

## NOTICE OF HEARING RIGHTS

If you do not agree with a decision made about your request for Oregon Health Plan (Medicaid) services, you can ask the Oregon Health Authority (OHA) for a hearing to consider changing it.

If you are a member of a coordinated care organization (CCO), dental plan, or mental health plan and want a hearing about a service denied by your CCO or plan, you must first ask the CCO or plan for an appeal. If the CCO or plan still denies the service, then you can ask OHA for a hearing.

Asking for an appeal or hearing will **not** affect your Oregon Health Plan eligibility. The choice is yours.

### WHAT HAPPENS IF I ASK FOR A HEARING?

#### Before the hearing

An OHA staff member will call you to:

- Ask you for more information if needed
- Tell you what will happen at the hearing

The Office of Administrative Hearings will mail you information about:

- The hearing date and time
- Hearing procedures, your right to representation and other hearing rights

#### At the hearing

You can explain why you do not agree with the decision. You or your doctor can do this in person or in writing. Most hearings are by phone. These people will also be at the hearing:

- Your representative or helper if you have one
- Any witnesses you invite
- An OHA hearings representative
- The administrative law judge
- A CCO or plan representative (if the hearing is about a service your CCO or plan denied).

#### After the hearing

The judge will review the information presented at the hearing and make a decision. You will get a Proposed and Final Order (the judge's decision) within 30 days.

Hearings follow the Administrative Procedures Act, Oregon Revised Statute (ORS) Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-3900.

### HEARING DEADLINES

**For a hearing about a service denied by your CCO or plan:** OHA must receive your request within 120 days of the date of the *Notice of Appeal Resolution* (NOAR).

**For a hearing about a service denied by OHA:** OHA must receive your request within 60 days of the date of the decision notice.

If you ask for a hearing after these deadlines, you must show that you had a good reason for being late.

**You can ask for a faster hearing.** When waiting for a regular hearing could put your life, health, or ability to function in danger, you can ask for a faster hearing. OHA staff will review your medical records to decide if you need this.

### HOW TO ASK FOR A HEARING:

Fill out one of these forms. Return it to OHA or a Department of Human Services (DHS) office.

- Pages 3 and 4 of the Appeal and Hearing Request (OHP 3302); or
- The Administrative Hearings Request (MSC 443). To get this form and help filling it out, go to a DHS office, or call OHP at 800-699-9075 (TTY 711).

Please include a copy of the NOAR or decision notice with your request.

### You can mail or fax request forms to:

OHA Medical Hearings Unit  
500 Summer St. NE, E49  
Salem, OR 97301-1079

Fax: 503-945-6035  
Phone: 503-945-5785

**To get a denied service while you wait for your hearing, you must:**

- Have had the service prior to the denial,
- Ask for the service to continue on your hearing request form, and ask for the hearing no later than:
  - 10 days after the date of the decision notice, or
  - The “effective date” of the decision notice (if the notice lists an “effective date.”)

If the hearing does not change the decision, you may have to pay for services you get after the “effective date” on the decision notice.

**IF YOU WANT HELP AT YOUR HEARING:**

You may have a friend, family member, advocate, doctor or lawyer help at the hearing. If you want a lawyer, you can call here for help:

- Public Benefits Hotline at 800-520-5292, for advice and possible representation. Legal Aid Services of Oregon and the Oregon Law Center provide this hotline.
- Oregon State Bar at 800-452-8260, about free or low-cost legal services.

If you have someone who will help you at the hearing, list their contact information on the hearing request form, or tell the OHA hearing representative.

**IF YOUR REQUEST IS LATE OR CANCELED, YOU DO NOT ASK FOR A HEARING, OR YOU DO NOT ATTEND YOUR HEARING:**

**You may lose your right to have a hearing on this decision.** If this happens, the decision notice is the final decision (or “final order by default”). It will become effective 120 days after the date of the *Notice of Appeal Resolution* from your CCO or 60 days after the date of the decision notice from OHA. The record for the final order is the case file used to make the decision, with any materials you submit later about it. You will not get another notice about this decision.

**If you cancel your hearing request or miss your hearing,** you will get a dismissal order. You may still appeal the decision under ORS 183.482 by filing a petition in the Oregon Court of Appeals. You must do this within 60 days of the date of the dismissal order. The dismissal order will tell you the appeal deadline.

**Note to military personnel:** The federal Servicemembers Civil Relief Act gives active duty members the right to delay these proceedings. To learn more, you may contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571, or an Armed Forces legal assistance office, <http://legalassistance.law.af.mil>.

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**THE FOLLOWING STATUTES AND RULES MAY APPLY TO YOUR CASE:**

**Oregon Administrative Rules:** 410-120-1210 (*Medical Assistance Benefit Packages*); 410-141-3820 (*Covered Services*); 410-141-3825, 410-120-1200 (*Excluded Services*); 410-141-3830 (*Prioritized List of Health Services*); 410-120-1860, 410-141-3900 (*Contested Case Hearings*)

**Oregon Revised Statutes:** 183.415(2)(b) – *Notice of Right to Hearing*

**OTHER THINGS YOU CAN DO:**

You can always ask for the information used to make this decision. To do this, call the phone number listed in the **Questions** section of the decision notice. If you do not want a hearing, or if the final decision is still a denial after your hearing, you can:

1. Ask your doctor about other ways to treat your condition.
2. Ask your provider about paying for the service yourself. Your provider will have you sign an *Agreement to Pay* form (OHP 3165). This form states you understand the service is not covered and you will pay for it.

OHA follows state and federal civil rights laws. It does not treat people unfairly in any of its programs because of a person’s race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status or age. You may file a complaint if you believe OHA treated you differently for any of these reasons.