

GENERAL INFORMATION ABOUT THE HEARING PROCESS

UNDERSTANDING THE APPEAL PROCESS: If you choose to appeal, you may represent yourself during the appeal process, hire an attorney, or ask a relative, friend, or other spokesperson to speak for you. Your case will begin as soon as the completed recipient hearing request form that you were sent in this mailing is **received and filed** with the Office of Administrative Hearings (OAH) **AND** the Department of Health and Human Services (DHHS). You will be contacted by the Office of Administrative Hearings or the Mediation Network of North Carolina to discuss your case and to be offered an opportunity for mediation in an effort to resolve your appeal. If mediation resolves your case, your hearing will be dismissed, and services will be provided as specified by the Mediation Network of North Carolina. If you do not accept the offer of mediation or the results of mediation, your case will proceed to hearing and will be heard by an administrative law judge with the Office of Administrative Hearings. You will be notified by mail of the date, time, and location of your hearing. The administrative law judge will make a decision and will send that decision to Medicaid for a final agency decision. You will receive a written copy of both the administrative law judge's decision and Medicaid's final agency decision. If you do not agree with Medicaid's final agency decision, you may ask for a judicial review in superior court. The hearing process must be completed within 90 days of receipt of your completed Recipient Hearing Request Form. For more information about the hearing process, visit the websites indicated below.

- **Adults:** <http://www.ncdhhs.gov/dma/medicaid/abd.pdf>
- **Children:** <http://www.ncdhhs.gov/dma/medicaid/famchld.pdf>

SERVICES DURING THE APPEAL PROCESS: If a **continuing** request for services is denied and you submit a request for hearing within **30 days of the date the notice was mailed** and as long as you remain otherwise Medicaid eligible, unless you give up this right, you are entitled to receive services during the pendency of the appeal. **This right to receive services applies even if you change providers.** The service will be provided at the same level you were receiving the day before the decision or the level requested by your provider, whichever is less. The services that continue must be based on your current condition and must be provided in accordance with all applicable state and federal statutes and rules and regulations. If you lose your appeal, you may be required to pay for the services that continue because of the appeal.

FILING A RECIPIENT HEARING REQUEST FORM WITH OAH AND DHHS: **Complete the enclosed Recipient Hearing Request Form if you decide to appeal Medicaid's decision to deny, terminate, reduce (change), or suspend the services requested by your provider.** Hearing requests must be served on **BOTH** OAH and DHHS. The request must be filed by mail or fax within **30 days of the date the notice was mailed**. The mailing addresses and telephone and fax numbers for OAH and DHHS appear below.

For questions concerning the decision Medicaid made about your provider's request for service, please contact Medicaid. Should you have questions about the appeal process, please contact OAH. You may also contact the Appeals Unit, Division of Medical Assistance (Medicaid) if you have questions.

AGENCY	MAILING ADDRESS	OFFICE NUMBER	FAX NUMBER
Office of Administrative Hearings (OAH)	Clerk 6714 Mail Service Center Raleigh, NC 27699-6714	919-431-3000	Clerk 919-431-3100
NC Department of Health and Human Services (DHHS)	General Counsel 2001 Mail Service Center Raleigh NC 27699-2001	919-733-4534	General Counsel 919-715-4645
Division of Medical Assistance (Medicaid)	Appeals Unit Clinical Policy and Programs 2501 Mail Service Center Raleigh NC 27699-2501	919-855-4260 Toll-free: 1-800-662-7030 Ask for your call to be transferred to the DMA Appeals Unit, Clinical Policy and Programs.	Appeals Unit 919-733-2796