Print Form

UNDERSTANDING THE REVIEW PROCESS

You have the right to ask the Department of Health and Human Services (DHHS) to hold an internal first level review followed by an external second level review of a delay, denial, reduction, termination, or suspension of your child's Health Choice services. Both reviews must be completed within 90 calendar days of the date of receipt of the internal first level review request. If your child's physician determines that the standard 90-day time frame could seriously jeopardize your child's life or health or ability to attain, maintain, or regain maximum function, you may request that the reviews be completed within an expedited time frame. Each level of review must be completed within 72 hours unless you request additional time (no more than 14 days may be allowed). If you wish to request a review, complete the appropriate form and mail or fax it as indicated below.

INTERNAL FIRST LEVEL REVIEW	EXTERNAL SECOND LEVEL REVIEW
N.C. Health Choice Review Coordinator Division of Medical Assistance 2501 Mail Service Center Raleigh, NC 27699-2501 Telephone: 919-855-4100 FAX: 919-733-6608	Hearing Office Department of Health and Human Services 2501 Mail Service Center Raleigh, North Carolina 27699-2501 Telephone: 919-647-8200 FAX: 919-715-6394

The internal first level review is held by the Clinical Medical Director of the Division of Medical Assistance or clinical designee who will review the decision and any other information **you submit with the internal first level review request.** The external second level review is held by the DHHS Hearing Office. You may review the Health Choice case file at any time by contacting the Health Choice Review Coordinator at 919-855-4100.

If the decision is a reduction, suspension, termination, or denied request for increase of a service your child already receives, even if you request review, the services will be covered at the level stated in the decision under review, and services which are terminated or suspended services shall not be covered, unless and until the decision is overturned on review. Your child will remain enrolled in the Health Choice program during the review process as long as he or she is eligible.

Your request for an internal first level review must be received within 30 days of the date of the decision letter.

Your request for an external second level review must be received 15 days of the date of the internal first level review decision.

Benefits and services that are clearly stated as non-covered in the Health Choice benefit handbook are not subject to review. NC Health Choice vendors will do a review to make sure that benefits have been correctly applied.

FORM MUST BE RECEIVED WITHIN 15 DAYS OF THE DATE ON NOTICE OF INTERNAL FIRST LEVEL REVIEW DECISION.

PLEASE INCLUDE A COPY OF THE INTERNAL FIRST LEVEL REVIEW DECISION WITH YOUR REQUEST.

EXTERNAL SECOND LEVEL REVIEW REQUEST FORM

MEMBER INFORMATION

NAME _____ **ID #** _____
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP CODE** _____

REPRESENTATIVE (PARENT/GUARDIAN INFORMATION

NAME _____ **RELATIONSHIP** _____
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP CODE** _____
HOME # (___) _____ **WORK # (___)** _____

SERVICE AND PROVIDER INFORMATION

SERVICE _____ **DATE OF SERVICE** _____
PROVIDER NAME _____ **CONTACT PERSON** _____
TELEPHONE # (___) _____ **FAX # (___)** _____

TYPE OF REVIEW REQUESTED

☐ **IN PERSON (RALEIGH)** ☐ **TELEPHONE**

REPRESENTATION AT THE REVIEW

☐ **I WILL REPRESENT MY CHILD.** ☐ **I WILL INVOLVE OTHERS. SPECIFY.**
NAME **NUMBER (___)**

EXPEDITED REVIEW

NEED EXPEDITED REVIEW:
☐ **NO**
☐ **YES**
INCLUDE PHYSICIAN DOCUMENTATION

REASON FOR REVIEW

EXPLAIN WHY YOU DISAGREE WITH THE DECISION. INCLUDE INFORMATION FROM YOUR CHILD'S PHYSICIAN OR OTHERS. I HAVE INCLUDED ADDITIONAL DOCUMENTATION. ☐ **YES** ☐ **NO**

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SUBMIT FORM TO:

DHHS Hearing Office
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
FAX: 919-715-6394

SIGNATURE	**TELEPHONE NUMBER**	**DATE**

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Document transmission should be limited to 10 pages per fax transmission.