Oregon Health Plan Service Denial Letters - Feedback

Thank you for providing feedback on the updated version of the OHP service denial letter templates.

When members request a service or benefit that isn't covered by the Oregon Health Plan, that request is reviewed and a decision is made. If the request is denied, members are sent a service denial letter. This letter is also called a Notice of Adverse Benefit Determination or NOABD.

This spring, the state worked closely with the local plans that administer OHP to update templates so denial letters will be easier to understand. Updated denial letters will also comply with state and federal rules and requirements.

Please note: A service denial letter (NOABD) is not the same as the eligibility denial letter that's sent after a member applies for OHP or other benefit programs. This survey only addresses service denial letters. For example, physical therapy that OHP does not cover or an elective surgery.

Survey deadline: June 6

* 1. Are you an Oregon Health Plan member?

- ◯ Yes
- ◯ No

Oregon Health Plan Service Denial Letters - Feedback

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Please tell us your role

* 1. Are you:

- [ ] Former Oregon Health Plan member
- [ ] Community partner or application assister
- [ ] Provider
- [ ] CCO/DCO employee
- [ ] Advisory Council member
- [ ] State employee
- [ ] Other (please specify)

Oregon Health Plan Service Denial Letters - Feedback

Service denial / Notice of Adverse Benefit Determination (NOABD)

* 1. Have you ever received a service denial letter / NOABD?

- ◯ Yes
- ◯ No
- ◯ I don't know

Oregon Health Plan Service Denial Letters - Feedback

Please tell us about the service denial / Notice of Adverse Benefit Determination (NOABD)

* 1. Please tell us about your experience with the service denial letter:

	No way, completely disagree	Disagree	Neutral - Do not agree or disagree	Agree	Absolutely, completely agree
It was easy to understand	◯	◯	◯	◯	◯
It was obvious what I needed to do	◯	◯	◯	◯	◯
I understood how to appeal the decision or request a hearing	◯	◯	◯	◯	◯
I had to call for help after reading the letter	◯	◯	◯	◯	◯

The rest of the survey will take you through each section of the updated letter templates.

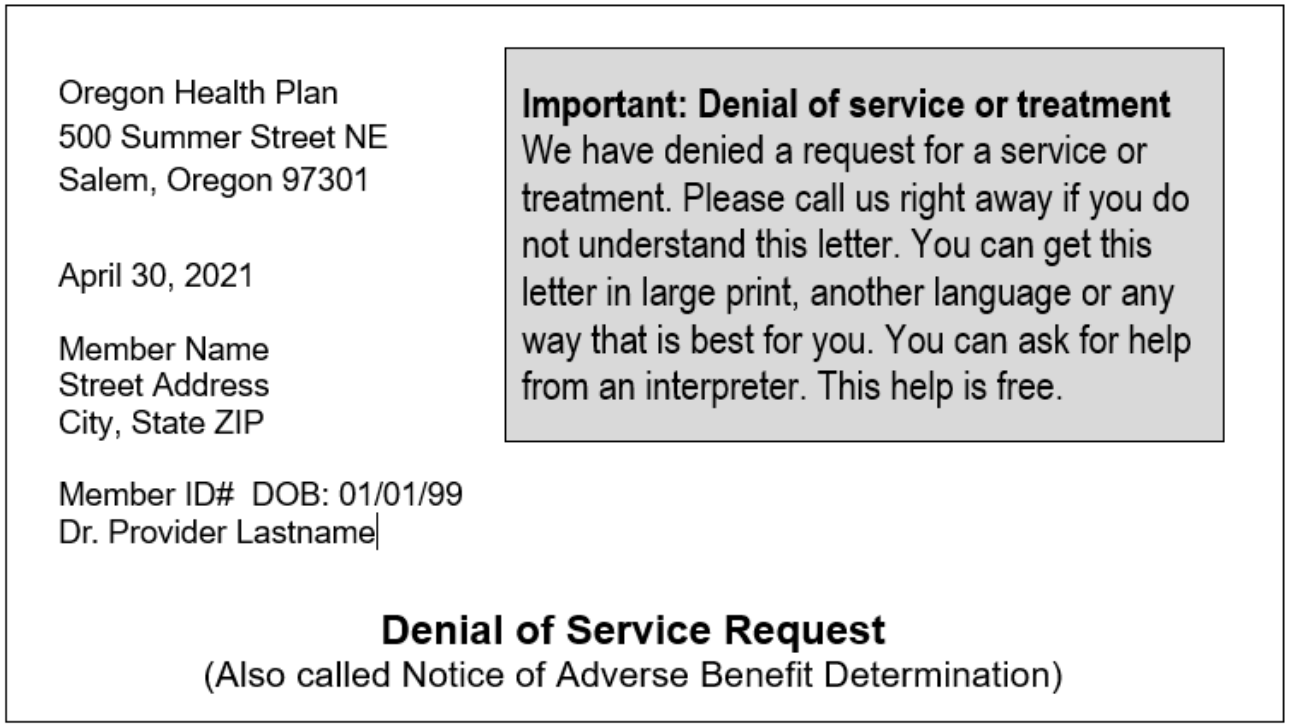
You can make comments and submit language revisions or questions.

At the end of the survey, you can download samples of the full letter.

Oregon Health Plan Service Denial Letters - Feedback

Beginning of letter

Please read the beginning of the letter and answer the questions below.



Oregon Health Plan
500 Summer Street NE
Salem, Oregon 97301

April 30, 2021

Member Name
Street Address
City, State ZIP

Member ID# DOB: 01/01/99
Dr. Provider Lastname

Important: Denial of service or treatment
We have denied a request for a service or treatment. Please call us right away if you do not understand this letter. You can get this letter in large print, another language or any way that is best for you. You can ask for help from an interpreter. This help is free.

Denial of Service Request
(Also called Notice of Adverse Benefit Determination)

* 1. Does the title "Denial of Service Request" help you understand what the letter is about?

- ◯ Yes
- ◯ No

* 2. Is the information in the box labeled "Important: Denial of service or treatment" clear and easy to understand?

- ◯ Yes
- ◯ No

3. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Information about the denial

Please read this part of the letter and answer the questions below.

Denial of Service Request

(Also called Notice of Adverse Benefit Determination)

Date decision is effective:	04/30/2021 *(example)*
Service denied:	Physical therapy - Visit *(example)*
Provider who requested it:	Dr. Jaime *(example)*
Reason for denial:	Service was performed by provider who does not work with the Oregon Health Plan. *(example)*
We based our decision on:	Federal rules and the Patient Protection and Affordable Care Act, require all providers to be enrolled with Oregon's Medicaid program (OHP). Reference: 42 CFR 455.410 Enrollment and Screening of Providers *(example)*

Dear Member name,

On 04/28/21, we were asked to cover a medical service for you. Unfortunately, we were not able to approve it. This letter says why it was not approved and what you can do next.

We got this request from Dr. Jaime. They asked us to cover a physical therapy visit. This service is to help treat back pain (code M54.9).

* 1. What part is easier to read and understand?

- Information listed in the table
- "Dear Member" sentences under the table
- I needed both to understand

* 2. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
The service that was requested				
Who requested the service				
Why the service request was denied				
What rules, regulations or guidelines were used to make a decision				

3. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Another way to show denial information

Here is another way the letter could show you information about the service denial. Please read this part of the letter and answer the questions below.

Denial of Service Request

(Also called Notice of Adverse Benefit Determination)

Dear Member name,

On 04/28/2021, we were asked to cover a medical service for you. Unfortunately, we were not able to approve it. This letter says why it was not approved and what you can do next.

We got this request from Dr. Jaime. They asked us to cover Physical therapy – Visit. This service is to help treat back pain (code M54.9).

Reason for denial

Physical therapy – Visit is covered when performed by a provider who works with the Oregon Health Plan (OHP). *Dr. Jaime* is not enrolled with OHP. This is why we were unable to approve the request. OHP does not cover all services and supplies. This decision is effective 04/30/2021.

These are the OHP rules that we used when we made this decision:

> Federal rules and the Patient Protection and Affordable Care Act, require all providers to be enrolled with Oregon's Medicaid program (OHP). Reference: 42 CFR 455.410 Enrollment and Screening of Providers

* 1. After reading this version of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
The service that was requested	○	○	○	○
Who requested the service	○	○	○	○
Why the service request was denied	○	○	○	○
What rules, regulations or guidelines were used to make a decision	○	○	○	○

* 2. Which version do you like better?

- ○ I like the first version with information listed in the table.
- ○ I like this version with information listed in sentences.
- ○ I don't like either version.

3. Do you have comments, edits or suggestions about this version of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Understanding what do to next

Please read this part of the letter and answer the questions below.

When we looked at your records, we checked to see if you have a different medical issue that would let us cover this. There are rules we have to meet in order to do this. We had a health care professional review your case to see if you met those rules. Unfortunately, you did not meet those rules.

Please follow up with your provider to talk about other treatment options.

You can ask us to change our decision.
If you disagree with our decision, you have the right to ask us to change it.

You can ask for an appeal. We must get your request within 60 days from 04/30/2021.

- You, your authorized representative, or your provider, with your written consent, can request an appeal.
- Ask for an appeal over the phone or in writing. Use the contact information below or the *Request to Review a Health Care Decision* form.
- We will resolve the appeal as fast as your health condition needs.
- We will make a decision on a standard appeal request within 16 calendar days from the date we get it.
- There could be up to a 14-day extension. If we extend the decision date, you will get a letter telling you about the extension.
- If we do not meet these timelines for a decision on the appeal, then you can ask for a hearing with the Oregon Health Authority.
- You have to ask for an appeal before you can ask for a hearing.
- Once you get the appeal decision, if you do not agree, you may ask for a hearing. You must do so within 120 days from the “Date of Notice” on the appeal decision letter, called the Notice of Appeal Resolution.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
What I can do next	○	○	○	○
I have the right to ask the plan to change its decision	○	○	○	○
How to ask the plan to change its decision (called an appeal)	○	○	○	○
How many days I have to change or appeal the decision to deny the service	○	○	○	○
How long the plan has to review my appeal	○	○	○	○
What to expect if I ask the plan to appeal the decision	○	○	○	○

2. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Understanding faster requests

Please read this part of the letter and answer the questions below.

Faster requests

- You, your authorized representative, or your provider without written consent can ask for an expedited (fast) appeal. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger.
- Fax the *Request to Review a Health Care Decision* form to 800-123-4567 or call 800-321-7654 (TTY 711).
- If your condition needs a fast appeal, a decision will made within 72 hours.
- There could also be a 14 day extension for a fast appeal if it is in the member's best interest.
- If there is a 14-day extension of your fast appeal, you will get a phone call and letter from us.
- You, your authorized representative, or your provider can also ask for a fast hearing, if you do not agree with our decision on your appeal. The Oregon Health Authority will decide if you can have a fast hearing two working days after getting your request.

See the enclosed *Denial of Medical Services – Appeal and Hearing Request* for more information about appeals and hearings. It has instructions for requesting both.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
What a faster request is	○	○	○	○
I have the right to ask for a faster request	○	○	○	○
Who can ask for a faster request for me	○	○	○	○
How long it will take to know if I get a faster request	○	○	○	○
How long the plan has to review my request	○	○	○	○
That I can use a form that comes with the letter	○	○	○	○

2. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Understanding how to keep getting the denied service

Please read this part of the letter and answer the questions below.

In the middle of treatment?
If you have been getting this service and we stopped providing it, you can ask us to continue it.

You need to:

- Ask for this within 10 days of the date of this letter or by the date this decision is effective, whichever is later. Use the contact information below.
- Answer "yes" to the question about continuing services on box 8 on page 4 on the *Request to Review a Health Care Decision* form.

Payment for This Service
If you choose to still get this service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
I have the right to ask to keep getting the service	○	○	○	○
I may have to pay for the service if I keep getting it	○	○	○	○
The reasons why I wouldn't have to pay for the service	○	○	○	○
How many days I have to ask to keep getting the service	○	○	○	○
If I want to keep getting the service, what part of the form I need to fill out.	○	○	○	○

2. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Understanding how to get help

Please read this part of the letter and answer the questions below.

Get help or copies of paperwork

All members have a right to know about and use our programs and services. We give these kinds of free help:

- Sign language
- Spoken language interpreters
- Materials in other languages
- Braille, large print, audio, and any way that works better for you

You can ask us for a free copy of all paperwork used to make this decision.

If you need help or have questions, please call Customer Service at 800-123-4567, Monday to Friday, 8 a.m. - 5 p.m.

For information on certified Health Care Interpreters call 800-321-7654.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
I can get an interpreter	○	○	○	○
I can get this information in another language or format	○	○	○	○
I have the right to ask for paperwork	○	○	○	○
It doesn't cost anything to ask for help	○	○	○	○
How to ask for help	○	○	○	○

2. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

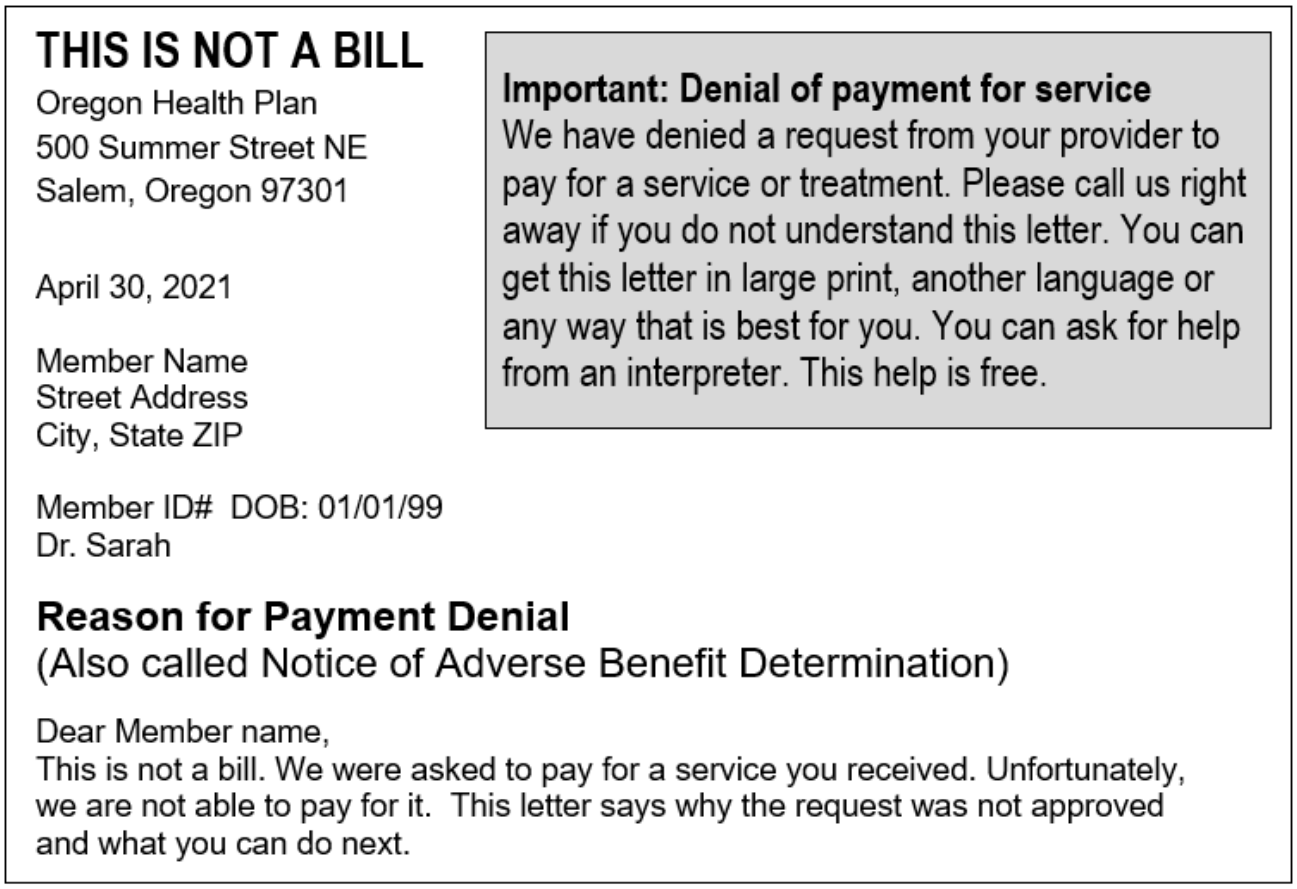
Next, we are going to ask you about two other letters.

1. Payment denial letter when your provider submits a request (also called a claim).
2. A letter that you get after you ask to change a decision. This letter answers your appeal request.

Oregon Health Plan Service Denial Letters - Feedback

Understanding denying a payment

This version of the letter is for payment denials when your provider submits a request, also called a claim. Please read this part of the letter and answer the questions below.



THIS IS NOT A BILL

Oregon Health Plan
500 Summer Street NE
Salem, Oregon 97301

April 30, 2021

Member Name
Street Address
City, State ZIP

Member ID# DOB: 01/01/99
Dr. Sarah

Important: Denial of payment for service
We have denied a request from your provider to pay for a service or treatment. Please call us right away if you do not understand this letter. You can get this letter in large print, another language or any way that is best for you. You can ask for help from an interpreter. This help is free.

Reason for Payment Denial
(Also called Notice of Adverse Benefit Determination)

Dear Member name,
This is not a bill. We were asked to pay for a service you received. Unfortunately, we are not able to pay for it. This letter says why the request was not approved and what you can do next.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
Your doctor asked OHP to pay for a service	○	○	○	○
You are not being billed for the service	○	○	○	○
Why you are getting the letter	○	○	○	○
What to do if you do not understand the letter	○	○	○	○

Did you get a bill? Call us right away.
If you get a bill for this service, call our Customer Service at 800-321-4567. Do not pay the bill until you talk to us. We will see why you got a bill.

Providers should not bill you if a service is covered. If a service is not covered and you signed a valid Oregon Health Authority Financial Waiver, you have to pay for it.

* 2. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
You should not get a bill for services covered by OHP	○	○	○	○
What to do if you get a bill	○	○	○	○
When you would have to pay for a service that's not covered by OHP.	○	○	○	○

3. Do you have comments, edits or suggestions about these parts of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

This letter is what you get after you ask to change a decision. This letter answers your appeal request. It's called a "Notice of Appeal Resolution." Please read this part of the letter and answer the questions below.

Oregon Health Plan
500 Summer Street NE
Salem, Oregon 97301

April 30, 2021

Member Name
Street Address
City, State ZIP

Member ID# DOB: 01/01/99
Dr. Sarah

Important: Results of your appeal request
You asked us to change our decision about a denial. This letter has our appeal decision. Please call us right away if you do not understand this letter. You can get this letter in large print, another language or any way that is best for you. You can ask for help from an interpreter. This help is free.

Results of your request to change our decision

(Also called Notice of Appeal Resolution)

Dear Member name,

On April 20, 2021, we got your appeal request to change the decision we made. We looked at your records again. We also looked at what you told us in your appeal request. We requested any new records that were sent about you and this service. This letter explains our decision and what you can do next.

* 1. After reading this part of the letter, is it easy to understand:

	Very hard to understand	Somewhat hard	Somewhat easy	Very easy to understand
That this letter is about your request to change our decision	○	○	○	○
Why you are getting the letter	○	○	○	○
We looked at your case information again	○	○	○	○
What to do if you do not understand the letter	○	○	○	○

2. Do you have comments, edits or suggestions about this part of the letter?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

You can also read the full letter

Thank you for reviewing each section of the letters.To read the full service denial letter (NOABD), please see:

- Version 1 - Service Denial with table
- Version 2 - Service Denial without table

To read the full payment denial letter (claims NOABD), please see: Payment Denial letter

To read the full appeal request results letter (NOAR), please see: Appeal results letter

1. Do you have comments, edits or suggestions about any of the full letters?

Please be specific. For example, include how you would rewrite a sentence if you find it confusing.

Oregon Health Plan Service Denial Letters - Feedback

Thank you for your feedback

Your feedback is important!
Thank you for helping us improve the Oregon Health Plan service denial letter template. Your feedback will be reviewed and used to make helpful changes.

Next steps

The template will be used by plans to update letters. It will take some time for all plans (coordinated care organizations, dental care organizations and fee-for-service) to update their letters.

- **If we can make your changes, we will add them to the letter template this summer.**
- **If your changes could work in a future template, we will add them to the list of future changes.**
- **Unfortunately, not all changes requested can be made. If your changes cannot be made, we will add it to the feedback summary. The summary will be posted online later this summer.**

The final version of the letter template will be translated into several languages, including Spanish, Russian, Vietnamese, Arabic, Simplified Chinese, Traditional Chinese, Somali. Other languages will be available by request.

1. **If you are willing to talk with us about your feedback, please give us your contact information.**

Name	
Organization, if applicable	
Email Address	
Phone Number	