

MVBCN, LMHA or Agency letterhead

NOTICE OF ACTION

You can get this document in a larger print size or in a different format.
You can also get this document in some languages other than English.
Contact the person listed on page 2 to ask for this.

Date of Notice:
Effective Date:

Member Name:
Oregon Health Plan ID:
Provider Name:
Date/s of Service:

Name of Member/Member Representative
Address
City, State Zip

Dear Member/Member Representative:

This letter is about your Oregon Health Plan mental health services. It has been sent by LMHA or Agency. We manage these services on behalf of your OHP mental health plan, Mid-Valley Behavioral Care Network (MVBCN).

- or -

This letter is about your Oregon Health Plan mental health services. It has been sent by your OHP mental health plan, Mid-Valley Behavioral Care Network (MVBCN).

MVBCN, LMHA or Agency works with mental health care providers to make sure you get the services you are entitled to receive under your OHP benefit package. Please know that your OHP mental health benefit package, and other factors, may limit what services and supplies are covered.

We are writing to tell you about a decision made about description of services for the OHP Member listed above. These services are provided by Provider Name. After careful review, we are unable to continue paying for these services - or - reducing the approval to fewer or less of these services. This change takes effect on Effective Date. We are unable to continue paying for these services - or - reducing the authorization for these services because very specific reason.

The rule that we are following to make this decision is Oregon Administrative Rule OAR #.

OHP rules say the provider of the services cannot bill you, unless the services are not covered by OHP and you agreed in advance to pay for them.

If you do not agree with this notice and you want to do something about it, you can do one or both of the following:

- **FILE AN APPEAL.** You can file an Appeal to have your mental health plan, MVBCN, review the denial decision. To do this, you must file an Appeal with MVBCN *within 45 calendar days from the date of this Notice*. If you have an urgent problem, you can request an Expedited Appeal.

Information about how to file an Appeal or an Expedited Appeal is in the attached document "How to File an Appeal". The form used to file an Appeal is also attached.

- **REQUEST A HEARING.** You can request a Hearing with the Addictions and Mental Health Division of the Oregon Department of Human Services. To request a Hearing you can:
 1. **Request a Hearing after you have you have received a decision from MVBCN about your Appeal.** If you do this, you must request a Hearing *within 45 calendar days from the date of the Appeal decision*;
- or -
 2. **Request a Hearing instead of filing an Appeal.** If you choose this, you must request a Hearing *within 45 calendar days from the date of this Notice*.

Information about how to request a Hearing is in the attached document “Notice of Hearing Rights”. The form to request a Hearing is also attached.

IMPORTANT

If you want the **description of services** to stay the same while you wait for the Appeal or Hearing decision, you must file the Appeal or request a Hearing *by **Effective Date** or within 10 calendar days from the date this Notice is mailed or given to you, whichever is later*. You need to say on your Appeal form or Hearing request form that you want your services to stay the same. If your services stay the same and you lose the Appeal or Hearing, you may be required to pay for the cost of the services you received from the **Effective Date** until the date the Appeal or Hearing decision was made.

If you have questions about this Notice, you can call **MVBCN, LMHA or Agency Representative at Phone Number**.

If you wish to file an Appeal, follow the instructions in the document called “How to File an Appeal”

Sincerely,

Name and Credentials
MVBCN, LMHA or Agency
 Address
 City, State Zip

Cc: Provider Name
 MVBCN
 File

Enclosures (for Member only):

1. How to File an Appeal
2. Appeal Form
3. Notice of Hearing Rights (DMAP 3030)
4. DHS Administrative Hearing Request (DHS 0443)