#### 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, VP of Clinical Operations, 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.

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