



ACCESS AND UTILIZATION MANAGEMENT
 845 CHURCH STREET N.
 SUITE 208
 CONCORD, NC 28026

**Utilization Management
 FY-0910-UM-04**

To: PBH Community of Network Providers
 From: Chris Jacobson, Director of Utilization Management
 Date: November 6, 2009
 RE: Changes in Appeals Letters.

This bulletin notifies providers of the changes in the Appeals Process required by DMA, as well as the new letter templates designed by PBH with stakeholder input.

PBH will insert a table at the beginning of each action letter in order to provide a clear explanation of the Medicaid services that have been requested for clinical review, approved, and denied.

An example of the table that will be inserted in the body of the letters is listed below.

Service(s) Originally Requested:

Service	Begin Date	End Date

Service(s) PBH has Approved: (If applicable)

Service	Begin Date	End Date

Service(s) PBH has Denied:

Service	Effective Date	Reason for Denial

Legislative Changes:

The North Carolina Legislature in their August Session changed the timelines for the date of action in reductions, terminations and suspensions. The reconsideration portion changes are listed below for review.

- ◆ If you or your guardian request the Reconsideration within TEN (10) days of the date the notice was mailed and you were receiving services the day before the notice was mailed, services will continue under maintenance of service until the end of the original authorization period as long as you remain Medicaid eligible.
- ◆ Should you or your guardian request reconsideration ELEVEN (11) to THIRTY (30) days from the date the notice was mailed and you were receiving services the day before the notice was mailed, there could be a delay in services beginning day ELEVEN (11) from the date the notice was mailed to the date the appeal is received by PBH. Once the reconsideration request is filed and received by PBH, services may be reinstated and continued under maintenance of services until the end of the original authorization period as long as you remain Medicaid eligible.

For example, if the reconsideration form is received on day fourteen (14) of the thirty (30) day time frame, the services from the eleventh (11th) to fourteenth (14th) day will have been suspended and the services may be reinstated on day fourteen (14) if the original authorization period has not expired..

If you have any questions, please contact Keisher Young, Appeals and Grievance Coordinator at 704-743-2184 or Chris Jacobson, Director of Utilization Management at 704-743-2119.