



Provider Reminder on Filing Grievance or Appeal for Members

November 15, 2022

Dear Providers,

To ensure we are not delaying any of the care for our members, we are sending a reminder regarding the requirement for written consent, when acting on behalf of the member. If you as the provider contact the plan for an appeal or grievance on behalf of our member, you must have written consent first. Please know that this applies to both standard and expedited reviews. You can find a copy of this letter included in the Adverse Determination letter you received from the health plan. We have also made it available for our members on https://www.silversummithealthplan.com/content/dam/centene/Nevada/Medicaid/PDFs/HIPPA_AD_PHI_Eng_SSHP.pdf.

Please know this letter must be fully completed and signed by both parties in order to be valid. Once completed, please include with your appeal or grievance.

Thank you,

SilverSummit Healthplan