



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

1985 Umstead Drive – 2512 Mail Service Center - Raleigh, N.C. 27699-2512  
Courier Number 56-20-06

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director  
(919) 857-4019

February 8, 2002

Re: Notice Printed on Medicaid ID Cards

Dear County Directors of Social Services:

On the back of this letter is the text for a notice regarding reconsideration rights. This will be printed on all Medicaid ID cards (including Work First and State/County Special Assistance) for March 2002. Please share this with your Medicaid, Work First, and Special Assistance staff.

Contact your Medicaid Program Representative if you have questions.

Nina Yeager

## **YOUR RIGHT TO A MEDICAID REVIEW**

Did you know that you may request a review if:

- (1) You are billed by a provider for medical care or services that you expected Medicaid to pay?
- (2) You are denied medical care or services because approval for Medicaid to pay for the service was denied on the grounds that the care or service was not medically necessary?

Medicaid will pay for Medicaid-covered care or services you receive during the time you are eligible for Medicaid if your provider accepts your Medicaid ID card and agrees to bill Medicaid. You must take your Medicaid ID card to the provider at the time of treatment. If you **do not** take your Medicaid card and the provider bills you, it is your responsibility 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 a provider billing error.

***If you are enrolled in a health plan, HMO, or other managed care plan, including Carolina ACCESS, check your health plan handbook for rules on obtaining 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.***

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 on services such as drugs, dental visits, and doctor visits,
- Care or services obtained from a provider who does not accept you as a Medicaid patient, and
- Care or services not authorized by your HMO or health plan (including Carolina ACCESS).

If you want a review, you must request it in writing within 60 days after the date the provider first billed you, or the date approval for the service was denied. Mail your letter of request with a copy of the bill(s) and your Medicaid ID number to:

Division of Medical Assistance  
Claims Analysis Unit  
2519 Mail Service Center  
Raleigh, NC 27699-2519

If you do not request a review within 60 days, you will lose your right to a hearing.

**March 2002**

**DIVISION OF MEDICAL ASSISTANCE**