

Ohio Department of Medicaid
**NOTICE OF DENIAL OF DESIGNATED PROVIDER OR PHARMACY IN THE
COORDINATED SERVICES PROGRAM (CSP)**

Consumer Name	Assistance Group Name	
Address	Assistance Group #	Billing #
City, State, Zip Code	County	Mail Date

The Ohio Department of Medicaid (ODM) or _____ your managed care plan denied the request for your provider _____. The reason for this denial is:

The rule supporting this action is the Ohio Administrative Code rule 5160-20-01. If you do not understand this notice, call the phone number on your Medicaid card or on your managed care card for more information. It is possible we may change our decision or that you may decide to agree with it.

IF YOU DISAGREE WITH THIS DECISION, YOU MAY REQUEST A STATE HEARING.

You can ask for a State Hearing if you disagree with this action or think being denied your choice of provider for CSP is a mistake.

If you want a hearing, State Hearings must receive your request within 90 days after the mail date above. If the 90th day falls on a holiday or weekend, the deadline will be the next work day.

If you need legal help with your hearing, you can contact your local bar association. If you want information on free legal help, you can contact your local legal aid office, or call Ohio Legal Services toll free at 1-866-529-6446 (1-866-LAW-OHIO). If someone is helping you with your case, State Hearings will need a signed "authorized representative" notice from you saying it is okay for that person to represent you for the hearing process.

Step 1: Read, sign, date, and fill in your telephone number. Use the checkbox below if you need an interpreter. Another person may sign this for you, if they send the Bureau of State Hearings your signed "authorized representative" notice along with this state hearing request.

Signature	Date	Telephone Number
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I need an interpreter at my state hearing.

Step 2: State Hearings must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us. **Please only submit your hearing request one time.**

Email - Email State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and "CSP hearing request"; or

Phone - Phone the Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax - Fax this page to State Hearings at (614) 728-9574; or

Mail - Mail this page to State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; or

Contact your caseworker - It is better to send this request using one of the other methods above. You may give this page (completed and signed) to your caseworker or, you may phone your caseworker; mention this notice.

On the Day of the State Hearing: You or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. ODM will explain its reasons. Then, a State Hearings officer will make a decision after the hearing.

Distribution: Original to Client; one copy to MCP file (for MCP members); one copy to the BMC/ODM