

St. Clair County Community Mental Health
Utilization Review Reconsideration and Disposition

This top section is to be completed by the Program/Contract Supervisor. It is to be completed within fourteen (14) calendar days of the issuance of the Utilization Review (UR) Report. All other UR Report program response and improvement action directives not under reconsideration must be addressed by the Program/Contract Supervisor within thirty (30) days of UR report issuance. **Please only address one appeal per form.**

Program: _____ Supervisor: _____

Reconsideration Filing Date: _____ Appeal Filing Date: _____

Reconsideration Request (specific UR Finding being reconsidered for review: _____

Case #: _____ UR Finding Number: _____

Reason for Reconsideration (Attach copies as applicable):

Program Supervisor Signature: _____ Date: _____

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This bottom section is to be completed by the Utilization Management (UM) Chair within fourteen (14) calendar days of receipt of the reconsideration request. The completed form is to be sent back to the Program Supervisor listed above.

Date of Receipt of Appeal Request: _____

Relevant CRR Indicator: _____ Relevant CRR Indicator: _____

Review of Information:

Discussion:

Disposition: Concur with UR Finding Modify UR Finding Overturn UM Recommendation

UM Team Lead Signature: _____ Date: _____