

## How to ask for an appeal

If your coordinated care organization (CCO), dental plan or mental health plan denies a service that you think should be covered, you can ask for an appeal. To do this:

- Fill out pages 3 and 4 of this form. Return it to your CCO or plan, or
- Contact your CCO or plan by phone, letter or fax. If you ask for an appeal by phone, and do not need a faster appeal, you must also ask in writing.

If you need help doing this, ask your CCO or plan's Customer Service for help.

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### Deadline

Your CCO or plan must get your request within 60 days of the date shown on the first page of the *Notice of Action* (the letter you got about the denial decision).

If you ask after this deadline, you must show that you had a good reason for being late.

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### What happens if I ask for an appeal?

A different nurse or doctor from your CCO or plan will review the requested service, and all information in your appeal request.

- This review will help them decide if the denial decision should change.
- You have the right to see all information from this review before they decide (contact your CCO or plan's Customer Service to ask about this).
- You and your doctor can also give your CCO or plan more information, in person or in writing, to help them decide.

Within 16 days of your request, your CCO or plan will send you a *Notice of Appeal Resolution* to tell you their decision.

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### What if the service is still denied?

If, after the appeal, the CCO or plan has not changed their denial decision, you can ask OHA for a hearing.

## How to ask for a hearing

If you asked for an appeal and do not agree with the CCO or plan's appeal decision, you can ask OHA for a hearing. To do this:

- Fill out pages 3 and 4 of this form. Return it to OHA or a Oregon Department of Human Services (ODHS) office; **OR**
- Fill out the online form at [bit.ly/ohp-hearing-form](http://bit.ly/ohp-hearing-form); **OR**
- Fill out and return the Administrative Hearings Request (MSC 443). To get this form and help filling it out, go to an ODHS office or call 800-273-0557 (TTY 711).

You can also find this form on at **OHP.Oregon.gov** (click on "Forms").

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### Deadline

OHA must get your request within 120 days of the date shown on the *Notice of Appeal Resolution* (the letter you got about the appeal).

If you ask after this deadline, you must show that you had a good reason for being late.

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### What happens if I ask for a hearing?

Before the hearing, an OHA staff member will call you to ask you for more information and answer your questions.

At the hearing, you can say why you do not agree with the decision. Most hearings are on the phone. These people will also be there:

- An OHA hearings representative
- Someone from your CCO or plan
- Your representative or helper (if you have one)
- An administrative law judge
- Any witnesses you invite

After the hearing, the judge will review the information from the hearing and make a decision. You will get a *Proposed and Final Order* (the judge's decision) within 30 days.

Hearings follow the Administrative Procedures Act, Oregon Revised Statute (ORS) Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-3900.

## What you need to know before you ask for an appeal or hearing

Here are two things you can do at any time, in addition to asking for an appeal or hearing. They will **not** give you more time to ask for an appeal or hearing, so you will need to do them right away:

1. You can ask your doctor about other ways to treat your condition.
2. You can ask for the information used to make this decision. To do this, call the Customer Service number for your CCO or plan.

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### Continuing services

If you were getting the service **before** the CCO or plan denied it, you can ask to keep getting it while you wait for your appeal or hearing. To do this, you must:

- Check “Yes” for Question 8 on page 4 of this form, and
- Ask for the appeal no later than 10 days after the “Date of Notice” shown on the *Notice of Action* or the “effective date” (if the notice lists an effective date), whichever is later and
- Ask for the hearing no later than 10 days after the “Date of Notice” shown on the *Notice of Appeal Resolution* or the “effective date” (if the notice lists an effective date), whichever is later.

If the appeal or hearing does not change the decision, you may have to pay for services you get on or after the effective date of the *Notice of Action* or *Notice of Appeal Resolution*.

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### If you want help at your appeal or hearing:

You can ask for a friend, family member, advocate, doctor or lawyer to help at the appeal or hearing. The CCO or plan decides who will be at your appeal. If you want a lawyer, you can ask for help from:

- Public Benefits Hotline at 800-520-5292 (TTY 711), for advice and possible representation. Legal Aid Services of Oregon and the Oregon Law Center provide this hotline.
- Oregon State Bar at 800-452-8260, to learn about free or low-cost legal services.

If you want someone to represent you at the hearing, give us their contact information on this form or the MSC 443 form, or tell the OHA hearing representative.

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### If your request is late or canceled, you do not ask for a hearing, or you do not attend your hearing:

**You may lose your right to an appeal or hearing on the decision.** If this happens, the most recent decision notice from your CCO or plan will be the final decision (or “final order by default”). It will become effective 120 days after the date of the notice. You will not get other notices about the decision. The record for the final order is the case file used to make the decision, with any materials you give later about it.

**If you cancel your hearing request or miss your hearing,** you will get a dismissal order. You may still appeal the dismissal under ORS 183.482 by filing a petition in the Oregon Court of Appeals. You must do this within 60 days of the date of the dismissal order. The dismissal order will tell you the deadline.

**Note to military personnel:** The federal Servicemembers Civil Relief Act gives active duty members the right to delay these proceedings. To learn more, you may contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or an Armed Forces legal assistance office, <http://legalassistance.law.af.mil>.

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### If you have an appeal or hearing and the service is still denied

You can choose to pay for it yourself. Ask your provider about this. You and your provider must then sign an *Agreement to Pay* to show that you understand you must pay for the non-covered service.

Agency Use Only		
Program	Branch	Case Number

## Request to review a health care decision

Complete pages 3 and 4 of this form or fill out the online form at [bit.ly/ohp-hearing-form](http://bit.ly/ohp-hearing-form).

### Send appeal requests to:

Your CCO or Plan  
(Use the address listed on  
the Notice of Action from your CCO or plan)

### Send hearing requests to:

OHA-Medical Hearings  
500 Summer St NE E49  
Salem, OR 97301-1077 Fax: 503-945-6035

### Type of request - Check only one of the following (see page 1 for more information):

Members of a CCO or plan **must** ask for an appeal before they can ask OHA for a hearing. Asking for an appeal or hearing will **not** affect your Oregon Health Plan eligibility. The choice is yours.

- Appeal request:** Asks the CCO or plan to review their denial decision.  
*Attach a copy of the "Notice of Action" (decision notice) from your CCO or plan.*
- Hearing request:** Asks OHA to review the CCO or plan's denial and appeal decision.  
*Attach a copy of the "Notice of Appeal Resolution" (appeal decision) from your CCO or plan.*

### Tell us about the member who received the service denial:

1. Member name: \_\_\_\_\_ Client ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security number\* (optional): \_\_\_\_\_  
Spoken language:  English  Spanish  Russian  Vietnamese  
 Other: \_\_\_\_\_

Do you need written material in another format?  Yes  No

If yes, please specify:

*\*The law allows the Oregon Health Authority to ask for your Social Security number (SSN). You can find these laws under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, and 42 CFR 457.340(b). You are not required to give an SSN. If you do, OHA will use it only to help locate your file and records.*

2. Does the member have someone who will help with the appeal or hearing? Example: friend, family member, advocate, doctor or lawyer. *If you don't have one now, you can add a representative at any time before the appeal or hearing:*

- No  
 Yes, name: \_\_\_\_\_  
Address, City, State, ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### Who completed this form? Tell us about that person (if different from the member):

3. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
4. Relationship to member: \_\_\_\_\_

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**Tell us about the request:**

5. What service(s) were denied? List them here.

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6. Did the member get the decision notice in writing? Check one:

Yes. Notice date: \_\_\_\_\_

No

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7. Was the member getting the service(s) before they were denied?

Yes

No

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8. If the member was getting the service(s) before they were denied, does the member want to keep getting them during the appeal and hearing process?

Yes (*before checking this box, read the Continuing Services section on page 2*)

No

Does not apply: Member was not getting the service(s) before the denial.

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9. Does the member need a faster appeal or hearing decision because waiting could put the member's life, health, or ability to function in danger?

No

Yes. *Please explain how waiting may harm the member.*

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10. Tell us why the CCO or plan should cover this service. *You may also send documents and medical records that tell us why.*

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**Member signature (required for appeal requests):**

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Signature of member or member's legal representative

Date