

# Important Timelines To Remember

- ❖ If a Medicaid eligible service is reduced, suspended, terminated or denied you will be notified 10 days in advance.
- ❖ You have 20 days from the date of the initial notification letter to request a PBH Reconsideration.
- ❖ If you appeal within 10 days of the notification of reduction, suspension or termination of services, you may be eligible for continuing to receive existing services.
- ❖ UM/Access will notify you within 45 days of the decision regarding your PBH Reconsideration.
- ❖ You can file a Formal Appeal with the Office of Administrative Hearings within 30 days from the date of the PBH Reconsideration decision.
- ❖ An expedited PBH Reconsideration may be requested by the consumer/guardian or provider if it is determined that failure to do so would jeopardize the health or safety of the consumer. An expedited PBH Reconsideration will be reviewed within 3 working days.



2/2009

## Free Legal Aid May Be Available To Assist With Your State Appeal



To locate a Legal Aid/Legal Services  
office near you call:

**1-877-694-2464**

You may also call the toll free CARELINE  
English/Spanish

**1-800-662-7030**

TTY

**1-877-452-2514**

To learn more about the formal  
appeal process, call the  
Office of Administrative Hearings

**919-431-3000**

To learn more about the reasons Medicaid  
will no longer pay for some services, call

**704-743-2100**

or

**1-800-939-5911**

# pbH

## Piedmont Cardinal Health Plan (b)(c): Medicaid Appeal Rights



Serving the citizens of Cabarrus,  
Davidson, Rowan, Stanly and  
Union Counties

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24 Hours A Day • 7 Days A Week • 365 Days A Year

## Your Right To Appeal A Decision About Your Medicaid Services

It is very important that you understand the following rights. (42 C.F.R. 438.408) If you need more information, please call the PBH UM/Access Call Center at **1-800-939-5911**.

### *What Can Be Appealed?*

A Medicaid recipient may appeal when PBH reduces, suspends, terminates or denies a requested service. Services you are currently receiving may be reduced, suspended or terminated depending upon medical necessity. You will receive a letter before the change happens explaining how to appeal. If you appeal the decision by the deadline stated in the letter, your services may continue during the appeal. Changes to services that the state is no longer covering, such as CBS (Community Based Support), may not be appealed. When a denial of a new service is appealed, PBH will not provide the new service during the appeal period.

### *How Will I Be Notified?*

PBH must notify you in writing 10 days before a service is reduced, suspended, terminated or denied. If PBH denies a new service, you will be notified in writing when the denial decision is made.



Questions?  
Call 1-800-939-5911

### *How Do I Appeal?*



Under the Piedmont Cardinal Health Plan 1915(b)(c) Medicaid Waiver, all persons wishing to file an appeal must first request a PBH Reconsideration before

filing a Formal Appeal to the North Carolina Office of Administrative Hearings (OAH). A PBH Reconsideration is a local independent review of PBH's decision to reduce, suspend, terminate or deny your Medicaid services. PBH Reconsiderations are decided by a health care professional who has appropriate clinical expertise in treating your condition or disorder.

### *What Is The Process For Requesting PBH Reconsideration?*

To request a PBH Reconsideration, you or your provider (in making the request on your behalf or supporting your request) must complete and return the PBH Reconsideration request form by phone, fax, mail, or by bringing the form to PBH in person. You have 20 days from the date of notification to request a PBH Reconsideration. During the local independent review, you and/or anyone you choose, may represent you. You have the right to review any pertinent information that was utilized as part of the PBH Reconsideration decision.

### *What Happens If I Disagree With The PBH Reconsideration Decision?*

If you disagree with the PBH Reconsideration decision, you may file a Formal Appeal with the OAH and request a hearing.

If you appeal, please review all materials you receive carefully for important timeline details.

### *OAH Formal Appeals*

- You must file your Formal Appeal with the OAH within 30 days from the date of the PBH Reconsideration decision.
- After filing your Formal Appeal, you will be offered the opportunity to have your case mediated. If you accept mediation, it must be completed within 25 days of your Formal Appeal submission. If you decline mediation, or you accept mediation and it is unsuccessful, your Formal Appeal will proceed to a hearing.
- An administrative law judge will make a decision regarding your case.
- The North Carolina Department of Health and Human Services (DHHS) will review the administrative law judge's decision and make a final decision.
- You may represent yourself in this process, or you may retain an attorney.
- If you disagree with DHHS' final decision, you may retain an attorney and appeal your case in Superior Court.

### *What If I Lose My Formal Appeal?*

If DHHS' final decision is not in your favor (PBH's reduction, suspension, termination or denial is upheld), then PBH has the right to recover the cost of the services furnished to you during the Formal Appeal process.

Questions?  
Call 1-800-939-5911