



NOTICE OF OF APPEAL RESOLUTION REGARDING YOUR BEHAVIORAL HEALTH SERVICES 6-2018

[DATE]

[PROVIDER]

[PROVIDER ADDRESS]

From: CommCare, on behalf of the Salish Behavioral Health Organization (SBHO)

1627 Main Street, Suite 700

Kansas City, MO 64108

[ENROLLEE NAME]

[ENROLLEE NUMBER]

[SERVICE DATES FROM: THRU]

[PROVIDER OF SERVICE]

Dear [PROVIDER]:

On **[insert DATE OF INITIAL APPEAL]** we received the following appeal: **[insert BRIEF DESCRIPTION OF INITIAL APPEAL]**. We have made the following decision **[insert DECISION]**. We made this decision because **[insert PRINCIPAL REASON(S)]**.

Upon request, CommCare will provide in writing the clinical rationale, a more detailed clinical description of the appeal decision reason. To request the clinical rationale please call CommCare at 877-777-1388 or send your written request to:

CommCare, on behalf of the Salish Behavioral Health Organization (SBHO)

1627 Main Street, Suite 700

Kansas City, MO 64108

If you do not agree with the Appeal final decision, you may ask for a Fair Hearing through the State Office of Administrative Hearings (1-800-583-8271).

- You must request a Fair Hearing within 120 days after you receive the Appeal final decision. Your services may continue during this process.

You may also access a Fair Hearing if:

- CommCare, on behalf of the SBHO, did not provide a written response within the allowed time frames.

Additional Contact Information

SBHO office: (800) 525-5637

SBHO Ombuds Service: (888) 377-8174

Washington State Office of Administrative Hearings:

P. O. Box 42489

Olympia, WA 98504-2489

(800) 583-8271

If I can be of any further assistance, please contact me.

Sincerely,

Mark Cannon, M.D.

CommCare

Medical Director