



Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties

900 SE 8th Street, Suite 100, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290

Street Address

City, State, Zip

Date

OHP Member Name:

OHP ID Number:

Dear OHP Member,

This letter serves as a “Notice of Action” that JBH has decided to :

deny reduce suspend terminate other:

the service called _____ and provided by the _____ organization on the effective date of _____ .
(Member or Provider’s Name) requested or began providing the service on the date of _____ .

(JBH, Provider’s Name) will _____ (specific action taken or planned to take). This decision was made due to:

- the treatment is not a n Oregon Health Plan covered service
- the item reuqre pre-authorization and it was not pre-authorized
- the service is not medically appropriate
- the service or item was received in an emergency care setting and does not qualify as an Emergency Service
- the person was not an OHP Member at the time of the services or isnot an OHP member at the time of a requested service.
- the provider is not on the Contractor’s panel and prior approval was not obtained.

In order to make this decision, the following documents and OARs, ORSs, DFRs or Contracts were reviewed and taken into consideration:

You have the right to file an appeal with JBH or request an Administrative Hearing with the Oregon Addictions and Mental Health Division. Information on how to request an appeal and/or an Administrative Hearing is attached to this letter. If your situation is urgent or an emergency, an expedited appeal can be requested. Details are included about the OHP Member’s Rights to have benefits continue while a pending resolution of the Appeal or Administrative Hearing, how to have benefits continued, and the circumstances under which the Member may be required to pay the cost of these services.

For assistance with the Appeal or Administrative Hearing Process or to request materials in an alternative language, print style or by TDD/TDDY, you are welcome to contact JBH at 1-541-955-9565 or 1-888-214-3337.

Sincerely,

(Name, credentials)
(Title of Position)

CC: *(Name of provider, all identified parties in the grievances.)*