

1 10A NCAC 22H .0101 is readopted as published in 32:13 NCR 1258–1268 as follows:

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3 **SUBCHAPTER 22H - APPEALS PROCEDURES**

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5 **SECTION .0100 - BENEFICIARY APPEALS ~~RECIPIENT/APPLICANT APPEAL REVIEW~~**  
6 **PROCEDURES FOR DENIAL, TERMINATION, SUSPENSION, OR REDUCTION OF A MEDICAID**  
7 **SERVICE OR AN AUTHORIZATION FOR A MEDICAID SERVICE ~~PRIOR APPROVAL REQUESTS~~**  
8 **FOR MEDICAID COVERED MEDICAL SERVICES OR FOR OTHER MEDICAID COVERED**  
9 **MEDICAL SERVICES**

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11 **10A NCAC 22H .0101 APPEALS BY MEDICAID BENEFICIARIES ~~PURPOSE AND SCOPE~~**

12 Appeals by Medicaid beneficiaries of determinations by the Division to deny, terminate, suspend, or reduce a Medicaid  
13 service or an authorization for a Medicaid service are governed by G.S. 108A-70.9A and 108A-70.9B.

14 (a) ~~The purpose of the rules in this Section is to specify the policies and procedures to provide for recipient/applicant~~  
15 ~~or his/her representative requests for an informal appeal of decisions changing a Medicaid recipient/applicant's level~~  
16 ~~of care, denial, termination, suspension, or reduction of prior approval requests for Medicaid covered medical services~~  
17 ~~or for other Medicaid covered medical services. These policies and procedures do not apply to provider requests for~~  
18 ~~Reconsideration Review of DMA provider post payment review decisions set out in 10A NCAC 22F.~~

19 (b) ~~The rules in this Section apply to decisions made by the Division of Medical Assistance "(DMA)", a Medical~~  
20 ~~Review Independent Professional Review Team "(MR/IPR)", a Prior Approval Unit "(PAU)", other Agencies, or other~~  
21 ~~entities acting as agents of this State agency.~~

22 (c) ~~The decision making body as set out in Paragraph (b) of this Rule shall, within two working days, notify the~~  
23 ~~recipient/applicant in writing of the decision and the following:~~

- 24 (1) ~~the effective date of the decision denying, terminating, reducing, or suspending a service;~~  
25 (2) ~~the reasons for the agency decision;~~  
26 (3) ~~the specific regulations that support, or the change in Federal or State law that requires the decision;~~  
27 (4) ~~the date Medicaid payment will cease, if applicable; at least 11 days after the date of the notification~~  
28 ~~letter;~~  
29 (5) ~~the opportunity for informal and formal appeal of this decision and procedures for requesting such~~  
30 ~~an appeal; and~~  
31 (6) ~~the fact that, if appealed, payment for the currently certified level of care or approved service will~~  
32 ~~continue for an eligible Medicaid recipient pending appeal.~~

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34 ~~Editor's Note: Thomas R. West, Administrative Law Judge with the Office of Administrative Hearings, declared Rule~~  
35 ~~10 NCAC 26I .0101 (codified as 10A NCAC 22H .0101 effective July 1, 2003) void as applied in Linda Allred,~~  
36 ~~Petitioner v. North Carolina Department of Human Resources, Division of Medical Assistance, Respondent (90-DHR~~  
37 ~~0940).~~

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*History Note:* Authority G.S. 108A-25(b); 108A-70.9A; 108A-70.9B; 42 C.F.R. 431; 42 C.F.R. 456;  
Eff. April 13, 1979;  
Amended Eff. May 1, 1990; November 1, 1983; October 4, 1979;  
RRC objection due to lack of Authority and ambiguity Eff. October 18, 1995;  
Amended Eff. December 11, 1995; ~~1995~~.  
Readopted Eff. July 1, 2018.