

Agency Use Only		
Program	Branch	Case Number

## Appeal and hearing request for denial of medical services

Complete pages 1 and 2 of this form. Return the form as listed on page 2.

### The person who is filling out this form completes this section:

If the member who received the denial is filling out the form, you don't need to complete this section.

- Name: \_\_\_\_\_ Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
- Relationship to member: \_\_\_\_\_ Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

- 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:  Cassette tape  Large print  CD  Read aloud to you  Braille

\* 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 an SSN is voluntary.

- Does the member have a representative 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 hearing:*  
 No  
 Yes, name: \_\_\_\_\_  
Address, City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_

- Check all that apply. Members of coordinated care organizations (CCOs) or plans can ask for both an appeal and a hearing. *See page 3 to learn more about appeals and hearings.*  
 The member wants to appeal the decision of the EOCCO.  
 The member wants a state fair hearing through the Oregon Health Authority (OHA).

- Check one of the following:  
 The member received the decision notice(s) in writing. Notice date(s): \_\_\_\_\_  
 The member did not receive the notice(s) in writing.

- What service(s) were denied? List them here.  
\_\_\_\_\_

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8. Is the member getting the service(s) now, and wants to keep getting the service(s) during the appeal and/or hearing process?
- No
- Yes (*read the Continuing Services section on page 4 of this form before checking this box*)
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9. Does the member need a fast (expedited) appeal or hearing because the member has a condition which could be an immediate, serious threat to life, health, or maximum function, and would be harmed by waiting?
- No
- Yes. *Please explain how the member would be harmed by waiting.*
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10. Tell us why this service should be covered. *Documents and/or medical records can also be sent in to support your case.*
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11. Member signature (*required for appeal requests*)

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Signature of member or member's legal representative

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Date

### Send this form:

■ For an appeal

EOCCO Appeals  
PO BOX 40384 Fax: 503-412-4003  
Portland, OR 97240

■ For a hearing

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

■ For both an appeal *and* a hearing

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

## Appeal and hearing information

If you disagree with the decision, you have a right to ask for it to be changed through the appeal/hearing process. The choice to request an appeal, a hearing, or both, is yours.

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

A nurse or doctor from EOCCO will review your service request and the original denial decision. They will use the information from that review to decide if the original denial decision should be changed or not changed. You have the right to see this information before they decide (contact EOCCO's customer service department to ask about this). You can also give EOCCO more information, in person or in writing, to help them decide. EOCCO will tell you of their decision within 16 days of your appeal request by sending you a *Notice of Appeal Resolution*.

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

At a hearing, you will have a chance to explain to an Oregon Administrative Law Judge why you disagree with the decision. Before the hearing, an OHA staff member will call you to get more information and explain what will happen during the hearing. Most hearings are on the phone. The following people will participate in the hearing with you:

- An OHA 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. You will receive this decision in writing within 30 days. Hearings follow 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 both an appeal and a hearing?

The appeal happens first. If the appeal changes the denial decision, a hearing is not needed. But if the appeal does not change the denial decision, OHA will schedule a hearing.

### How to request an appeal:

- Complete and mail pages 1 and 2 of this form to EOCCO, or
- Contact EOCCO by phone, letter or fax. Requests made by phone must be followed up in writing, unless they are for an expedited (fast) hearing or appeal. If you need help writing your request, EOCCO Pharmacy customer service department for help.

### How to request a hearing:

- Complete and mail pages 1 and 2 of this form to OHA or returning it to any DHS office, or
- Complete the Administrative Hearings Request Form (MSC 443). You can get an 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 or return it to any DHS office.

### Deadline

Requests for both appeals and hearings must be received within 45 days of the date shown on the first page of the *Notice of Action* or *Notice of Appeal Resolution* letter. If you file a request after this deadline, you must show that you had good cause for being late.

**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, call the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest legal aid office.

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## Call any of the following if you need help with your appeal or hearing:

- EOCCO Pharmacy Customer Service – 1-888-474-8539 (TTY 711).
  - OHP Customer Service at 1-800-273-0557 (TTY 711).
  - The Public Benefits Hotline at 1-800-520-5292 (TTY 711).
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## Continuing services

To keep receiving denied service(s) while you wait for your appeal or hearing, you must:

- Have received the service prior to the denial,
- Ask for the service to continue by checking “Yes” for Question 8 on page 2 of this form, and
- Ask for an appeal or hearing no more than 10 days after the “Date of Notice” shown on the *Notice of Action* or *Notice of Appeal Resolution* letter. If there is an “effective date” for the action proposed in the notice, your request must also be no later than the “effective date.”

If the decision is not changed, you may have to pay for services you get after the “effective date” shown on the *Notice of Action* or *Notice of Appeal Resolution*.

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## Additional options

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 can try these options:

- Call the Public Benefits Hotline at 1-800-520-5292 (TTY 711) for advice and possible representation. Legal Aid Services of Oregon and the Oregon Law Center provide this hotline.
- Call the Oregon State Bar Association at 1-800-452-8260 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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## 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*. You can also give information in person.
  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. Your provider will have you sign an *Agreement to Pay* form saying you understand the service is not covered and you will pay for it.
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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* or *Notice of Appeal Resolution* will be the final decision, called a “final order by default.” You will not get a separate final order. The “final order by default” will take effect 45 days after the date of the *Notice of Action* or *Notice of Appeal Resolution*. The judge will use information in the agency’s file to make the decision, including what you submitted. You may challenge the final order by default in a petition to the Oregon Court of Appeals (ORS 183.482). You must do this within 60 days of the date on the first page of your *Notice of Action* or *Notice of Appeal Resolution*. If you withdraw a hearing request or miss your hearing, the dismissal order will give the appeal deadline.