

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

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 Name of LMHA. We manage these services on behalf of your OHP mental health plan, Mid-Valley Behavioral Care Network (MVBCN).

This is a Notice that the request by Provider Name to authorize or pay for services on the date/s listed above has been denied. This request has been denied because:

- The treatment or service/s provided is not covered by OHP.
- The treatment or service/s provided is not related to a mental health condition.
- Prior approval was not obtained for the service/s provided; prior approval is required.
- The payment request is for more visits than authorized.
- The payment request is for date/s of service outside of the date range authorized.
- The service/s was provided in an emergency care setting and does not qualify as an Emergency Service.
- The person is not covered by OHP on the date/s of service.
- MVBCN is not the person's OHP mental health plan on the date/s of service. The person has a different OHP mental health plan.
- The person's mental health services are not managed by LMHA Name on the date/s of service. A different MVBCN county manages the person's services.
- Other: _____

The rule that we are following to make this decision is in the Oregon Administrative Rules at OAR Citation. We are also following the Oregon Department of Human Services contract that applies to your OHP mental health services.

Oregon Health Plan (OHP) rules say that Provider Name cannot bill you for these services, unless the services are not covered by OHP and you agreed in advance to pay for them.

If you disagree with this decision 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 is in the attached document "How to File an Appeal". The form 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. You have two options for requesting a Hearing:
 1. **You can 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. **You can 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.

If you have questions about this Notice, you can call **LMHA or MVBCN 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
Name of LMHA or MVBCN
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)