



North Carolina Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center • Raleigh, N.C. 27699-2501

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Tara R. Larson, Acting Director

March 10, 2009

Re: ID Card Insert for May 2009

Dear County Director of Social Services:

Attached to this letter are English and Spanish versions of a notice that will be included in the May 2009 Medicaid ID cards. The notice advises recipients that they will receive a letter if Medicaid coverage of a service is denied or if coverage of a service is terminated. The letter will be from the entity that reviews the medical necessity of the service and will tell the recipient about his right to appeal and how to request the appeal. These appeals are conducted by the Department of Health and Human Services Hearing Office.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Mrs. Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

Sincerely,

Tara R. Larson

Attachment

TRL/acw

GENERAL INFORMATION ON YOUR RIGHT TO APPEAL A DECISION ABOUT YOUR MEDICAID SERVICES

If you are denied medical care or services because Medicaid did not approve the care, you will receive a letter explaining the decision and how you can appeal the denial.

If Medicaid reduces or stops the services you are getting, you will receive a letter stating the decision before the services are changed. The letter will explain how to appeal. If you appeal the decision by the deadline in the letter, your services will continue during the appeal if you were receiving the service requested by your provider the day prior to the decision and if you appeal the decision by the deadline date in the letter. Your services will continue until a decision is made on your appeal so long as you remain Medicaid eligible and your provider determines the service continues to be medically necessary for you until a decision is made on your appeal.

Medicaid must make a decision promptly when your doctor or other medical provider requests Medicaid approval for services you need. Medicaid has 15 business days to decide to approve or deny the request or to ask for additional information. If you do not get a decision within 15 business days after the request was received by Medicaid, call your doctor or other medical provider to ask about the request. If your provider did not cause the delay, you have the right to appeal Medicaid's failure to act on the request promptly.

For further information about the service appeal process, visit the Division of Medical Assistance (DMA) website at: <http://www.dhhs.gov/dma/> or call the **CARE-LINE, Information and Referral Service at 1-800-662-7030** (English/Spanish) or **TTY for only the hearing impaired, 1-877-452-2514**. The **CARE-LINE** is open 24 hours a day, 7 days a week, including state holidays. **In the Triangle area, call 919-855-4400 or 919-733-4851 (TTY for the hearing impaired)**. If you require further assistance from DMA, **CARE-LINE** staff may request you to call back during normal business hours, 8 AM – 5 PM, Monday – Friday, except state holidays.

May 2009

Division of Medical Assistance

INFORMACIÓN GENERAL SOBRE SUS DERECHOS DE APELAR LAS DECISIONES REFERENTES A SUS SERVICIOS DE MEDICAID

Si le niegan cuidados o servicios médicos porque Medicaid no aprobó la petición correspondiente, usted recibirá una carta que explicará la decisión y cómo usted puede apelar la negación.

Si Medicaid reduce o cancela los servicios que usted está recibiendo, usted recibirá una carta que indicará la decisión antes de que los servicios cambien. La carta explicará cómo puede apelar la decisión de Medicaid. Si usted apela la decisión antes de la fecha de vencimiento que aparece en la carta, los servicios que estaba recibiendo continuarán durante el periodo de apelación, siempre y cuando usted siga siendo elegible para Medicaid y su médico determine que los servicios que está recibiendo continúan siendo médicamente necesarios.

Medicaid debe tomar una decisión rápidamente cuando su médico u otro proveedor de salud solicitan una petición de aprobación a Medicaid para servicios que usted necesita. Medicaid tiene 15 días hábiles para aprobar o negar la petición, o pedir información adicional. Si usted no recibe una decisión en un término de 15 días hábiles, llame a su médico o proveedor de salud para preguntar por la petición. Si su médico no es responsable por el retraso de este proceso, usted tiene el derecho de apelar a Medicaid por no haber respondido a la petición en el tiempo determinado.

Para información adicional sobre el proceso de apelación, visite nuestra página en la Internet, División de Asistencia Médica (Division of Medical Assistance -DMA en inglés): <http://www.dhhs.gov/dma/> o llame a **CARE-LINE, la línea de información y referencia al 1-800-662-7030** (inglés/español) o al **TTY para personas con problemas de audición al 1-877-452-2514**. **CARE-LINE** está abierto 24 horas al día, 7 días a la semana, incluyendo días de feriados. **En el área del triángulo, llame 919-855-4400 ó 919-733-4851 (TTY)**. Si usted requiere ayuda adicional de la División de Asistencia Médica, los representantes de **CARE-LINE** le pedirán que por favor llame de nuevo durante el horario normal de las oficinas de 8 - 5 P.M., lunes - viernes, excepto días de feriado.

mayo del año 2009

La División de Asistencia Médica