The Plan denies a request for services. Denials include determinations based on type or level of services, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.

Denial of Authorization Notice
Use this notice for denied residential services requests (both MH and SUD).

Client or Parent/Legal guardian

The Plan must mail the notice within two (2) business days of the decision.

The Plan has determined that the beneficiary does not meet the criteria to be eligible for specialty mental health services through the Plan. The beneficiary will be referred to the Managed Care Plan, or other appropriate system, for mental health or other services.

Delivery System Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary within two (2) business days of the decision.

The Plan modifies or limits a provider’s request for a service, including reductions in frequency and/or duration of services, and approval of alternative treatments and services.

Modification Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary within two (2) business days of the decision.

The Plan terminated, reduces or suspends a previously authorized service.

Termination Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary within ten (10) days before the date of the action.

When there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed service.

Timely Access Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary at the time of any action regarding the delay.

When there is a delay in processing a provider’s request for authorization of specialty mental health services or substance use disorder residential services. When the Plan extends the timeframe to make an authorization decision, it is a delay in processing a provider’s request. This includes extensions granted at the request of the beneficiary or provider, and/or those granted when there is a need for additional information from the beneficiary or provider, when the extension is in the beneficiary’s interest.

Authorization Delay Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary within two (2) business days of the decision.

The Plan denies, in whole or in part, for any reason, a provider’s request for payment for a service that has already been delivered to a beneficiary.

Payment Denial Notice

Client or Parent/Legal guardian

The Plan must mail the notice to the beneficiary at the time of any action denying the provider’s claim.

NOTE: Services that are reduced, modified, or terminated by outpatient providers that are not subject to prior authorization and are the result of a treatment Team/Clinician decision based on the individual’s clinical condition and/or progress in treatment is not subject to an adverse benefit determination notification. The client may appeal the decision with the appropriate advocacy agency.