presentations to interested groups.

This is a great tool to educate employees and communities.

Please call to set up your next meeting or presentation.

1.888.4. ASK.PRC or 505.827.3928

An outreach on-line request form can be downloaded from our website at:

nmprc.state.nm.us/mhcb.htm

To request by e-mail:

mhcb.grievance@state.nm.us



Types of Grievances

Administrative Grievance:

A complaint submitted by or on behalf of a covered person regarding any aspect of a health benefits plan other than a request for health care services, 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 and
- Termination of coverage

Adverse Determination Grievance:

Complaint regarding a decision made either pre-service or post-service, by a health care insurer, that a health care service requested by a provider or covered person has been reviewed and, based upon the information available, does not meet the health care insurer's requirements for coverage or medical necessity, and the requested health care service is therefore denied, reduced or terminated.



You Have The Right

Every grievant who is dissatisfied with the determination of the health care plan's final decision may request an independent review called an external review by the Superintendent of Insurance.*

In medical emergency cases, please call 1.888.4.ASK.PRC or 505.827.3928.

In all other cases, a grievant must submit a written request to the Superintendent of Insurance within twenty (20) working days from the receipt of the health care plan's final decision.

The request can be mailed to the Superintendent of Insurance, Attn: Managed Health Care Bureau, New Mexico Public Regulation Commission, Post Office Box 1269, Santa Fe, NM 87504-1269.

Fax to the attention of Managed Health Care Bureau at: 505.827.4734.

Submit on-line at:

nmprc.state.nm.us/mhcb.htm

Send by E-mail to:

mhcb.grievance@state.nm.us

**The Insurance Division does not have statutory jurisdiction over all health care plans offered in New Mexico. Your concerns may be referred to the appropriate regulatory entity.*