

FORMAT AND CONTENT
OF
NOTICE OF APPEAL
RESOLUTION

SECTION:	<u>Administrative Policies</u>
PAGE:	<u>1 of 1</u>
SUBJECT:	<u>Format & Content of Notice Resolution</u>
EFFECTIVE DATE:	<u>11/2011</u>
REVISION DATE:	<u></u>

POLICY

DBH will provide each Enrollee, his/her legally authorized representative (including the representative of a deceased Enrollee's estate) or provider with the following information regarding the resolution of the Appeal.

PROCEDURES

- 1.0 DBH will provide a written Notice of Appeal Resolution to the Enrollee and other affected parties that meets the language and format requirements to ensure ease of understanding. It shall also include that oral interpretation is available and how to access this service. The notice will include:
 - 1.1 Results of the Appeal resolution process and the date it was completed
- 2.0 If not resolved wholly in favor of the Enrollee, then DBH will include:
 - 2.1 Right to request State Fair Hearing and how to do so.
 - 2.2 Right to request continuation of benefits if the Appeal decision is to terminate, suspend, or reduce a previously authorized course of treatment that was ordered by an authorized provider and the original period covered by the original authorization has not expired.
 - 2.3 How to request continuation of benefits.
 - 2.4 A statement that the Enrollee may be liable for the cost of services provided the State Fair Hearing decision upholds DBH's Action.
 - 2.5 The time frame for requesting a State Fair Hearing when continuation of benefits is not requested and when continuation of benefits is requested.
- 3.0 For Appeals not resolved wholly in favor of the Enrollee, DBH will provide a copy of either:
 - 3.1 The "Request for a Standard State Fair Hearing/Agency Action" form or
 - 3.2 The "Request for an Expedited State Fair Hearing/Agency Action" for that the Enrollee must complete and submit to the Utah Department of Health, Division of Health Care Financing to request a State Fair Hearing, and continuation of benefits, if applicable. DBH will only include a copy of the "Request for an Expedited Hearing/Agency Action" form if the Enrollee had an expedited Appeal.