



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
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

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

October 16, 2006

Re: ID Card Insert for November 2006

Dear County Director of Social Services:

Attached to this letter are English and Spanish versions of a notice that will be included in the November 2006 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 Division of Medical Assistance's Hearings Unit.

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

Sincerely,

L. Allen Dobson

Attachment

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.

Medicaid may also decide to reduce or stop 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.

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 when 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 more information about the service appeal process, visit <http://www.dhhs.state.nc.us/dma/> or call the **CARE-LINE, Information and Referral Service at 1-800-662-7030**.

November 2006

Division of Medical Assistance

INFORMACIÓN GENERAL SOBRE SU DERECHO A APELAR CONTRA UNA DECISIÓN ACERCA DE SUS SERVICIOS DE MEDICAID

Si se le niegan servicios médicos porque Medicaid no aprobó la atención, recibirá una carta explicando la decisión y cómo puede apelar contra el rechazo.

Medicaid también puede decidir, reducir, o suspender los servicios que está recibiendo. Recibirá una carta donde se le informará de la decisión antes de que se cambien los servicios. La carta le explicará cómo apelar. Si apela contra la decisión antes del plazo final que aparece en la carta, continuará recibiendo servicios durante la apelación.

Medicaid debe tomar oportunamente una decisión cuando su médico u otro proveedor médico pide la aprobación de Medicaid para los servicios que usted necesita. Medicaid tiene 15 días hábiles para decidir si aprueba o deniega la solicitud, o para solicitar información adicional. Si no recibe una decisión en un plazo de 15 días hábiles después de que Medicaid reciba la solicitud, llame a su médico u otro proveedor médico para preguntar por la solicitud. Si el proveedor no es el responsable de la demora, usted tiene derecho a apelar el hecho de que Medicaid no tomó una decisión oportuna.

Para obtener más información acerca del proceso de apelación del servicio, visite <http://www.dhhs.state.nc.us/dma/> (sólo en inglés) o llame gratuitamente a la **Línea Bilingüe de Servicios de Información y Referencias de CARE-LINE al 1-800-662-7030**.

November del año 2006

Division of Medical Assistance