



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

801 Ruggles Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501  
Courier Number 56-20-06

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Gary H. Fuquay, Director  
(919) 855-4000

October 28, 2004

**RE: Insert for November Medicaid ID Cards**

Dear County Director of Social Services:

Attached to this letter is a copy of a notice that will be included in the November Medicaid ID cards. The notice advises recipients that they will receive a letter if prior approval for 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,

Gary H. Fuquay

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 before the change happens. If you appeal the decision by the deadline in the letter, your services will continue during the appeal. The letter will explain how to appeal.

Medicaid must make a decision promptly when your doctor or other medical provider requests Medicaid approval for services you need. If you don't get a decision within fourteen business days after when the service was requested, call your doctor or other medical provider to ask about the request. If your provider didn't 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 CARE-LINE Information and Referral Service at 1-800-662-7030.

**November 2004**

**Division of Medical Assistance**