

MHO/CMHP or Agency Letterhead

<Patient name and ID number>

<MHO name>

NOTICE OF ACTION TO DENY, REDUCE OR STOP A BENEFIT

Date of Notice:

Effective Date:

Dear :

works with your mental health care providers to make sure you get the most from your Oregon Health Plan (OHP) benefit package. We are sorry, but, your medical assistance benefit package, and other factors, sometimes limit what services and supplies are covered.

On we received a request from for coverage of to treat

After careful review of the request we are, unfortunately, not able to approve it because (specific reason)

- or -

After careful review of the request we are, unfortunately, not able to continue paying for that service because (specific reason)

This denial is based on Oregon Administrative Rules:

- The treatment is not an Oregon Health Plan covered service 410-141-500 (1) (a) (b) (c) (d)
- The item require pre-authorization and it was not pre-authorized OAR 410-141-0263 (c) (A)
- The service is not medically appropriate 410-141-0500(2) (a), 410-120-1200 (2) (a), 410-120-120 (2)(A)(I)
- The service or item was received in an emergency care setting and does not qualify as an Emergency Service OAR 410-141-0263 (c) (B)
- The person was not an OHP Member at the time of the services or is not an OHP member at the time of a requested service. OAR 410-141-0263 (c) (C)
- The provider is not on the Contractor's panel and prior approval was not obtained. OAR 410-141-0263 (c) (D)

Things you can do if you do not agree with this Notice

If you do not agree with this decision you have the right to:

- File an Appeal with Jefferson Behavioral Health **or**
- Request an Administrative Hearing from the Addictions and Mental Health Division (AMH).

You may file an Appeal **and** request an Administrative Hearing at the same time.

Both Appeals and Administrative Hearings must be requested within **45 days** of the **Date of Notice** shown above.

Read the instructions on page 3 of this Notice for more information about how to make your request.

Other things you can do

Note: Doing any of the following things will **not** give you more time to file an Appeal or ask for an Administrative Hearing.

1. You or your doctor may send documents that explain why our denial was wrong to the address in the Plan Contact section below.
2. You may ask your doctor about other ways to treat your condition.
3. You may get the information we used in making this decision in writing. To get a copy, call Customer Services at the phone number in the Plan Contact section below.

Questions?

If you have questions, please call our Customer Service department at the number listed in the Plan Contact section below.

I request an Appeal with Jefferson Behavioral Health

If you want to ask for an Appeal and you also want to continue your benefits during the Appeal process, **OR** you want to ask for an expedited (fast) Appeal, check that box below.

I am requesting an Appeal on the decision shown in this Notice.

- I want to continue my benefits during the Appeal process. Be sure and read the "Continuing your benefit" information on page 3 before checking this box.
- I am requesting an expedited (fast) Appeal.

Sign and date this statement on the lines below and send a copy of this **entire** Notice to the address in the Plan Contact section.

Signed: _____

Date: _____

Jefferson Behavioral Health

Mail: JBH, 550 N.E E St. Grants Pass, OR 97526

Phone: 541-955-9565 or 1-800-214-3337

(Customer Service hours – Monday to Friday, 8 am -5 pm)

Fax: 541-955-8290

Email: hhartman@jbh.org

This document can be provided in other formats, including large print, Braille, and audio recordings. Call Member Services at 541-955-9565

How to file an Appeal or request an Administrative Hearing

Action:	Filing an Appeal with JBH	Requesting an Administrative Hearing with AMH
What it means:	<p>A doctor who was not involved in the decision will review your appeal. You will receive the appeal decision in a <i>Letter of Appeal Resolution</i> within 16 days.</p> <p>If you still do not agree with our decision on your Appeal, you can request an Administrative Hearing.</p>	<p>You will have a chance to explain to an administrative law judge why you disagree with this decision.</p> <p>You may ask for an Administrative Hearing now, or you may appeal to JBH and then ask for a hearing if you disagree with the Appeal decision.</p>
How to do it:	<ul style="list-style-type: none"> • Call 541-955-9565 or send a letter or email asking for an appeal (or send our enclosed appeal form) to the address in the Plan Contact section on page 2, or • Sign the “I request an Appeal” section and send a copy of the entire Notice to the address in the Plan Contact section on page 2. 	<ul style="list-style-type: none"> • Fill out and send the enclosed <i>DHS Administrative Hearing Request</i> form to the AMH Hearings Unit, 500 Summer Street, NE, E-86, Salem, OR 97301. <p>The enclosed <i>Notice of Hearing Rights</i> gives more information about the Hearing process.</p>
Request Deadline	Both Appeals and Administrative Hearings must be requested within 45 days of the Date of Notice shown on the first page of this notice.	
Expedited Appeals or Hearings	If you believe that your problem cannot wait for the normal Appeal or Hearing process, show that you want an “expedited” (fast) Appeal or Administrative Hearing when you make your request.	
Continuing your benefit	<p>If this denial is for a service or item that you were getting before the Date of Notice, you may have the right to keep getting it during the Appeal and/or Hearing process. If you lose your Appeal or Hearing, you may have to pay for the services you get after the Effective Date. Let us know you want to continue your benefit when you make your request.</p> <p>You must request to continue your benefit no later than 10 days after the Date of Notice or by the Effective Date, whichever is later.</p>	
Help with your Appeal or Administrative Hearing	<p>Contact any of the following if you need help with your Appeal or Hearing:</p> <ul style="list-style-type: none"> • Your DHS worker. Your worker’s phone number is listed on the first page of your OHP Coverage letter. • The OHP Central Office at 800-699-9075, TTY 711. 	

	<ul style="list-style-type: none">• JBH Customer Services – see the Plan Contact Section on page 2.• The Public Benefits Hotline, a service of Legal Aid and the Oregon Law Center at 1-800-520-5292, TTY 711.
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*Requests made over the phone must be followed-up in writing