

Important Information about the denial of a requested service

This information is about a service or treatment your health care provider recently asked us to cover. We have denied this request. You have the right to ask us to change our decision. We must receive your request within 45 days from the Date of Notice listed on the enclosed Notice.

Please call us at the phone number on the enclosed Notice right away if:

- You do not understand the Notice.
- You need the Notice in large print, a different format or language. An interpreter will translate the document at no cost to you.

Información importante sobre la denegación de servicio solicitado

Esta información corresponde al servicio o tratamiento que su proveedor de atención médica nos pidió recientemente que cubramos. Hemos denegado tal solicitud. Usted tiene el derecho de pedirnos que cambiemos nuestra decisión. Deberemos recibir su solicitud dentro de los 45 días a partir de la fecha de aviso que aparece en el aviso adjunto.

Llámenos de inmediato al número de teléfono que se indica en el aviso adjunto si:

- No entiende el aviso.
- Necesita el aviso en letra grande, en otro idioma o formato. Un intérprete traducirá el documento de forma gratuita para usted.

Spanish

Важная информация об отказе в предоставлении услуг

Данная информация относится к оплате услуг или процедур, которые были представлены к оплате вашим врачом. Данный запрос был отклонен. Вы имеете право подать прошение об изменении данного решения. Для этого ваш запрос должен быть получен в течение 45 дней от даты издания, указанного в приложенном уведомлении.

Пожалуйста, позвоните нам как можно скорее по номеру телефона, указанному в приложенном уведомлении если:

- Вы не понимаете смысла данного уведомления.
- Данное уведомление необходимо вам крупным шрифтом, в другом формате или на другом языке. Переводчик сможет помочь вам прочитать его совершенно бесплатно для вас.

Russian

Tin tức quan trọng về từ chối một dịch vụ được yêu cầu

Tin tức này về dịch vụ hoặc điều trị mà nơi cung cấp dịch vụ săn sóc y tế của quý vị hồi gần đây đã yêu cầu chúng tôi chi trả. Chúng tôi đã từ chối yêu cầu này. Quý vị có quyền yêu cầu chúng tôi thay đổi quyết định. Chúng tôi phải nhận được yêu cầu của quý vị trong vòng 45 ngày kể Ngày của Thông Báo được ghi trên Thông Báo đính kèm.

Xin gọi điện thoại cho số được ghi trên Thông Báo đính kèm ngay tức khắc, nếu:

- Quý vị không hiểu nội dung bản Thông Báo.
- Quý vị cần bản Thông Báo in khổ chữ lớn, bằng hình thức hoặc ngôn ngữ khác. Một thông dịch viên sẽ thông dịch tài liệu miễn phí giúp quý vị.

Vietnamese

拒绝服务请求的重要信息

本文含有您的医疗保健提供者近日请求我们承保某项医疗服务或治疗方案的相关信息。我们拒绝了此项请求。您有权要求我们改变决定。请务必自随附通知书中所列通知日期起 45 天内发送您的请求。

如果出现下列情况，请立即拨打随附通知中的电话号码联系我们：

- 您不理解通知书的内容。
- 您希望我们以大号字体、不同的格式或语言向您发送的通知书。我们将向您免费提供文件翻译服务。

Simplified Chinese

Macluumaadka muhiim ah oo ku saabsan diidmada adeeg la codsaday

Macluumaadkani wuxuu ku saabsan yahay adeeg ama daaweyn uu daryeel caafimaad fidiyahaagu dhawaan naga codsatay in aanu bixino. Waan diidnay codsigani. Waxaad xaq u leedahay in aad naga codsato in aanu beddelno go'aankayaga. Waa in aan codsigaaga ku helnaa mudo **45 maalmood** gudahood ah laga soo bilaabo Taariikhda Ogeysiiska lagu qoray Ogaysiinta ku lifaaqan.

Fadlan isla markiiba naga soo wac lambarka telefoonka ku lifaaqan Ogaysiinta haddii:

- Aadan fahmin Ogaysiinta.
- Aad u baahan tahay Ogaysiinta oo ku qoran far waaweyn, iyadoo u qoran qaabkale ama luqad kale. Turjubaan ayaa lacag la'aan kuugu turjumi doona qoraalka.

Somali

Plan Letterhead

Member Name: JANE DOE ID
Number: AA#####A
Date of Birth: 1/22/1957
PCP/PCD: MARY MEDICAL, MD

Date of Notice:	2/10/2014
Effective Date:	2/10/2014

Notice of Action

Dear Jane,

On 2/10/2014, MARY MEDICAL, MD asked us to cover A REFERRAL TO BRIAN BACKMAN, MD FOR EVALUATION AND TREATMENT OF YOUR LUMBAGO (LOWER BACK PAIN). The Oregon Health Plan does not cover all services and supplies. After careful review of this request, we are unable to pay for it under the Oregon Health Plan because your condition is not paid for by OHP.

Your condition is on line 562 of the OHP Prioritized List of Health Services, but only lines 1-498 are covered. Therefore, as your current condition is not OHP covered, pain clinic evaluation and treatment is also not OHP covered. Before making this decision, we checked your medical record to see if you have another condition that would allow us to cover it. That would be a covered condition that will not get better until this condition is treated. We did not find any covered conditions like that in your record.

This decision is based on Oregon Administrative Rule(s) (OAR) 410-141-0480(1), 410-141-0500(1)(c), 410-141-0520(1) and 410-120-1200(2)(ff).

In addition, the following administrative rules are also applicable to our decision: OAR 410-120-0000; OAR 410-141-0000.

You may get the information we used in making this decision in writing. To get a copy, call Healthy Oregon CCO at 1-888-555-5555 or TDD/TTY 711, Monday to Friday, 8 a.m. - 5 p.m.

Things you can do if you disagree with this Notice

If you disagree with our decision, you have the right to ask to change it. You can do this by requesting an Appeal, a Hearing, or both. We must receive your request within 45 days from 2/10/2014.

See the enclosed *Medical Assistance Programs Service Denial Appeal and Hearing Request* form for more information about Appeals and Hearings. It has instructions for requesting both.

Continuing services

To keep getting this service while you wait for your Appeal or Hearing, you must:

- Have already been getting the service before it was denied,
- Request for services to be continued by checking Box 4 on the enclosed *Medical Assistance Programs Service Denial Appeal and Hearing Request*, and
- Ask for an Appeal and/or Hearing **within 10 days** from the "Date of Notice" or by the "Effective Date" shown on the Notice, whichever is later.

If we do not change our decision or the hearing judge supports our decision, you may have to pay for services you get after 2/10/2014.

Expedited (fast) requests

You or your provider can ask for an expedited (fast) Appeal and/or Hearing, if you have a condition which is an immediate, serious threat to your life or health and you would be harmed by waiting for a regular Appeal and/or Hearing.

A nurse or doctor will review your request and decide within two working days if your condition needs an expedited Appeal and/or Hearing.

Other things you can do

There are other things you can do besides requesting an Appeal and/or Hearing. See page 4 of the enclosed *Medical Assistance Programs Service Denial Appeals and Hearings Request* form for more information.

Questions?

If you have questions, please contact Healthy Oregon CCO at:

Phone: 555-555-5555 or 711 (TTY) (Customer Services hours –Monday to Friday, 8 a.m. - 5 p.m.)

Fax: 503-555-5554

Mail: Healthy Oregon CCO, 123 Main St, Hometown, OR, 97123

Medical Assistance Programs Service Denial Appeal and Hearing Request

Oregon Health Authority (OHA) completes this part if a hearing is requested

Client ID	Case #	Branch #	Worker ID	Program #	Reference # (if plan referral)

Member or Member’s Representative completes this part

- Complete pages 1 and 2 of this form.
- Return the form to the address listed on page 2.

1. Member name: _____ Member ID# _____
 Address: _____
 City: _____ State: _____ ZIP code: _____
 Phone Number _____ Date of Birth: _____
 My language is: English Spanish Russian Vietnamese
 Other: _____

2. I want – check all that apply. *See page 3 for information about Appeals and Hearings.*
 To Appeal the decision shown in the Notice of Action with my Coordinated Care Organization (CCO) or Managed Care Plan (Plan).
 A Hearing through the Division of Medical Assistance Programs (DMAP) on the decision shown in the Notice of Action or Notice of Appeal Resolution.

3. Date of Notice for which I am requesting an Appeal and/or Hearing (*as shown on the Notice of Action or Notice of Appeal Resolution*): _____

4. I am getting this service now and I want to keep getting it during the Appeal and/or Hearing process:
 No
 Yes (*read the Continuing Services section on page 4 of this form before checking this box*)

5. I need an expedited (fast) Appeal and/or Hearing because I have a condition which is an immediate, serious threat to my life or health and I would be harmed by waiting.
 No
 Yes, I want an expedited (fast) Appeal/Hearing. *Please explain how you would be harmed by waiting.*

6. I have a lawyer, advocate, friend or representative who will help me with my Appeal or Hearing (*send your request in as soon as possible, you can choose someone any time before the Hearing*):

No, I am representing myself.

Yes, Name: _____

Address, City, State, ZIP: _____

Phone: _____

7. I believe you should cover this service because (you or your doctor can also send documents that support your case):

8. Signature – If someone filled the form out for you, have them sign it.

Representative's Name (if someone filled out this form for you): _____

Member (*or Representative's*) Signature: _____

Relation to person named in this letter: Self Parent Other _____

Date: _____

Member's Social Security number: _____

The Oregon Health Authority is authorized to request your Social Security Number under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, 42 CFR 457.340(b). Your SSN will be used to locate your file and records. Providing a Social Security Number is voluntary.

Send this form:

- To request an Appeal – Your CCO or Plan at the address shown on the Notice of Action
- To request a Hearing – OHA-DMAP Hearings, 500 Summer St NE, Salem, OR 97301-1077, FAX: 503-945-6035
- To request both an Appeal **and** a Hearing – OHA-DMAP Hearings, 500 Summer St NE, Salem, OR 97301-1077, FAX 503-945-6035

Appeal and Hearing Information

Should I ask for an Appeal or Hearing?

If you disagree with our decision, you have a right to ask us to change it through the Appeal and Hearing process. The choice to request an Appeal and/or Hearing is yours. The Hearing, if requested, will be conducted according to the Administrative Procedures Act, ORS Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 410-141-3264.

What happens if I ask for:

An Appeal -- A nurse or doctor from your CCO or Plan will review your service request and the original decision. They will use this information to decide if the initial decision should be changed or not changed. Your CCO or Plan will tell you of their decision within 16 days of your Appeal request by sending you a Notice of Appeal Resolution.

A Hearing -- At a Hearing, you will have a chance to explain to an Administrative Law Judge why you disagree with the decision. The following people will participate in the Hearing with you: a DMAP Hearings Representative, someone from your CCO or Plan, your representative or helper (if you have one), an Administrative Law Judge and any witnesses you invite. The Judge will make a decision based on the information presented at the Hearing and tell you their decision within 30 days. Before the Hearing, a DMAP staff member will call you to get more information and explain what will happen during the Hearing. If you request a Hearing, you will be notified of the time and place.

If you ask for both an Appeal and Hearing, the Appeal will happen first. If the Appeal changes the original decision, a Hearing will not be held. If the Appeal does not change the original decision, the Hearing will be scheduled.

How to request an Appeal and/or Hearing:

You can request an Appeal by:

- Completing and mailing the first page of this form to your CCO or Plan, or
- Contacting your CCO or Plan by phone, letter or fax. Requests made by phone must be followed up in writing.

You can request a Hearing by:

- Completing and mailing pages 1 and 2 of this form to OHA-DMAP or returning it to any DHS office, or
- Completing the Administrative Hearings Request Form (MSC 443). You can get a MSC 443 and help filling it out from any DHS office or by calling OHP Customer Service at 1-800-699-9075 (TTY 711). Mail the MSC 443 to OHA-DMAP or return it to any DHS office.

Deadline

Requests for both Appeals and Administrative Hearings must be received within 45 days of the Date of Notice shown on the first page of the Notice of Action or Notice of Appeal Resolution.

Note: If you want to keep getting services, see the Continuing Services section of this form for more information

Note to military personnel: Active duty service members have a right to stay (delay) these proceedings under the federal Servicemembers Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest legal assistance office.

Help with an Appeal or Administrative Hearing

Call any of the following if you need help with your Appeal or Hearing:

- Customer Service – see the Questions section of the Notice of Action.
- The Public Benefits Hotline at 1-800-520-5292 (TTY 711).

Continuing services

To keep getting the service while you wait for your Appeal or Hearing, you must:

- Have already been getting the service before it was denied,
- Request for the service to be continued by checking Box 4 on page 1 of this form, and
- Ask for an Appeal and/or Hearing within 10 days from the “Date of Notice” or by the “Effective Date,” whichever is later, shown on the Notice of Action or Notice of Appeal Resolution.

If we do not change our decision or the Hearing judge supports our decision, you may have to pay for services you get after the “Effective Date” shown on the Notice of Action or Notice of Appeal Resolution.

Can someone represent me at the Hearing?

You may have a friend, family member, advocate, doctor or lawyer in the Hearing to help you. We cannot pay for the cost of a lawyer, but if you want one you may try the following options:

- Call the Public Benefits Hotline at 1-800-520-5292 (TTY 711) for advice and possible representation. The Public Benefits Hotline is a program of Legal Aid Services of Oregon and the Oregon Law Center.
- Call the Oregon State Bar Association at 1-800-452-8260 and ask about free or low-cost legal services.

If you want someone to represent you at the Hearing, give us their contact information on your request or let the DMAP Hearing Representative know when they call you before the Hearing.

Other things you can do

Note: Doing any of the following things will not give you more time to request an Appeal or Hearing.

1. You or your doctor may send documents that explain why the decision was wrong to the address listed in the Questions section of the Notice of Action or your Notice of Appeal Resolution.
 2. You may ask your doctor about other ways to treat your condition.
 3. You may get the information used in making this decision. To get a copy, call Customer Service at the phone number listed in the Questions section of the Notice of Action or your Notice of Appeal Resolution.
 4. If the final decision on your Appeal or Hearing is that the service is not covered, you may still receive the service and pay for it yourself. Ask your provider about this choice. Your provider will have you sign a form that states you understand the service is not covered and you are agreeing to pay for it. The form will show the amount your provider will charge you and information about other costs, such as hospital or lab costs.
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Final order by default

You may lose your right to an Appeal or Hearing if you:

- Do not ask for an Appeal or Hearing on time, or
- Withdraw your request, or
- Miss your Hearing.

If you lose your right to an Appeal or Hearing your Notice of Action will be the final decision, called a “final order by default.” You will not get a separate final order by default. If you do not request an Appeal or Hearing, the “final order by default” will become effective 45 days after the date of this notice. The reviewer will consider the relevant portions of the agency’s file, including all of the materials you submitted in this matter as the record. The record is used to support the decision upon default. You may challenge the final order by default by filing a petition in the Oregon Court of Appeals (ORS 183.482). You must do this within 60 days of the Date of Notice on the first page of your Notice of Action. If you withdraw a Hearing request or miss your Hearing, the appeal deadline will be set out in the dismissal order.