

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

This top section is completed by the Program /Contract Supervisor. It is completed within fourteen (14) calendar days of the issuance of the 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) calendar days of UR report issuance. **Please address one appeal per form.**

Program: _____ Supervisor: _____

Reconsideration Filing Date: _____ Appeal Filing Date: _____

Reconsideration Request (the specific UR Finding being reconsidered for review):

Case Number: _____ UR Finding Number: _____

Reason for Reconsideration (Attach copies as applicable):

Program Supervisor (signature): _____

This bottom Section is completed by the UM Chair within fourteen (14) calendar days of receipt of the reconsideration request. The completed form is sent back to the Program Supervisor.

Date of receipt of appeal request _____

Relevant CRR Indicator _____ Relevant CVR Indicator _____

Review of Information:

Discussion:

Disposition: ☐ Concur With UR Finding ☐ Modify UR Finding ☐ Overturn UM Recommendation

UM Team Lead Signature: _____ Date: _____

cc: UM Administrative File
UM Supervisor