Provider Notice of Action
Optum Salt Lake County Medicaid
Provider Education – June 23, 2016
Provider “Action” means:

- The reduction, suspension, or termination of a previously authorized service; or
- The failure to provide services in a timely manner, as defined as failure to meet performance standards for provision of first face-to-face services when due to a provider’s limitations.
Provider “Notice of Action”

- Written notification by the provider to an Enrollee of an Action that will be taken by the Provider
When Should You Send a Notice of Action?

1. The Provider terminates, suspends or reduces previously authorized Covered Services, and the Enrollee informs the Provider that he or she disagrees with the change, and the Provider affirms the decision; or

2. The Provider fails to provide services in a timely manner as defined as failure to meet performance standards for provision of first face-to-face services when due to a Provider’s limitations, and the enrollee is dissatisfied with this.

   Ø This would also apply if the Provider rescinds or reschedules a previously offered appointment for the first face-to-face service, and as a result will exceed the required time frame, if the enrollee is dissatisfied with waiting beyond the required time frame.
Timelines for Sending a Provider Notice of Action

The Provider will notify the Enrollee and mail a Notice of Action (NOA) to the Enrollee as expeditiously as the Enrollee’s health condition requires and within the following time frames:

- If the NOA is due to the reduction, suspension, or termination of a previously authorized service, the Provider will send the NOA:
  - At least 10 days before the date the Action will become effective; or
  - 5 days before the date the Action will become effective if the Provider has facts indicating that Action should be taken because of probable fraud by the Enrollee, and the facts have been verified (if possible, through secondary sources).

- If the NOA is due to the Provider’s inability to offer an appointment within the performance standard, the Provider will send the NOA:
  - At the time it is determined that the Provider cannot meet the performance standard.
Requirements for the Notice of Action

The Provider’s NOA:

- Will be in writing;
- Will meet language and format requirements to ensure ease of understanding;
- Will state that oral interpretation is available and how to access oral interpretation services;
- Will state the Action the Provider intends to take;
- Will state the reason for the Action;
- Will state the date the Action will become effective;
- Will state the rights as applicable, to the Enrollee’s situation:
  - The right to file an appeal with the County;
  - The procedures for filing an Appeal;
## Attachments to the Notice of Action

The following documents must be sent when a Provider Action occurs:

<table>
<thead>
<tr>
<th><strong>NOA</strong></th>
<th>Provider Notice of Action Letter</th>
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<tbody>
<tr>
<td><strong>Appeal Request Form</strong></td>
<td>Form that the client fills out and sends to the Salt Lake County Division of Behavioral Health Services (i.e. the County)</td>
</tr>
<tr>
<td><strong>Instructions for Filing an Appeal</strong></td>
<td>Form authored by the County, explaining the steps for filing an appeal</td>
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Optum will provide all Provider Notice of Action templates.
Summary

Provider NOA and Enclosure templates may be found at: www.optumhealthslco.com

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<thead>
<tr>
<th>Action</th>
<th>Enrollee Dissatisfied</th>
<th>Written Notification</th>
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<tr>
<td>• Provider decides to reduce, suspend, or terminate previously authorized services.</td>
<td>• Enrollee expresses his/her dissatisfaction with Provider's decision, or inability to provide timely services.</td>
<td>• Provider sends Provider NOA, Appeal Request Form, and Instructions for Filing Appeal to Enrollee.</td>
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