

Please circulate to others and file in your *Provider Manual* for future reference.

**JULY 2, 2019**

**CORRECTION NOTICE**  
**MEDI-CAL & CAL MEDICONNECT PROVIDER MANUALS**

**Medi-Cal Provider Manual:** Utilization Management Program, Appeals, Section 22, page 21:

In order to reflect a correction to the notice timeframe to be it consistent with state law and federal, this changes the initiation of a Standard Appeal to 60 days after denial notification of a pre-service or post-service. The corresponding Medi-Cal provision shall read as follows:

*“Standard appeal. Standard appeals may be pre-service or post-service. Standard appeals must be initiated by submitting the request with additional information for review by telephone, writing, Community Health Group’s web site or by fax within 60 days after notification of the denial. Determinations are made within 30 calendar days of receipt of required documentation for review.”*

**Cal MediConnect Provider Manual:** Utilization Management Program, Appeals, Section 23, page 20:

The Cal MediConnect provision shall read as follows:

*“Standard appeal. Standard appeals may be pre-service or post-service. Standard appeals must be initiated by submitting the request with additional information for review by telephone, writing, Community Health Group’s web site or by fax within 60 days after notification of the denial. Determinations are made within 30 calendar days of receipt of required documentation for review.”*

As provided in your Provider Services Agreement in accordance with Section 13.2 **Amendments Required by Law and Accreditation Organizations and Material Changes**, the correction to comply with this regulatory requirement became effective July 1, 2017.