



## Provider Notice of Action

Optum Salt Lake County Medicaid  
Provider Education – June 23, 2016

## Provider “Action” means:

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- 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”

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- 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?

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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.**
  - 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

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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

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## 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

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The following documents must be sent when a Provider Action occurs

<b>NOA</b>	➤ Provider Notice of Action Letter
<b>Appeal Request Form</b>	➤ Form that the client fills out and sends to the Salt Lake County Division of Behavioral Health Services (i.e. the County)
<b>Instructions for Filing an Appeal</b>	➤ Form authored by the County, explaining the steps for filing an appeal

Optum will provide all Provider Notice of Action templates



# Summary

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- Provider NOA and Enclosure templates may be found at:  
[www.optumhealthslco.com](http://www.optumhealthslco.com)

## Action

- Provider decides to reduce, suspend, or terminate previously authorized services.
- Provider cannot provide first face-to-face services within required performance standard.

## Enrollee Dissatisfied

- Enrollee expresses his/her dissatisfaction with Provider's decision, or inability to provide timely services.

## Written Notification

- Provider sends Provider NOA, Appeal Request Form, and Instructions for Filing Appeal to Enrollee.