

Episodes of Care — Reconsideration request form

Instructions:

Complete this form if you are participating in the UnitedHealthcare Community Plan of Tennessee Episodes of Care (EOC) program and want to request a reported payment or quality metric appeal.

Submit this form in response to your year-end report. You must submit the form to UnitedHealthcare Community Plan **within 20** business days after the final performance report is posted on the UnitedHealthcare Provider Portal at UHCprovider.com > Sign In. If you do not submit the reconsideration request within this time frame, you will lose the right to request a reconsideration.

Please submit the completed reconsideration request form and any required attachments, such as a letter or memo with reconsideration details to SE_Government_Programs@uhc.com.

Required information

Request date:

EOC representative:

Organization name:

Tax ID number (TIN):

Street address:

City:

State:

Zip code:

Contact person:

Phone number:

Email address:

Episode type(s) needing reconsideration (perinatal, asthma, etc.):

Reason for request: Payment accuracy Metrics accuracy

Other: