

# OAR Citation Guidance

When citing rules in Notices of Adverse Benefit Determination (NOABDs), it is important to ensure the rules cited are:

- Accurate
- Relevant and specific to the denial reason
  - The citation is accurate as of the date of the denial decision
- Cited to the highest level of specificity
  - Appropriate sections and sub-sections are included in the citation
- Presented in a member-friendly format

Below are some best practice methods and examples for citing Oregon Administrative Rules (OARs) in NOABDs:

To cite [OAR 410-141-3885](#):

## 410-141-3885

### Grievances & Appeals: Notice of Action/Adverse Benefit Determination

(1) When a Managed Care Entity (MCE) has made an adverse benefit determination, the MCE shall give the requesting provider, the Member and the member's representative a written Notice of Adverse Benefit Determination (NOABD). The notice shall:

(a) Comply with the Authority's formatting and readability standards in OAR 410-141-3585 and 42 CFR § 438.10 and be written in plain language sufficiently clear that a layperson could understand the notice and make an informed decision about appealing and following the process for requesting an appeal;

(b) For timing of notices, follow timelines required for the specific service authorization or type via oral and written mechanisms for any service request of the member or the member's provider outlined in OAR 410-141-3835 MCE Service Authorization or otherwise specified in this rule.

(2) The following are notice requirements for preservice denials:

(a) Meet the content notice requirements specified in 42 CFR § 438.404 and in the MCE contract, including the following information:

(A) MCE contact information and subcontractor contact information including name, address, and telephone number, if applicable, included in the ABD notice excluding any cover pages;

(B) Date of the notice;

(C) Name of the member's Primary Care Practitioner (PCP), Primary Care Dentist (PCD), or Behavioral Health (BH) professional if the member has an assigned practitioner or the most specific information available if a member is not assigned to a practitioner due to the clinic/facility model. If the member has not been assigned a practitioner because they enrolled in the MCE within the last ninety (90) days, the NOABD shall state PCP, PCD, BH provider assignment has not occurred;

(D) Member's name, date of birth, address, and OHP member ID number;

**Ensure all applicable sections and sub-sections are cited. Instead of listing just the overarching rule sections:**

410-141-3885 (1)(2)

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**Include the applicable sub-sections as well:**

410-141-3885 (1)(b)

410-141-3885 (2)(a)(C)

**If the OAR has multiple sub-sections which support your denial reason it could be cited by using a dash to tie together all applicable sub-sections:**

- 410-141-3885 (2)(a)(A-D) **\*\*Note:** The use of the dash is acceptable only if all sub-sections A through D apply to the denial reason, otherwise they should be listed separately.
- When the OAR citation contains multiple sections and subsections, we recommend citing each sub-section separately on its own line:
  - 410-141-3885 (1)(b)
  - 410-141-3885 (2)(a)(A)
  - 410-141-3885 (2)(a)(C)
  - 410-141-3885 (2)(a)(D)