

## Attachment C CRU Denial Memo Template

[CRU]  
CRU Address]  
[City, State, Zip Code]

Date: [Date]

Re: [Case Number, Client Last Name, Client First Name]  
D.O.B: [Date of Birth]  
Admission Date: [Admission Date]

To: [CRU Utilization Review Contact Person]

Genesee Health System Utilization Management (GHS-UM) has determined that the above mentioned consumer has not met medical necessity for continued inpatient services effective [Date]. This decision is based on information obtained from our retrospective review. The information provided did not support medical necessity for crisis residential services as evidenced by [type specific finds from review in relation to consumer admission factors, e.g., no longer actively suicidal, no longer actively psychotic, no longer having command hallucinations, documentation states consumer is stable].

You may file an appeal to this decision by completing our provider reconsideration form and attach all documentation that supports your appeal. You may fax the completed form and supporting documentation to GHS-UM at (810) 257-1347, or mail to:

Genesee Health System  
Utilization Management-Appeal  
725 Mason St.  
Flint, MI. 48503

You will receive a written response to your appeal within 30 calendars from receipt. An expedite appeal may be requested for urgent care cases within two days of notification of the adverse action. If an appeal is request after this timeframe, then the appeal will be processed as a standard appeal. You will receive written notification of your expedited appeal within 3 business days.

If you have any questions about this notice, please contact me at [direct phone number], or by contacting GHS-UM at 257-1325.

Sincerely,

[GHS Staff Name, Credentials]