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Subject: Grievance System: Complaints, Notices of Action, Appeals, Expedited Appeals, and DHS Administrative Hearings	Prepared By: MVBCN Administrative Services Manager	Approved By: Department of Human Services – Addictions and Mental Health Division

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PURPOSE AND APPLICABILITY

MVBCN recognizes that conflicts and misunderstandings may occur between Members and Participating Providers or Members and MVBCN about services and treatment priorities. MVBCN values effective problem-solving and dispute resolution at all levels. It is MVBCN’s goal to encourage Members to express their concerns or dissatisfaction, and to create a respectful process that enables all parties to seek satisfactory resolution. The quality assurance committees of Participating Providers and MVBCN review Appeals and Complaints to identify

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ways to improve the quality of services provided and Members' experience as service recipients. Members have the right to exercise any of their rights relating to the Grievance System without fear of retaliation.

This policy and procedure identifies the responsibilities of MVBCN and Participating Providers with respect to Complaints, Notices of Action, Appeals, Expedited Appeals, and DHS Administrative Hearings for MVBCN Oregon Health Plan (OHP) Members.

MVBCN shall follow this policy as it applies to the OHP mental health (MH) services governed by the Mental Health Organization (MHO) Agreement between the State of Oregon and MVBCN. Participating Providers shall follow this policy to the extent that it applies to the MH services that they provide to MVBCN Members. For purposes of this policy, the responsibilities listed for Participating Providers shall also apply to the Local Mental Health Authorities (LMHA) in MVBCN's Service Area, to each of which MVBCN has delegated responsibility for managing non-inpatient MH services for MVBCN Members in the LMHA's county.

This policy does not apply to chemical dependency providers (CD) credentialed by MVBCN. OHP Members who receive services from an MVBCN CD provider must follow the Grievance System established by the Fully Capitated Health Plan (FCHP) listed on their OHP identification card. MVBCN is delegated by the FCHPs to manage CD credentialing and to perform other administrative activities and is not responsible for any part of the FCHPs' Grievance System.

This policy does not apply to Provider complaints or appeals. Provider complaints and appeals are resolved according to the dispute resolution procedure outlined in the Provider's contract with MVBCN or the Oregon administrative rules for OHP Provider appeals, whichever is appropriate.

DEFINITIONS

Certain key terms used in this policy are defined below. For any term not listed below, the definition in the most current MHO Agreement shall apply.

1. Action: A decision made by MVBCN or a Participating Provider about a Member's MH services that results in:
 - a) The denial or limited authorization of a requested Covered Service, including the type or level of service;
 - b) Reduction, suspension or termination of a previously authorized service;
 - c) Denial, in whole or in part, of payment for a service;
 - d) Failure to provide services in a timely manner;
 - e) Failure to act on Complaints and Appeals within the specified timeframes; or
 - f) For a Member who resides in a rural Service Area where MVBCN is the only MHO, the denial by the LMHA for the county in which the Member resides of a request to obtain Covered Services from a Provider that is not an MVBCN Participating Provider, pursuant to OAR 410-141-0160 and 410-141-0220.

2. Appeal: A request from a Member, or a Provider acting on behalf of a Member and with the written consent of the Member, for review by MVBCN of an Action.
3. Grievance System: The term used to refer to the overall system that includes Complaints, Notices of Action, Appeals, Expedited Appeals, and DHS Administrative Hearings.
4. Complaint: A Member's verbal or written expression of concern or dissatisfaction that addresses issues with any aspect, *other than an Action*, of MVBCN's, a Participating Provider's or another Provider's operations, activities, or behavior that pertains to the availability, delivery, or Quality of Care including Utilization review decisions that the Member believes to be adverse.

The expression may be in whatever form or communication or language that is used by the Member but must state both the reason for the dissatisfaction and the Member's desired resolution. An expression of dissatisfaction relating to an Action is an Appeal and must be resolved according to the procedure for Appeals.

The distinguishing feature of a Complaint is not whether the expression is made verbally or in writing; either means of expression is equally acceptable. Rather, the distinguishing feature is the expression of both the reason for dissatisfaction *and* the desired resolution.

5. Member: An individual found eligible by a program of the Oregon Department of Human Services (DHS) to receive health care services under the Oregon Health Plan (OHP) Medicaid Demonstration Project or State Children's Health Insurance Program (SCHIP) and who, for purposes of this policy, is enrolled with MVBCN for OHP MH services.
6. Member Representative: A person who can make OHP related decisions for a Member who is not able to make such decisions him-/herself. A Member Representative may be, in the following order of priority, a person who is designated as the Member's health care representative, a court-appointed guardian, a spouse, or other family member as designated by the Member, the Individual Service Plan Team (for OHP Members with developmental disabilities), parent or legal guardian of a minor below the age of consent (14 years of age), a DHS case manager, or other DHS designee. For Members in the care or custody of DHS' Children, Adults and Families Services or the Oregon Youth Authority (OYA), the Member Representative is DHS or OYA. For Members placed by DHS through a Voluntary Child Placement Agreement (SCF Form 499), the Member shall be represented by his or her parent or legal guardian.
7. Mental Health Practitioner: An individual with current and appropriate licensure, certification, or accreditation in a mental health profession, which include but are not limited to: psychiatrists, psychologists, registered psychiatric nurses, Qualified Mental Health Associates, and Qualified Mental Health Professionals.
8. Participating Provider: An individual, facility, corporate entity, or other organization credentialed by MVBCN as a Provider of non-inpatient MH services and approved by MVBCN's Board of Directors as a sub-contractor to provide MH services to MVBCN Members. Participating Providers must enter into a formal contract with MVBCN and agree to bill and/or submit encounter data in accordance with that contract.
 - a) For purposes of this policy, the responsibilities listed for Participating Providers shall also apply to the LMHAs in MVBCN's Service Area, to each of which MVBCN has delegated responsibility for managing non-inpatient MH services for MVBCN Members

in the LMHA's county. In this capacity, the LMHA may make service authorization and utilization management decisions that require issuance of a Notice of Action.

9. Provider: An organization, agency or individual licensed, certified and/or authorized by law to render professional health services to OHP Members.
10. Service Authorization Request: A Member's request for provision of a service.

POLICY AND PROCEDURE

I. Member Education about the Grievance System

- A. MVBCN and Participating Providers shall make written information describing the MVBCN Grievance System available to Members. This information shall explain the procedures for Complaints and Appeals, how to file a Complaint or Appeal, and how to request a DHS Administrative Hearing.
 1. MVBCN shall provide Participating Providers with documents that satisfy the requirements of Section I (A). The content and format of the documents must be approved by the DHS Addictions and Mental Health Division (AMH) prior to use by MVBCN and Participating Providers.
- B. MVBCN and Participating Providers shall ensure the availability of the documents identified below in all service locations frequented by MVBCN Members, such as waiting areas, satellite or part-time offices, and MH Practitioners' private practice offices, as well as in administrative offices where staff designated to respond to Complaints and Appeals are located.
 1. The following documents must be accessible to Members without the assistance of others as well as upon request:
 - a) MVBCN's "Our Process for Complaints & Feedback" (see Appendix 1); and
 - b) OHP Complaint Form (OHP 3001) produced by DHS.
 2. The following documents must be provided to Members upon request:
 - a) MVBCN's "How to File an Appeal" (see Appendix 3);
 - b) MVBCN's "Appeal Form" (see Appendix 4);
 - c) Notice of Hearing Rights (DMAP 3030);
 - d) DHS Administrative Hearing Request (DHS 0443); and
 - e) Form to authorize release of confidential information.
- C. MVBCN shall include the information provided in the Grievance System document in the MVBCN Member handbook and may post the information on the MVBCN website.
- D. MVBCN and Participating Providers shall ensure that clinical and administrative staff are oriented to the Grievance System and informed of the right of any Member who expresses concern or dissatisfaction to file a Complaint. At a minimum, staff must be able to provide a Member with written information about the Grievance System and refer the Member to the appropriate complaints representative.
- E. In all written, oral and posted information pertaining to the MVBCN Grievance System, MVBCN and Participating Providers shall assure Members of confidentiality in the Complaint, Appeal and DHS Administrative Hearing processes.

- F. An authorized Member Representative may act for a Member at any stage in the Grievance System. Any action, step or decision in the Grievance System that can be made by a Member on his/her own behalf can equally be made by the Member's authorized Member Representative. Thus, any action, step or decision in this policy that is assigned to a Member shall be interpreted as applying equally to the Member's authorized Member Representative.
- G. MVBCN and Participating Providers shall provide Members with any reasonable assistance in completing forms and taking other procedural steps related to the filing and disposition of a Complaint. This includes but is not limited to providing Interpreter Services and toll free numbers that have adequate TTY/TDD and interpreter capabilities. MVBCN and Participating Providers shall also provide such assistance related to requesting and the resolution of an Appeal.

II. Confidentiality of the Grievance System

- A. MVBCN and Participating Providers shall assure the confidential handling of all Member Complaints and Appeals consistent with ORS 411.320, 42 CFR 431.300 *et seq*, the HIPAA Privacy Rule, the Oregon counterpart of the HIPAA Privacy Rule at ORS 192.518-524, and other applicable federal and state confidentiality laws and regulations.
 - 1. MVBCN's and Participating Providers' policies and procedures shall ensure that all information concerning Member Complaints and Appeals is kept confidential consistent with appropriate use or disclosure as Treatment, payment or healthcare operations of MVBCN and the Participating Provider, as those terms are defined in 45 CFR 164.501 and ORS 192.519.
- B. Pursuant to OAR 410-141-0261 (3)(a), MVBCN, a Participating Provider and any Provider whose Services, items or Quality of Care is alleged to be involved in the Complaint have a right to use a Member's confidential information without a signed authorization for release of information for the purpose of resolving the Member's Complaint, for maintaining the log required by OAR 410-141-0266, and for health oversight purposes.
- C. MVBCN, a Participating Provider and any Provider whose authorization, Treatment, Services, items, Quality of Care or request for payment is alleged to be involved in the Appeal have a right to use a Member's confidential information without a signed authorization for release of information for the purpose of resolving the Member's Appeal, for maintaining the log required by OAR 410-141-0266, and for health oversight purposes.
 - 1. If a Member who is in receipt of a Notice of Action or Notice of Appeal Resolution requests a DHS Administrative Hearing, the Member's confidential information may be disclosed to AMH without a signed authorization for release of information pursuant to OAR 410-141-0264.
- D. MVBCN, a Participating Provider or any Provider involved in a Complaint, Appeal and/or DHS Administrative Hearing for a Member shall promptly comply with a request for release of the Member's confidential information when such

information is requested by MVBCN and/or AMH for purposes described in this Section II.

- E. An authorized Member Representative shall have the same right to access, use and/or disclose a Member's confidential information in the Grievance System as the Member him-/herself.
 - 1. MVBCN or a Participating Provider shall document the basis on which an individual acts as a Member's authorized Member Representative.
- F. Except as provided by Section II (A-E) or as otherwise permitted by applicable confidentiality laws, a Member shall be requested to authorize the release of information regarding his/her Complaint or Appeal to any other individual/s as needed to resolve the Complaint or Appeal. Before any information is disclosed to any other individual/s, the Member's authorization for release of information shall be documented in the Complaint or Appeal file.

III. Complaints Representative

- A. MVBCN and each Participating Provider shall designate a staff member responsible for receiving, processing, directing and responding to Complaints.
- B. MVBCN shall also designate an individual responsible for accepting, acknowledging, processing and responding to Appeals. This individual may be the same as the MVBCN complaints representative.
- C. The complaints representative designated by MVBCN and each Participating Provider must be a staff member with authority to act upon the Complaint or Appeal.
- D. MVBCN and each Participating Provider shall structure its internal process so as to ensure that Complaints and Appeals are transmitted to the appropriate complaints representative in a timely manner.

IV. Recordkeeping Requirements

- A. Each Participating Provider shall retain the following documents relating to the Grievance System:
 - 1. Log of verbal and written Complaints received as required by OAR 410-141-0266; and
 - 2. Complete record of the review or investigation and disposition of each Complaint, including all written decisions and copies of correspondence (including email) with the Member.
- B. MVBCN shall retain the following documents relating to the Grievance System:
 - 1. A copy of each Notice of Action issued, whether by MVBCN or a Participating Provider, and all enclosures; and
 - 2. Log of verbal and written Complaints and Appeals received, and DHS Administrative Hearings requested, as required by OAR 410-141-0266; and
 - 3. Complete record of the review or investigation and disposition/resolution of each Complaint, Appeal and DHS Administrative Hearing, including all written decisions and copies of correspondence (including email) with the Member.

- C. The Complaint log required for MVBCN and each Participating Provider must contain, at a minimum, the following information: Member name, date of receipt by MVBCN or the Participating Provider, date of receipt acknowledgement, nature of the Complaint, disposition of the Complaint, and date of disposition.
- D. The Appeal log required for MVBCN must contain, at a minimum, the following information: date of the Notice of Action, date of receipt of the Appeal, date of receipt acknowledgement, nature of the Appeal, whether continuing benefits were requested and provided, resolution of the Appeal, and date of resolution.
 - 1. If a DHS Administrative Hearing was provided, the log must contain information about whether continuing benefits were provided and the effect of the final order of the Administrative Hearing.
- E. MVBCN and each Participating Provider shall monitor the completeness and accuracy of the required log on a monthly basis.
- F. MVBCN shall periodically review Participating Providers' required logs for completeness, accuracy, timeliness of documentation, and compliance with the written procedures outlined in this policy.
- G. MVBCN and each Participating Provider shall retain the Grievance System records described in Section IV (A-D) for a minimum of 7 years. This requirement shall survive the termination of MVBCN's contract with a Participating Provider and the MHO Agreement between DHS and MVBCN.
- H. If a Participating Provider offers services to MVBCN Members in more than one location, such as in satellite offices or MH Practitioners' private practice offices, the Participating Provider shall ensure that its Grievance System records are maintained in single, central location.

V. Complaints

A. *Filing a Complaint*

- 1. A Complaint is a verbal or written communication by a Member which addresses issues with any aspect, *other than an Action*, of MVBCN's, a Participating Provider's or any Provider's operations, activities, or behavior that pertains to the availability, delivery, or Quality of Care including Utilization review decisions that Member believes to be adverse. The expression may be in whatever form or communication or language that is used by the Member but must state both the reason for the dissatisfaction *and* the Member's desired resolution.
 - a) An expression of dissatisfaction relating to a Notice of Action is an Appeal and must be resolved according to the procedures for Appeals.
- 2. A Member may file a Complaint verbally or in writing; either means of expression is equally acceptable.
 - a) A Complaint relating to a Participating Provider must be filed with the Participating Provider.
 - b) A Complaint relating to an out of panel non-inpatient MH Provider must be filed with the LMHA for the county in which the Member resides.
 - c) A Complaint relating to MVBCN must be filed with MVBCN.

- d) A Provider may file a Complaint on behalf of a Member only with an authorization for release of information signed by the Member as described in Section II (F).
3. The form for filing a written Complaint is the OHP Complaint Form.
4. The form for documenting a verbal Complaint is also the OHP Complaint Form.
 - a) If a Member expresses concern or dissatisfaction verbally to staff of MVBCN or a Participating Provider, then the person receiving the information shall provide the Member with written information about the Grievance System and invite the Member to fill out the OHP Complaint Form. If the Member indicates that s/he does not wish, or is unable, to fill out the OHP Complaint Form, then the person receiving the information shall offer to write it for the Member on the OHP Complaint Form or request assistance from another staff person for that purpose.
 - b) Neither MVBCN nor any Participating Provider shall regard a verbal expression of dissatisfaction as a Complaint if a Member states clearly that s/he does not wish to file a Complaint. However, MVBCN or the Participating may record the information in such a way that does not identify the Member in order to use the information for service improvement purposes.
5. MVBCN and Participating Providers shall provide Members with any reasonable assistance in completing forms and taking other procedural steps related to filing and disposition of a Complaint. This includes but is not limited to providing Interpreter Services and toll free numbers that have adequate TTY/TDD and interpreter capabilities.

B. *Handling of a Complaint*

1. Upon receipt of a Complaint, MVBCN or the Participating Provider shall verify whether the individual is assigned to MVBCN on the relevant date/s of service.
 - a) If the individual is not assigned to MVBCN, then MVBCN or the Participating Provider shall make reasonable efforts to direct the complainant to the appropriate party to receive the Complaint.
2. MVBCN or the Participating Provider shall make reasonable efforts to acknowledge receipt of the Complaint to the complainant within 5 working days of receipt. The acknowledgement may occur verbally or in writing.
 - a) MVBCN's or the Participating Provider's written communication to the complainant pursuant to Section V (C)(1) shall satisfactorily fulfill the requirement for receipt acknowledgement.
3. MVBCN or the Participating Provider shall ensure that decision-makers for the Complaint:
 - a) Were not involved in previous levels of review or decision-making;
 - b) Are Qualified to make denials based on lack of medical necessity; and
 - c) Are Healthcare professionals who have appropriate clinical expertise in treating the Member's condition or disease, if the Complaint involves clinical issues or (for MVBCN only) denial of an expedited Appeal resolution request.

C. *Resolution of a Complaint*

1. MVBCN or the Participating Provider shall investigate and resolve the Complaint within 5 working days from the date of receipt. On or before the 5th working day, MVBCN or the Participating Provider shall either:
 - a) Communicate the Complaint decision to the complainant in writing; or
 - b) Notify the complainant in writing that additional time is necessary to resolve the Complaint. The notice must give the reason why the extra time is necessary and the date by which the Complaint will be resolved.
 - i. The maximum possible timeframe for resolving a Complaint and communicating the Complaint decision to the complainant is 30 calendar days from the date of receipt.
2. The Complaint decision letter shall review each element of the Complaint and address each concern specifically. It shall explain the reasons for the decision/s and instruct the complainant to contact the DHS Ombudsman if s/he is dissatisfied with the disposition. The decision letter shall be produced on the letterhead of the entity with which the Complaint was filed.
3. For each resolved Complaint, the Participating Provider shall send a copy of the Complaint and the decision letter to the MVBCN Quality Improvement Specialist within 5 working days from the date of the decision letter. The Participating Provider shall retain the Complaint and a copy of the decision letter for its records.
 - a) MVBCN shall report each resolved Complaint to AMH according to the requirements stated in the most current MHO Agreement.
4. Each Participating Provider shall ensure that all resolved Complaints are reviewed for service improvement purposes. Such Complaints may also be reviewed by MVBCN. Further, MVBCN shall ensure that all resolved Complaints filed with MVBCN are reviewed for service improvement purposes.

VI. **Notices of Action**

A. *Delegation of decision-making and issuance*

1. With respect to a decision made by MVBCN or a Participating Provider that is an Action, the entity that is delegated the responsibility for making such decisions shall also be responsible for issuing any required Notice of Action.
 - a) In the event of any ambiguity, determination of decision-making responsibility shall be based on the allocation of OHP MH funds in the adopted MVBCN budget. Generally:
 - i. If a decision relates to services paid for with OHP MH funds that are sub-capitated to each LMHA in MVBCN's Service Area, such as those for non-inpatient services, then any required Notice for that decision shall be issued as follows:
 - (1) By the LMHA, if the decision is related to service authorization, utilization management and related activities performed by the LMHA in carrying out its delegated responsibility for managing non-inpatient MH services in its county.

- (2) By the Participating Provider, if the decision is typically made by a Provider *and* is not specifically prohibited, retained or otherwise limited by the LMHA or MVBCN.
- ii. If a decision relates to services paid for with OHP MH funds that are centrally managed by MVBCN, such as those for acute care and hospital-diversion services, then any required Notice shall be issued by MVBCN.
 - iii. If a decision relates to services paid for with OHP MH funds where MVBCN has a direct payment arrangement with a Participating Provider, the delegation of responsibility for issuing any required Notice of Action shall be described in the contract.
- b) In this policy, the entity that issues a Notice of Action may be referred to as the issuing agency.

B. Decisions requiring a Notice of Action; timeframes for issuance

- 1. MVBCN or a Participating Provider shall issue a written Notice of Action to the Member each time it makes a decision that is an Action.
 - a) Notices shall be issued according to the applicable timeframe in the following table:

DECISION REQUIRING NOTICE OF ACTION	TIMEFRAME FOR ISSUANCE
i. Reduction, suspension or termination of a <i>previously authorized Covered Service</i>	Mailed at least 10 calendar days before the effective date of the Action
ii. Denial, in whole or in part, of payment	Mailed at the time of any Action affecting the claim
iii. Request for prior authorization of a Service: <ul style="list-style-type: none"> (1) That is denied in full; (2) Where the Service is authorized in an amount, duration or scope that is less than requested; or (3) That is a denied <i>re-authorization</i> request where the request was submitted upon expiration of an approved number of visits (such a request is treated as a new Service Authorization Request) 	Mailed as expeditiously as the Member’s health condition requires but not more than 14 calendar days from when the request was received EXCEPTIONS TO THIS TIMEFRAME: <ul style="list-style-type: none"> • Member or Provider may request an additional 14 calendar days; or • MVBCN or Participating Provider may extend the timeframe by an additional 14 calendar days if there is a justifiable need and if the extension is in Member’s interest. <ul style="list-style-type: none"> - Member must be given written notice of the reason for the decision to extend the timeframe and must be informed of the right to file a Complaint if s/he disagrees with the extension decision - MVBCN or Participating Provider must justify the extension decision as being in the best interest of the Member to AMH upon request For any extension, MVBCN or Participating Provider shall issue and carry out its authorization determination as expeditiously as the Member’s health condition requires but not later than the date the extension expires.

DECISION REQUIRING NOTICE OF ACTION	TIMEFRAME FOR ISSUANCE
iv. <i>Expedited</i> request for prior authorization of a Service: (1) That is denied in full; or (2) Where the authorization is limited in amount, duration or scope to less than requested	Communicated (ie, informed in person or by telephone and then confirmed by postal mail) as expeditiously as the Member's health condition requires but not more than 3 working days from when the request was received EXCEPTIONS TO THIS TIMEFRAME: <ul style="list-style-type: none"> • Member or Provider may request an additional 14 calendar days; or • MVBCN or Participating Provider may extend the timeframe by an additional 14 calendar days if there is a justifiable need and if the extension is in Member's interest
v. Failure to respond to a Service Authorization Request within the timeframe specified for that type of request (eg, not responding to a standard request with 14 calendar days or an expedited request within 2 calendar days)	On the last day of the timeframe for a standard or expedited Service Authorization Request, or on the last day of the extension period if an extension was made
vi. Probable Member fraud that has been verified	Mailed 5 calendar days before the effective date of the Action

2. In the following situations, when MVBCN or a Participating Provider makes a decision that is an Action, the Notice may be mailed *not later than the effective date of the Action* (ie, before or on the effective date):

- a) The Member signs a clear written statement:
 - i. Stating that services are no longer desired; or
 - ii. Acknowledging that s/he understands that services must be terminated or reduced as a result of information provided by the Member;
- b) Confirmation that the Member is deceased;
- c) The Member has been admitted to an institution where s/he is no longer eligible for Covered Services;
- d) The Member's whereabouts are unknown and the post office returns mail with no forwarding address;
- e) The Member has been accepted for Medicaid services by another local jurisdiction; or
- f) The change in the level of care is prescribed by the Member's MH Practitioner.

C. Preparing a Notice of Action

1. The template for Notices of Action shall be approved by AMH prior to use by MVBCN and Participating Providers. MVBCN shall provide Participating Providers with the approved template (see Appendix 2).

2. Each Notice of Action shall be written using easily understood language and provided in a manner appropriate for the Member's special needs, and shall contain a statement about how to access the information in alternative formats.
3. Each Notice of Action shall include the following information :
 - a) Date of the Notice;
 - b) Name of issuing entity;
 - c) Name of Provider, when applicable;
 - d) Member's name and OHP ID number;
 - e) Date of Service or item requested or provided;
 - f) Who requested or provided the Service or item;
 - g) Action that the issuing entity has taken or intends to take;
 - h) Effective date of the Action;
 - i) Reason/s for the Action;
 - j) Citation of the rules and laws involved for each reason identified in the Notice of Action;
 - k) The Member's right to file an Appeal with MVBCN, the timeframe for Appeal filing, and the appropriate form and information about how to do so;
 - i. A Provider may file an Appeal on behalf of a Member only with an authorization for release of information signed by the Member, as described in Section II (F).
 - l) Circumstances under which an *expedited* Appeal resolution is available and how to request it;
 - m) The Member's right to request a DHS Administrative Hearing, the timeframe for Hearing request, and the appropriate form and information about how to do so;
 - i. A Provider may request a Hearing on behalf of a Member only with an authorization for release of information signed by the Member, as described in Section II (F).
 - n) The Member's right to request continuation of services until a decision is reached in the Appeal or DHS Administrative Hearing and information about how to do so, and the responsibility to repay the cost of any continued services if the decision is *not* in favor of the Member; and
 - o) Name and telephone number of the MVBCN representative to contact for additional information.
4. Each Notice of Action shall be produced on the letterhead of the issuing entity.
5. When a Notice of Action is issued, the issuing entity shall send a copy of the Notice and required enclosures to the designated MVBCN staff member on the same date that the Notice is sent to the Member. The issuing entity shall retain a copy of the Notice and enclosures for its records.
6. The issuing entity shall also send a copy of the Notice to the Provider that requested or provided the services that are the subject of the Notice. However, the issuing entity shall not send the Notice enclosures to the Provider as the enclosures are applicable only to the Member's due process rights and do not pertain to the procedures for the Provider to contest the decision.

Interpreter Services and toll free numbers that have adequate TTY/TDD and interpreter capabilities.

B. Continuing services pending the resolution of an Appeal

1. If the appellant requests for the Member's services to be continued or reinstated while the Appeal is being resolved, the request shall be approved *only if all* of the following criteria are met:
 - a) The Appeal was filed in a timely manner (ie, on or before the effective date of the Action *or* within 10 calendar days after the Notice was sent to the Member, whichever is later);
 - b) The Appeal involves the reduction, suspension or termination of a previously authorized course of Treatment;
 - c) The Services were authorized by MVBCN or a Participating Provider; *and*
 - d) The period covered by the original service authorization has not expired.
2. If the services are continued or reinstated while the Appeal is being resolved, they must be continued until one of the following occurs:
 - a) The appellant withdraws the Appeal request;
 - b) The appellant does not request a DHS Administrative Hearing within 10 calendar days from the date of the Notice of Appeal Resolution;
 - c) The final resolution of the Hearing is not in favor of the Member; or
 - d) The period or limits of a previously authorized Service have been met.
3. If the Notice of Appeal Resolution is not in favor of the Member and the appellant does not request a DHS Administrative Hearing within 10 calendar days from the date of the Notice of Appeal Resolution, then MVBCN may recover from the individual the cost of the services provided while the Appeal was pending resolution, to the extent that the services were provided because of the requirements of Section VII (B).

C. Resolving an Appeal under the standard resolution timeframe

1. MVBCN shall investigate and resolve the Appeal within 16 calendar days from the date of receipt.
 - a) MVBCN may extend the Appeal resolution timeframe by 14 calendar days if:
 - i. The appellant requests the extension; or
 - ii. MVBCN shows, to the satisfaction of AMH upon request, that there is need for additional information and how the delay is in the Member's interest.
 - (1) If the extension is requested by MVBCN, then MVBCN must inform the appellant in writing of the reason for the extension.
2. MVBCN shall ensure that decision-makers for the Appeal:
 - a) Were not involved in any previous level of review or decision-making; and
 - b) Are Healthcare professionals who have the appropriate clinical expertise in treating the Member's condition or disease, if the Appeal involves a denial based on lack of Medical Appropriateness or clinical issues:

3. MVBCN shall provide the appellant with an opportunity to present evidence and allegations of fact or law in person as well as in writing.
4. MVBCN shall provide the appellant with an opportunity, before and during the Appeal process, to examine the Member's clinical records and any other documents and records, consistent with State and federal laws governing the privacy and confidentiality of MH records, considered in the Appeal.
 - a) Participating Providers shall cooperate with MVBCN to fulfill this requirement.
5. Parties to the Appeal shall include the Member and the authorized Member Representative, or the legal representative of a deceased Member's estate.
6. On or before the last day of the resolution timeframe, MVBCN shall provide written notice of the Appeal resolution (Notice of Appeal Resolution) to the appellant.
 - a) The Notice of Appeal Resolution shall include the results of the resolution process and the date it was completed.
 - b) If the Appeal is not resolved wholly in favor of the Member, then the resolution letter must also include the following information:
 - i. Reason/s for the resolution, and citation of the rules and laws involved for each reason identified in the resolution letter relied upon to deny the Appeal;
 - ii. The Member's right to request a DHS Administrative Hearing, the timeframe for Hearing request, and the appropriate form and information about how to do so. (If the Appeal was referred to MVBCN by AMH as part of a DHS Administrative Hearing, then MVBCN shall not include the Hearing request information.)
 - c) If the Appeal was referred to MVBCN by AMH as part of a DHS Administrative Hearing, then MVBCN shall transmit to the AMH Hearings Unit within 2 working days a copy of the Notice of Appeal Resolution and the complete record of the Appeal.
7. MVBCN shall report each resolved Appeal to AMH according to the requirements stated in the most current MHO Agreement.
8. MVBCN shall ensure that all resolved Appeals are reviewed for service improvement purposes.

D. Effect of reversing an Action upon Appeal resolution

1. If MVBCN reverses an Action upon Appeal, MVBCN or the Participating Provider shall promptly correct the Action taken up to the limit of the original request or authorization, retroactive to the date the Action was taken.
 - a) If the services were provided while the Appeal was pending: MVBCN or the Participating Provider shall pay for the services according to AMH policy and rules.
 - a) If the services were not provided while the Appeal was pending: MVBCN or the Participating Provider shall authorize or provide, and shall pay for, the

disputed services promptly, and as expeditiously as the Member's health condition requires.

2. The services shall be authorized, provided and/or paid regardless of the individual's OHP eligibility status, enrollment with MVBCN or change in OHP benefit package.

VIII. Expedited Appeals

A. Requesting an expedited Appeal resolution

1. An expedited Appeal resolution timeframe may be available if it is determined that following the standard Appeal resolution timeframe could seriously jeopardize the Member's life, health, or ability to attain, maintain or regain maximum function.
2. The request for an expedited Appeal resolution must be filed with MVBCN within 45 calendar days from the date of the Notice of Action.
 - a) The appellant must clearly indicate that the request is for an expedited Appeal resolution and explain why a decision is needed right away.
 - b) The expedited Appeal resolution request can be filed by the Member, or by a Provider acting on behalf of the Member with an authorization for release of information signed by the Member as described in Section II (D).
3. An expedited Appeal resolution may be requested verbally or in writing; the appellant does not need to confirm the expedited Appeal resolution request in writing.
4. Upon receipt of an expedited Appeal resolution request, MVBCN shall verify whether the Member is assigned to MVBCN on the relevant date/s of service.
 - a) If the Member is not assigned to MVBCN, then MVBCN shall make reasonable efforts to direct the appellant to the appropriate party to receive the Appeal.
5. Neither MVBCN nor any Participating Provider shall take punitive action against any Provider who acts on behalf or in support of Member who requests an expedited Appeal resolution.
6. An expedited Appeal resolution request may be withdrawn by the Member at any time.
7. MVBCN and Participating Providers shall provide Members with any reasonable assistance in completing forms and taking other procedural steps related to filing and resolution of an expedited Appeal. This includes but is not limited to providing Interpreter Services and toll free numbers that have adequate TTY/TDD and interpreter capabilities.

B. Denying an expedited Appeal resolution request

1. If MVBCN denies the appellant's request for an expedited Appeal resolution, MVBCN shall:
 - a) Make reasonable efforts to promptly inform the appellant *verbally* about the decision to deny the expedited Appeal resolution request, and then follow-up within 2 calendar days with a written notice of the decision;

- i. The written notice of the denial decision must state the Member's right to request an expedited DHS Administrative Hearing and information about how to do so.
- b) Immediately transfer to the Appeal to the standard Appeal resolution timeframe and follow the process and timeframes for standard Appeals.
 - i. The date of receipt for the expedited Appeal resolution request shall continue as the date of receipt for the standard Appeal process.

C. *Resolving an Appeal under the expedited resolution timeframe*

1. If MVBCN approves the appellant's request for an expedited Appeal resolution, MVBCN shall investigate and resolve the Appeal within 3 working days from the date of receipt.
 - a) MVBCN may extend the expedited Appeal resolution timeframe by 14 calendar days if:
 - i. The appellant requests the extension; or
 - ii. MVBCN shows, to the satisfaction of AMH up on request, that there is need for additional information and how the delay is in the Member's interest.
 - (1) If the extension is requested by MVBCN, then MVBCN must inform the appellant in writing of the reason for the extension.
2. MVBCN shall ensure that decision-makers for the Appeal:
 - a) Were not involved in any previous level of review or decision-making; and
 - b) Are Healthcare professionals who have the appropriate clinical expertise in treating the Member's condition or disease, if the Appeal involves a denial based on lack of Medical Appropriateness or clinical issues:
3. MVBCN shall provide the appellant with an opportunity to present evidence and allegations of fact or law in person as well as in writing. MVBCN shall inform the appellant of the limited time available to present such information.
 - a) MVBCN shall provide the appellant with an opportunity, before and during the Appeal process, to examine the Member's clinical records and any other documents and records, consistent with State and federal laws governing the privacy and confidentiality of MH records, considered in the Appeal.
 - i. Participating Providers shall cooperate with MVBCN in carrying out this requirement.
4. Parties to the Appeal shall include the Member and the authorized Member Representative, or the legal representative of a deceased Member's estate.
5. On or before the last day of the expedited Appeal resolution timeframe, MVBCN shall provide written notice of the Appeal resolution (Notice of Appeal Resolution) to the appellant. MVBCN shall also make reasonable efforts to promptly inform the appellant *verbally* about the expedited Appeal resolution.
 - a) The Notice of Appeal Resolution shall include the results of the resolution process and the date it was completed.
 - b) If the Appeal is not resolved wholly in favor of the Member, then the resolution letter must also include the following information:

- i. Reason/s for the resolution, and citation of the rules and laws involved for each reason identified in the resolution letter relied upon to deny the Appeal;
 - ii. Statement that the expedited Appeal resolution has been referred to the AMH Hearings Units for review as an expedited DHS Administrative Hearing.
 - c) If an expedited Appeal is not resolved wholly in favor of the Member, then MVBCN shall transmit to the AMH Hearing Unit within, as nearly as possible, 2 working days a copy of the Notice of Appeal Resolution and the complete record of the Appeal.
 - 6. MVBCN shall report each expedited Appeal resolution to AMH according to the requirements stated in the most current MHO Agreement.
 - 7. MVBCN shall ensure that all resolved expedited Appeals are reviewed for service improvement purposes.
- D. Effect of reversing an Action upon Appeal under the expedited resolution timeframe*
- 1. If MVBCN reverses an Action upon Appeal, MVBCN or the Participating Provider shall promptly correct the Action taken up to the limit of the original request or authorization, retroactive to the date the Action was taken.
 - a) If the services were provided while the Appeal was pending: MVBCN or the Participating Provider shall pay for the services according to AMH policy and rules.
 - b) If the services were not provided while the Appeal was pending: MVBCN or the Participating Provider shall authorize or provide, and shall pay for, the disputed services promptly, and as expeditiously as the Member's health condition requires.
 - 2. The services shall be authorized, provided and/or paid regardless of the individual's OHP eligibility status, enrollment with MVBCN or change in OHP benefit package.

IX. DHS Administrative Hearings

- A. Requesting a DHS Administrative Hearing*
- 1. An individual has the right to request a DHS Administrative Hearing if:
 - a) The individual is or was a Member as of the date of issuance of a Notice of Action by MVBCN or a Participating Provider; and
 - b) The individual is in receipt of a Notice of Action or Notice of Appeal Resolution.
 - 2. The form for requesting a Hearing is the DHS Administrative Hearing Request (DHS 0443).
 - 3. The Hearing request must be filed within 45 days from the date of the Notice of Action or Notice of Appeal Resolution, if the Member has already completed the Appeal process with MVBCN.
 - a) The individual may request a Hearing instead of or at any time during the Appeal process.

- b) The individual may withdraw a Hearing request at any time.
 - c) If the individual files a Hearing request with MVBCN, then MVBCN shall immediately transmit the request to the AMH Hearings Unit.
4. If the individual requests a Hearing prior to having completed the Appeal process with MVBCN, then AMH shall refer the Hearing request to MVBCN to be resolved according to the procedures for Appeals.
 - a) MVBCN must complete the Appeal process within 16 calendar days. AMH may grant an additional 14 calendar days upon request by MVBCN.
 - b) Concurrent with the Appeal process, AMH will refer the Hearing request to the DHS Office of Administrative Hearings (OAH) to schedule the hearing.
 - c) Upon completion of the Appeal process, MVBCN shall transmit to AMH within 2 working days a copy of the Notice of Appeal Resolution and the complete record of the Appeal, which shall include clinical records and any other documents relied upon in MVBCN's investigation and resolution of the Appeal, and all written decisions and copies of correspondence (including email) with the Member.
 5. If the individual requests a Hearing after having completed the Appeal process with MVBCN (ie, is in receipt of a Notice of Appeal Resolution), AMH will refer the Hearing request to OAH to schedule the hearing.
 - a) Upon notification by AMH of the Hearing request, MVBCN shall transmit to AMH within 2 working days a copy of the complete record of the Appeal.
 6. MVBCN shall ensure that all resolved Hearings are reviewed for service improvement purposes.

B. Continuing services pending the resolution of a Hearing

1. If the individual's services were reinstated or continued pending the resolution of an Appeal and the Appeal was not resolved in favor of the individual, then the services must be further continued pending the resolution of the Hearing until one of the following occurs:
 - a) The individual withdraws the Hearing request;
 - b) The final order issued in the Hearing is not in favor of the individual; or
 - c) The period or limits of a previously authorized Service have been met.
2. If the final resolution of the Hearing is not in favor of the individual, then MVBCN may recover from the individual the cost of the services provided while the Appeal and Hearing were pending resolution, to the extent that the services were provided because of the requirements of Section VII (B).

C. Effect of reversing an Action upon Hearing resolution

1. If the effect of the final order issued in the Hearing is reversal of the original Action, then MVBCN or the Participating Provider shall promptly correct the Action taken up to the limit of the original request or authorization, retroactive to the date the Action was taken.

- a) If the services were provided while the Hearing was pending: MVBCN or the Participating Provider shall pay for the services according to AMH policy and rules.
 - b) If the services were not provided while the Hearing was pending: MVBCN or the Participating Provider shall authorize or provide, and shall pay for, the disputed services promptly, and as expeditiously as the Member's health condition requires.
2. The services shall be authorized, provided and/or paid regardless of the individual's OHP eligibility status, enrollment with MVBCN or change in OHP benefit package.



**For Persons with Oregon Health Plan insurance
whose Mental Health Plan is
Mid-Valley Behavioral Care Network (MVBCN)**

OUR PROCESS FOR COMPLAINTS & FEEDBACK

The best way for us to know if we're meeting your needs is for you to tell us. If there is a problem or concern, we want to know about it. You will not be treated badly or disrespectfully for doing this.

You can file a complaint or give feedback verbally or in writing. If the matter is about your provider or the treatment agency, then you can file the complaint with them. If the matter is about MVBCN, then you can file the complaint with MVBCN.

If the matter is about a Notice of Action you received, you cannot file a complaint. Instead, you must file an Appeal or request a Hearing. Information about how to do this is included with the Notice.

Here's what to do if you have a complaint:

- Fill out the Oregon Health Plan Complaint Form (OHP 3001). You can get this from your provider, the treatment agency, the MVBCN office, or from any Oregon Department of Human Services office.
 - Explain the problem or concern, and say what you want done about it. Use more paper if needed.
 - You may want help filling out the form. Your provider or someone else at the agency can help you. Or a staff member at the MVBCN office may be able to help you. They can help you write information on the form using your own words.
 - Return the form to the treatment agency if the problem or concern is about your provider or the agency. If it is about MVBCN, then return it to the MVBCN office.

Or you can:

- Talk directly with the office involved. If the problem or concern is about your provider or the treatment agency, talk with them. If the matter is about MVBCN, then talk with the MVBCN office. For whichever office you contact, tell them you want to file a complaint or give feedback. They may ask you to talk with a specific person in the office whose job is to receive complaints.

Explain the problem or concern, and say what you want done about it. They will ask how you can be reached. This is so they can get more information from you if needed. This is also so they can tell you their decision about the matter.

Your complaint is confidential

Your complaint will be kept confidential. This is required by federal and state laws and rules. Only the treatment agency, your provider, MVBCN and/or the Addictions and Mental Health Division of the Oregon Department of Human Services can look at, share and discuss your confidential information. They can do this to investigate and resolve your complaint. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the complaint for you. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your complaint. If the person is not an authorized Member Representative, then you must sign an authorization form.

Here's what happens when we receive a complaint:

We will find out the details and facts of the matter. We will try to complete this process within 5 working days. If we need more time than this, we will notify you in writing. We will tell you why and how much more time is needed. The longest amount of time for the complaint process is 30 calendar days.

During this process, we will review the information on the OHP Complaint Form. If we need more information from you, we will contact you right away. We may look at your mental health records. If the matter is about a provider, we may talk with them. If there are other people involved, we may talk with them. We may need you to sign an authorization form for this; we will tell you right away if this is needed.

When the process is done, we will send you a written decision about the matter. If you are not satisfied with the decision, you may contact the DHS Addictions and Mental Health Division.

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 MVBCN office to ask for this.

Mid-Valley Behavioral
Care Network
1660 Oak Street SE, Suite 230
Salem, Oregon 97301

In Salem: 503-361-2647 • Toll-Free: 1-866-422-6647

Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

*MVBCN Business Hours: 8:00 AM - 5:00 PM, Monday through Friday
(Closed on most government holidays)*

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

This is a Notice that your type of mental health service will be reduced or suspended or terminated on effective date of Action. This type of treatment will be reduced or suspended or terminated because reason.

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.

IMPORTANT

If you want your type of mental health service to stay the same while you wait for the Appeal or Hearing decision, you must file your Appeal or request a Hearing by *effective date of Action* 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 of Action until the date the Appeal or Hearing decision was made.

If you have questions about this Notice, you can call LMHA, Agency 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 Agency 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)

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)



HOW TO FILE AN APPEAL

*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 MVBCN office to ask for this.*

- **What is an Appeal?** If you received a Notice of Action about your mental health services and want to have that decision reviewed, you can file an Appeal. The Appeal must be filed with your mental health plan, Mid-Valley Behavioral Care Network (MVBCN). You have the right to file an Appeal and to not be treated differently or badly for doing so.
- **Where to get the Appeal Form.** The Appeal Form is included with the Notice of Action you received. If you don't have the form, you can ask for it from the MVBCN office. The phone number and address for the MVBCN office are listed below. Or you can use the Appeal Form in your MVBCN member handbook.
- **How to file an Appeal.** You can file an Appeal verbally or in writing.

To file an Appeal verbally:

- Call the MVBCN office at the phone number below. Tell them you received a Notice of Action and want to file an Appeal. You will be connected with the MVBCN staff member whose job is to receive Appeals.
- Explain to that staff member why you want MVBCN to review the decision about your services. They will ask you questions to get more information about the matter. They will ask how you can be reached. This is so they can get more information from you later if needed. This is also so they can tell you MVBCN's decision about the matter.
- If you file the Appeal verbally, you must still fill out and sign the Appeal Form. The form must be received by MVBCN within 5 working days from the date you filed the Appeal verbally. Send the completed Appeal Form to the MVBCN office at the address listed below. This address is also listed on the form.

To file an Appeal in writing:

- Fill out Parts 1 and 3 of the Appeal Form; be sure to sign Part 4. Fill out Part 2 only if someone else is filing the Appeal on your behalf. Send the completed Appeal Form to:

Mid-Valley Behavioral Care Network
Attn: Appeals
1660 Oak Street, Suite 230
Salem, Oregon 97301

Call the MVBCN office if you need help filling out the form

In Salem: 503-361-2647 • Toll-free: 1-866-422-6647

Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

- **Your Appeal is confidential.** Your Appeal will be kept confidential. This is required by federal and state laws and rules. Only MVBCN, the treatment agency, your provider and/or the Addictions and Mental Health Division of the Oregon Department of Human Services can look at, share and discuss your confidential information. They can do this to investigate and resolve your Appeal. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the Appeal for you. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your Appeal. If the person is not an authorized Member Representative, then you must sign an authorization form.

- **If you have an urgent problem.** You have the right to request to have the Appeal treated as an urgent matter. This is called an Expedited Appeal. You can ask for this if you feel your life, health or ability to function is in serious jeopardy. Call the MVBCN office right away to request an Expedited Appeal. You do not need to fill out the Appeal Form for an Expedited Appeal.

If the Expedited Appeal request is approved, you will get a decision about your Appeal within 3 working days from the date your Appeal was received.

If your situation does not meet the conditions for an Expedited Appeal, you will be notified within 2 calendar days. The Appeal will follow the standard process if your request for an Expedited Appeal cannot be approved.

- **Deadlines for filing the Appeal.** You must file the Appeal *within 45 calendar days from the date of the Notice of Action*.

If you want your services to continue while you wait for the Appeal decision, you must file the Appeal *by the date your services will change or within 10 calendar days from the date the Notice was mailed or given to you, whichever is later*. To ask for your services to continue, you must mark "yes" where the Appeal Form asks this question.

Your request to continue services will be approved if all of these conditions are met:

1. The Appeal was filed on time;
2. The services were already authorized;
3. The services were authorized by an MVBCN treatment agency or the MVBCN office; and
4. The authorization has not already expired.

If the Appeal decision is not in your favor, you may be required to pay for the cost of the services you received during the Appeal.

- **What happens when we receive an Appeal.** We will notify you within 5 working days to say we received your Appeal. We will review the information on the Appeal Form. If we need more information from you, we will contact you right away. We will review the Notice of Action you received and any information related to the Notice. We will review your mental health records. We will talk with your provider and/or the treatment agency. They will share any if there are other people involved we may talk with them. We may need you to sign an authorization form for this; we will tell you right away if this is needed.
- **When a decision will be made.** For standard Appeals, a decision will be made within 16 calendar days from the date the Appeal was filed. For *Expedited Appeals*, a decision will be made within 3 working days from the date the Appeal was filed. In either case, you will be notified if more time is needed, or if more information is needed from you.
- **If you disagree with the Appeal decision,** you can request a Hearing with the Addictions and Mental Health Division of the Oregon Department of Human Services. Information about how to request a Hearing is in the form called Notice of Hearing Rights (DMAP Form 3030).

You can request a Hearing after you have you have received a decision about your Appeal. Or you can request a Hearing instead of filing an Appeal.

- **Appeal records.** Any information collected for the Appeal can be used in the Hearing if you request a Hearing. The information will be shared with DHS Addictions and Mental Health Division. You don't need to sign an authorization form for this.

APPEAL FORM

Date _____

Who can use this form? This form is for persons with Oregon Health Plan insurance whose mental health plan is Mid-Valley Behavioral Care Network (MVBCN).

When to use this form. You can use this form if you received a Notice of Action about your mental health services and want to have that decision reviewed. *This is called filing an Appeal.* Fill out both pages of this form and sign it on page 2. Return the completed form to the MVBCN office at the address listed on page 2.

Need more information about filing an Appeal? Refer to the MVBCN document called “How to File an Appeal” or contact the MVBCN office.

PART 1 If you are filing this Appeal for yourself, fill in *your* information. If you are filing this Appeal for someone else, fill in *that person’s* information.

Full Name	_____	Oregon Health Plan ID #	_____
	_____	Date of Birth	_____
Mailing Address	_____	Main Phone #	_____
	_____	Alternate Phone #	_____

PART 2 If you are filing this Appeal for the person listed in Part 1, fill in *your* information.

Important note: If you are not an authorized Member Representative for the person listed in Part 1, that person must sign an authorization form to give permission for you to file this Appeal.

Full Name	_____	What is your relationship to the person listed in Part 1? This person is my:	_____
	_____		_____
Mailing Address	_____	Main Phone #	_____
	_____	Alternate Phone #	_____

PART 3 Answer the questions below. Use more paper if needed.

1. Did you receive a Notice of Action about the services for the person listed in Part 1?

MARK ONE:

YES If you marked YES: Answer questions 2, 3 and 4.

NO If you marked NO: You must use the OHP Complaint Form. Contact the MVBCN office on page 2 to ask for this form.

2. Explain why you want to have the decision in the Notice of Action reviewed.

Continued on page 2 ➡

You can get this form in a larger print size or in a different format. You can also get this form in some languages other than English. Contact the MVBCN office to ask for this.

PART 3 Continued from page 1

3. Do you want the services for the person listed in Part 1 to continue while the decision is being reviewed?

MARK ONE: DOES NOT APPLY YES NO

If you marked YES: If services are continued, the person listed in Part 1, or his/her authorized Member Representative, may be required to pay for the cost of services if the Appeal decision is not in the person's favor.

4. For the person listed in Part 1, do you feel that his or her life, health or ability to function is in serious jeopardy?

MARK ONE: YES NO

If you marked YES: Call the MVBCN office right away at the phone number listed below to request an Expedited Appeal. If the situation meets the conditions to be handled as an Expedited Appeal, the Appeal decision will be made within 3 working days instead the standard 16 calendar days.

You do not need to fill out this form if the situation meets the conditions to be handled as an Expedited Appeal. If your request for an Expedited Appeal cannot be approved, then the Appeal will follow the standard process. For the standard Appeal process, you must sign this form.

PART 4 Signature/s

Signature of the person listed in Part 1

Signature of the person listed in Part 2

Please read the section below before signing this form.

You must sign this form in order to file the Appeal. If someone else is filing the Appeal for you, then that person's information must be listed in Part 2 and both of you must sign this form.

Your Appeal will be kept confidential. This is required by federal and state laws and rules. Only MVBCN, the treatment agency, your provider and/or the Addictions and Mental Health Division of the Oregon Department of Human Services can look at, share and discuss your confidential information. They can do this to investigate and resolve your Appeal. They can do this also for certain other required purposes. You don't need to sign an authorization form for this.

You can have someone else file the Appeal for you. If this person is an authorized Member Representative, you don't need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your Appeal. If the person is not an authorized Member Representative, then you must sign an authorization form.

Important notes:

- *If you are 14-17 years old and have consented to mental health treatment without involving your parent or legal guardian, you can file this form without anyone else's signature.*
- *If you are a parent or legal guardian and the person listed in Part 1 is under 18 years old, you can sign this form without that person's signature. The exception is if the person is 14-17 years old and has consented to mental health treatment without involving a parent or legal guardian.*
- *If there is any other reason why you have authority to file this Appeal without the signature of the person listed in Part 1, you must provide proof of this when filing the Appeal.*

Where to return this form

Mid-Valley Behavioral Care Network
Attn: Appeals
1660 Oak Street SE, Suite 230
Salem, Oregon 97301

Call if you need help filling out this form:

In Salem: 503-361-2647
Toll-free: 1-866-422-6647
Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260