

Montana Medicaid Youth Provider Administrative Review Request Form

(The provider may use this form to request an administrative review when they are not acting as a claimant's authorized representative. Please inform or coordinate your request with the claimant.)

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

Children's Mental Health Medicaid providers have the right to request an administrative review if aggrieved by an adverse determination or action by the department. Adverse action is defined in ARM 37.5.304. A clinical denial alone is not an adverse action for the provider unless they are also a real party in interest.

DATE OF REQUEST: _____ REQUEST ID #: _____ (Located on the adverse determination letter)

The request for an administrative review must be received by the CMHB within 30 days from the mailing date of the most recent denial letter received.

Check the type of denial this request relates to:

- ☐ Technical Denial (Not based on lack of medical necessity; See ARM 37.87.903)
☐ Clinical Denial (Must have completed UMC reconsideration review process first)

Requestor Information				
Requestor: <input type="checkbox"/> Provider				
NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE NUMBER:	OTHER KNOWLEDGEABLE PARTIES WHO CAN BE CONTACTED:			
Youth Information				
NAME:			MEDICAID NUMBER:	
ADDRESS		CITY	STATE	ZIP
SSN:	DOB:	IS THE YOUTH IN STATE CUSTODY? <input type="checkbox"/> Yes <input type="checkbox"/> No		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
CUSTODY: <input type="checkbox"/> Parent <input type="checkbox"/> CFSD <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Tribal <input type="checkbox"/> Other				

An administrative review request must be in writing and state the provider's objections to the adverse determination. Please attach all documents and information the requestor wishes the department to consider in the administrative review.

Send this Administrative Review Request Form to:
Children's Mental Health Bureau
Developmental Services Division
Department of Public Health and Human Services
111 N. Sanders or P.O. Box 4210
Helena, MT 59604-4210

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Please detail your objection to the adverse determination, including the specific reasons why CMHB should overturn the determination.

Please add detail about any substantiating documents or circumstances you wish CMHB to consider along with the documents you attached.

Please provide any additional information you consider relevant to the review.

CMHB only considers the clinical information that was available to the UMC clinical reviewers and appellate physicians during a clinical denial administrative review. If the youth's clinical condition has changed, a new initial authorization request should be submitted.

CMHB has 60 days from the date the administrative review is received to render a determination.