



BEHAVIORAL HEALTHCARE OPTIONS, INC.[™]

a subsidiary of Sierra Health Services, Inc.[®]

P. O. Box 15645 Las Vegas, NV 89114-5645

ADDRESS SERVICE REQUESTED

September 27, 2007

«Req_Prov_First_Name» «Req_Prov_Last_Name» «Req_Prov_Title»
«Req_Prov_Addr1»
«Req_Prov_Addr2»
«Req_Prov_Addr3»
«Req_Prov_City» «Req_Prov_State» «Req_Prov_Zip»

Dear «Req_Prov_First_Name» «Req_Prov_Last_Name» «Req_Prov_Title»,

Please refer to the attached copy of the patient's Notice of Action regarding medical services.

Patient: «Member_First_name» «Member_Middle_Initial» «Member_Last_Name»

Patient ID: «Subscriber_ID» «Mem_Sfx»

Reference #: «Reference_ID»



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«Member_First_name» «Member_Middle_Initial» «Member_Last_Name»
«Resp_Pty_Addr1»
«Resp_Pty_Addr2»
«Resp_Pty_Addr3»
«Resp_Pty_City» «Resp_Pty_State» «Resp_Pty_Zip»

Patient ID: «Subscriber_ID» «Mem_Sfx»
Reference #: «Reference_ID»

Dear «Member_First_name» «Member_Middle_Initial» «Member_Last_Name»,

NOTICE OF ACTION ABOUT YOUR MENTAL HEALTH SERVICES

PHIP CONTACT PERSON CONCERNING THIS NOTICE:

Care Coordinator Jackie Davidson or Vonie Aeschliman, Toll Free 1-800-795-9296 or 1-509-735-8681
Greater Columbia Behavioral Health, 101 N. Edison Street, Kennewick WA 99366-1958

This is to let you know about an action we are planning to take concerning your Medicaid-funded mental health services that you requested or are currently receiving.

We have decided that your Outpatient Mental Health Services will be denied effective:
«Free_Form_Subject».

The reason for our decision is: «Data1» «Data2»

Our decision is based on this law RCW 71.24.025 "Medical Necessity". However, if you do not agree you are entitled to a second opinion.

WHAT IF I DON'T AGREE WITH THIS DECISION? You have the right to appeal. If you choose this right, you have twenty (20) calendar days from the date you receive this notice to request or file an appeal. Your mental health provider may also file an appeal on your behalf when you ask him/her in writing. To request or file an appeal, you need to contact:

- Care Coordinator Jackie Davidson or Vonie Aeschliman, Toll Free 1-800-795-9296 or 1-509-735-8681
- Send your appeal to: Greater Columbia Behavioral Health, 101 N. Edison Street, Kennewick WA 99366-1958

If you make your request verbally, you will be asked to put it in writing within seven (7) days. If your request is not put in writing, we will consider the request incomplete and not take further action. You may re-file your appeal within twenty (20) days from the original receipt of the notice.

CAN I GET HELP WITH FILING AN APPEAL? To get help with the appeal process you may contact the Ombuds Service at 1-800-257-0660. The Ombuds Service is available at no charge to assist you or your representative throughout the appeal process.

You may also include other persons of your choice to assist you during the appeal process. If you want someone else to assist you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

If you are hard of hearing or deaf, or have trouble with speech, please contact us through the Telecommunication Relay Service at 1-800-833-6384 or dial 711. If you need interpreter services they will be provided to you.

WHAT HAPPENS AFTER I FILE AN APPEAL? The PHIP reviews your appeal and provides a written decision within 45 days unless you have requested an extension. For additional information, please see the attachment, "Important Information About Your Appeal Rights".

cc: Facility
File

There Are Two Kinds of Appeals You Can File

Standard (45 days) You or your mental health care provider can ask for a standard appeal. We must give you a decision no later than 45 days after we get your appeal.

(We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.)

Fast (3 working days) You or your mental health care provider can ask for a fast appeal if you or your mental health care provider believe that your health could be seriously harmed by waiting too long for a decision. We must decide on a fast appeal no later than 3 working days after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you).

- If your mental health care provider asks for a fast appeal for you, or supports you in asking for one, and they indicate that waiting 45 days could seriously harm your health, we will automatically give you a fast appeal.
- If you ask for a fast appeal without support from your mental health care provider, we will decide if your health requires a fast appeal. If we do not give you a fast appeal, we will decide your appeal within 45 days.

What Do I Include With My Appeal?

You should include: your name, address, reasons for appealing, and any evidence you wish to attach. You may send in supporting records, letters from your mental health provider, or other information that explains why we should provide the service. Call your mental health provider if you need this information to help you with your appeal. You may send this information or present this information in person to:

Greater Columbia Behavioral Health
101 N. Edison Street
Kennewick, WA 99336-1958

Definitions:

Denial: The decision by a PIHP not to authorize covered Medicaid mental health services that meet the Mental Health Division Access to Care Standards or the Medical Assistance Administration memorandum #01-03 MAA, Psychiatric Hospitalization. The decision by a Community Mental Health Agency (CMHA) not to provide a covered service is not a denial.

Suspension: The decision by a PIHP to temporarily stop an enrollee's previously authorized covered Medicaid mental health services. The decision by a CMHA to temporarily stop a covered service is not a suspension.

Reduction: The decision by a PIHP to decrease an enrollee's previously authorized covered Medicaid mental health services. The decision by a CMHA to decrease a covered service is not a reduction.

Termination: The decision by a PIHP to stop an enrollee's previously authorized covered Medicaid mental health services. The decision by a CMHA to stop a covered service is not a termination.

How Do I File An Appeal?

For a Standard Appeal: You, your mental health provider, authorized representative, or an Ombudsman should mail or deliver your written appeal to the address below.

For a Fast Appeal: You, your mental health provider, authorized representative, or an Ombudsman should contact us by telephone or fax at the numbers listed below.

Can I Continue to Receive Services? If you are currently receiving services, your services will be continued during the appeal process when:

- Your appeal is filed timely;
- Your appeal involves the reduction, suspension or termination of previously authorized covered
- Medicaid mental health services;
- Your covered Medicaid mental health services were ordered by the CMHA;
- The current period covered by the authorization has not expired; and
- You have requested an extension.

If our decision is not your favor, you may be asked to pay for the services you received during the appeal or hearing.

What Happens Next? After the PIHP makes a decision about your appeal and you do not agree with the PIHP decision, you may access a fair hearing through the WA State Department of Social and Health Services Office of Administrative Hearings (1-800-583-8271). You must request a fair hearing within 20 days after you receive the

PIHP decision. You may also access a fair hearing if:

- The PIHP did not provide a written response within the allowed time frames; or
- You believe there has been a violation of WA
- State Department of Social and Health Services rules

Contact Information:

If you need information or help, call us at:
Greater Columbia Behavioral Health
101 N. Edison Street
Kennewick, WA 99336-1958
1-800-795-9296 or 1-509-735-8681
Fax: 1-509-783-4165

Hearing or Speech Impaired, please contact us:
Telecommunication Relay Service at 1-800-833-6384 or dial 711.

Other Resources to Help You:

PIHP Ombuds Service
1-800-257-0660 or 1-509-735-8681
WA State Department of Social and Health Services
Office of Administrative Hearings
P. O. Box 42488
Olympia, WA 98504-2488.
1-800-583-827