

Medical Assistance Programs Service Denial Appeal and Hearing Request

Oregon Health Authority (OHA) completes this part if a hearing is requested

Client ID	Case #	Branch #	Worker ID	Program #	Reference # (if plan referral)

Member or Member’s Representative completes this part

- Complete pages 1 and 2 of this form.
- Return the form to the address listed on page 2.

1. Member name: _____ Member ID# _____
 Address: _____
 City: _____ State: _____ ZIP code: _____
 Phone Number _____ Date of Birth: _____
 My language is: English Spanish Russian Vietnamese
 Other: _____

2. I want – check all that apply. *See page 3 for information about Appeals and Hearings.*
 To Appeal the decision shown in the Notice of Action with my Coordinated Care Organization (CCO) or Managed Care Plan (Plan).
 A Hearing through the Division of Medical Assistance Programs (DMAP) on the decision shown in the Notice of Action or Notice of Appeal Resolution.

3. Date of Notice for which I am requesting an Appeal and/or Hearing (*as shown on the Notice of Action or Notice of Appeal Resolution*): _____

4. I am getting this service now and I want to keep getting it during the Appeal and/or Hearing process:
 No
 Yes (*read the Continuing Services section on page 4 of this form before checking this box*)

5. I need an expedited (fast) Appeal and/or Hearing because I have a condition which is an immediate, serious threat to my life or health and I would be harmed by waiting.
 No
 Yes, I want an expedited (fast) Appeal/Hearing. *Please explain how you would be harmed by waiting.*

6. I have a lawyer, advocate, friend or representative who will help me with my Appeal or Hearing (*send your request in as soon as possible, you can choose someone any time before the Hearing*):

No, I am representing myself.

Yes, Name: _____

Address, City, State, ZIP: _____

Phone: _____

7. I believe you should cover this service because (you or your doctor can also send documents that support your case):

8. Signature – If someone filled the form out for you, have them sign it.

Representative's Name (if someone filled out this form for you): _____

Member (*or Representative's*) Signature: _____

Relation to person named in this letter: Self Parent Other _____

Date: _____

Member's Social Security number: _____

The Oregon Health Authority is authorized to request your Social Security Number under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, 42 CFR 457.340(b). Your SSN will be used to locate your file and records. Providing a Social Security Number is voluntary.

Send this form:

- To request an Appeal – Your CCO or Plan at the address shown on the Notice of Action
- To request a Hearing – OHA-DMAP Hearings, 500 Summer St NE, Salem, OR 97301-1077, FAX: 503-945-6035
- To request both an Appeal **and** a Hearing – OHA-DMAP Hearings, 500 Summer St NE, Salem, OR 97301-1077, FAX 503-945-6035

Appeal and Hearing Information

Should I ask for an Appeal or Hearing?

If you disagree with our decision, you have a right to ask us to change it through the Appeal and Hearing process. The choice to request an Appeal and/or Hearing is yours. The Hearing, if requested, will be conducted according to the Administrative Procedures Act, ORS Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 410-141-3264.

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 decision. They will use this information to decide if the initial decision should be changed or not changed. 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.

A Hearing -- At a Hearing, you will have a chance to explain to an Administrative Law Judge why you disagree with the decision. The following people will participate in the Hearing with you: a DMAP Hearings Representative, someone from your CCO or Plan, your representative or helper (if you have one), an Administrative Law Judge and any witnesses you invite. The Judge will make a decision based on the information presented at the Hearing and tell you their decision within 30 days. Before the Hearing, a DMAP staff member will call you to get more information and explain what will happen during the Hearing. If you request a Hearing, you will be notified of the time and place.

If you ask for both an Appeal and Hearing, the Appeal will happen first. If the Appeal changes the original decision, a Hearing will not be held. If the Appeal does not change the original decision, the Hearing will be scheduled.

How to request an Appeal and/or Hearing:

You can request an Appeal by:

- Completing and mailing the first page of this form to your CCO or Plan, or
- Contacting your CCO or Plan by phone, letter or fax. Requests made by phone must be followed up in writing.

You can request a Hearing by:

- Completing and mailing pages 1 and 2 of this form to OHA-DMAP or returning it to any DHS office, or
- Completing the Administrative Hearings Request Form (MSC 443). You can get a MSC 443 and help filling it out from any DHS office or by calling OHP Customer Service at 1-800-699-9075 (TTY 711). Mail the MSC 443 to OHA-DMAP or return it to any DHS office.

Deadline

Requests for both Appeals and Administrative Hearings must be received within 45 days of the Date of Notice shown on the first page of the Notice of Action or Notice of Appeal Resolution.

Note: If you want to keep getting services, see the Continuing Services section of this form for more information

Note to military personnel: Active duty service members have a right to stay (delay) these proceedings under the federal Servicemembers Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest legal assistance office.

Help with an Appeal or Administrative Hearing

Call any of the following if you need help with your Appeal or Hearing:

- Customer Service – see the Questions section of the Notice of Action.
- The Public Benefits Hotline at 1-800-520-5292 (TTY 711).

Continuing services

To keep getting the service while you wait for your Appeal or Hearing, you must:

- Have already been getting the service before it was denied,
- Request for the service to be continued by checking Box 4 on page 1 of this form, and
- Ask for an Appeal and/or Hearing within 10 days from the “Date of Notice” or by the “Effective Date,” whichever is later, shown on the Notice of Action or Notice of Appeal Resolution.

If we do not change our decision or the Hearing judge supports our 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.

Can someone represent me at the Hearing?

You may have a friend, family member, advocate, doctor or lawyer in the Hearing to help you. We cannot pay for the cost of a lawyer, but if you want one you may try the following options:

- Call the Public Benefits Hotline at 1-800-520-5292 (TTY 711) for advice and possible representation. The Public Benefits Hotline is a program of Legal Aid Services of Oregon and the Oregon Law Center.
- Call the Oregon State Bar Association at 1-800-452-8260 and ask about free or low-cost legal services.

If you want someone to represent you at the Hearing, give us their contact information on your request or let the DMAP Hearing Representative know when they call you before the Hearing.

Other things you can do

Note: Doing any of the following things will not give you more time to request an Appeal or Hearing.

1. You or your doctor may send documents that explain why the decision was wrong to the address listed in the Questions section of the Notice of Action or your Notice of Appeal Resolution.
 2. You may ask your doctor about other ways to treat your condition.
 3. You may get the information used in making this decision. To get a copy, 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 that the service is not covered, you may still receive the service and pay for it yourself. Ask your provider about this choice. Your provider will have you sign a form that states you understand the service is not covered and you are agreeing to pay for it. The form will show the amount your provider will charge you and information about other costs, such as hospital or lab costs.
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Final order by default

You may lose your right to an Appeal or Hearing if you:

- Do not ask for an Appeal or Hearing on time, or
- Withdraw your request, or
- Miss your Hearing.

If you lose your right to an Appeal or Hearing your Notice of Action will be the final decision, called a “final order by default.” You will not get a separate final order by default. If you do not request an Appeal or Hearing, the “final order by default” will become effective 45 days after the date of this notice. The reviewer will consider the relevant portions of the agency’s file, including all of the materials you submitted in this matter as the record. The record is used to support the decision upon default. You may challenge the final order by default by filing a petition in the Oregon Court of Appeals (ORS 183.482). You must do this within 60 days of the Date of Notice on the first page of your Notice of Action. If you withdraw a Hearing request or miss your Hearing, the appeal deadline will be set out in the dismissal order.