

**If you need this notice in a larger print size or different format, call Membership Services**

## Notice of Action

### I. Relevant Information

Date of Notice:

Name of contracted Health Plan:

Name of Primary Care Provider:

Name of Member:

OMAP Member Identification Number:

Member's Health Plan Identification Number (if different):

### II. OHP Service Requested

Date of Request:

OHP Service/Item requested:

Requested By:

### III. Action Taken and Reason(s) for the Action

After review, your request has been denied because:

- Treatment for your condition is not a covered service and your medical history does not show that you have combined conditions that would allow you coverage under Oregon Administrative Rule 410-141-0480.
- The service/item requested is not in your "Benefit Package".
- The service/item requested requires pre-authorization and it was not pre-authorized.
- The service/item requested is not medically appropriate.
- The service/item received in an emergency care setting does not qualify as an emergency service.
- You are not a member of this Health Plan.
- On the date of service you were not enrolled with (Plan Name).
- The provider seen was not one of our Plan Panel Providers and you did not obtain prior approval.
- Other \_\_\_\_\_.

### IV. Effective Date of Action and Your Right to a Hearing

This action is effective on \_\_\_\_\_ If you disagree with the decision you can make a complaint to your managed care plan or ask for an Administrative Hearing. See the attached "Notice of Hearing Rights" (DMAP form 3030).

If you also have Medicare benefits, you may have additional appeal rights. Contact our Member Services at for further information.