



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
**Recipient Services MEU**

801 Ruggles Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501  
(919) 855-4000

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

January 20, 2006

Re: ID Card Insert for February 2006

Dear County Director of Social Services:

Enclosed is the text for an insert that will be included with the February 2006 Medicaid ID cards. The insert describes the recipient's right to a review when Medicaid denies payment for a medical service.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Sincerely,

L. Allen Dobson

Enclosure

## YOUR RIGHT TO A MEDICAID REVIEW

Medicaid will pay for Medicaid-covered services or care you receive during the time you are eligible for Medicaid if your provider accepts your Medicaid card and agrees to bill Medicaid. You must take your Medicaid card to the provider at the time of treatment. If you do not take your Medicaid card and the provider then bills you, you will have to pay. Providers who accept your Medicaid card cannot bill you when Medicaid pays less than the provider requests, or when the claim is denied because of the provider's billing error.

If you receive a bill for a service that Medicaid covers after you were told you qualified for Medicaid, and your doctor agreed to accept Medicaid payment, you are not responsible for the bills. You have the right to a "reconsideration review" if Medicaid denies payment of a bill. If you want a reconsideration review, you have to ask for it no later than 60 days after the first bill. Mail a copy of your bill and a letter asking for a review to:

Claims Analysis  
N.C. Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Your review will take place within 20 days after Claims Analysis gets your letter. They will send you their decision in writing. If you do not ask for the review within 60 days after the first bill, you lose your right to a review.

Medicaid will not pay for the following:

- Care or services received during time you were not eligible for Medicaid
- Care or services not covered by the Medicaid program
- Your Medicaid co-payment charges for services such as prescriptions
- Care or services from a provider who does not accept your Medicaid
- Care or services not authorized by your HMO or health plan (including Carolina Access)
- Care or services covered by other medical insurance including Medicare
- If you are over 65 and not enrolled in Medicare Part B, care or services that would be covered by Medicare Part B.

If you are enrolled in Carolina ACCESS, a health plan, HMO or other managed care plan, check your health plan handbook for rules about getting medical care. You may need authorization from your health plan ahead of time for certain Medicaid services to be paid, and other restrictions may apply.

The above review process does not apply to denials of requests for prior approval of services or to decisions to stop or reduce current services. For information about the service appeal process for those cases, visit DMA's website at: <http://www.dhhs.state.nc.us/dma/> or call the CARE-LINE, Information and Referral Service at 1-800-662-7030.

**February 2006**

**Division of Medical Assistance**