



## Notice of Action Benefit Denial (NOABD) FAQ's

- **What is being denied?**
  - This letter does not tell you that you are losing your insurance coverage. The Oregon Health Plan (OHP) tells us what services or items are covered on your health plan. OHP also requires us to tell you when your provider asks us to pay for something and it has been denied. When you get a letter from UHA that says "Notice of Action Benefit Denial", we are telling you that we will not pay for the service. We deny some services if you are not eligible to receive them. If you have another primary insurance that will pay for it. If the request is not a covered service. If it is not medically appropriate or necessary. Or if there is another provider that is in our network that you can see instead.
- **Can I be billed for this?**
  - No. A member cannot be billed for non-covered services or treatments that have been denied. However, if you knowingly and willingly signed an Agreement to Pay waiver (form OHP 3165 or 3166), you may have to pay. This is only if you signed it before you received the service. In addition, you cannot be billed for services that were denied due to provider error.
- **Does this mean my OHP coverage is going to end?**
  - No. UHA will not send a letter if your coverage has ended. This letter would come directly from OHP not UHA.
- **Does this mean I cannot go to my future appointments with this provider?**
  - No. NOABD's are for past claims that were denied. This does not mean that future appointments have been denied. This doesn't mean that the provider will no longer see you.
- **Do I need to contact my provider about this?**
  - Yes. Please contact your provider to be sure that they have the correct insurance information to process your bill and be sure you will not receive a bill from them.
- **What do I do if I receive a bill or am told I am responsible for this?**
  - If you get a bill, please call the doctor's office. If your provider tells you that you must pay, please call our Member Services at the number below.
- **Will I get more like this in the future?**
  - You will get a letter from UHA for the claims or prior authorizations that are denied. We send you an NOABD, so you are aware that it has been denied. This is in case the provider bills you. This notice will also give you with the right to file an appeal with us if you do not agree with our decision. It also tells you how to file an appeal.

You can get this letter in another language, large print,  
or another way that is best for you. Call 541-229-4842 (TTY 711).