	Title: Notice of Action-Adverse Benefit Determination	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish Dental Care Organization's (DCO's) policy on when a Notice of Action-Adverse Benefit Determination (NOABD) is to be sent and the timelines.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions:

Action-

The denial or limited authorization of a requested service, including the type or level of service;
The reduction, suspension or termination of a previously authorized service;
The denial in whole or in part, of payment for a service;
The failure to provide services in a timely manner;
The failure to act within required timeframes; or
The denial of a request to obtain out of network services.

Forms: Notice of Action-Adverse Benefit Determination Template

References: 42 CFR 438.210; 42 CFR 438.228; 42 CFR 438.402; 42 CFR 438.404; OAR 410-141-3225; OAR 410-141-3240

Policy:

A. When is a NOABD Required: NOABD is required when a DCO or Provider, acting on behalf of a DCO, takes or intends to take an "Action." For example, when the DCO or Provider denies a requested service or when a preauthorization for a requested service is denied.

B. What is Included in a NOABD: The DCO has forms for NOABD letters that have been approved by MAP and include the required information.

1) Date of the NOABD, DCO's name and contact information, the Provider's name, the enrollee's name and ID number.

2) The date of service or date service was requested, who requested the service, the service or item requested, a statement of denial or action taken or intended, the effective date of the action, and the basis for the denial.

3) A statement that the enrollee has a right to appeal this action by either filing an appeal with DCO and by requesting a Medical Assistance Program (MAP) hearing after the DCO appeal has been completed;

4) A statement that the enrollee has the right to have his/her benefits continue pending resolution of the appeal, how to request that benefit be continued and under what circumstances the enrollee may be required to pay the costs of those services;

5) A copy of the Notification of MAP Hearing Rights (DMAP 3030) and Fair Hearing Request (MSC 0443) must be attached.

D. When Does A NOABD Get Sent: A NOABD must be mailed to the enrollee as follows:

1) For the denial of a standard preauthorization, the NOABD must be sent as expeditiously as possible, but no later than 14 days following receipt of the request for service.
2) For the denial of an expedited preauthorization, the NOABD must be sent within 72 hours following receipt of the request for service.
3) The above timeframes may be extended by 14 days if the member requests an extension or if the DCO justifies to the Authority upon request a need for additional information and how the extension is in the member's interest.
4) For the termination, suspension or reduction of a previously authorized covered service, the notice must be mailed:

(a) At least 10 calendar days before the date the covered service is terminated, suspended or reduced;

(b) No later than the date of action if:

1. The Provider or DCO receives a written statement from the enrollee stating the enrollee no longer wants the service or gives information that requires the service be terminated;

2. The enrollee is admitted to an institution where the enrollee is ineligible for the covered service from the DCO or Provider;

3. The whereabouts of the enrollee are unknown and the post office returns mail to the DCO or Provider;

4. DCO establishes that another State has accepted the enrollee into it Medicaid services program;

5. A change in the level of dental care is prescribed by the Provider;

6. The date of action will occur in less than 10 calendar days related to discharges or transfers and long-term care facilities.

7. Plan has factual information confirming the death of the enrollee.

5) For the denial of payment, the notice must be mailed at the time the payment is denied by the DCO.

6) The notice must be mailed five business days before the date of action taken because of probable fraud by the Enrollee. DCO shall have facts indicating that an action should be taken because of fraud and when possible, these facts should be verified through secondary sources.

7) For prior authorization decisions that are not reached within the appropriate timeframes (which constitute a denial and is thus an adverse action), the notice shall be mailed on the date that the timeframes expire.

Approvals:

Date: 03/22/2018

Approved by:
Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

07/31/2012				
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
03/17/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak