#### GHS Policy and Procedure Logo

**PROVIDER RECONSIDERATION FORM**

DIRECTIONS: Please complete this form when requesting a reconsideration of an adverse decision made by the Genesee Health System Utilization Management Department and attach any relevant clinical documentation. Please fax to (810) 257-1347.

|  |  |
| --- | --- |
| Consumer Name:  |  |

|  |  |
| --- | --- |
| Case Number: |  |

|  |  |
| --- | --- |
| Medicaid ID#:  |  |

|  |  |
| --- | --- |
| Admission Date: |  |

|  |  |
| --- | --- |
| Discharge Date: |  |

|  |  |
| --- | --- |
| Provider Name:  |  |

|  |  |
| --- | --- |
| Address:  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number:  |  | Fax Number: |  |

|  |  |
| --- | --- |
| Attending Physician (if applicable):  |  |

Provider Type: [ ] Hospital [ ] Partial Hospital

[ ] Crisis Residential [ ] Crisis Stabilization

 [ ] Residential [ ] CLS

|  |  |  |
| --- | --- | --- |
| [ ] Case Management  | [ [ ] Other: |  |

|  |  |
| --- | --- |
| Date of Adverse Determination or Pending by GHS UM:  |  |

**RATIONALE FOR REQUESTING A RECONSIDERATION:** (Briefly describe clinical rationale for requesting a reconsideration. Note if additional clinical documentation is attached.)

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| Name (print): |  |

GHS UM Use Only:

Indicate which UM decision applies:

|  |
| --- |
|  |

 Pended for psychiatric review due to medical necessity dispute. Physician
 will approve or deny continued services.

|  |
| --- |
|  |

 Denial by UM Coordinator.

|  |  |
| --- | --- |
| Last day approved by UM review staff: |  |

**GHS UTILIZATION MANAGEMENT DEPARTMENT REVIEW (UM Manager, Director, or Psychiatrist when necessary):**

**TYPE/SOURCE OF REVIEW OF INFORMATION:**

[ ] Decision unchanged [ ] Decision changed

|  |  |
| --- | --- |
| Disposition: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Mail or fax this form to: GHS Utilization Management Department, 705 S. Dort HWY, Flint, MI 48503

Telephone Number (810) 257-1325 Fax Number (810) 257-1347.

Revised 2/19