Medi-Cal Specialty Mental Health Services Program
NOTICE OF ACTION
(Post-Service Denial of Payment)

To: Date: Click or tap to enter a date.

CIN:

The mental health plan for Alameda County has ☐ denied ☐ changed your provider's request for payment of the following service(s):

The request was made by: Select one

The original request from your provider was dated Click or tap to enter a date., and your provider says that you received the service on the following date or dates:

THIS IS NOT A BILL. YOU WILL NOT HAVE TO PAY FOR THE SERVICE OR SERVICES DESCRIBED ON THIS FORM.

The mental health plan took this action based on information from your provider for the reason checked below:

☐ Your mental health condition as described to us by your provider did not meet the medical necessity criteria for psychiatric inpatient hospital services or related professional services (Title 9, California Code of Regulations (CCR), Section 1820.205).

☐ Your mental health condition as described to us by your provider did not meet the medical necessity criteria for specialty mental health services other than psychiatric inpatient hospital services for the following reason (Title 9, CCR, Section 1830.205):

☐ The service provided is not covered by the mental health plan (Title 9, CCR, Section 1810.345).

☐ The mental health plan requested additional information from your provider that the plan needs to approve payment of the service you received. To date, the information has not been received.

☐ Other:

Please note:

This is not a service denial, nor are you responsible for payment. This is an adverse decision for payment reimbursement to the provider for service(s) already rendered. The provider may appeal this decision. If the above service(s) information is incorrect or you do not agree with the decision, you may file an appeal with your mental health plan within 90 days of the date of this notice. To do this, you may call and talk to a representative of your mental health plan at 1.800.779.0787, or write to Consumer Assistance, 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606, or follow the directions in the information brochure the mental health plan has given you.

If you are dissatisfied with the outcome of your appeal, you may request a state hearing. The other side of this notice explains how to request a hearing. The state hearing will decide if the plan should pay your provider for the service that you already received. Whatever the appeal or state hearing decision, you will not have to pay for the service.