



**Request for Reconsideration of Aged, Blind or Disabled Member Utilization Management Denial.  
Certified Public Expenditure hospitals, only.**

This form is NOT to be used as part of the standard Reconsideration and Claim Dispute process.

Select the CPE Hospital requesting reconsideration:

- Cascade Valley Hospital, NPI 1073566246
- Evergreen Hospital Medical Center, NPI 1033174933
- Harborview Medical Center, NPI 1053359729
- Island Hospital, NPI 1710913140
- Olympic Medical Center, NPI 1306845557
- Samaritan Hospital, NPI 1902818883
- Skagit Valley Hospital, NPI 1053357244
- University of Washington Medical Center, NPI 1326002049
- Evergreen Health Monroe, NPI 1013074061
- Valley Medical Center, NPI 1649209230

Provide details of the member receiving the services. The member must have Coordinated Care as an MCO and coverage provided under Aged, Blind or Disabled assistance program:

Member Name:

Member ID:

Member Date of Birth:

Date of Service from:

Date of Service to:

Provide details of the reason for requesting reconsideration, including authorization number if one was provided or if an authorization was not obtained timely include the extenuating circumstances preventing timely notification.

Requestor Name:

Requestor Phone Number:

Fax Number or Address for Response Letter:

Attach appropriate medical records and fax to: **855-218-0589**

Requests unrelated to CPE/ABD denials are not accepted at this number.