

Journey Program — Reconsideration request form

Instructions:

Complete this form if you are participating in the UnitedHealthcare Community Plan of Tennessee Journey 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:

Journey representative :

Organization name:

Tax ID number (TIN):

Street address:

City:

State:

ZIP code:

Contact person:

Phone number:

Email address:

Reason for request:

Payment accuracy

Metrics accuracy

Other: