

Agency Use Only		
Program	Branch	Case Number

## Denial of medical services Appeal and hearing request

Complete pages 1 and 2 of this form. Return the form as listed on page 2.

**The person who completes this form (if other than the member) fills out this section:**

1. Name: \_\_\_\_\_ Phone number \_\_\_\_\_
2. Relationship to member: \_\_\_\_\_ Date of request: \_\_\_\_\_

**Tell us about the member who received the service denial:**

3. Member name: \_\_\_\_\_ Client ID# \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_
- Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- Social Security number\* (*optional*): \_\_\_\_\_
- Spoken language:     English     Spanish     Russian     Vietnamese  
 Other: \_\_\_\_\_

Do you need written material in another format?  Yes  No

If yes, please specify:  Cassette tape  Large print  CD  Read aloud to you  Braille

*\*The law allows the Oregon Health Authority to ask for your Social Security number (SSN). You can find these laws under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, and 42 CFR 457.340(b). You are not required to give an SSN. If you do, OHA will use it only to help locate your file and records.*

4. Does the member have someone who will help with the appeal or hearing? Example: friend, family member, advocate, doctor or lawyer. *If you don't have one now, you can add a representative at any time before the appeal or hearing:*
- No
- Yes, name: \_\_\_\_\_
- Address, City, State, ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_

5. Check one of the following. Members of coordinated care organizations (CCOs) or plans can ask for both an appeal and a hearing, but the appeal must happen first. *See page 3 to learn more about appeals and hearings.*
- The member wants to appeal the CCO or plan decision. Attach a copy of the decision notice ("Notice of Action") from your CCO or plan.
- The member wants a hearing through the Oregon Health Authority (OHA).
- **For services denied by your CCO or plan:** Attach a copy of the *Notice of Appeal Resolution* from your CCO or plan.
  - **For services denied by OHA:** Attach a copy of the decision notice from OHA.

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6. Did the member get the decision notice(s) in writing? Check one:  
 Yes. Notice date(s): \_\_\_\_\_  No

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7. What service(s) received a denial? List them here.

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8. Does the member get the service(s) now, and want to keep getting them during the appeal or hearing process?  
 No  
 Yes (*read the Continuing Services section on page 4 of this form before checking this box*)

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9. Does the member need a faster appeal or hearing because waiting could put the member's life, health, or ability to function in danger?  
 No  
 Yes. *Please explain how waiting may harm the member.*

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10. Tell us why there should be coverage for this service. *You may also send documents and medical records to support your case.*

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11. Member signature (*required for appeal requests*)

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Signature of member or member's legal representative

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Date

### Send this form:

- For an appeal – To the member's CCO or plan at the address on the *Notice of Action*.
  - For a hearing  
OHA-Medical Hearings  
500 Summer St NE E49  
Salem, OR 97301-1077
- Fax: 503-945-6035

## Appeal and hearing information

If you do not agree with the decision, you have a right to ask for a change through the appeal and hearing process. The choice to request an appeal, a hearing or both, is yours.

If you are a member of a CCO, dental plan, or mental health plan and want a hearing about a service denial, 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.

### 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 denial decision. They will use the information from that review to decide if the original denial decision should change. You have the right to see this information before they decide (contact your CCO or plan's customer service department to ask about this). You can also give your CCO or plan more information, in person or in writing, to help them decide. 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*.

#### How to ask for an appeal:

- Fill out and mail pages 1 and 2 of this form to your CCO or plan, or
- Contact your CCO or plan by phone, letter or fax. If you ask for an appeal by phone, and do not need a faster appeal, you must also ask in writing. If you need help doing this, ask your CCO or plan's customer service department for help.

#### Deadline

Your CCO or plan must receive your appeal request within 60 days of the date shown on the first page of the *Notice of Action*. If you ask for a request after the deadline, you must show that you had a good reason for being late.

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

Before the hearing, an OHA staff member will call you to ask you for more information and tell you what will happen at the hearing. At the hearing, you can explain why you do not agree with the decision. Most hearings are on the phone. These people will also be at the hearing:

- An OHA hearings representative
- Someone from your CCO or plan
- Your representative or helper (if you have one)
- An administrative law judge
- Any witnesses you invite

After the hearing, the judge will review the information presented at the hearing and make a decision. You will get a letter (or "Final Order") about this 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, 410-141-0264, 410-141-3264.

#### 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 1 and 2 of this form, 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).

#### Deadline

For services denied by your CCO or plan: OHA must receive your hearing request within 120 days of the date shown on the *Notice of Appeal Resolution* or within 60 days of the OHA decision notice. If you ask for a request after this deadline, you must show that you had a good reason for being late.

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**CONTINUING SERVICES. TO KEEP GETTING A DENIED SERVICE WHILE YOU WAIT FOR YOUR APPEAL OR HEARING, YOU MUST:**

- Have had the service prior to the denial,
- Ask for the service to continue by checking “Yes” for Question 8 on page 2 of this form, and
- Ask for the appeal or hearing no later than:
  - 10 days after the “Date of Notice” shown on the *Notice of Action* or *Notice of Appeal Resolution* letter, or
  - The “effective date” of the notice (if the notice lists an “effective date”).

If the appeal or hearing does not change the 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*.

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

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

- Public Benefits Hotline at 800-520-5292 (TTY 711), 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, to learn about free or low-cost legal services.

If you want someone to represent you at the hearing, give us their contact information on this form or the MSC 443 form, or tell the OHA hearing representative.

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

**You may lose your right to an appeal or hearing on the decision.** If this happens, your *Notice of Appeal Resolution* or OHA decision notice will be the final decision (or “final order by default”). It will become effective 45 days after the date of the *Notice of Appeal Resolution* or OHA decision notice. You will not get another notice about this. The record for the final order is the case file used to make the decision, with any materials you give later about it.

**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 800-452-7500 or an Armed Forces legal assistance office, <http://legalassistance.law.af.mil>.

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**OTHER THINGS YOU CAN DO**

**Note:** Doing any of the following will **not** give you more time to request an appeal or hearing.

1. Explain why the decision was wrong. You or your doctor can do this in person or in writing (to the address listed in the Questions section of the *Notice of Action* or your *Notice of Appeal Resolution*).
2. Ask your doctor about other ways to treat your condition.
3. Ask for the information used to make this decision. To do this, 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 no coverage for the service, you may still receive the service and pay for it yourself. Ask your provider about this. Your provider will have you sign an *Agreement to Pay* form (OHP 3165). This form states that you understand the service is not covered and you will pay for it.