

APPEALS /GRIEVANCES

Requesting an Appeal

Members can file an appeal a claim or a medical approval decision within 60 days from the date of the denial notice in several ways:

- Phone:
 - Medicaid (PMAP, MNCare and MSC+): 1-800-711-9862
 - MSHO (SecureBlue): 1-888-740-6013
- In Writing
 - Blue Plus
 - PO Box 64033
 - St. Paul, MN 55164-4033
- In Person:
 - 1800 Yankee Doodle Road, Eagan, MN 55122

Requesting an Appeal – First Level

Once the member appeals the service, the appeal is acknowledged within 5 business days of the receipt.

The following are the timelines for review and resolution of the appeal:

- Expedited appeals: within 72 hours of receipt of the appeal
- Standard and Pre-service appeals: within 30 calendar days of receipt of the appeal
- Post Service appeals: Within 30 calendar days of receipt of the appeal

Requesting an Appeal – Second Level (State Appeal)

If the member is not satisfied with their first level appeal, they can appeal the decision through the state:

The member must appeal to the state at no cost within 120 days from the state of the first level appeal by:

- Writing:
MN Department of Human Services
Appeals Division
PO Box 64941
St. Paul, MN 55164-0941
- Phone:
1-651-431-3600 or toll free 1-800-657-3510
TTY: 711 or 1-800-627-3529
Fax: 1-651-431-7523
- Online:
<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG>

The Human Services judge will make a decision within 90 days

Medicare Level 2 Appeal – MSHO only

For MSHO Medicare services or items only:

If the result of the first level appeal continues to be a denial, Blue Plus automatically sends the denial to an Independent Review Entity (IRE). The member will be notified when this happens.

The IRE is hired by Medicare and is not connected with Blue Plus.

The following are the timelines for review and resolution of the appeal:

- Expedited appeals: within 72 hours of receipt of the appeal
- Standard and Pre-service appeals: within 30 calendar days of receipt of the appeal
- Post Service appeals: Within 30 calendar days of receipt of the appeal

Grievances

If the member is not satisfied with the services they received, they can do the following:

- Call member services:
 - Medicaid (PMAP, MNCare and MSC+): 1-800-711-9862
 - MSHO (SecureBlue): 1-888-740-6013
- In Writing:
 - Blue Plus, P.O. Box 64033, St. Paul, MN 55164-4033

We will give a decision within 10 days. We may take up to 14 more days to make a decision if we need more information and it will be in the member's best interest. We will tell the member within 10 days that we are taking extra time and the reasons why.

If the grievance is about our denial of a fast appeal or a grievance about urgent health care issues, we will give a decision within 72 hours.

MN Ombudsmen

If the member needs help with their grievance, appeal or state appeal, they can reach out to the Ombudsman for Public Managed Health Care Programs:

By Phone:

(651) 431-2660, 1-800-657-3729, or 711 (TTY), or use your preferred relay services. This call is free. Hours of service are Monday through Friday 8 a.m. to 4:30 p.m. Central Time.

By Writing:

Ombudsman for Public Managed Health Care Programs

P.O. Box 64249

St. Paul, MN 55164-0249

By Fax:

(651) 431-7472