



MN Medicaid Reconsideration Process – Provider Quick Reference Guide

Important Notice:

This process outlines the reconsideration process for medical necessity determinations under Minnesota Medicaid. It does not replace or limit a member's right to request a State Fair Hearing through the Minnesota Department of Human Services (DHS). Members retain all rights under applicable state and federal law to pursue a State Fair Hearing, regardless of the outcome of this internal appeal process.

Right to file a Reconsideration

- Providers have the right to request a reconsideration of any denials due to medical necessity. [\[revisor.mn.gov\]](http://revisor.mn.gov)
- The reconsideration process allows for review of all information, presentation of evidence/testimony, and continued coverage pending appeal outcome.

Filing Window

- Minnesota statute allows a reconsideration to be submitted within 30 days of the medical necessity denial notice

Provider Action Checklist

Confirm scope: Appeals cover adverse utilization review determinations (not claims payments or eligibility issues). [\[revisor.mn.gov\]](http://revisor.mn.gov)

Assemble documentation:

- Original denial notice with dates
- Clinical records, provider narrative
- Additional supporting evidence for the service being requested

Submit reconsideration (via Atrezzo Provider Portal or fax):

- Label as *standard* or *expedited*
- Atrezzo Provider portal: <https://atrezzo.acentra.com/>
- Fax: (866)889-6512

Standard Reconsideration

- Decision is issued in writing within 15 calendar days of reconsideration receipt.
 - Up to 4 additional days may be added for valid reasons.
- Upon request, **members** can review documentation and supply additional information via the MyHealth Member Portal (<https://mhcp.acentra.com/member/>)
- If the decision remains adverse, the written notice must include:
 - Right to state fair hearing process (per § 62Q.73)
 - Instructions on how to initiate it. [\[revisor.mn.gov\]](#)

Expedited Reconsiderations

- If an adverse determination occurs before or during an ongoing service, and the provider believes it warrants urgent review, there must be an opportunity to appeal by phone. [\[revisor.mn.gov\]](#)
- Acentra Health must ensure reasonable access to a consulting provider (e.g., physician) during a Peer-to-Peer request
- The expedited reconsideration decision must be issued by phone within 72 hours from the appeal request, or as medically required—whichever is sooner.
- If the decision remains adverse, written notice must include:
 - Right to state fair hearing process (per § 62Q.73)
 - Instructions on how to initiate it. [\[revisor.mn.gov\]](#)